

2019 Submit To BPPE



Annual Report Submission Confirmation

JD ACADEMY OF SALON AND SPA

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-003827

Institution Name: JD ACADEMY OF SALON AND SPA

Institution Code: 0702161

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

Request:

POST : <https://bppews.dca.ca.gov/v1/batchsubmit-customer>

Authorization: Bearer

eyJhbGciOiJIUzI1NiIsInR5cCI6IkpXVCJ9.eyJkZXNjcmVudGlubG91bnR5IjoiImF1dG8tZ2VudXJhdGVkIiwiaWF0IjoxNTQ1MzI0OTU2LCJleHAiOiJ0OTE0MDQ5NTYsImZybyI6ImNBLURDQS1CUFBFlwic3ViljoiYXV0by1nZW5lcmF0ZWQifQ.9sU4zQgTVr34W1jiPsgP0Wim-7ZFeDOnave5493a_Bg

Content-Type: application/json

{"institutionCode": "0702161", "year": 2019}

Response:

200 OK

X-Powered-By:Express

Warning! There is another user actively working on this stage, are you sure you want to continue editing?
Only changes made by the first user to submit will be saved.



2019 Institution Data



Thank You

2019 Annual Report

Institution Data Submission:

Institution Name: JD Academy of Salon and Spa

Institution Code: 0702161

Your request number is DCA-BPPE-003406.

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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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)

0702161

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.

JD Academy of Salon and Spa

4. Street Address (Physical Location) *

520 San Ramon Valley Blvd.

5. City *

Danville

6. State *

CA

7. Zip Code *

94526

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")

0

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

Display Instructions for #11 - #14 (Toggle)

Checked

Instructions

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

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? Indicate "Yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "No" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.

11b. Is this institution current on Annual Fees? Indicate "Yes" if the institution has paid its Annual Fees. Indicate "No" if the institution has not paid its Annual Fees.

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional accreditation, not programmatic accreditation. Enter the name of the accrediting agency. Refer to the attached list of accrediting agencies recognized by the United States Department of Education.

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.

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? *

Yes

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key.

FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key.

12a. Accrediting Agency (more than one agency may be selected) *

National Accrediting Commission of Cosmetology Arts and Sciences

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.

Display Instructions for #15 - #26 (Toggle)

Checked

Instructions

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

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."

23. Provide the percentage of institutional income during this reporting year that was derived from any non-government financial aid. All non-government financial aid divided by total revenue.

24. 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.

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) *

Yes

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? *

\$742,990.00

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? *

\$64,079.00

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? *

No

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

No

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?

\$0.00

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

0

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) *

No

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.

23. The percentage of institutional income in the reporting year that was derived from any non-government financial aid. *

0

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".

16

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".

46

26. The average amount of federal student loan debt of graduates who took out federal student loans at this institution. *

\$9,474.00

Offerings

2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Not Checked

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".

122

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".

2

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".

202

Total Program Count

2

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://jdacademy.com/>

**38. Upload School Performance
Fact Sheet ***

Required file format = PDF

**SCHOOL PERFORMANCE FACT
SHEET -JD ACADEMY 2018-
2019.pdf**

39. Upload Catalog *

Required file format = PDF

JD CATALOG 2019.pdf

40. Upload Enrollment Agreement *

Required file format = PDF

JD Enrollment Agreement.pdf

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

2019 Program Data



Thank You

2019 Annual Report

Program Data Submission:

Institution Name: JD Academy of Salon and Spa

Institution Code: 0702161

Program Name: COSMETOLOGY

Your request number is DCA-BPPE-Program-020386.

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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 *

2019

2. Institution Code *

Enter institutional code (main location)

0702161

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.

JD Academy of Salon and Spa

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program.

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list.

4. Name of Program *

COSMETOLOGY

5. Program Level? Indicate the academic 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. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

12.0401 - Cosmetology/Cosmetologist, General

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

- 8. Number of Degrees, Diplomas or Certificates Awarded?** Indicate the number of students who completed the program during the reporting year.
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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.
- 13. 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)).
- 14. 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)).
- 15. 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)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 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)).

18. 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.

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

29

9. Total Charges for this Program *

\$24,400.00

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

54

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

79

12. Number of Students Who Began the Program *

If none, indicate "0".

38

13. Number of Students Available for Graduation *

If none, indicate "0".

38

14. Number of On-time Graduates *

If none, indicate "0".

29

15. Completion Rate

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

76.31579

16. 150% Graduates?

29

17. 150% Completion Rate

76

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) A "rate" is a percentage and should never be more than 100% (5 CCR §74112(i)(4)).

19. Graduates Available for Employment *

If none, indicate "0".

29**20. Graduates Employed in the Field ***

If none, indicate "0".

26**21. Placement Rate**

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

89.65517

22. Graduates employed in the field...**22a. 20 to 29 hours per week ***

If none, indicate "0".

0**22b. at least 30 hours per week ***

If none, indicate "0".

26

23. Indicate the number of graduates employed...**23a. In a single position in the field of study ***

If none, indicate "0".

0**23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) ***

If none, indicate "0".

0**23c. Freelance/self-employed ***

If none, indicate "0".

0**23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution ***

If none, indicate "0".

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training.

If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

24b.

Enter the name(s) of clinical site(s).

Enter the License Number or Employer Identification Number to the corresponding site.

Enter Program Name.

Enter Total Number of students enrolled in this program.

Enter Number of Students Proficient in languages other than English.

25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

Yes

You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2018 and 2019. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

COSMETOLOGY

29. Number of Graduates Taking State Exam *

If none, indicate "0".

29

30. Number Who Passed the State Exam *

If none, indicate "0".

27

31. Number Who Failed the State Exam

This is a calculated field based on #25 and #26.

2

32. Passage Rate

This is a calculated field based on #25 and #26.

93.10345

**33. Is this data from the State
licensing agency that administered
the exam? ***

Yes

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

Display Instructions for #35-42 (Toggle)

Not Checked

**35. Name of the State licensing entity that licenses this
field ***

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

COSMETOLOGY

37. Number of Graduates Taking State Exam *

If none, indicate "0".

26

38. Number Who Passed the State Exam *

If none, indicate "0".

25

39. Number Who Failed the State Exam

This is a calculated field based on #33 and #34.

1

40. Passage Rate

This is a calculated field based on #33 and #34.

96.15385

41. Is this data from the State licensing agency that administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

29

44. Graduates Employed in the Field

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

26

45. 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 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

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

0

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

0

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

0

2019 Program Data



Thank You

2019 Annual Report

Program Data Submission:

Institution Name: JD Academy of Salon and Spa

Institution Code: 0702161

Program Name: ESTHETICIAN

Your request number is DCA-BPPE-Program-020402.

Next Steps:

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2. Complete submission of ALL approved Program Data; OR
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Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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 *

2019

2. Institution Code *

Enter institutional code (main location)

0702161

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.

JD Academy of Salon and Spa

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

ESTHETICIAN

5. Program Level? Indicate the academic 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. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

12.0409 - Aesthetician/Esthetician and Skin Care Specialist

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

74

9. Total Charges for this Program *

\$13,100.00

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

41

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

59

12. Number of Students Who Began the Program *

If none, indicate "0".

79**13. Number of Students Available for Graduation ***

If none, indicate "0".

79**14. Number of On-time Graduates ***

If none, indicate "0".

74**15. Completion Rate**

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

93.67089**16. 150% Graduates?****74****17. 150% Completion Rate****93****18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *****Yes**

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked**19. Graduates Available for Employment ***

If none, indicate "0".

74**20. Graduates Employed in the Field ***

If none, indicate "0".

37**21. Placement Rate**

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

50

22. Graduates employed in the field...**22a. 20 to 29 hours per week ***

If none, indicate "0".

0**22b. at least 30 hours per week ***

If none, indicate "0".

37

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *

If none, indicate "0".

0

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *

If none, indicate "0".

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

Yes

You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2018 and 2019. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

No

Exam Passage Rate - Year 1

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

Display Instructions for #27-34 (Toggle)

Not Checked

27. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

28. Name of State Exam *

ESTHETICIAN

29. Number of Graduates Taking State Exam *

If none, indicate "0".

74

30. Number Who Passed the State Exam *

If none, indicate "0".

71

31. Number Who Failed the State Exam

This is a calculated field based on #25 and #26.

3

32. Passage Rate

This is a calculated field based on #25 and #26.

95.94595

33. Is this data from the State licensing agency that administered the exam? *

Yes

33a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

Display Instructions for #35-42 (Toggle)

Not Checked

35. Name of the State licensing entity that licenses this field *

BOARD OF BARBERING AND COSMETOLOGY

36. Name of State Exam *

ESTHETICIAN

37. Number of Graduates Taking State Exam *

If none, indicate "0".

52

38. Number Who Passed the State Exam *

If none, indicate "0".

51

39. Number Who Failed the State Exam

This is a calculated field based on #33 and #34.

1

40. Passage Rate

This is a calculated field based on #33 and #34.

98.07692

41. Is this data from the State licensing agency that administered the State exam? *

Yes

41a. Name of Agency *

BOARD OF BARBERING AND COSMETOLOGY

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

74

44. Graduates Employed in the Field

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

37

45. 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 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

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

0

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

0