



**Bureau for Private Postsecondary Education**  
 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
 P.O. Box 980818, West Sacramento, CA 95798-0818  
 P (916) 431-6959 F (916) 263-1897 www.bppe.ca.gov



NOTICE TO COMPLY - CU-81663192-0418 (Ed. Code §94935 & 5, CCR §75010)

Institution Name:	American Beauty Institute	Institution Telephone:	858-560-1088
Institution Code:	81663192	Administrator Name:	81663192
Street Address:	4625 Convoy St. Suite A & B San Diego, CA 92111	Date of Inspection:	4/25/18

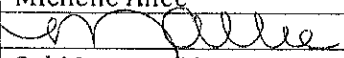
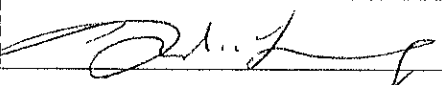
Nature and Facts of the Violation(s), Including a Reference to the Statute or Regulation Violated, and Manner in Which the Institution Must Correct the Violation to Achieve Compliance:

**STUDENT TUITION RECOVERY FUND (STRF) MINIMUM REQUIREMENTS**



Item No.	Referenced Law	Deficiency - Requested Submission
	5, CCR §76130(b)	<p>(b) A qualifying institution shall complete the STRF Assessment report and remit it with the STRF assessments collected from students to be received by the Bureau no later than the last day of the month following the close of the quarter as follows:</p> <p>(1) April 30 for the first quarter,                      (2) July 31 for the second quarter,                      (3) October 31 for the third quarter, and                      (4) January 31 for the fourth quarter.                      If the due date falls on a Saturday, Sunday, or State or federal holiday, the due date shall be extended to the next regular business day for the Bureau.</p> <p><b>The school failed to submit the following STRF Assessment reports to the Bureau:</b></p> <ul style="list-style-type: none"> <li>➤ 1<sup>st</sup> quarter 2016</li> <li>➤ 3<sup>rd</sup> quarter 2016</li> <li>➤ 4<sup>th</sup> quarter 2016</li> </ul> <p><b>To remedy this violation the school shall complete and immediately submit the delinquent assessment reports for these three missing quarters. The forms shall be submitted to the Bureau according to the directions on the form.</b></p>

Notice to Comply -  
 Inspector's Initial: *[Signature]*  
 Administrator's Initial: *CAJ*

**Only minor violations are listed on a Notice to Comply.**

Inspector's Name	Michelle Allee
Inspector's Signature	
Institution Administrator Name/Title:	Suki Leung - Director
Institution Administrator's Signature:	

Education Code can be located at: [http://www.bppe.ca.gov/lawsregs/ppe\\_act.shtml](http://www.bppe.ca.gov/lawsregs/ppe_act.shtml)  
Code of Regulations can be located at: <http://www.bppe.ca.gov/lawsregs/regs.shtml>

Notice to Comply -   
Inspector's Initial:   
Administrator's Initial: *CL*

RETURN THIS FORM WITHIN THE SPECIFIED TIME FRAME WITH EITHER: 1) VERIFICATION OF COMPLIANCE OR 2) A NOTICE OF DISAGREEMENT

### IMPORTANT COMPLIANCE NOTICE

California Education Code §94935 and California Code of Regulations §75010 provide that the Bureau for Private Postsecondary Education (Bureau) shall issue a Notice to Comply for minor violations detected during a compliance inspection by the Bureau.

By no later than 30 days from the date of the inspection, you must either: 1) Remedy the noncompliance item(s), sign the below declaration and submit this form to the Bureau, along with documentation describing how compliance was achieved; or 2) File with the Bureau a written notice of disagreement, specifying the minor violation(s) described in the Notice to Comply with which you disagree, and appealing it by requesting an informal office conference. If a written notice of disagreement is not timely filed with the Bureau, the right to appeal is deemed to have been waived.

Failing to timely remedy the noncompliance item(s) or file a written request for an informal office conference may result in the Bureau taking administrative enforcement action.

### DECLARATION

Attached to this document is a list describing how compliance was achieved for each violation and supporting documentation. I declare under penalty of perjury that all violations identified in this Notice to Comply are corrected as described in the attachment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

THIS DECLARATION OR A NOTICE OF DISAGREEMENT MUST BE SUBMITTED TO THE BUREAU BY **May 25, 2018**

Notice to Comply –  
Inspector's Initial:  
Administrator's Initial: