Audit Trail

Show detailed result

Institution Info Ready To Send by Mandy Dass

1. Report Year 2022 2. Institution Code 4800991

3. Institution Name (auto-

populated)

Blake Austin College

4. Street Address (Physical

Location)

770 Mason Street, Suite 200

5. City Vacaville

6. State CA 7. Zip Code 95688

8. Select the type of

business organization for

this institution

For profit corporation

9. Number of Branch

Locations

0

10. Number of Satellite

Locations

0

Yes

Yes

Upload completed Excel

or CSV here

BAC AR Labor Market Data 2022.xlsx

11a. Is this institution

current with all

assessments to the

Student Tuition Recovery

Fund?

11b. Is this institution

current on Annual Fees?

12. Is your institution accredited by an

accrediting

agency/agencies Yes

recognized by the United **States Department of**

Education?

12a. Accrediting Agency

(more than one agency

may be selected)

Council on Occupational Education, Commission (Formerly SACS-COEI)

14. Has any accreditation agency taken any final disciplinary action against this institution in the

reporting year? Indicate

"yes" if the institution has

No

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.

15. Does your institution participate in federal financial aid programs under Title IV of the **Federal Higher Education**

Yes

Act? (This includes federal loans and grants)

15a. What is the total amount of Title IV funds

received by your \$2,750,315.00

institution in this **Reporting Year?**

16. Does your institution participate in veterans'

financial aid education

programs?

16a. What is the total amount of veterans' financial aid funds

received by your institution in this

Reporting Year?

17. Does your institution participate in the Cal

Grant program?

17a. What is the total amount of Cal Grant

Funds received by your

institution in this **Reporting Year?**

18. Is your institution on

California's Eligible **Training Provider List**

(ETPL)?

19. Is your institution receiving funds from the **Work Innovation and**

Opportunity Act (WIOA)

Program?

Yes

\$136,334.00

Yes

\$90,206.00

Yes

Yes

| 19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? | \$0.00 |
|--|------------------|
| 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 |
| 20b. What is the total amount of any other state or federal funds received by your institution in the reporting year? | \$19,750.00 |
| 21. Provide the percentage of institutional income during this Reporting Year derived from public funding. | 0 |
| 22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) | Yes |
| 22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below. | BAC Scholarships |
| 23. The percentage of institutional income in the reporting year derived from any non-government financial aid. | 1 |
| 24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. | 04 |
| 25. Provide the | 75 |

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.

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

\$9,422.00

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st.

324

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)

0

Programs not Students)
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 in the
reporting year as of
January 1st through
December 31st, minus the

number of students who cancelled during the

n

cancellation period.

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)

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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

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)

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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

34. Number of Associate
Degree Programs Offered? 0
Indicate the number of

0

0

,

Associate degree Programs offered for the reporting year. (Number of Programs not Students) 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 0 your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. 36. Number of Diploma or **Certificate Programs** Offered? Indicate the number of Diploma or 3 **Certificate Programs** offered for the reporting year. (Number of **Programs not Students)** 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 324 institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. **Total Program Count** 3 Institution's Website https://blakeaustincollege.edu/ 38. Upload School BAC SPFS 21-22.pdf **Performance Fact Sheet** 39. Upload Catalog BAC 2022 Catalog and Addendum.pdf 40. Upload Enrollment

BAC Enrollment Agreements.pdf

Agreement

42. Upload Financial

Final Audit Report - Financial Statement.pdf

*** NOTES ***

Statements

0

Pending Batch Submit Analyst Review by Unassigned Status

Analyst unassigned@simpligov.com

Completed Stages:

Institution Info: ✓ 11/30/2023 05:36:01 PM - Mandy Dass

Pending Batch Submit: ✓ 11/30/2023 05:40:37 PM - Unassigned Status

Uploaded Files

| Name | Uploaded by | Version | Source |
|---|----------------|---------|---|
| BAC AR Labor Market Data 2022.xlsx | | 1 | Upload completed Excel or CSV here |
| BAC 2022 Catalog and Addendum.pdf | | 1 | 39. Upload Catalog |
| BAC Enrollment Agreements.pdf | | 1 | 40. Upload Enrollment Agreement |
| Final Audit Report - Financial Statement.pdf | | 1 | 42. Upload Financial Statements |
| BAC SPFS 21-22.pdf | | 1 | 38. Upload School Performance Fact Sheet |

O Comments O Emails

Comments

Comments(0)

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Audit Trail

Show detailed result

Institution Info Ready To Send by Mandy Dass

1. Report Year 2022 2. Institution Code 4800991

3. Institution Name (auto-

populated)

Blake Austin College

4. Name of Program Clinical Medical Assistant with Phlebotomy

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 51.0801 - Medical/Clinical Assistant.

list the code that most accurately corresponds to the educational program.

(Optional)

7. Select all Standard

Occupational

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

29-2012 - Medical and Clinical Laboratory Technicians, 31-9092 - Medical Assistants, 31-9097 - Phlebotomists

8. Number of Degrees, **Diplomas or Certificates**

Awarded

25

9. Total Charges for this

Program

\$19,700.00

10. The percentage of enrolled students in the reporting year receiving

federal student loans to pay for this program

11. The percentage of graduates in the reporting

96

| year who took out federal student loans to pay for this program | |
|--|----------|
| 12. Number of Students Who Began the Program | 28 |
| 13. Number of Students Available for Graduation | 28 |
| 14. Number of On-time Graduates | 23 |
| 15. Completion Rate | 82.14286 |
| 16. 150% Graduates? | 25 |
| 17. 150% Completion Rate | 89.28571 |
| 18. Is the above data | |
| taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States | No |
| Department of Education? | |
| 19. Graduates Available for Employment | 24 |
| 20. Graduates Employed in the Field | 19 |
| 21. Placement Rate | 79.16667 |
| 22a. 20 to 29 hours per week | 1 |
| 22b. at least 30 hours per week | 18 |
| 23a. In a single position in the field of study | 19 |
| 23b. In concurrent aggregated positions in the field of study (2 or more positions at the | 0 |
| same time) 23c. Freelance/self- employed | 0 |
| 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution | 0 |
| 24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals | Yes |

that requires clinical training? 24a. Select the Allied **Health Professions** Medical Assistant requiring clinical training. 24b. Enter the name(s) of clinical site(s). Enter the License number or **Employer Identification** number, program name, Download total number of students and the number of students proficient in languages other than English. 25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the Download institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed. 26. Does this educational program lead to an No occupation that requires State licensing? 43. Graduates Available 24 for Employment 44. Graduates Employed 19 in the Field \$0 - \$5,000 0 \$5,001 - \$10,000 0 \$10,001 - \$15,000 0 \$15,001 - \$20,000 0 \$20,001 - \$25,000 0 0 \$25,001 - \$30,000 1 \$30,001 - \$35,000 \$35,001 - \$40,000 1 \$40,001 - \$45,000 0 \$45,001 - \$50,000 0

\$50,001 - \$55,000

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Pending Batch Submit Analyst Review by Unassigned Status

Analyst unassigned@simpligov.com

Completed Stages:

Institution Info: ✓ 11/30/2023 05:37:50 PM - Mandy Dass

Pending Batch Submit: ✓ 11/30/2023 05:40:37 PM - Unassigned Status

0 Comments 0 Emails

Comments

Comments(0)

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Audit Trail

Institution Info Ready To Send by Mandy Dass

1. Report Year 2022 2. Institution Code 4800991

3. Institution Name (auto-

populated)

Blake Austin College

4. Name of Program **Dental Assisting**

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 Dental Assisting/Assistant.

list the code that most accurately corresponds to the educational program.

(Optional)

7. Select all Standard

Occupational

Classification (SOC) Codes

that apply to this program. Select all applicable codes from the dropdown list. (Optional)

31-9091 - Dental Assistants

8. Number of Degrees,

Diplomas or Certificates 20

Awarded

9. Total Charges for this

Program

\$18,100.00

10. The percentage of enrolled students in the reporting year receiving

federal student loans to pay for this program

11. The percentage of graduates in the reporting 81

| year who took out federal student loans to pay for this program | |
|---|---------------|
| 12. Number of Students Who Began the Program | 21 |
| 13. Number of Students Available for Graduation | 21 |
| 14. Number of On-time Graduates | 18 |
| 15. Completion Rate | 85.71429 |
| 16. 150% Graduates?17. 150% Completion Rate | 20 95.2381 |
| 18. Is the above data | 93.2361 |
| taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States | No |
| Department of Education? | |
| 19. Graduates Available for Employment | 20 |
| 20. Graduates Employed in the Field | 19 |
| 21. Placement Rate | 95 |
| 22a. 20 to 29 hours per week | 0 |
| 22b. at least 30 hours per week | 19 |
| 23a. In a single position in the field of study | 19 |
| 23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) | 0 |
| 23c. Freelance/self- employed | 0 |
| 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution | 0 |
| 24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals | No |

| 26. Does this educational program lead to an occupation that requires State licensing? 43. Graduates Available for Employment 44. Graduates Employed in the Field \$0 - \$5,000 | that requires clinical training? | |
|---|----------------------------------|----|
| Occupation that requires No State licensing? 43. Graduates Available for Employment 19 44. Graduates Employed 19 in the Field 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 \$35,001 - \$30,000 1 \$40,001 - \$35,000 1 \$45,001 - \$50,000 0 \$50,001 - \$55,000 0 \$65,001 - \$70,000 0 \$70,001 - \$85,000 0 \$80,001 - \$85,000 0 \$80,001 - \$90,000 0 \$90,001 - \$95,000 0 \$95,001 - \$100,000 0 | 26. Does this educational | |
| occupation that requires State licensing? 43. Graduates Available for Employment 44. Graduates Employed in the Field \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$50,000 \$50,001 - \$60,000 \$65,001 - \$65,000 \$70,001 - \$70,000 \$75,001 - \$80,000 \$80,001 - \$85,000 \$85,001 - \$90,000 \$90,001 - \$95,000 \$95,001 - \$100,000 | . • | No |
| 43. Graduates Available for Employment 44. Graduates Employed in the Field \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$55,000 \$55,001 - \$50,000 \$55,001 - \$60,000 \$60,001 - \$65,000 \$65,001 - \$70,000 \$70,001 - \$75,000 \$75,001 - \$80,000 \$80,001 - \$85,000 \$85,001 - \$90,000 \$85,001 - \$90,000 \$90,001 - \$95,000 \$95,001 - \$90,000 \$90,001 - \$95,000 | | |
| for Employment 44. Graduates Employed in the Field \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$35,000 \$35,001 - \$40,000 \$45,001 - \$45,000 \$45,001 - \$50,000 \$55,001 - \$60,000 \$55,001 - \$60,000 \$66,001 - \$65,000 \$70,001 - \$75,000 \$70,001 - \$75,000 \$80,001 - \$85,000 \$85,001 - \$90,000 \$90,001 - \$95,000 \$90,001 - \$95,000 \$95,001 - \$90,000 \$90,001 - \$95,000 \$95,001 - \$100,000 | • | |
| 44. Graduates Employed in the Field \$0 - \$5,000 | | 20 |
| in the Field \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$50,000 \$55,001 - \$60,000 \$55,001 - \$60,000 \$60,001 - \$65,000 \$70,001 - \$75,000 \$75,001 - \$80,000 \$80,001 - \$85,000 \$85,001 - \$90,000 \$85,001 - \$90,000 \$90,001 - \$95,000 \$95,001 - \$95,000 | • • | |
| \$0 - \$5,000 | • • | 19 |
| \$5,001 - \$10,000 | | Λ |
| \$10,001 - \$15,000 | | |
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| \$40,001 - \$45,000 | | |
| \$45,001 - \$50,000 | | |
| \$50,001 - \$55,000 | | |
| \$55,001 - \$60,000 | | |
| \$60,001 - \$65,000 | | |
| \$65,001 - \$70,000 0 \$70,001 - \$75,000 0 \$75,001 - \$80,000 0 \$80,001 - \$85,000 0 \$85,001 - \$90,000 0 \$90,001 - \$95,000 0 | | |
| \$70,001 - \$75,000 0 \$75,001 - \$80,000 0 \$80,001 - \$85,000 0 \$85,001 - \$90,000 0 \$90,001 - \$95,000 0 | | |
| \$75,001 - \$80,000 0 \$80,001 - \$85,000 0 \$85,001 - \$90,000 0 \$90,001 - \$95,000 0 \$95,001 - \$100,000 0 | | 0 |
| \$80,001 - \$85,000 0 \$85,001 - \$90,000 0 \$90,001 - \$95,000 0 \$95,001 - \$100,000 0 | . , . , | 0 |
| \$85,001 - \$90,000 0 \$90,001 - \$95,000 0 \$95,001 - \$100,000 0 | | 0 |
| \$90,001 - \$95,000 0 \$95,001 - \$100,000 0 | \$80,001 - \$85,000 | 0 |
| \$95,001 - \$100,000 0 | \$85,001 - \$90,000 | 0 |
| . , . , | \$90,001 - \$95,000 | 0 |
| Over \$100,000 0 | \$95,001 - \$100,000 | 0 |
| | Over \$100,000 | 0 |

Pending Batch Submit Analyst Review by Unassigned Status

Analyst unassigned@simpligov.com

Completed Stages:

Institution Info: ✓ 11/30/2023 05:36:55 PM - Mandy Dass

Pending Batch Submit: ✓ 11/30/2023 05:40:38 PM - Unassigned Status

0 Comments 0 Emails

Comments

Comments(0)

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Audit Trail

Show detailed result

Institution Info Ready To Send by Mandy Dass

1. Report Year 2022 2. Institution Code 4800991

3. Institution Name (auto-

populated)

Blake Austin College

4. Name of Program

Vocational Nursing

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters,

Bachelor, Associate,

Diploma/Certificate

Diploma/Certificate, 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 Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert., Dipl, AAS).

list the code that most accurately corresponds to the educational program.

(Optional)

7. Select all Standard

Occupational

Classification (SOC) Codes

that apply to this program. Select all applicable codes from the dropdown list. (Optional)

29-2061 - Licensed Practical and Licensed Vocational Nurses

8. Number of Degrees,

Diplomas or Certificates 112

Awarded

9. Total Charges for this

Program

\$35,250.00

10. The percentage of enrolled students in the reporting year receiving

federal student loans to

pay for this program

11. The percentage of graduates in the reporting

89

| year who took out federal student loans to pay for this program | |
|--|----------|
| 12. Number of Students Who Began the Program | 142 |
| 13. Number of Students Available for Graduation | 142 |
| 14. Number of On-time Graduates | 102 |
| 15. Completion Rate | 71.83099 |
| 16. 150% Graduates? | 112 |
| 17. 150% Completion Rate | 78.87324 |
| 18. Is the above data | |
| taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States | No |
| Department of Education? | |
| 19. Graduates Available for Employment | 111 |
| 20. Graduates Employed in the Field | 44 |
| 21. Placement Rate | 39.63964 |
| 22a. 20 to 29 hours per week | 0 |
| 22b. at least 30 hours per week | 44 |
| 23a. In a single position in the field of study | 44 |
| 23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) | 0 |
| 23c. Freelance/self- employed | 0 |
| 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution | 0 |
| 24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals | Yes |

that requires clinical training? 24a. Select the Allied **Health Professions** Licensed Vocational Nurse requiring clinical training. 24b. Enter the name(s) of clinical site(s). Enter the License number or **Employer Identification** number, program name, Download total number of students and the number of students proficient in languages other than English. 25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the Download institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed. 26. Does this educational program lead to an Yes occupation that requires State licensing? 26a. Do graduates have the option or requirement No for more than one type of licensing State exam? 27. Name of the State licensing entity that Board of Vocational Nursing and Psychiatric Technicians licenses this field 28. Name of State Exam **NCLEX** 29. Number of Graduates 76 **Taking State Exam** 30. Number Who Passed 60 the State Exam 31. Number Who Failed 16 the State Exam 78.94737 32. Passage Rate

| 33. Is this data from the State licensing agency that administered the exam? | Yes |
|--|---|
| 33a. Name of Agency | NCSBN |
| 35. Name of the State | |
| licensing entity that licenses this field | Board of Vocational Nursing and Psychiatric Technicians |
| 36. Name of State Exam | NCLEX |
| 37. Number of Graduates Taking State Exam | 57 |
| 38. Number Who Passed the State Exam | 47 |
| 39. Number Who Failed the State Exam | 10 |
| 40. Passage Rate | 82.45614 |
| 41. Is this data from the | |
| State licensing agency that administered the State exam? | Yes |
| 41a. Name of Agency | NCSBN |
| 43. Graduates Available | Tressit. |
| for Employment | 111 |
| 44. Graduates Employed | 4.4 |
| in the Field | 44 |
| \$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 |
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| \$50,001 - \$55,000 | 0 |
| \$55,001 - \$60,000 | 1 |
| \$60,001 - \$65,000 | 0 |
| \$65,001 - \$70,000 | 3 |
| \$70,001 - \$75,000 | 0 |
| \$75,001 - \$80,000 | 0 |
| \$80,001 - \$85,000 | 0 |
| \$85,001 - \$90,000 | 0 |
| \$90,001 - \$95,000 | 0 |

\$95,001 - \$100,000 0 **Over \$100,000** 0

Pending Batch Submit Analyst Review by Unassigned Status

Analyst unassigned@simpligov.com

Completed Stages:

Institution Info: ✓ 11/30/2023 05:37:25 PM - Mandy Dass

Pending Batch Submit: ✓ 11/30/2023 05:40:37 PM - Unassigned Status

O Comments O Emails

Comments

Comments(0)

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