



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

### 2018 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

## 2018 BPPE Annual Report - Program - Institution Data

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**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

**2018**

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.

**Fair Oaks Massage Institute**

# Program Name

## 2018 BPPE Annual Report - Program - Program Name

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Display Instructions for #4 - #6 (Toggle)

**Not Checked**

4. Name of Program \*

**Holistic Massage Therapist 500 hours**

5. Program Level? Indicate the level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

**Diploma/Certificate**

6. Program Title? Indicate the title of the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If you indicate "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other", please specify the Program Title in #6a. \*

**Diploma/Certificate**

# Financial and Graduation

## 2018 BPPE Annual Report - Program - Financial Data and Graduation Rates

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Display Instructions for #7 - #16 (Toggle)

**Checked**

## Instructions

(Printer Friendly Annual Report Instructions Document)

([https://www.bppe.ca.gov/annual\\_report/2016\\_annual\\_report.shtml](https://www.bppe.ca.gov/annual_report/2016_annual_report.shtml))

**7. Number of Degrees, Diplomas or Certificates Awarded?** Indicate the number of students who completed the program during the reporting year.

**8. Total Charges for this program?** Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges

fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program.

**9. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program.** Indicate the percentage of students enrolled in this program who received federal student loans to pay for this program. Divide the total number of students enrolled in this program, who received federal student loans to pay for this program, by the total number of students enrolled in this program.

**10. The percentage of graduates in the reporting year who took out federal student loans to pay for this program.** Indicate the percentage of graduates from this program, who received federal student loans to pay for this program. Divide the total number of reporting year graduates from this program, who took out federal student loans to pay for this program, by the total number of graduates from this program.

**11. Number of Students Who Began the Program?** Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

**12. Students Available for Graduation?** Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

**13. On-time Graduates?** Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

**14. Completion Rate?** Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

**15. 150% Completion Rate?** If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

**16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?** Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.

7. Number of Degrees, Diplomas or  
Certificates Awarded \*  
If none, indicate "0".

**56**

8. Total Charges for this Program \*

**\$7,300.00**

9. The percentage of enrolled  
students in the reporting year  
receiving federal student loans to  
pay for this program \*

**0**

10. The percentage of graduates in  
the reporting year who took out  
federal student loans to pay for this  
program \*

**0**

11. Number of Students Who Began  
the Program \*  
If none, indicate "0".

**66**

12. Number of Students Available  
for Graduation \*  
If none, indicate "0".

**66**

13. Number of On-time Graduates \*  
If none, indicate "0".

**56**

14. Completion Rate  
This is a calculated field based on  
#12 and #13.

**84.84848**

15. 150% Completion Rate

**0**

16. Is the above data taken from the Integrated Postsecondary Education Data System  
(IPEDS) of the United States Department of Education? \*

**No**

## Placement Data

### 2018 BPPE Annual Report - Program - Placement Data

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Display Instructions for #17 - #21 (Toggle)

**Not Checked**

17. Graduates Available for  
Employment \*

If none, indicate "0".

**56**

18. Graduates Employed in the Field

\*

If none, indicate "0".

**42**

19. Placement Rate

This is a calculated field based on  
#17 and #18.

**75**

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20. Graduates employed in the field...

20a. 20 to 29 hours per week \*

If none, indicate "0".

**34**

20b. at least 30 hours per week \*

If none, indicate "0".

**8**

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21. Indicate the number of graduates employed...

21a. In a single position in the field of study \*

If none, indicate "0".

**38**

21b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*

If none, indicate "0".

**4**

21c. Freelance/self-employed \*

If none, indicate "0".

**14**

21d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*

If none, indicate "0".

**0**

Exam Passage Rate

# 2018 BPPE Annual Report - Program - Exam Passage Rate

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Display Instructions for #22 (Toggle)

**Not Checked**

22. Does this educational program lead to an occupation that requires State licensing?

\*

**No**

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

## Salary Data

### 2018 BPPE Annual Report - Program - Salary Data

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Display Instructions for #39-41 (Toggle)

**Not Checked**

39. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

**56**

40. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

**42**

41. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

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\$0 - \$5,000 \*

**0**

\$10,001 - \$15,000 \*

**0**

\$20,001 - \$25,000 \*

**34**

\$5,001 - \$10,000 \*

**0**

\$15,001 - \$20,000 \*

**0**

\$25,001 - \$30,000 \*

**5**

\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	3
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

# Institution Data



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

### 2018 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

#### 2018 BPPE Annual Report - Institution - General Info

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

1. Report Year: 2018

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.

**Fair Oaks Massage Institute**

4. Street Address (Physical Location) \*

**9833 Fair Oaks Blvd Suite C-1**

5. City \*

**Fair Oaks**

6. State \*

**CA**

7. Zip Code \*

**95628**

8. Check all that apply to this institution: \*

**For profit institution ,  
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

### 2018 BPPE Annual Report - Institution - Fees/Accreditation

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Display Instructions for #11 - #14 (Toggle)

**Not Checked**

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.

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

### 2018 BPPE Annual Report - Institution - Financial

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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.

Display Instructions for #15 - #23 (Toggle)

**Checked**

## Instructions

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/2016\\_annual\\_report.shtml](https://www.bppe.ca.gov/annual_report/2016_annual_report.shtml))

**21. The percentage of institutional income in the Report Year that was derived from public funding.** (Add #15, #16, #17, and #19. Divide the sum by Institution’s Total Revenue) All money that is generated by the government to provide services to the general public is “public funding.”

**22. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.** The Cohort Default Rate (CDR) represents the percentage of this institution’s students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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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? \*

**\$7,300.00**

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

**No**

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

**Yes**

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? \*

**\$7,300.00**

20. Does your Institution participate in, or offer any other government or non-government financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans) \*

**Yes**

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

## Vocaitonal Rehabilitation, SETA

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

**8**

22. 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**

23. 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

### 2018 BPPE Annual Report - Institution - Offerings

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Display Instructions for #24 - #34 (Toggle)

**Not Checked**

24. 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".

**66**

25. 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**

26. 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**

27. 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**

28. 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**

29. 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**

30. 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**

31. 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**

32. 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**

33. 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".

**2**

34. 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".

**66**

Total Program Count

**2**

## Website / 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

**<http://www.fairoaksmessageschool.com>**

35. Upload School Performance

Fact Sheet \*

Required file format = PDF

**SPFS ALL PROGRAMS 2018.pdf**

36. Upload Catalog \*

Required file format = PDF

**2018 CATALOG.pdf**

37. Upload Enrollment Agreement \*

Required file format = PDF

**Enrollment Agreement 2018**

**(1).pdf**

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The file upload facility below (#38) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

38. 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

## 2018 Annual Report

### Submit to BPPE

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

## 2018 BPPE Annual Report - Submit Annual Report Package to BPPE

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1. Report Year \*

**2018**

2. Institution Code \*

**3406231**

3. Institution Name \*

**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 \*

**fairoaksmessageschool@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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## 2018 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*

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11/25/2019



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

### 2018 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

#### 2018 BPPE Annual Report - Program - Institution Data

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**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

**2018**

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.

**Fair Oaks Massage Institute**

# Program Name

## 2018 BPPE Annual Report - Program - Program Name

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Display Instructions for #4 - #6 (Toggle)

**Not Checked**

4. Name of Program \*

**Advanced Holistic Massage Therapist 900 hours**

5. Program Level? Indicate the level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

**Diploma/Certificate**

6. Program Title? Indicate the title of the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If you indicate "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other", please specify the Program Title in #6a. \*

**Diploma/Certificate**

# Financial and Graduation

## 2018 BPPE Annual Report - Program - Financial Data and Graduation Rates

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Display Instructions for #7 - #16 (Toggle)

**Not Checked**

7. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

**0**

8. Total Charges for this Program \*

**\$0.00**

9. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

**0**

10. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

**0**

11. Number of Students Who Began the Program \*

If none, indicate "0".

**0**

12. Number of Students Available for Graduation \*

If none, indicate "0".

**0**

13. Number of On-time Graduates \*

If none, indicate "0".

**0**

14. Completion Rate

This is a calculated field based on #12 and #13.

15. 150% Completion Rate

**0**

16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? \*

**No**

## Placement Data

### 2018 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #17 - #21 (Toggle)

**Not Checked**

17. Graduates Available for Employment \*

If none, indicate "0".

**0**

18. Graduates Employed in the Field \*

If none, indicate "0".

**0**

19. Placement Rate

This is a calculated field based on #17 and #18.

20. Graduates employed in the field...

20a. 20 to 29 hours per week \*  
If none, indicate "0".

**0**

20b. at least 30 hours per week \*  
If none, indicate "0".

**0**

---

21. Indicate the number of graduates employed...

21a. In a single position in the field of study \*  
If none, indicate "0".

**0**

21b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

**0**

21c. Freelance/self-employed \*  
If none, indicate "0".

**0**

21d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

**0**

## Exam Passage Rate

### 2018 BPPE Annual Report - Program - Exam Passage Rate

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Display Instructions for #22 (Toggle)

**Not Checked**

22. Does this educational program lead to an occupation that requires State licensing?  
\*

**No**

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

# Salary Data

## 2018 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #39-41 (Toggle)

**Not Checked**

39. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

**0**

40. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

**0**

41. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

---

\$0 - \$5,000 \*

**0**

\$5,001 - \$10,000 \*

**0**

\$10,001 - \$15,000 \*

**0**

\$15,001 - \$20,000 \*

**0**

\$20,001 - \$25,000 \*

**0**

\$25,001 - \$30,000 \*

**0**

\$30,001 - \$35,000 \*

**0**

\$35,001 - \$40,000 \*

**0**

\$40,001 - \$45,000 \*

**0**

\$45,001 - \$50,000 \*

**0**

\$50,001 - \$55,000 \*

**0**

\$55,001 - \$60,000 \*

**0**

\$60,001 - \$65,000 \*

**0**

\$65,001 - \$70,000 \*

**0**

\$70,001 - \$75,000 \*

**0**

\$80,001 - \$85,000 \*

**0**

\$90,001 - \$95,000 \*

**0**

Over \$100,000 \*

**0**

\$75,001 - \$80,000 \*

**0**

\$85,001 - \$90,000 \*

**0**

\$95,001 - \$100,000 \*

**0**



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

### 2018 Annual Report

### Branch Location Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2018 BPPE Annual Report - Branch Location Data

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1. Report Year \*

**2018**

2. Institution Code \*

Enter institutional code (main location)

**3406231**

3. School Code \*

Enter school code (branch location)

**3406231**

4. Institution Name \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

**Fair Oaks Massage Institute**

# Branch Data (California locations only)

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5. Total number of students at this  
branch location? \*  
Enter "0" if none.

**66**

6. Name of Programs offered at this branch location? \*  
Separate each program name with a comma or enter  
'None'

**Holistic Massage Therapist 500 hours, Advanced  
Holistic Massage Therapist 900 hours**

7. Street Address (physical location) \*

**9833 Fair Oaks Blvd Suite C-1**

8. City \*

**Fair Oaks**

9. State \*

**CA**

10. Zip Code \*

**95628**