

# Institution Data



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report Institution Data Workflow

[\(Printer Friendly Annual Report Instructions Document\)](#)

#### 2019 BPPE Annual Report - Institution - General Info

**Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.**

1. Report Year \*

**2019**

2. Institution Code \*Enter institutional code (main location)

**3406231**

3. Institution Name (Enter Bureau approved institution name, if entering manually) \*If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

**Sacramento Holistic Health Academy, Inc., dba Fair Oaks Massage Institute**

4. Street Address (Physical Location) \*

**7973 Park Drive, Unit B**

5. City \*

**Fair Oaks**

6. State \*

**CA**

7. Zip Code \*

**95628**

8. Check all that apply to the form of business organization of this institution: \*

**For profit corporation**

9. Number of Branch Locations \*Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

**1**

10. Number of Satellite Locations \*Indicate the number of branch locations associated with the main location or any branch location. If none, enter zero ("0")

**0**

# Fees / Accreditation

## 2019 BPPE Annual Report - Institution - Fees/Accreditation

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? \*

**Yes**

11b. Is this institution current on Annual Fees? \*

**Yes**

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? \*

**No**

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

**n/a**

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. \*

**No**

# Financial

## 2019 BPPE Annual Report - Institution - Financial

For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) \*

**No**

16. Does your institution participate in veterans' financial aid education programs? \*

**Yes**

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \*

**\$0.00**

17. Does your institution participate in the Cal Grant program? \*

**No**

18. Is your institution on California's Eligible Training Provider List (ETPL)? \*

**No**

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? \*

**Yes**

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*

**\$4,000.00**

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...)\*

**Yes**

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*

**Vocational Rehab**

21. Provide the percentage of institutional income during this Reporting Year that was derived from public funding. \*If none, indicate "0".

**4**

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*If Not Applicable, indicate "0".

**0**

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \*If none, indicate "0".

**0**

## Offerings

### 2019 BPPE Annual Report - Institution - Offerings

27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st. \*If none, indicate "0".

**106 (programs and workshops)**

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*If none, indicate "0".

**0**

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*If none, indicate "0".

**0**

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*If none, indicate "0".

**0**

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*If none, indicate "0".

**0**

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*If none, indicate "0".

**0**

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*If none, indicate "0".

**0**

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*If none, indicate "0".

**0**

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*If none, indicate "0".

**0**

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \*If none, indicate "0".

**47**

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*If none, indicate "0".

**106**

Total Program Count

**47**

## Website / Uploads

### 2019 BPPE Annual Report - Institution - Website and Required Uploads

**An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913)\*\*.**

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

<https://www.fairoaksmessageschool.com>

38. Upload School Performance Fact Sheet \*Required file format = PDF

**47 SPFS 2019 downloaded**

39. Upload Catalog \*Required file format = PDF

**FOMI Master catalog 2019.pdf**

40. Upload Enrollment Agreement \*Required file format = PDF

**Enrollment Agreement for 2019 - update 8-23-19.pdf**

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The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff) Recommended file format = PDF

# Submit Annual Report Package to BPPE



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report Submit to BPPE

[\(Printer Friendly Annual Report Instructions Document\)](#)

#### 2019 BPPE Annual Report - Submit Annual Report Package to BPPE

1. Report Year \*

**2019**

2. Institution Code \*

**3406231**

3. Institution Name \*

**Sacramento Holistic Health Academy, Inc., dba Fair Oaks Massage Institute**

4. Name of Responsible Officer submitting online Annual Report? \*

**Madonna Polley**

5. Responsible Officer - Phone \*

**(916) 965-4063**

6. Responsible Officer - Email \*

**fairoaksmassageschool@gmail.com**

7. Have you completed ONE Institution Data workflow for this Annual Report online submission? \*

**Yes**

8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission? \*

**Yes**

9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission? \*

**Yes**

10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission? \*

**No Satellite Locations**

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## 2019 Annual Report Certification

The certification must be signed by a responsible officer of the institution.

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report.

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

Signature

# Madonna Polley

12/01/2020



## Annual Report Submission Confirmation

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**Sacramento Holistic Health Academy, Inc., dba Fair Oaks Massage Institute**

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

**Request #:** DCA-BPPE-Finalize-003843

**Institution Name:** Sacramento Holistic Health Academy, Inc., dba Fair Oaks Massage Institute

**Institution Code:** 3406231

If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.