



DHBC

Dental Hygiene
Board of California

Saturday, March 23, 2024
DHBC Board Meeting Materials
EDUCATIONAL COMMITTEE ADDENDUM





February 15, 2024

Mitch Charles
President
Carrington College – Sacramento
8909 Folsom Blvd
Sacramento, CA 95826

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC, Board) received several complaints regarding the Carrington College - Sacramento Dental Hygiene Educational Program (Carrington-Sacramento). Board staff completed a limited site visit at the Carrington-Sacramento campus on February 12, 2024. Evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the site visit are as follows:

I. Violation 1: Insufficient Faculty Resources.

A. Site Visit:

1. Issue: Dentist is not present in clinic on Mondays and Thursdays since July 23, 2023.
 - a. Effect: Students unable to perform soft tissue curettage or administer local anesthesia and nitrous oxide-oxygen analgesia (SLN) to patients on Mondays and Thursdays due to a dentist not being present in clinic.
 1. Hinders student progress towards proficiency in DHBC SLN requirements.
 2. DHBC not notified of decrease in dentist staffing.
2. Issue: Insufficient faculty to maintain one to five (1:5) faculty to student ratio.
 - a. Effect: Faculty have “called-out” of clinic without Carrington-Sacramento providing a replacement, thereby causing the faculty to student ratio to become one to eight (1:8) or one to ten (1:10) as a regular occurrence.

3. Issue: Two full-time faculty members reduced their hours to part time (one in November 2023, and one in January 2023) without Carrington-Sacramento providing a replacement, thereby reducing faculty availability to students.

- a. Effect: DHBC not notified of decrease in full time faculty staffing.

4. Issue: Students reported a lack of faculty supervision (left unattended for an extended time) in the clinic during tutoring sessions.

- a. Effect: Students should have some level of supervision at all times while enrolled in the dental hygiene program.

B. Refer to:

1. BPC Section 1941(a)

The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

2. 16 CCR Section 1105(b)(4)

The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article.

3. 16 CCR Section 1105(b)(5)

Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions in any jurisdiction to practice dentistry.

4. 16 CCR Section 1105(i)

The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

5. 16 CCR Section 1105(k)

The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

6. 16 CCR Section 1105.3(a)(2)(D)

(a) Each dental hygiene program holding a certificate of approval shall:
(2) Notify the Dental Hygiene Board within ten (10) days of any:
(D) Programmatic reduction in program faculty or support staff of more than 10%.

7. CODA Standard 2-5

The number of students enrolled in the program must be proportionate to the resources available.

8. CODA Standard 3-5

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. 1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students. 2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students. 3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.

C. Determination:

1. **Not in compliance.**

2. Carrington-Sacramento is in violation of BPC Section 1941(a), 16 CCR Section 1105(b)(4), 16 CCR Section 1105(b)(5), 16 CCR Section 1105(i), 16 CCR 1105(k), 16 CCR Section 1105.3(a)(2)(D), and CODA Standards 2-5 and 3-5.

II. Violation 2: Insufficient Clinic Resources.

A. Site Visit:

1. Issue: Clinic compressor/suction reduced to half capacity for three weeks.

a. Effect: During each clinical session, only ten students are allowed to utilize suction for 30 minutes while using an ultrasonic scaler.

1. Hinders student progress towards proficiency in scaling requirements.
 - b. Effect: Students only allowed to use a slow-speed suction in short bursts (per faculty) or require patients to spit in cups (per students.)
2. Issue: Delays in ordering process causing a lack of necessary clinical supplies.
 - a. Effect: Clinical compressor parts order was delayed by a clerk unfamiliar with DHEP requirements.
 - b. Effect: Necessary clinical instruments, infection control equipment, and "disposables" (e.g., topical anesthetic, etc.) not ordered, as they were deemed "unnecessary" by a clerk unfamiliar with DHEP requirements.
 1. Effect: Hinders student progress towards clinical proficiency.
3. Issue: Multiple clinical equipment items in need of repair or replacement (e.g., chair lights, radiology sensors, etc.) and delayed by a clerk unfamiliar with DHEP requirements.
 - a. Effect: Faculty are troubleshooting equipment issues during clinic which removes their focus from patients and students, thereby compromising the health and safety of patients and students in the clinic.
4. Issue: Carrington-Sacramento lacks an Equipment Maintenance and Replacement Plan.
 - a. Effect: Updated equipment and its regular maintenance are vital to provide clean, safe, and effective dental hygiene treatment to the public. Faulty equipment resulting in contamination or infection could be the source of disease or other health related conditions.

B. Refer to:

1. 16 CCR Section 1105 (i)

The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

2. CODA Standard 2-5

The number of students enrolled in the program must be proportionate to the resources available.

3. CODA Standard 4-1

The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

C. Determination:

1. **Not in compliance.**

2. Carrington-Sacramento is in violation of 16 CCR Section 1105 (i) and CODA Standards 2-5 and 4-1.

III. Violation 3: Student Competency Testing Policy.

A. Site Visit:

1. Issue: Carrington-Sacramento competency testing policy allows for a student to repeat a failed pre-clinical competency three times before dismissal from the program to maintain competency standards.
 - a. Effect: College administration required program faculty to allow a student to retake the failed pre-clinical competency a fourth time, potentially leading to graduation of an unsafe practitioner and sets a precedent of not following the established testing policy for future cohorts.
 1. Effect: College administration superseding the autonomy of DHEP competency standards and policies places public, student, and faculty safety at risk.

B. Refer to:

1. 16 CCR Section 1105(c)

Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

2. CODA Standard 2-2

A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

C. Determination:

1. **Not in compliance.**

2. Carrington-Sacramento is in violation of 16 CCR Section 1105(c) and CODA Standard 2-2.

IV. Violation 4: Program Director.

A. Site Visit:

1. Issue: Program Director on leave for approximately one month without faculty awareness, and without a temporary program director to oversee the program.
 - a. Effect: Campus administration and Human Resources aware of the vacancy, failed to notify DHEP Dean of Curriculum and faculty, and failed to name a temporary program director to oversee the DHEP for appropriate supervision.
 - b. Effect: Supervision of the DHEP fell to the responsibility of several faculty members without coordinated guidance from the administration.
 - c. Change in program director situation was not reported to the Board within ten days. The Board was only notified after Carrington expected a Board site visit as a result of complaints received.

B. Refer to:

1. 16 CCR Section 1105.1(a)

“Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this

article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program.

2. 16 CCR Section 1105(j)

The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

3. 16 CCR Section 1105.3(a)(2)(B)

(a) Each dental hygiene program holding a certificate of approval shall:

(2) Notify the Dental Hygiene Board within ten (10) days of any:

(B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.

4. CODA Standard 3-2

The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

C. Determination:

1. Not in compliance.
2. Carrington-Sacramento is in violation of 16 CCR Section 1105.1(a), 16 CCR Section 1105(j), 16 CCR Section 1105.3(a)(2)(B), and CODA Standard 3-2.

V. Violation 5: Student Tutoring.

A. Site Visit:

1. Issue: Students reported a lack of tutoring opportunities to practice or remediate their clinical skills.
 - a. Effect: Student progression to become a dental hygienist is hindered without the additional opportunities to practice their clinical skills. This is a basic educational tool the school should provide to enhance the student's abilities to become licensed professionals.

B. Refer to:

1. 16 CCR Section 1105 (i)

The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

C. Determination:

1. **Not in compliance.**

2. Carrington-Sacramento is in violation of 16 CCR Section 1105(i).

VI. Violation 6: Faculty Calibration and Organization.

A. Site Visit:

1. Issue: Students reported a lack of faculty calibration and organization during preclinical, clinical, and didactic courses.

a. Effect: Faculty unprepared for daily tasks during preclinical and clinical sessions.

b. Effect: Outdated PowerPoints that do not reflect assigned texts.

c. Effect: Faculty not responsive to student communication.

B. Refer to:

1. 16 CCR Section 1105.1(c)

Faculty Responsibilities. (1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program. (2) Each faculty member shall participate in an orientation prior to teaching, including, but not limited to, the educational program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation. (3) Each faculty member shall be competent in the area in which he or she teaches.

C. Determination:

1. **Not in compliance.**
2. Carrington-Sacramento is in violation of 16 CCR Section 1105.1(c).

Carrington- Sacramento shall provide evidence of compliance to the above violations **by February 23, 2024.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As Carrington-Sacramento is operating outside the structured parameters of California law and CODA Standards with these violations, Carrington- Sacramento is therefore putting students, faculty, and the public at risk.

This matter will be brought before the Board and Education Committee for further action at the Board's meeting on March 23, 2024. The meeting will be held at:

Department of Consumer Affairs
1747 North Market Blvd.
Ruby Room
Sacramento, CA 95834

Please have Carrington-Sacramento representatives present at the meeting to answer any questions the Board and Education Committee may have.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Timothy Pitman, Campus Director, Carrington College
Alan An, Academic Dean, Carrington College
Jessica Fagan, MA,RDH, Dean of Curriculum, Carrington College



March 4, 2024

Mitch Charles
President
Carrington College – Sacramento
8909 Folsom Blvd
Sacramento, CA 95826

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC, Board) received several complaints regarding the Carrington College - Sacramento Dental Hygiene Educational Program (Carrington-Sacramento). Board staff completed a limited site visit at the Carrington-Sacramento campus on February 12, 2024. Evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient.

On February 23, 2024, Carrington-Sacramento provided a formal response to the violations.

The results of the response are as follows:

I. Violation 1: Insufficient Faculty Resources.

A. Violation 1-1:

1. Issue: Dentist is not present in clinic on Mondays and Thursdays since July 23, 2023.
 - a. Effect: Students unable to perform and complete soft tissue curettage, administration of local anesthesia, and nitrous oxide-oxygen analgesia (SLN) to patients on Mondays and Thursdays due to a licensed dentist not being present in clinic for proper oversight.
 1. Delays student progression towards completing proficiencies in DHBC SLN requirements.
 2. DHBC not notified of decrease in licensed dentist staffing which has a profound effect for students to complete their required competencies.

2. Carrington-Sacramento Response:

- a. "A dentist is scheduled for clinic sessions where the planned instructional activities require a supervising dentist. Each term schedule, including clinic sessions, are planned, and organized in accordance with accreditation and regulatory standards, and course requirements. The number of scheduled clinic sessions varies from term to term. The July 2023 term schedule demonstrates a dentist scheduled for the Monday, Tuesday, Wednesday, and Thursday clinic sessions."

1. Exhibit 1.1 July 2023 Term Schedule.

- b. "Exhibit 1.2 November 2023 Term Schedule demonstrates a dentist scheduled for the Tuesday clinic sessions for the entirety of the term and Exhibit 1.3 Friday Clinic Sign-Up, shows that an additional Friday clinic session was added beginning Friday February 9th and is available to students through the end of the term and into next term if needed."
- c. "Restrictions on Soft Tissue Curettage, Local Anesthesia and Nitrous Oxide (SLN) are strictly imposed during sessions without a dentist's presence, ensuring adherence to accreditation and regulatory standards."
- d. "Despite a decrease in the amount of clinic sessions allowing SLN from November 2023 students have been provided sufficient opportunities to perform SLN skills and progress towards meeting proficiency requirements. All students are on pace to meet SLN proficiency requirements for their July 2024 expected graduation date."
- e. "In early 2023, the Sacramento DH program employed two part-time dentists, Dr. Kelly and Dr. Porco. Recognizing the impending departure of one of these dentists at the end of the July 2023 term, the program proactively began recruitment for an additional dentist on April 14, 2023. The program also transitioned Dr. Kelly to a full-time role resulting in no reduction in dentist staffing from July to November. Upon learning that Dr. Kelly would not be able to continue to serve in a full-time capacity for the November 2023 term start the clinic sessions were scheduled in accordance with accreditation and regulatory standards, and course requirements."
- f. "Notification of a 10% reduction in program faculty and support staff was submitted to the DHBC on February 2."

1. Exhibit 1.4 Notification of Reduction in Staff.

- g. "During October 2023, 3 part-time instructors were hired in anticipation of the full-time instructors who were planning to reduce their hours. This allowed for full coverage of all clinic sessions. While the part-time instructors worked fewer hours than the full-time instructors, some have more availability to allow for clinic coverage in the event that this is needed. This standard does not indicate the dentist should be separated from the categories of program faculty and support staff."
 - 1. "Dr. Ellis, dentist, was hired by the DH program on December 28, 2023, with a scheduled start date of January 8, 2024. However, the start date was postponed due to delays in the background check process. Dr. Ellis has now commenced his role with the DH program. Exhibit 1.5 Original Signed Job Offer Dr. Ellis."
 - 2. "In addition, Kelle Sabri, started the interview process in November of 2023 and signed her Job Offer on January 22, 2024, Exhibit 1.6 Original Signed Job Offer Kelle Sabri. She was also recently onboarded."
3. Determination:
- a. In recent compliance, however, the delay in licensed dentist staffing significantly impacted student progress towards proficiency completion in DHBC SLN requirements. The requirement to concentrate SLN procedures on the students during their patient care during their last semester rather than on a flow basis throughout the year due to the lack of dentist supervision is unacceptable and places a heavy burden on them. Having appropriate faculty, including licensed dentists, on staff at all times during clinical patient treatment is paramount to safely run the program and ensures the students obtain the education and training they paid for.
 - b. Carrington-Sacramento is required to maintain appropriate licensed dentist staffing for program operations pursuant to BPC Section 1941(a), 16 CCR Section 1105(b)(5), 16 CCR Section 1105(i), 16 CCR Section 1105(k), CODA Standard 2-5, and CODA Standard 3-5.

B. Violation 1-2:

- 1. Issue: Insufficient faculty to maintain one to five (1:5) faculty to student ratio.
 - a. Effect: Faculty have "called-out" of clinic without Carrington-Sacramento providing a replacement, thereby causing the faculty to student ratio to become one to eight (1:8) or one to ten (1:10) as a regular occurrence. This is also detrimental to provide an adequate

educational experience to the students and may affect their learning efficiency. It's the program's responsibility to provide appropriate faculty to maintain the student to faculty ratio to what's stated in the law and CODA Standards (1:5) to ensure proper learning.

2. Carrington-Sacramento Response:

- a. "Schedules are constructed to ensure the faculty to student ratios are sufficient to allow students the opportunity to develop competence and ensure the health and safety of the public in accordance with CODA Standard 3-5, CODA Standard 2-5 as well as 16 CCR Section 1105(K), and course instructional requirements. This is evidenced by the DH program schedules."

1. Exhibit 1.1 July 2023 Term Schedule and Exhibit 1.2 November 2023 Term Schedule.

- b. "For example, scheduling accounts for the possibility of faculty call outs as the expectation is that if there is a call out, the program director fills in to ensure faculty to student ratios are sufficient. The clinic schedules will demonstrate that the one to five (1:5) faculty to student ratios were maintained."

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have maintained the appropriate faculty to student ratio required for program operations.
- b. Carrington-Sacramento is required to maintain appropriate faculty to student ratio for required program operations pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), CODA Standard 2-5, and CODA Standard 3-5.

C. Violation 1-3:

- 1. Issue: Two full-time faculty members reduced their hours to part time (one in November 2023, and one in January 2023) without Carrington-Sacramento providing a replacement, thereby reducing faculty availability to students.

- a. Effect: DHBC not notified of decrease in full time faculty staffing.

2. Carrington-Sacramento Response:

- a. "There was not a reduction in staff greater than 10% in November 2023. The hours of the faculty who transitioned from full-time to part-time were

balanced by the hiring of 3 part-time instructors in October 2023 and thus did not result in a reduction of program faculty and support staff at this time."

- b. "Notification of a 10% reduction in program faculty and support staff was submitted to the DHBC on February 2, when the reduction in program faculty and support staff reached the 10% threshold in accordance with 16 CCR Section 1105.3(a)(2)(D)."

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient faculty support to students.
- b. Carrington-Sacramento is required to maintain appropriate faculty support to students pursuant to BPC Section 1941(a), 16 CCR Section 1105(j), 16 CCR Section 1105(k), CODA Standard 2-5, and CODA Standard 3-5.

D. Violation 1-4:

- 1. Issue: Students reported a lack of faculty supervision (left unattended for an extended time) in the clinic during tutoring sessions.
 - a. Effect: Students should have some level of supervision at all times while enrolled in the dental hygiene program.
- 2. Carrington-Sacramento Response:
 - a. "Tutoring sessions are planned, organized, and facilitated by the faculty. The DH program policy is that students are not left alone in the clinic, and open clinic sessions are not allowed."
 - b. "The clinic door is locked whenever faculty are not present. Faculty and students are made aware of this policy during day one of clinic courses. This policy is reiterated throughout the DH program to reinforce its importance."

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient faculty oversight to students during tutoring sessions.

- b. Carrington-Sacramento is required to maintain required faculty oversight of students pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), CODA Standard 2-5, and CODA Standard 3-5.

II. Violation 2: Insufficient Clinic Resources.

A. Violation 2-1:

- 1. Issue: Clinic compressor/suction reduced to half capacity for three weeks.

- a. Effect: During each clinical session, only ten students are allowed to utilize suction for 30 minutes while using an ultrasonic scaler.

- 1. Hinders student progress towards proficiency in scaling requirements.

- b. Effect: Students only allowed to use a slow-speed suction in short bursts (per faculty) or require patients to spit in cups (per students.)

- 2. Carrington-Sacramento Response:

- a. "The Sacramento DH department operates on a two-pump system so that if there is need for repair or replacement of a pump the system can remain operational."
- b. "On January 16th a work order was placed for malfunctioning equipment related to the efficiency of the suction. The technician arrived to diagnose the cause of the malfunctioning equipment. He reported that a new motor was needed for one of the two pumps that are part of the system."
- c. "Per the recommendation of the technician an order was placed for the broken part. The technician reported that the system was still operational, and the clinic session could run on the remaining pump per the recommended one pump guidelines. As a result, the correct information was improperly communicated to faculty and staff. There was never a requirement for patients to spit in a cup."
- d. "After the incorrect information was communicated, the technician was called a second time on January 26, the technician confirmed and reinforced the original diagnosis and requirements for repair. The repair was scheduled pending delivery of the necessary part."
- e. "As of February 16, 2024, the malfunctioning pump has been repaired. The two-pump system is fully operational."

- 1. Exhibit 2.1- Equipment Repair Documents.

- f. "Throughout this process, our priority remained the well-being of our students, and every effort was made to ensure their needs were met."
- g. "It's important to note that the miscommunication was not attributed to the administrative assistant (clerk); they were not responsible for the communication."
- h. "Immediately after clarification was received a comprehensive plan was developed and implemented, which allowed the clinic to run efficiently on one pump. The plan was constructed strategically to ensure students could progress towards proficiency in scaling requirements. This plan involved two main components: the students should not leave the suction on when not in use and a schedule for ultrasonic scaling and high-volume evacuation (HVE)."
- i. "Students only being allowed to use the suction for 30 minutes was not the plan's intention. A schedule was devised for student ultrasonic scaling and HVE usage to accommodate situations where more than 10 students simultaneously required access to the equipment. During the clinic sessions there was never a scenario where students had to forfeit the opportunity to use the ultrasonic due to varying phases of treatment among them."
- j. "The clinic schedule was effectively structured to ensure that no more than 10 students required suction simultaneously. This is demonstrated by the clinic session sign-up sheets Exhibit 2.2- HVE Sign-up Sheet. Thus, the students' progress towards proficiency in meeting the scaling requirements was not hindered."

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient clinical resources, thereby hindering student progress towards proficiency in scaling requirements.
- b. Carrington-Sacramento is required to maintain sufficient clinical resources pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

B. Violation 2-2:

- 1. Issue: Delays in ordering process causing a lack of necessary clinical supplies.

- a. Effect: Clinical compressor parts order was delayed by a clerk unfamiliar with DHEP requirements.
- b. Effect: Necessary clinical instruments, infection control equipment, and “disposables” (e.g., topical anesthetic, etc.) not ordered, as they were deemed “unnecessary” by a clerk unfamiliar with DHEP requirements.

1. Effect: Hinders student progress towards clinical proficiency.

2. Carrington-Sacramento Response:

- a. “At no time was the clinic without the required clinical supplies necessary to maintain proper asepsis protocols and patient comfort. Student progress towards clinical proficiency was not hindered by insufficient clinical supplies.”
- b. “An example of when clinical supplies were deemed unnecessary was in the instance of a duplicate order being placed for Cetacaine on February 1st when the previous order had been placed on January 23rd . The administrative assistant asked for clarification from the sterilization technician responsible for ordering, but the order was never denied or delayed.”

- 1. Exhibit 2.3a Order Placed on 1.23 for Cetacaine.
- 2. Exhibit 2.3b Cetacaine Received 2.2.
- 3. Exhibit 2.3c Order Placed on 2.1 for Cetacaine.
- 4. Exhibit 2.3d Cetacaine received 2.8 demonstrating that two orders were placed back-to-back.

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient clinical resources, thereby hindering student progress towards clinical proficiency.
- b. Carrington-Sacramento is required to maintain sufficient clinical resources pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

C. Violation 2-3:

- 1. Issue: Multiple clinical equipment items in need of repair or replacement (e.g., chair lights, radiology sensors, etc.) and delayed by a clerk unfamiliar with DHEP requirements.

- a. Effect: Faculty are troubleshooting equipment issues during clinic which removes their focus from patientcare and students, thereby compromising the health and safety of patients and students in the clinic.

2. Carrington-Sacramento Response:

- a. "Carrington College and the DH program's objective is to plan, develop, and provide facilities which are safe, functional, and maintained to the highest institutional standards in support of the college, its curriculum goals and objectives for the benefit of all students, faculty, and staff."
- b. "The Sacramento DH program has equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards."
- c. "Carrington College and the DH program utilizes building cleanliness and maintenance upkeep administered by Janitorial Cleanliness and Building & Equipment Repairs and Maintenance Standards."
- d. "The Sacramento DH program has maintenance support in place and provided by Ember Maintenance, AFS Facilities Management Services and other property management providers and Ember VP of Purchasing."
- e. "Equipment calibration (maintenance plan) is of paramount importance to the DH program. The DH program is required to adhere to the annual calibration schedule as seen in Exhibit 2.4 Equipment Calibration."
- f. "On January 9th, 2024, the DH program scheduled the annual Dental Operatory Calibration."

1. Exhibit 2.5 Dental Operatory Calibration.

- g. "Following this visit a plan was outlined for maintenance. The 2024 calibration of remaining DH equipment has been scheduled for March 15, 2024."

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient clinical resources, thereby hindering student progress towards proficiency in scaling requirements.

- b. Carrington-Sacramento is required to maintain sufficient clinical resources pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

D. Violation 2-4:

1. Issue: Carrington-Sacramento lacks an Equipment Maintenance and Replacement Plan.
 - a. Effect: Updated equipment and its regular maintenance are vital to provide clean, safe, and effective dental hygiene treatment to the public. Faulty equipment resulting in contamination or infection could be the source of disease, infection, or other health related conditions.
2. Carrington-Sacramento Response:
 - a. "Following this visit a plan was outlined for maintenance. The 2024 calibration of remaining DH equipment has been scheduled for March 15, 2024."
3. Determination:
 - a. Not in compliance.
 - b. Carrington-Sacramento to provide a formal "Equipment Maintenance and Replacement Plan Policy" to the Board **by March 22, 2024.**

III. Violation 3: Student Competency Testing Policy.

A. Violation 3:

1. Issue: Carrington-Sacramento competency testing policy allows for a student to repeat a failed pre-clinical competency three times before dismissal from the program to maintain competency standards.
 - a. Effect: College administration required program faculty to allow a student to retake the failed pre-clinical competency a fourth time, potentially leading to graduation of an unsafe practitioner and sets a precedent of not following the established DH program testing policy for future cohorts.
1. Effect: College administration superseding the autonomy of DHEP competency standards and policies places public, student, and faculty safety at risk. It could also provide opportunity for legal action against the DH program should evidence be found of unequal student treatment.

2. Carrington-Sacramento Response:

- a. "Carrington-Sacramento competency testing policy allows for a student to repeat a failed pre-clinical competency three times before dismissal from the program to maintain competency standards."
- b. "The Sacramento DH program has policies meticulously outlined in multiple official documents, including the Clinic Manual, Student Handbook, Academic Catalog, and course syllabi. These documents serve as comprehensive guides for our faculty, staff, and students."
- c. "In each clinical course syllabi, there are clearly defined expectations for skill evaluations. Students are granted three attempts to demonstrate proficiency in specific skills. These evaluations are essential for assessing their competence and readiness for professional practice. After each failed attempt, mandatory remediation is required. This process ensures that students receive targeted support to address any areas of weakness. If a student does not meet the competency standards after three attempts, they will be required to repeat the course."

1. Exhibit 3.1 DH100.1 Preclinical Course Syllabus Retake Policy.

- d. "Our commitment to maintaining high standards ensures that graduates are well-prepared and capable practitioners in their field. Faculty members follow the expectations in the syllabi rigorously, maintaining alignment with program standards."
- e. "In the mentioned fourth retake of a failed pre-clinical competency a formal grievance was filed by a student. The complaint was reviewed per our complaint and grievance procedure outlined in the Academic Catalog."

1. Exhibit 3.2 Complaint and Grievance Procedures.

- f. "As a result of a thorough investigation into the complaint, the student was given a fourth attempt at a failed pre-clinical competency. The student did not pass the fourth attempt or the course and thus was unable to progress in the program as per the DH progression policy."
- g. "The Sacramento DH program has established standard competencies maintained as required by 16 CCR Section 1105(c). These competencies are given and reviewed to the students during orientation as part of the Clinic Manual (Exhibit 3.3 Clinic Manual-Minimum Clinical Requirements) and then again as part of their clinic courses within their Learning Management System (LMS)."

- h. "Expectations and requirements are reviewed with students on day one of their clinical courses. As students progress, meetings are held between individual students and the clinic lead to discuss what requirements still need to be met."
 - i. "The Sacramento DH program has established policies outlined in the Student Handbook, Academic Catalog, Clinic Manual, and course syllabi that inform students of academic, professional, and clinical criteria as required by CODA Standard 2. They are distributed to the students and faculty to ensure that all are made aware of these policies and procedures. Students are made aware of these policies during orientation or during day one when the syllabus is reviewed in class. Faculty receive training on policies at monthly college-wide development meetings. "
1. Exhibit 3.4 Faculty Training Material.
- j. "The program director has the primary responsibility for ensuring the compliance of policies and procedures."
3. Determination:
- a. In recent compliance, however pursuant to documentation received, Carrington-Sacramento violated Carrington-Sacramento's competency testing policy, 1) potentially leading to graduation of an unsafe practitioner; 2) sets a precedent of not following the established DH program testing policy for future cohorts; and 3) superseding the autonomy of DHEP competency standards and policies which places the public, student, and faculty safety at risk.
 - b. Carrington-Sacramento is required to maintain standards of competency pursuant to BPC Section 1941(a), 16 CCR Section 1105(c) and CODA Standard 2-2.

IV. Violation 4: Program Director.

A. Violation 4:

- 1. Issue: Program Director on leave for approximately one month without faculty awareness, and without a temporary program director to oversee the program.
 - a. Effect: Campus administration and Human Resources aware of the vacancy, failed to notify DHEP Dean of Curriculum and faculty, and failed to name a temporary program director to oversee the DHEP for appropriate supervision during the program director's absence.

- b. Effect: Supervision of the DHEP fell to the responsibility of several faculty members without coordinated guidance from the administration.
- c. Change in program director situation was not reported to the Board within ten days as required. The Board was only notified after Carrington expected a Board site visit as a result of complaints received.

2. Carrington-Sacramento Response:

- a. "The program director was scheduled for a planned leave of absence that spanned three weeks. At no point was the program director removed from her duties during this leave."
- b. "The program is run with efficiency and support from numerous sources, including but not limited to the clinic leads who run their courses with efficiency, the Campus Director, who oversees the daily operation of the campus, the Dean of Curriculum, who advises on any curriculum or accreditation related questions, and the additional three DH program directors within the Carrington College community."
- c. "At the time of her leave, Marie Frankos remained the appointed full-time program director. This meets 16 CCR Section 1105.1(a) and CODA Standard 3-2 as an interim program director was not required."
- d. "In accordance with 16 CCR Section 1105(j), the program director maintained primary responsibility for developing policies and procedures, planning, organizing, implementing, and evaluating the program. In anticipation of the leave, the program director in collaboration with campus leadership and program faculty discussed responsibilities as necessary, communicating effectively to ensure continuity, and maintain program integrity and effectiveness. There was never a change in leadership or the organizational structure of the program, which meant no notification needed to be made as per 16 CCR Section 1105.3(a)(2)(B)."

3. Determination:

- a. In recent compliance, however pursuant to complaints and documentation received, Carrington-Sacramento did not exercise sufficient program director oversight during the three-week absence of the program director. In knowing the program director was "scheduled" for a three-week absence, appropriate level coverage should have been arranged prior to the absence for correct oversight of the program.
- b. Carrington-Sacramento is required to maintain sufficient program director oversight pursuant to BPC Section 1941(a), 16 CCR Section

V. Violation 5: Student Tutoring.

A. Violation 5:

1. Issue: Students reported a lack of tutoring opportunities to practice or remediate their clinical skills.
 - a. Effect: Student progression to become a dental hygienist is hindered without the additional opportunities to practice their clinical skills. This is a basic educational tool the school is required to provide to enhance the student's abilities to become licensed professionals.

2. Carrington-Sacramento Response:

- a. "Tutoring opportunities to practice or remediate clinical skills are abundant for students in the DH program. The tutoring opportunities, scheduled and requested, are available and optional for all students within the program. Students are given scheduled opportunities to sign-up for tutoring throughout their time in the DH program. These sessions are held weekly and organized and coordinated by the clinic leads for each clinical course. Tutoring schedules are posted outside the classroom and available to the students throughout the term(s)."
- b. "As Exhibit 1.2 November 2023 Term Schedule demonstrates, there is ample opportunity for tutoring for both the junior and senior cohorts. Requested tutoring sessions are scheduled at a day/time convenient for the student and faculty, depending on the student's need."

1. Exhibit 1.2 November 2023 Term Schedule

- c. "Remediation opportunities are mandatorily scheduled for those that do not meet required outcomes via skill assessments or even when recommended by instructors. Remediation sessions are scheduled at a day/time convenient for the student and faculty, depending on the skill."
- d. "As demonstrated by the wealth of supporting documents in Exhibit 5.1 Tutoring Announcements to Juniors, Exhibit 5.2 Tutoring Announcements to Seniors, Exhibit 5.3 Tutoring Sign Up, Exhibit 5.4 Tutoring Sign-In, and Exhibit 5.5 Tutoring Academic Records, the students' journey towards meeting graduation requirements remains unhindered. Furthermore, alongside the regularly scheduled clinic sessions, the Sacramento DH program has introduced supplementary clinical sessions on Fridays,

facilitated by a Supervising Dentist, to afford students an extra opportunity to hone their clinical skills.”

1. Exhibit 5.1 Tutoring Announcements to Juniors.
2. Exhibit 5.2 Tutoring Announcements to Seniors.
3. Exhibit 5.3 Tutoring Sign Up.
4. Exhibit 5.4 Tutoring Sign-In.
5. Exhibit 5.5 Tutoring Academic Records.

- e. “As per 16 CCR Section 1105 (i) the learning resources of the institution are sufficient to meet the needs of the students. Tutoring resources and opportunities have not changed. Examples of these resources are provided in the Exhibits listed above.”

3. Determination:

- a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient tutoring opportunities to practice or remediate their clinical skills.
- b. Carrington-Sacramento is required to maintain required learning resources pursuant to BPC Section 1941(a) and 16 CCR Section 1105(i).

VI. Violation 6: Faculty Calibration and Organization.

A. Violation 6:

1. Issue: Students reported a lack of faculty calibration and organization during preclinical, clinical, and didactic courses.
 - a. Effect: Faculty unprepared for daily tasks during preclinical and clinical sessions.
 - b. Effect: Outdated PowerPoints that do not reflect assigned texts.
 - c. Effect: Faculty not responsive to student communication.
2. Carrington-Sacramento Response:
 - a. “The Sacramento DH Program employs various strategies to uphold faculty calibration and organization across the curriculum, ensuring that faculty effectively utilize course materials to foster a responsive learning environment.”
 - b. “As it pertains to calibration, the DH faculty preparedness is ensured for daily preclinical and clinical tasks via various strategies. The first strategy is a well-established end of term calibration meeting which includes

participation from both part-time and full-time faculty. These meetings serve two purposes: alignment (where faculty align their teaching approaches) and consistency (by discussing teaching methods to maintain uniformity in instruction)."

1. Exhibit 6.1a, Exhibit 6.1b, and Exhibit 6.1c Calibration Meeting Minutes.

- c. "In addition, throughout the term, the clinic leads organize instructional lesson plans for each week's clinic schedule. These plans are communicated in advance to both students and faculty. The goal is to ensure everyone understands the expectations for that week's clinic session."

1. Exhibit 6.2 Weekly Student Communication.
2. Exhibit 6.3 Weekly Faculty Communication.

- d. "Before heading into the clinic, faculty hold a huddle. During this huddle, the lead instructor reviews the content previously communicated via email to ensure consistent instruction during the clinic session. This organized proactive approach helps maintain uniformity in instruction across the program."

- e. "Each faculty member assumes responsibility and accountability for instruction evaluation of students planning and implementing the curriculum as outlined by the syllabus. Each course is assigned instructional resources that are outlined in each course syllabi. In addition, faculty are encouraged to use supporting resources which enhance the learning experience and support the student learning outcomes. These resources include historical data, scientific journals, to provide context to the lesson."

- f. "The Sacramento DH Program faculty assume responsibility of responding to student communications within 24 hours as possible. These policies are outlined in the college's Teaching and Learning Guide as seen in Exhibit 6.4 Faculty Correspondence Policy from the Teaching and Learning Guide and provided to all instructors upon hiring."

1. Exhibit 6.4 Faculty Correspondence Policy.

- g. "As per 16 CCR Section 1105.1(c), faculty are provided a copy of their job description in which they sign upon hire outlining the responsibilities of the position."

1. Exhibit 6.5 Faculty Job Description.

- h. "In addition, the Teaching and Learning Guide is provided to faculty during their orientation process. The Teaching and Learning Guide outlines curriculum development, teaching and learning strategies, assessment of learning, academic and professional development, and their commitment to the program and service departments."
- 1. Exhibit 6.6 Faculty Responsibilities from the Teaching and Learning Guide.
- i. "Upon hire, faculty members are granted access to a dedicated Faculty Resource Center. This center is specifically crafted to furnish faculty with the necessary resources and support essential for fostering a successful instructional experience. It outlines orientation as part of the on-boarding process."
- 1. Exhibit 6.7 On-Boarding Overview.
- j. "Faculty on-boarding is comprised of two components: an in-person, on-campus orientation and a virtual academic orientation experience. The in-person, on-campus orientation includes a campus and department tour with introductions to faculty and staff. Faculty are guided to campus and program resources such as essential documents related to curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation found in the Faculty Resource Center as well as the Clinic Manual."
- 1. Exhibit 6.8 Faculty Resource Center Overview.
- k. "In addition, all academic staff are provided with a schedule for academic orientation. This training is conducted virtually over a two-day period for new faculty. This involves an interactive discussion on topics including: instructional resources, student resources, students services, library services, course preparation, technology training, leaning management system training, student information system and student services."
- l. The Sacramento DH program hires faculty that meet the minimum requirements as outlined by 16 CCR Section 1107 (b) (2). To stay current in their field, faculty actively engage in continuing education. This commitment to ongoing learning is evident in their Biosketches, collected during the on-site visit."
- 3. Determination:
 - a. In recent compliance, however pursuant to complaints received, at times, Carrington-Sacramento may not have provided sufficient faculty calibration and organization during preclinical, clinical, and didactic

courses which may hinder the student's ability to learn and prepare them for the profession.

- b. Carrington-Sacramento is required to maintain required faculty calibration and organization pursuant to BPC Section 1941(a) and 16 CCR Section 1105.1(c).

Carrington- Sacramento shall provide evidence of compliance to the above remaining violation **by March 22, 2024.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As Carrington-Sacramento is operating outside the structured parameters of California law and CODA Standards with these violations, Carrington- Sacramento is therefore putting students, faculty, and the public at risk.

The Board will be advised as to the current status of Carrington-Sacramento at the Board's meeting on March 23, 2024. The meeting will be held at:

Department of Consumer Affairs
1747 North Market Blvd.
Ruby Room
Sacramento, CA 95834

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Timothy Pitman, Campus Director, Carrington College
Alan An, Academic Dean, Carrington College
Jessica Fagan, MA,RDH, Dean of Curriculum, Carrington College
Sheila Romero, MPA, Interim Dental Hygiene Educational Program Director, Carrington College