# 2011 Annual Report

Gather the information outlined on the first page of this document for the institution's main location and all branch locations, if any. Annual report data is institutional data, that is, aggregate for the main and all branch locations.

**Section #1 – Annual Report Institutions**

**1. Report for Year** 2011

**2. Institution Name?** (submit one report per institution which includes the main, and branches and/or satellites, if applicable)

Security Defense, Inc.

**3. Institution Code?** (If an institution has branch locations the institution code is the school code for the main location) 58707763

**4. Street Address? (Physical Location)** street address of the main location, City and Zip Code
308 N. Riverside Ave. #110 Rialto, CA 92376

**5. Number of Branch Locations?** Indicate the number of branch locations associated with the main location. If none, indicate zero "0" 0

**6. Number of Satellite Locations?** Indicate the number of satellite locations associated with the main location or any of the branch locations. If none, indicate zero "0" 0

**7. 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.
Yes ✓ No _____

**8. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** Please include only full institutional approval, not programmatic approval. Yes _____ No ✓

**Please enter the name of the accrediting agency. Refer to the attached list of accrediting agency recognized by the United States Department of Education:**
N/A

**9. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, please list the accreditation:**
N/A

**10. Has any accreditation agency taken any final disciplinary action against this institution?** Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" no final action has been taken against the institution by an

accreditation agency. Yes _____ No ✓ If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.

**11. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?** Yes _____ No ✓

**12. Does your institution participate in federal veteran's financial aid education programs?** Yes _____ No ✓

**13. Does your institution participate in California financial aid programs, such as the Cal Grant program?** Yes _____ No ✓

**14. Does your Institution participate in, or offer any additional financial aid program?**

None

**15. Number of Doctorate Degrees Offered?** Indicate the number of Doctorate degrees the institution offered for the reporting year. 0

**16. Number of Students enrolled in Doctorate level programs at this institution?** Please Indicate the number of students enrolled in all Doctorate programs at your institution (Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 0

**17. Number of Master Degrees Offered?** Indicate the number of Master degrees the institution offered for the reporting year. 0

**18. Number of Students enrolled in Master level programs at this institution?** Please Indicate the number of students enrolled in all Masters programs at your institution (Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 0

**19. Number of Bachelor Degrees Offered?** Indicate the number of Bachelor degrees the institution offered for the reporting year. 0

**20. Number of Students enrolled in Bachelor programs at this institution?** Please Indicate the number of students enrolled in all Bachelor level programs at your institution (Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 0

**21. Number of Associate Degrees Offered?** Indicate the number of associate degrees offered for the reporting year. 0

**22. Number of Students enrolled in associate programs at this institution?** Please Indicate the number of students enrolled in all associate programs at your institution (Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 0

**23. Number of Diploma or Certificate Programs Offered?** Indicate the number of diploma or certificate programs offered during the reporting year. 2

**24. Number of Students enrolled in diploma or certificate programs at this institution?** Please Indicate the number of students enrolled in all diploma or certificate programs at your institution. (Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 126

**25. Please provide a link to your institutional catalog if it appears on your website. If it does not appear on your website, please provide a copy of your catalog on a flash drive or CD in pdf format.** Supply the link to the institutional catalog if the institution maintains a catalog on the internet. If the institution does not maintain a catalog on the internet, leave this blank and mail a flash drive or CD containing a copy of the catalog to the Bureau at P.O. Box 980818, West Sacramento, CA 95798-0801 before January 1, 2012 along with this report.

Link: _____

CD or Flash Drive is enclosed ✓

**When mailing the CD or flash drive to the Bureau ensure the CD or flash drive is clearly labeled with the name of the institution and the institution code. The Bureau may be receiving hundreds of CDs and flash drives; if the institution's identification information is not clearly visible, the information may not be properly identified and the institution risks being out of compliance with the submission of the annual report.**

**Section #2 – *Information for each Educational Program Offered at the Institution***

**This section is to be filled out for each educational program offered at the institution. Complete one of these sections for <u>each</u> educational program offered at the institution (make copies as necessary.) 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 for Year** 2011

**2. Institution Code?** Indicate the Institution Code (If an institution has branch locations the institution code is the school code for the main location) 58707763

**3. Degree/Program Level?** Indicate the level of degree for the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, diploma) if the program is not a degree Indicate "diploma". Certificate

**4. Degree/Program Title?** Indicate the title of the degree for the program you are entering (e.g., Ph.D, Master of Science, Bachelor of Arts, Occupational Associate). If the program is not a degree, indicate the name of the certificate/diploma program.
Certificate of Training

**5. Name of Program?** Indicate the name of the program (e.g., Business administration, cosmetology, medical assisting).
Private Security

**6. Number of Degrees or Diplomas Awarded?** Indicate the number of students receiving a degree or diploma for this program during the reporting year. 126

**7. 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 to the institution for the program. It may include books, uniforms or other charges if those charges are included as "institutional charges" on the student enrollment agreement)
$ 2,700.00

**8. Number of Students Who Began the Program?** Indicate the number of students who began the program who are scheduled to complete the program in the year being reported. (C.C.R. 74112(b)(1)) If the institution has a main campus with branches and/or satellites, add the number of students who began the program who are scheduled to complete the program in the year being reported for all locations offering this particular program and report the combined number. 126

**9. 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 (#8 above) minus the number of students who have died, been incarcerated or been called to active military duty. (CEC sections 94928(f), (g)) 126

**10. Graduates?** Of the students available for graduation (#9 above), Indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported. (C.C.R. 74112(b)(2)) 126

**11. Completion Rate?** Indicate the number of graduates (from #10 above) divided by the number of students available for graduation ( #9 above.) **A "rate" is a mathematical calculation and should never be more than 100.** (CEC sections 94929(a), 94928(f), (g), and CCR 74112(d)) 100

**12. 150% Completion Rate?** If the institution tracks 150% completion, Indicate the number of students who completed the program after 100% of the published program length, but less than 151% of the published program length, divided by the number of students available for graduation ( #9 above) **A "rate" is a mathematical calculation and should never be more than 100.** (CCR 74112(d)) N/A

**13. Is the above data taken from the data that was reported to and calculated by 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. Yes _____ No ✓

**CEC section 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.**

**14. Graduates Available for Employment?** Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in 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 sections 94928(d), (f), and C.C.R. 74112(b)(2)) 126

**15. Graduates Employed in the Field?** Of the number of graduates available for employment (#14 above), Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position who have reported their employment to the institution. (CEC section 94928(e), C.C.R. section 74112(b((3)) 81

**16. Placement Rate?** Indicate the number of graduates employed in the field (#15 above) divided by the number of graduates available for employment (#14 above.) **A "rate" is a mathematical calculation and should never be more than 100.** (CCR section 74112(e)(3))
65 %

**17. Graduates employed in the field of an average of less than 32 hours per week?** Indicate the number graduates employed an average of less than 32 hours per week. For the 2010 reporting year this information may be unknown. If unknown, indicate "unknown"
Unknown

**18. Graduates employed in the field an average of 32 or more hours per week?** Indicate the number of graduates employed an average of 32 or more hours per week. For the 2010 reporting year this information may be unknown. If unknown, indicate "unknown"
Unknown

***The total of #17 and #18 should not equal more than the answer for #15.***

**Exam Passage Rate**

**CEC section 94929.5(b) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**
**C.C.R. section 74112(f) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**19. Does this educational program lead to an occupation that requires licensing?**
Yes ✓ No _____

If "yes' please enter the name of the licensing entity that licenses this field.
California Consumer Affairs, Bureau of Security & Investigative Services (BSIS)

If "no" you may skip to "Salary Data" below

**20. Year?** Indicate the year for which you are reporting exam passage data. (Two years data is required) 2010

**21. Name of Exam?** Provide the name of the exam being reported.
Powers To Arrest

**22. Number of Students Taking Exam?** Enter the number of students completing the program within 150% of the program period who took the exam. (CEC section 94929.5(b) and C.C.R. section 74112(f)) 5

**23. Number Who Passed the Exam?** Enter the number of students who took the exam and passed it on the first attempt. (CEC section 94929.5(b) and C.C.R. section 74112(f).) 5

**24. Number Who Failed the Exam?** Enter the number of students who took the exam and failed it on the first attempt. (CEC section 94929.5(b) and C.C.R. section 74112(f).)
0

**25. Passage Rate?** Enter the passage rate for students who took the exam and passed it on the first attempt. 100%

**26. Is This Data from the Licensing Agency that Administered the Exam?** (C.C.R. section 74112(f)) Yes _____ No ✓ Name of Agency _____

**27. If the response to #26 was "no" provide a description of the process used for Attempting to Contact Students:** If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students.(C.C.R. section 74112(f).) If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students"
State exam is administered by Security Defense, Inc. All records and data are collected from students upon completion of the exam. All records are kept safe guard for 2 years for state auditing purposes.

**Second Year**

**28. Year?** Indicate the year for which you are reporting exam passage data. (Two years data is required) 2011

**29. Name of Exam?** Provide the name of the exam being reported.
Powers To Arrest

**30. Number of Students Taking Exam?** Enter the number of students completing the program within 150% of the program period who took the exam. (CEC section 94929.5(b) and C.C.R. section 74112(f)) 126

**31. Number Who Passed the Exam?** Enter the number of students who took the exam and passed it on the first attempt. (CEC section 94929.5(b) and C.C.R. section 74112(f).)
126

**32. Number Who Failed the Exam?** Enter the number of students who took the exam and failed it on the first attempt. (CEC section 94929.5(b) and C.C.R. section 74112(f).)
0

**33. Passage Rate?** Enter the passage rate for students who took the exam and passed it on the first attempt. 100%

**34. Is This Data from the Licensing Agency that Administered the Exam?** (C.C.R. section 74112(f)) Yes _____ No ✓ Name of Agency _____

**35. If the response to #26 was "no" provide a description of the process used for Attempting to Contact Students:** If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students.(C.C.R. section 74112(f).) If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students"

State exam is administered by Security Defense, Inc. All records and data are collected from students upon Completion of the exam. All records are kept safe good for a period of 2 years for state auditing.

**36. Do graduates have the option or requirement for more than one type of licensing exam?** Yes ✓ No _____ If "Yes" provide the names of other licensing exam options or requirements:

Baton Permit
Expose Firearm Permit
First Aid, CPR, and AED

**Salary Data - CEC section 94929.5(c) requires the reporting of salary and wage information for graduates employed in the field in increments of $5,000.00.**

**37. Graduates Available for Employment?** Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in 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 sections 94928(d), (f), and C.C.R. 74112(b)(2)) 126

**38. Graduates Employed in the Field?** Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position. (CEC section 94928(e), C.C.R. section 74112(b)(3)) 81

**39. Graduates Employed in the Field Reported to be Receiving the following Salary or Wage:** Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If a student reports that they are receiving $4,010.00 a year and a second student reports they are receiving $2,999.00 a year, enter the number "2" in the space next to $0 - $5,000.00, because there are 2 students who are receiving between $0-$5,000 a year.

**A number must be entered in all spaces. If the institution has zero students reporting a certain wage enter the number "0".**

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

| | | | |
|---|---|---|---|
| $0.00 -$5,000.00 | 22 | $5001.00 – $10,000.00 | 15 |
| $10,001.00 - $15,000.00 | 23 | $15,001.00 - $20,000.00 | 12 |
| $20,001.00 - $25,000.00 | 9 | $25,001.00 - $30,000.00 | 0 |
| $30,001.00 - $35,000.00 | 0 | $35,001.00 - $40,000.00 | 0 |
| $40,001.00 - $45,000.00 | 0 | $45,001.00 - $50,000.00 | 0 |
| $50,001.00 - $55,000.00 | 0 | $55,001.00 - $60,000.00 | 0 |
| $60,001.00 - $65,000.00 | 0 | $65,001.00 - $70,000.00 | 0 |
| $70,001.00 - $75,000.00 | 0 | $75,001.00 - $80,000.00 | 0 |
| $80,001.00 - $85,000.00 | 0 | $85,001.00 – $90,000.00 | 0 |
| $90,001.00 - $95,000.00 | 0 | $95,001.00 - $100,000.00 | 0 |
| Over $100,000.00 | 0 | | |

**Section #3 - Annual Report Branch Locations complete one sheet for each branch. (make copies as necessary for each branch location.)**

**If the Institution has no branch locations indicate "0"** and skip to the check sheet.

0

1. **Report for Year** 2011

2. **Institution Code** Indicate the Institution Code _____

3. **Branch Location (California locations only)**

Street Address, City, State, Zip Code

_____

**Annual Report Completion Check Sheet**

Print a copy of the Check Sheet and complete the form. Make a copy for your files and include a copy with the package being mailed to the Bureau that includes the financial statements, and cd or flash drive as necessary.

# ANNUAL REPORT COMPLETION CHECK SHEET

**Include a copy of this check sheet with the:**

- ☐ Compiled Financial Statement, as required pursuant to **CCR 74115 (tax returns and/or bank statements will not be accepted) - Paper copy only**
- ☐ Accreditation agency formal disciplinary action - Paper copy
- ☐ Performance Fact Sheet for years 2010 and 2011, as required pursuant to CCR, section 74112, along with the following documents - This must be submitted on Flash Drive of CD.
  - ☐ Supporting documents made available through the Performance Fact Sheet:
    - ☐ The list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates.
    - ☐ The list of the objective sources of information used to substantiate the salary disclosure.
- ☐ 2011 School Catalog as required pursuant to CEC, section 94909, if a link was not provided on Page 1 of the report – This must be submitted on Flash Drive or CD.
  - ☐ Submitted link online

Name of Institution Security Defense, Inc.

Institution Code 58707763

Address of Institution 308 N. Riverside Ave. Ste. 110

City/State/Zip Code Rialto, CA 92376

Name of Person Competing the Annual Report and Contact Telephone Number (please print or type)

Maria Juarez (909) 875-9436

Date Documents Submitted to the Bureau for Private Postsecondary Education 3/28/14

The institution submits the annual report, including all financial statements and documents submitted on flash drive or CD under penalty of perjury.

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400
Sacramento, CA 95833
**Please Keep a Copy for Your Records**

**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 of Responsible Officer) (Date) 3/28/14

Maria Juarez, Director
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 2011

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400
Sacramento, CA 95833

* "Current" with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.