

Notice is hereby given that a public meeting of the Dental Hygiene Board of California (DHBC) will be held as follows:

### **DHBC Public Teleconference Meeting Agenda**

**Saturday, November 20, 2021  
10:00 a.m. - Adjournment**

Pursuant to the provisions of Government Code section 11133, neither a public nor teleconference location is provided. Members of the public may observe or participate using the link below. Due to potential technical difficulties, please consider submitting written comments via email at least five business days prior to the meeting to [elizabeth.elias@dca.ca.gov](mailto:elizabeth.elias@dca.ca.gov) for consideration.

#### **Instructions for Meeting Participation**

The DHBC will conduct the meeting via WebEx computer program. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

For all those who wish to participate or observe the meeting, please log on to the website below. If the hyperlink does not work when clicked on, you may need to place the cursor on the hyperlink, then right click. When the popup window opens, click on Open Hyperlink to activate it and join the meeting.

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m5461e513cd871e35e212783829711bac>

**Event Number ID: 2494 313 6053      Password: DHBC11202021**

**Audio conference: US Toll Number: +1-415-655-0001  
Access code: 249 431 36053  
Passcode: 34221120**

#### **Members of the Board**

President – Dr. Timothy Martinez  
Vice President – Nicolette Moultrie, RDH Member  
Secretary – Garry Shay, Public Member  
RDH Educator Member – Carmen Dones  
RDHAP Member – Noel Kelsch  
RDH Member – Evangeline Ward  
Public Member – Denise Davis  
Public Member – Susan Good  
Public Member – Erin Yee

**The DHBC welcomes and encourages public participation in its meetings.  
Please see public comment specifics in the agenda footnotes.**

**The DHBC may act on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice.**

## **Agenda**

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.  
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code sections 11125 & 11125.7).]
3. President's Welcome and Report.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities.
5. Discussion and Possible Action to Approve the July 17, 2021 Full Board WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
  - a) COVID-19
  - b) Personnel
  - c) Budget
  - d) Administration
7. Report from the Dental Board of California (DBC) on DBC Activities.
8. Update to the Full Board from the Alternative Pathways to Licensure Taskforce.
9. Discussion and Possible Action on Proposal to Change and Upgrade the Executive Officer's Exempt Level Status and Salary.
10. Discussion and Possible Action on Board Member Statuses and New Board Officers for 2022.
11. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.
12. Discussion and Possible Action to Amend Title 16, California Code of Regulations (CCR) Section 1104.3: Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.

13. Consideration of and Possible Action on Comments Received and Educational Issues regarding Proposed Regulations to Adopt Title 16, CCR Section 1105: Requirements for RDH Educational Programs.
14. Discussion and Possible Action to Amend Title 16, CCR Section 1105.2: Required Curriculum.
15. Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Adopt Title 16, CCR Section 1115: Retired Licensure.
16. Discussion and Possible Action on 2022 Senate Committee on Business, Professions and Economic Development Omnibus Bill Recommendations.
17. Update on the Following Legislation:
  - a) Assembly Bill (AB) 29 (Cooper): State bodies: meetings.
  - b) AB 54 (Kiley): COVID-19 emergency order violation: license revocation.
  - c) AB 107 (Salas): Licensure: veterans and military spouses.
  - d) AB 339 (Lee): Local government: open and public meetings.
  - e) AB 526 (Wood): Dentists and Podiatrists: clinical laboratories: vaccines.
  - f) AB 646 (Low): Department of Consumer Affairs: boards: expunged convictions.
  - g) AB 657 (Cooper): State civil service system: personal services contracts: professionals.
  - h) AB 733 (Chiu): Dental hygienists: registered dental hygienist in alternative practice.
  - i) AB 858 (Jones-Sawyer): Employment: health information technology: clinical practice guidelines: worker rights.
  - j) AB 927 (Medina/Choi): Public postsecondary education: community colleges: statewide baccalaureate degree program.
  - k) AB 1273 (Rodriguez): Interagency Advisory Committee on Apprenticeship: The Director of Consumer Affairs and the State Public Health Officer.
  - l) AB 1552 (Garcia, Eduardo): Dentistry: foreign dental schools: applications.
  - m) Senate Bill (SB) 534 (Jones): Dental Hygienists.
  - n) SB 607 (Roth): Professions and vocations.
  - o) SB 731 (Durazo/Bradford): Criminal records: relief.
  - p) SB 772 (Ochoa Bogh): Professions and vocations: citations: minor violations.
18. Education Update:
  - a) Dental Hygiene Educational Program Site Visit Update
    - i. Cypress College
    - ii. Concorde Career College – San Diego
    - iii. San Joaquin Valley College – Ontario
    - iv. Chabot College
    - v. Santa Rosa Junior College
    - vi. Southwestern College
    - vii. Fresno City College
    - viii. Oxnard College

b) Dental Hygiene Educational Program Site Visit Schedule.

19. Enforcement Update: Statistical Report.
20. Licensing, Continuing Education Audits and Examination Update: Statistical Reports.
21. Future Agenda Items.

**<<Recess to Reconvene the Full Board for Closed Session>>**

**22. Closed Session – Full Board**

*The Board will meet in Closed Session pursuant to Government Code Section 11126(a)(1) to conduct its annual evaluation of its Executive Officer.*

*The Board may meet in Closed Session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3). If there is no closed session at this meeting, it will be announced.*

**<<Return to Open Session>>**

**23. Adjournment.**

**Due to technological limitations, adjournment will not be broadcast via WebEx. Adjournment will immediately follow Closed Session, and there will be no other items of business discussed.**

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email [elizabeth.elias@dca.ca.gov](mailto:elizabeth.elias@dca.ca.gov) or send a written request to the DHBC at 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.



# HOW TO – Join – DCA WebEx Event

The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>

The screenshot shows a web browser window with the URL <https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>. The page header includes the California Department of Consumer Affairs logo and the text "California Department of Consumer Affairs".

**Event Information: 3/26**

**Event status:** Started  
**Date and time:** Thursday, March 26, 2020 10:30 am Pacific Daylight Time (San Francisco, GMT-07:00) [Change time zone](#)  
**Duration:** 1 hour  
**Description:**

By joining this event, you are accepting the Cisco Webex [Terms of Service](#) and [Privacy Statement](#).

**Join Event Now**

To join this event, provide the following information.

**First name:**   
**Last name:**   
**Email address:**   
**Event password:**

[Join Now](#)  
[Join by browser](#) **NEW!**  
If you are the host, [start your event](#).

2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.  
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

# HOW TO – Join – DCA WebEx Event

The screenshot shows a web browser window with the URL [dca-ca.webex.com/jw3300/mywebex/default.do?nomenu=true&siteurl=dca-ca&service=6&rnd=0.562003235914354&main\\_url=https%3A%2F%2Fdca-ca.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3F](https://dca-ca.webex.com/jw3300/mywebex/default.do?nomenu=true&siteurl=dca-ca&service=6&rnd=0.562003235914354&main_url=https%3A%2F%2Fdca-ca.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3F). The page header includes the DCA logo and the text "California Department of Consumer Affairs".

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**Join Event Now**

To join this event, provide the following information.

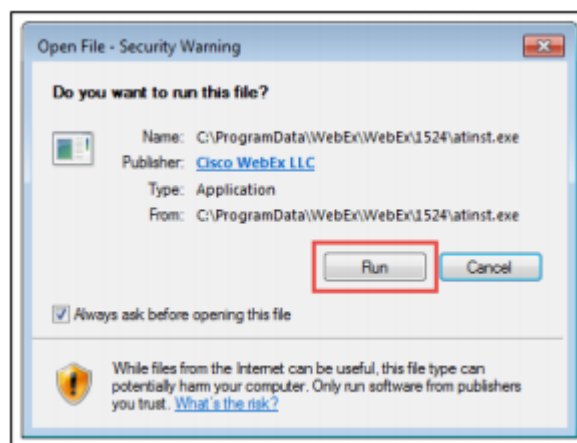
**First name:** Jason  
**Last name:** Piccione  
**Email address:** jason.piccione@dca.ca.gov  
**Event password:** \*\*\*\*\*

[Join Now](#)  
Join by browser **NEW!**  
If you are the host, [start your event](#)

3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

## Starting Webex...



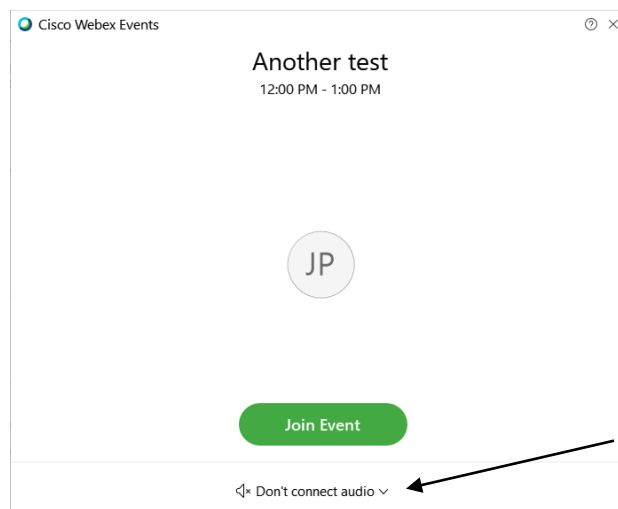
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

5. To bypass step 4, click 'Run a temporary application'.
6. A dialog box will appear at the bottom of the page, click 'Run'.



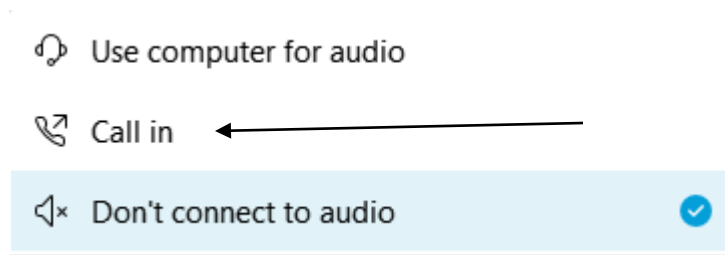
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

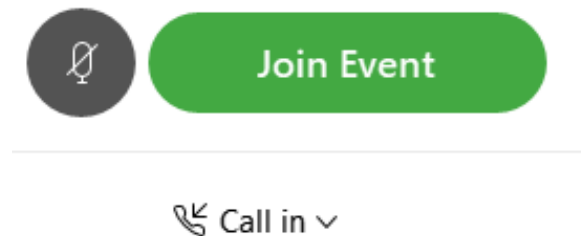


# HOW TO – Join – DCA WebEx Event

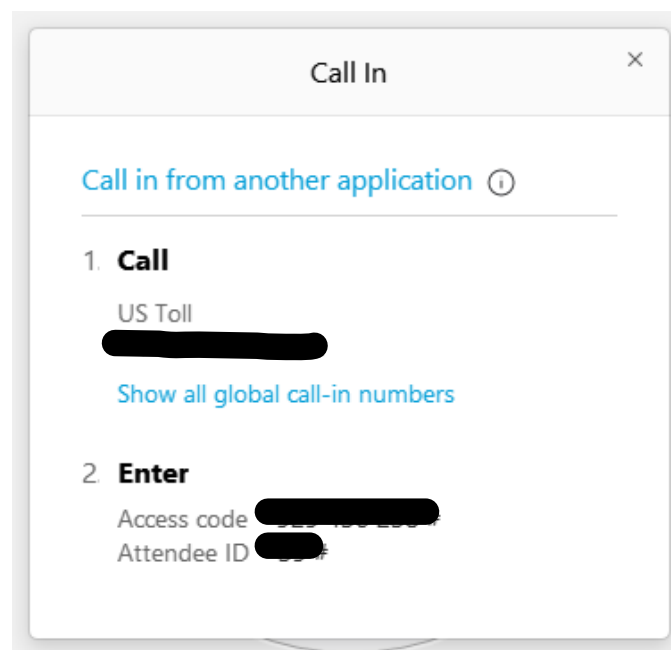
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.

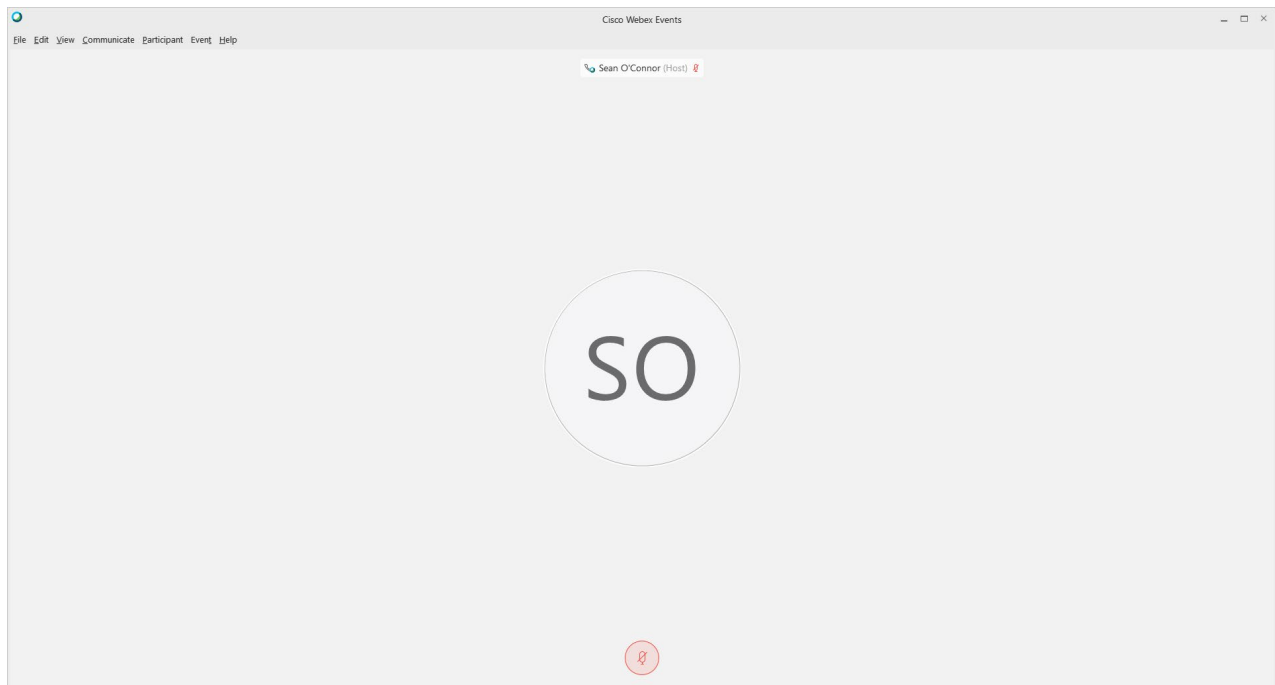


# HOW TO – Join – DCA WebEx Event

NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

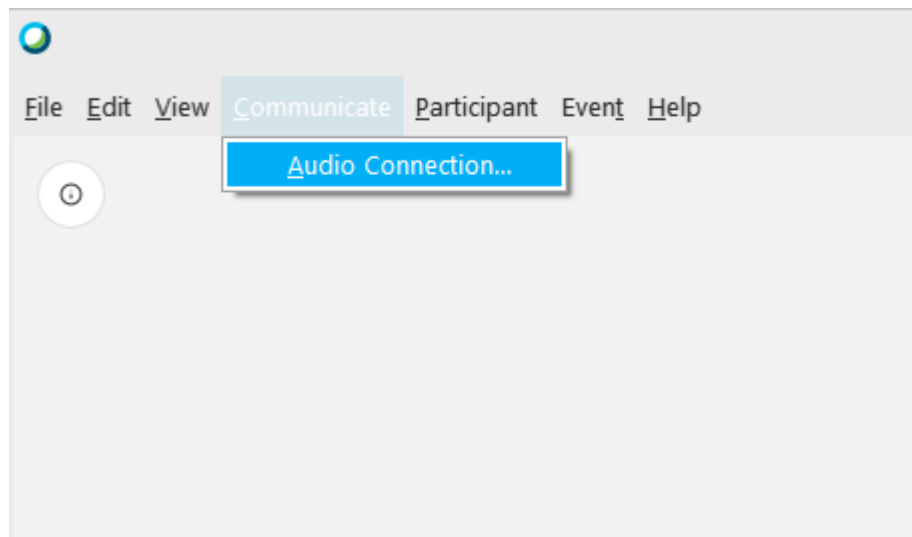


NOTE: Your audio line is muted and can only be unmuted by the event host.

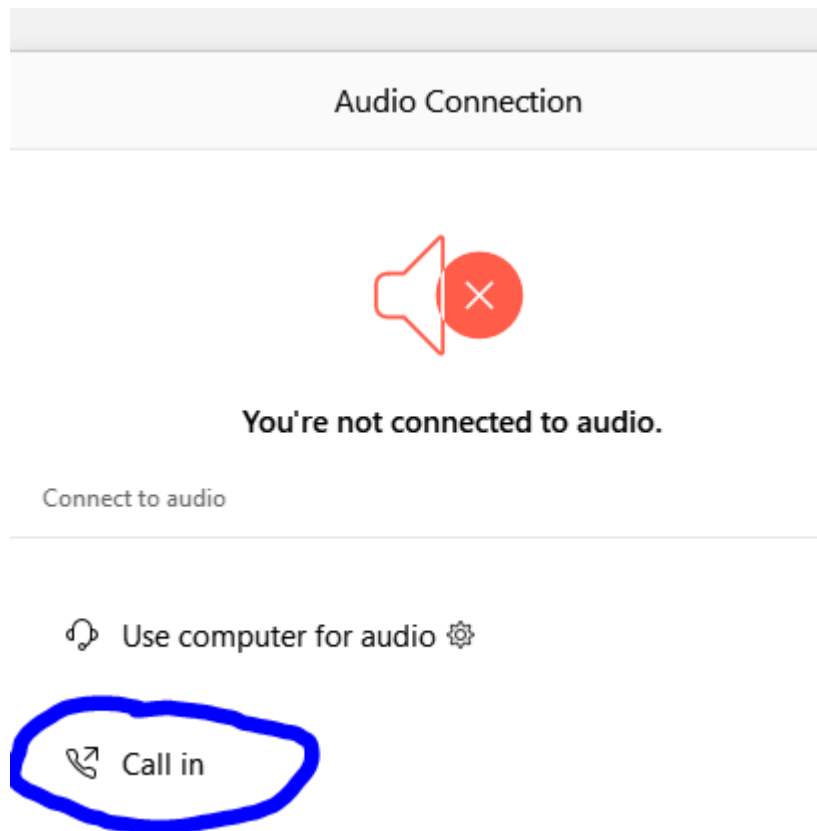
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.

# HOW TO – Join – DCA WebEx Event



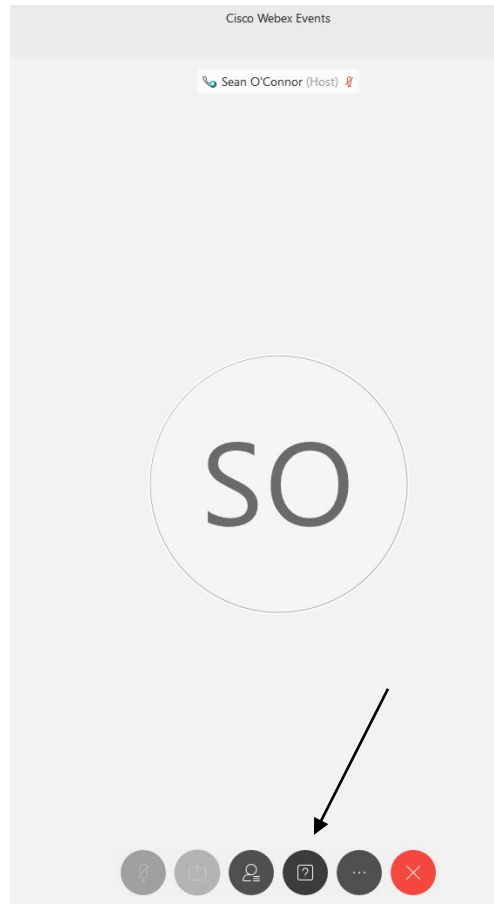
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.

## Participating During a Public Comment Period

At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.

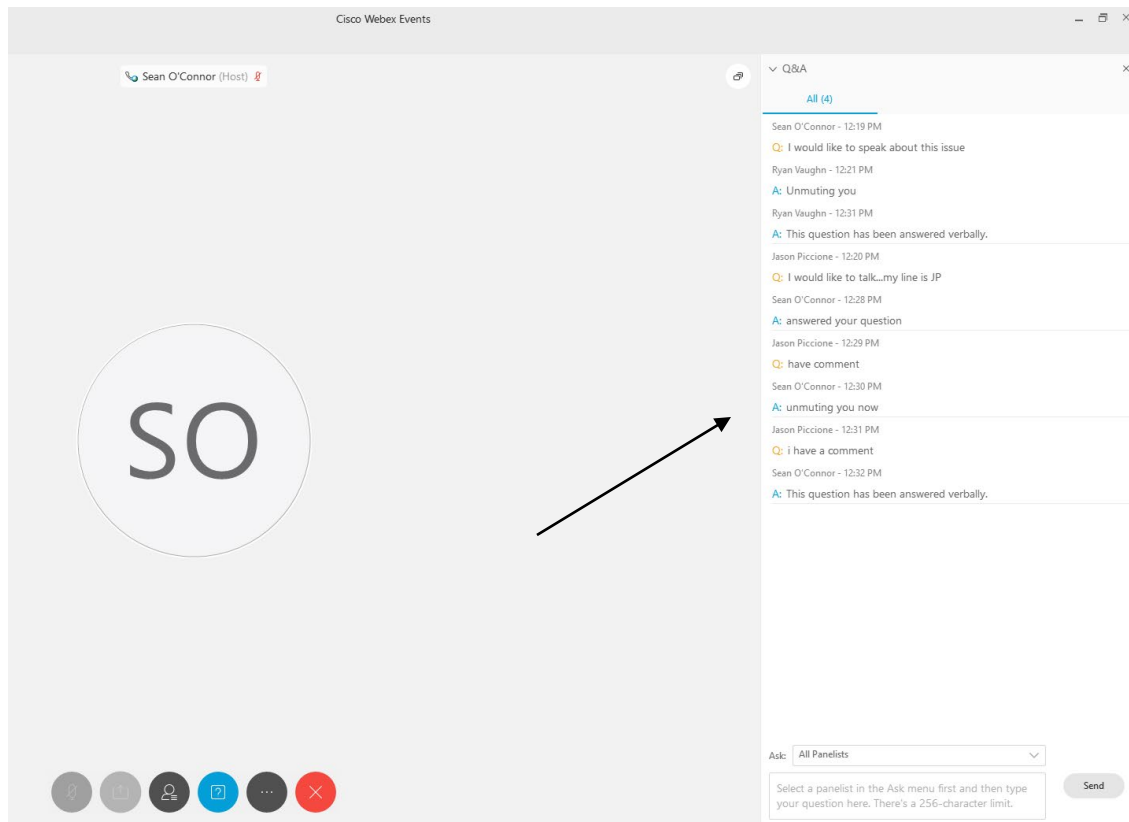


This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.



# HOW TO – Join – DCA WebEx Event



To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.



Member	Present	Absent
Denise Davis		
Carmen Dones		
Susan Good		
Noel Kelsch		
Timothy Martinez		
Nicolette Moultrie		
Garry Shay		
Evangeline Ward		
Erin Yee		

**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 1**

**Roll Call & Establishment of Quorum**

**Board Secretary to call the Roll.**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 2**

**Public Comment for Items Not on the Agenda.**

**[The Board may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code Sections 11125 & 11125.7(a))]**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 3**

**President's Welcome.**

**A verbal report will be provided.**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 4**

**Update from the Department of Consumer Affairs (DCA)  
Executive Staff on DCA Staffing and Activities.**

**A verbal report will be provided.**

## Dental Hygiene Board of California Teleconference Meeting Minutes

**DRAFT**

**Saturday, July 17, 2021**

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, neither a public nor teleconference location was provided. Members of the public observed and participated by using the link that was provided in the agenda.

### **DHBC Members Present:**

President – Dr. Timothy Martinez, Public Health Dentist Member  
Vice President – Nicolette Moultrie, Registered Dental Hygienist (RDH) Member  
RDH Educator Member – Dr. Carmen Dones  
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Noel Kelsch  
RDH Member – Evangeline Ward  
Public Member – Denise Davis  
Public Member – Susan Good  
Public Member – Erin Yee

### **DHBC Members Absent:**

Secretary – Garry Shay, Public Member

### **DHBC Staff Present:**

Anthony Lum, Executive Officer  
Elizabeth Elias, Assistant Executive Officer  
Brittany Elliot, Probation Monitor  
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational, Legislative, and Regulatory Specialist  
William Maguire, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC  
Danielle Rogers, DCA Regulatory Unit Legal Counsel for the DHBC

## **1. Roll Call and Establishment of a Quorum**

Dr. Timothy Martinez, President of the Dental Hygiene Board of California (DHBC, Board), reviewed teleconference meeting guidelines and called the meeting to order at **9:14 a.m.** Elizabeth Elias, Assistant Executive Officer (AEO) completed the roll call and a quorum was established with eight members present. Public Member Garry Shay was absent and excused.

## **2. Public Comment for Items Not on the Agenda.**

No Comments.

### 3. President's Report (Informational Only).

Dr. Martinez reported his activities including providing an update to the Dental Board at their May 14, 2021 Board meeting and stated that although his recent work schedule has kept him very busy, his frequent communications with Executive Officer (EO) Anthony Lum has allowed him to stay informed about any potential situations that may arise.

Dr. Martinez stated that with the state's current reopening and the COVID-19 pandemic (COVID-19) situation in flux, the Board wants everyone to continue to be cautious and safe wherever they go.

**Board member comment:** None

**Public comment:** None

### 4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities (Informational Only).

Brianna Miller, Board and Bureau Relations Division of the Department of Consumer Affairs (DCA), updated the Board on current DCA activities:

#### a. Appointments:

Ms. Miller reported that the Board is fully seated, but in looking towards the future to remind that if anyone is interested in an appointment, to refer to the "Board Member Resources Page" link located on DCA's home page.

#### b. COVID-19:

1. Ms. Miller reported that COVID- 19 has affected every aspect of our work for more than a year and stated that California reached a major milestone on June 15th that our economy is officially back open. She acknowledged and thanked EO Lum and Board staff who have been working to maintain excellent customer service through these challenging times and made a sacrifice to assist all Californians when they continued to serve throughout the pandemic under a 10% pay cut some also foregoing cost of living increases or expected raises.
2. Ms. Miller reported that on June 17th, 2021 Governor, Newsom signed an executive order expediting California's Division of Occupational Safety and Health revised COVID-19 regulations to ensure consistency with public health guidance.
3. Ms. Miller reported that DCA boards and bureaus are assessing operational needs to identify potential for permanent changes to the workplace to ensure efficiency and employee well-being such as telework and hybrid workplace models.

#### c. Remote Board Meetings:

Ms. Miller reported that the ability of the board to meet remotely is tied to the Governor Newsom's executive orders which is set to expire on September 30, 2021 after which time the board will be required to follow all aspects of the open meeting laws including publicly noticed accessible locations, unless a change in law happens.



d. **Waivers:**

Ms. Miller reported that the waivers and guidance DCA issued during the state of emergency to help licensees, respond to the pandemic or to enable boards and bureaus to perform their functions will wind down. She stated that DCA encourages boards and bureaus to look at laws and regulations to determine if changes are needed in the future and encourages the boards and bureaus to move forward with statutory and regulatory changes as soon as possible.

e. **Board Member Trainings:**

Ms. Miller reported that 2021 is a mandatory sexual harassment prevention training year, and that all employees and board members are required to complete this training.

**Member discussion:** None.

**Public comment:** None.

5. **Discussion and Possible Action to Approve the March 20, 2021 Full Board WebEx Teleconference Meeting Minutes.**

**Motion:** Noel Kelsch moved to approve the amended March 20, 2021 Full Board WebEx Teleconference Meeting Minutes with amendments to correct syntax and grammatical errors that are reviewed and approved by the Executive Officer.

**Second:** Nicolette Moultrie.

**Member discussion:** Susan Good requested changes to correct syntax and grammatical errors within the minutes.

**Public comment:** None.

**Vote: Motion to approve the amended March 20, 2021 Full Board WebEx Teleconference Meeting Minutes with amendments to correct syntax and grammatical errors that are reviewed and approved by the Executive Officer. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		

Name	Aye	Nay	Abstain/Absent
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

## 6. Executive Officer's Report (Informational Only).

EO Lum reported the following:

### a. Office Operations:

EO Lum stated that staff continues to telework on a rotational schedule to provide office coverage to allow the public access to Board's public counter. Staff is frequently using online communications and meetings to allow everyone to remain in communication. In looking forward, EO Lum is considering using a hybrid system of staff in office three days and teleworking 2 days for those that can since program functions haven't been disrupted and stakeholder feedback has been positive on staff's response time to communications. EO Lum thanked staff for adapting well to changes and conditions and appreciates the difficult and complex work they complete.

### b. Approved Waivers:

EO Lum stated that pursuant to the Governor's Executive Order N-39-20, during the State of Emergency, the DCA Director may waive any statutory or regulatory renewal requirements pertaining to individuals licensed pursuant to Division 2 of the Business and Professions Code. Additionally, he stated that this order extends to requirements related to the education and training necessary to obtain licensure.

#### 1. Continuing Education (CE) Waivers:

EO Lum reported that for any licensee who has a CE deficiency to renew their license at the time of expiration, the licensee has six months from the effective date of the currently approved waiver to complete the deficient CE hours unless the waiver is amended and extended. Additionally, EO Lum stated that the original waiver began for licensees whose licenses expired at the end of March 2020 and was extended multiple times over the past year due to the continuing pandemic. He stated that the latest CE waiver (DCA 21-152) temporarily waives the CE requirements to renew the license for individuals whose active licenses expire between March 31, 2020 – July 31, 2021 and that this approved waiver supersedes all the previous CE waivers as those have been withdrawn and rescinded. EO Lum stated that licensees with a CE deficiency at the time of their license expiration within this time frame have six months from the date of the current waiver to complete the CE deficiency. As the latest temporarily approved waiver was signed on June 3, 2021, the current deadline to complete any deficient CE hours for the last license renewal is by December 3, 2021. EO Lum

stated that these make-up CE hours are in addition to what is required for the next license renewal since it would be backfilling a deficiency.

EO Lum reported that the Board has received numerous questions about CE waivers and reminded licensees that the approved CE waiver is for the CE requirement only if you have a deficiency at the time of the last renewal that must be made up. The waiver isn't used to bypass the license renewal altogether, extend the expiration date of the license, or skip any required payment of the License Renewal Fees.

**2. Wet Laboratories for Prerequisite Biomedical Science Courses:**

EO Lum reported that the first Wet Laboratory Waiver was approved on July 13, 2020 to temporarily waive the Board's in-person wet laboratory requirement for prerequisite biomedical science coursework for prospective dental hygiene students. Subsequently it was extended three times over the past year by the DCA Director. He stated that the latest waiver (DCA 21-164) supersedes all the previous wet lab waivers and was effective as of July 1, 2021 and expires on August 31, 2021, unless amended and extended. EO Lum stated that this will allow the summer session students to complete their science coursework and receive credit. EO Lum stated that depending upon the pandemic environment and the status of educational institutions reopening their classes, the waiver will be reevaluated closer to the deadline to determine if it's still needed. EO Lum reported that Board staff is working on regulations to adapt to issues such as the pandemic.

**3. Waiver Authorizing Dental Hygienists to Administer Vaccines:**

EO Lum reported waiver number DCA 21-113 authorized dental hygienists to administer the COVID-19 vaccines, epinephrine, or diphenhydramine, under the direct supervision of a dentist or licensed physician and surgeon after complying with certain conditions and that the waiver lists the conditions that must be met to administer the vaccines. He stated that unless there is a surge of COVID-19 cases returning to mid-pandemic levels, he doesn't foresee a continued need for dental hygienists to administer the vaccines once the waiver has ended.

EO Lum reported that with the pandemic subsiding, more people vaccinated, and the state reopening, the administration is working to wind down the use of the waivers. Additionally, the currently approved waivers can be reviewed through a link on the Board's website at [www.dhbc.ca.gov](http://www.dhbc.ca.gov).

**c. Personnel:**

EO Lum reported that he continues to pursue the hiring of staff and that the Board is down to a single vacancy. He stated that staff will be working to fill this position soon to by which the Board will be fully staffed.

d. **Budget:**

EO Lum presented the latest Budget Expenditure and Revenue Reports which shows the Board's monetary situation through fiscal month 11. He stated that the reports do not capture the additional costs or revenue received through the end of the fiscal year (June 30, 2021), as those numbers are still being finalized.

1. **Revenue Report:**

EO Lum stated that the Revenue Report shows the amount of revenue received broken out by the individual fees we charge through fiscal month 11. He stated the Board is spending more than the amount of revenue or income received, which creates a structural imbalance.

2. **Fund Condition Report:**

EO Lum stated that the Fund Condition Report shows how much the Board has in their "savings account" by fiscal year. He stated that due to the amount of revenue projected to be received and expected expenditures, by the end of fiscal year 2022-23, the Board will only have a 1.1-month reserve for any unexpected expenses. EO Lum reported that the Board's reserve is low and should optimally maintain a 4-6-month reserve. EO Lum reported that a structural imbalance has now occurred because the overall fund is decreasing due to increased costs of program operations, as well as due to a lack of a substantial fee increase to raise revenue.

e. **Administration:**

EO Lum reported on his activities: attending several Executive level meetings with the department; testifying before the Senate and Assembly in support of the Board's bill (SB 534) along with many meetings with legislative staff pertaining to its content; met with an educational program's administrative staff to explain the Board's role in overseeing their dental hygiene program; participated in the Dental Board's May 2021 meeting; conducting an outreach session with an RDHAP program; attending and participating in the Alternative Pathways to Licensure Taskforce meetings; completed mandatory management trainings; as well as completing many reports, drills, and legislative impact reports for the DCA, Business, Consumer Services, and Housing Agency, and the Department of Finance, all while managing daily operations.

Additionally, EO Lum reported the Board has several large, time consuming, upcoming projects including DCA's 2021 Annual Report, the Board's 2022 Sunset Review Report, additional regulations, and to initiate a lengthy review and revision of the Board's Uniform Standards and Disciplinary Guidelines to update them to what is essential to oversee the profession. He stated that the draft Sunset Review, Disciplinary Guidelines and regulations will be brought before the board at future meetings for approval once the drafts are complete.

**Member discussion:** Discussion took place regarding the extension of CE units and EO Lum clarified that the CE extension is not retroactive, and that the extension only applies to licensees that experienced difficulty completing CE units during COVID-19.

Additionally, discussion took place regarding previous fee increases and EO Lum clarified that the Board researched fees from other Boards across the nation and stated that the last fee increase for the DHBC was in 2014.

**Public comment:** Alison Yochim asked as to the status as to when the vaccine waiver expires. EO Lum stated the waiver will expire when the “State of Emergency” has ended as declared by the Governor.

## **7. Report from the Dental Board of California (DBC) by DBC Representative on DBC Activities (Informational Only).**

DBC EO Karen Fischer updated the Board on DBC activities:

### **a. Reappointments:**

1. Dr. Steven Chan was reappointed by the governor and he will serve an additional 4-year term.
2. Two long-standing members will be completing their grace period at the end of the year. Ms. Fran Burton (public member appointed by the Senate) as well as Dr. Tom Stewart (Governor's appointee).
3. The DBC has two additional vacancies and requested referrals for people interested in participating as a public member on the DBC Board to contact the governor's office and fill out an application so that they may be participate in this in this process.

### **b. DBC Legislation:**

EO Fischer updated the Board on DBC legislation (Senate Bill 607) and informed the Board that the bill is moving through the process successfully.

### **c. Strategic Planning Workshop:**

EO Fischer reported that DBC's Strategic Planning Workshop is scheduled for October 2021.

### **d. November DBC Meeting:**

EO Fischer reported that DBC's November DBC Meeting is tentatively scheduled in person in Sacramento but have also scheduled it via WebEx in case of any unforeseen changes due to the COVID-19 climate.

**Member discussion:** None.

**Public comment:** None.

## **8. Discussion and Possible Action on 2021 Sunset Review Meeting Date.**

EO Lum reported that every four years, the Legislature conducts a Sunset Review process for Board programs under the purview of DCA to monitor their functions, progress, and activities to ensure they are completing the mandates they were created for in the interest of consumer protection. The normal process is for staff to create a draft Sunset Review

Report responding to a series of questions and containing extensive program data for the Board to review and finalize prior to submitting it to the Legislature for their review. The Board normally conducts an additional meeting to focus on the review of the draft report, make edits and have staff complete revisions to bring back to the Board for finalization at its November meeting prior to the Legislature's submission deadline of December 1.

EO Lum requested for the Board to consider an additional meeting to be conducted in late September or early October so there's adequate time to revise the report as directed by the Board and bring back at the November 2021 Board meeting for finalizing.

**Motion:** Susan Good moved to approve October 2, 2021 for an additional Board meeting to review the draft 2022 Sunset Review Report as recommended by staff.

**Second:** Carmen Dones.

**Member discussion:** None.

**Public comment:** None.

**Vote:** Motion to approve October 2, 2021 for an additional Board meeting to review the draft 2022 Sunset Review Report as recommended by staff. Passed 8:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **9. Discussion and Possible Action to Change the DHBC Executive Officer's Exempt Level and Salary**

President Martinez reported the Board is requesting an Exempt Position Request (EPR) to increase both the Executive Officer's (EO) exempt level and salary. The Board believes that since its inception in the 2009/10 fiscal year, the program has experienced significant growth and increased responsibilities in several program areas to justify the EPR request.



The EPR request is to elevate the EO's exempt level from O to M and corresponding salary to allow for Board staff growth to parallel the program's growth.

**Motion:** Noel Kelsch moved for the Board to approve creating a draft request (EPR) to elevate and change the Board's Executive Officer's Exempt Level and Salary and return it to the Board at its next meeting for review, discussion, and possible action.

**Second:** Erin Yee.

**Member discussion:** Discussion took place regarding a draft request to elevate and change the Board's Executive Officer's Exempt Level and Salary.

**Public comment:** None

**Vote: Motion for the Board to approve creating a draft request to elevate and change the Board's Executive Officer's Exempt Level and Salary and return it to the Board at its next meeting for review, discussion, and possible action. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **10. Discussion and Possible Action to Increase the License Renewal Fees for All License Categories of Dental Hygienists.**

EO Lum reported that the Board is mandated to maintain fund solvency to continue its oversight operations for dental hygienists and the dental hygiene educational programs. EO Lum stated that as with any other business, the cost to continue operations increases over time and the Board must find ways to increase its revenue to keep pace with the higher operating costs. He stated that the last Board fee increases occurred in 2014 where it was projected that the additional revenue would sustain the Board's fund for 3-5 years, but due to conservative spending by Board staff over the years, the fund is now projected to maintain solvency through 2021 which is two years more than the originally projected



timeline for the next fee increase. EO Lum stated that in working with DCA's budget office, it's projected that the Board will need to increase revenue in 2022 to avoid insolvency of the fund.

**Motion:** Carmen Dones moved for the Board to approve by resolution the selected fee increases as recommended by staff for implementation July 1, 2022.

**Second:** Evangeline Ward.

**Member discussion:** Discussion took place regarding the need for Board fee increases.

**Public comment:** Allison Yochim stated that the California Dental Hygienist's Association supports the proposed fee increases, but is concerned at the amount of the increase at one time and suggested smaller, more frequent fee increases in the future to be implemented over time to raise revenue.

**Vote: Motion for the Board to approve by resolution the selected fee increases as recommended by staff for implementation July 1, 2022. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **11. Discussion and Possible Action to Extend the Temporary Acceptance of Manikin-based Dental Hygiene Clinical Examinations.**

EO Lum reported that At the August 29, 2020 WebEx Teleconference Board meeting and upon conclusion of the review of these alternative examinations, the Board moved to temporarily accept the manikin-based alternative licensure examinations administered by CRDTS, ADEX, and WREB, when available, in addition to the current patient-based clinical examinations to apply toward Board licensure requirements due to testing limitations caused by COVID-19. The temporary acceptance of these alternative examinations was from August 29, 2020 until March 31, 2021, unless extended. Additionally, at the March 6,

2021 Board meeting, the Board voted to extend the temporary acceptance of the alternative manikin-based clinical exams administered by CRDTS, ADEX, and WREB until August 31, 2021, unless extended.

EO Lum stated that with the temporary acceptance of the alternative manikin-based examinations end-date coming soon (August 31, 2021), the current COVID-19 environment, and having an active taskforce researching alternative pathways to licensure, staff recommends to extend the temporary acceptance of the manikin-based exams administered by CRDTS, ADEX, and WREB along with the approved patient-based clinical exams administered by WREB and CRDTS until the Board's Spring 2022 Board meeting where the exam environment will be reassessed at that time for possible further action.

**Motion:** Susan Good moved for the Board to extend the temporary acceptance of the alternative manikin-based clinical examinations administered by CRDTS, WREB, and CDCA/ADEX, as well as to continue the patient-based examinations as administered by CRDTS and WREB, until the Board's Spring 2022 meeting based upon the current COVID-19 environment.

**Second:** Evangeline Ward.

**Member discussion:** Discussion took place regarding extending the temporary acceptance of the alternative manikin-based clinical examinations administered by CRDTS, WREB, and CDCA/ADEX, as well as continue the patient-based examinations as administered by CRDTS and WREB, until the Board's Spring 2022 meeting.

**Public comment:** Tonette Steeb (Diablo Valley College) asked the board to consider extending the extension until July 2022 to allow students who will be taking the exam in spring and early summer to decide what tests they're going to take if the acceptance is extended. Lisa Kamibayashi (West Los Angeles College) seconded Ms. Steeb's request.

**Vote: Motion for the Board to extend the temporary acceptance of the alternative manikin-based clinical examinations CRDTS, WREB, and CDCA/ADEX, as well as continue the patient-based examinations as administered by CRDTS and WREB, until the Board's Spring 2022 meeting based upon the current COVID-19 environment. Failed 2:6:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis		X	
Carmen Dones		X	
Susan Good	X		
Noel Kelsch		X	
Timothy Martinez		X	

Name	Aye	Nay	Abstain/Absent
Nicolette Moultrie		X	
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee		X	

**Motion:** Noel Kelsch moved for the Board to extend the temporary acceptance of the alternative manikin-based clinical examinations CRDTS, WREB, and CDCA/ADEX, as well as continue the patient-based examinations as administered by CRDTS and WREB, until July 1, 2022 based upon the current COVID-19 environment.

**Second:** Carmen Dones.

**Member discussion:** None.

**Public comment:** None.

**Vote:** Motion for the Board to extend the temporary acceptance of the alternative manikin-based clinical examinations CRDTS, WREB, and CDCA/ADEX, as well as continue the patient-based examinations as administered by CRDTS and WREB, until July 1, 2022 based upon the current COVID environment. Passed 6:2:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good		X	
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward		X	
Erin Yee	X		

## 12. Update to the Full Board from the Alternative Pathways to Licensure Taskforce. (Informational Only)

Carmen Dones and Noel Kelsch updated the Board on the first few meetings of the Alternative Pathways to Licensure Taskforce. They reported that the taskforce consisted of seven Dental Hygiene Educational Program (DHEP) educators (Lory Laughter from the University of the Pacific, Melissa Fellman from Sacramento City College, Cindy Fleckner from Santa Rosa Junior College, Brenda Serpa from San Joaquin Valley College, Dr. Michelle Hurlbutt from West Coast University, and Board taskforce co-chairs Carmen Dones from West Los Angeles and Noel Kelsch from Cabrillo College) and Board staff (EO Lum, AEO Elias, DCA Legal Counsel William Maguire, and Dr. Adina Pineschi-Petty).

They reported that the task force met to research the areas of need for a clinical examination, elimination of the clinical examination, the use of DHEP clinical competencies, licensure by portfolio, or other alternative options. Research included which health care providers still have a live patient-based exam, the Office of Professional Examination Services (OPES) study, alternative methods of examination and validity of the use of a live patient exam, the consumers best interest and ethics of the live, patient-based clinical exam, and the fairness of a live, patient-based clinical exam.

Ms. Dones and Ms. Kelsch stated the trend is toward elimination of the live, patient-based clinical examination and recommended need for further taskforce research with consideration of alternative methods to bring back to the Board for consideration.

**Member discussion:** Discussion took place regarding the initial research conducted by the Alternative Pathways to Licensure Taskforce.

**Public comment:** Maureen Titus stated she appreciated the thoroughness of the report and stated that speaking to the public as not being involved in the first phase of the taskforce, educators understand testing complexities of an RDH exam while the public is not familiar with the exam. She stated that science and data are needed, not opinion.

Mary Renee Newton stated as being a dental hygienist for over 30 years and after having taken the live, patient-based clinical exam, she agreed with the taskforce. She stated the issues the taskforce addressed were very valid and agreed with Ms. Titus for the Board to look at the science, not opinions.

Sharon Golightly stated that she has been an RDH educator for over 30 years, in addition to working internationally, and her concern is that foreign-trained dentists or dental students in their sophomore year may take the National Boards and may be allowed to become licensed as an RDH. She requested the taskforce to address this within their research.

### **13. Discussion and Possible Action on Request by Concord Career College – San Bernardino to Increase Enrollment.**

Dr. Adina Petty reported that on April 2, 2021, Concorde Career College – San Bernardino Dental Hygiene Educational Program (CCC-SB) submitted a “Report of Major Changes” which included a narrative explanation and supporting documentation for the change. CCC-SB requested the Board to review and approve a permanent increase in the maximum

enrollment capacity from 24 students to 32 students for the CCC-SB program beginning with the November 8, 2021 cohort start.

**Motion:** Nicolette Moultrie moved, based on 1105.3 (b)(2), for the Board to approve the expansion of the program's physical facilities from the Concorde Career College – San Bernardino Dental Hygiene Educational Program.

**Second:** Noel Kelsch.

**Member discussion:** Discussion took place regarding the request by CCC-GG to increase enrollment capacity from 24 students to 32 students. Sabrina Santuccho, Program Director for CCC-SB addressed questions from the Board.

**Public comment:** None.

**Vote:** Motion for, based on 1105.3 (b)(2), for the Board to approve the expansion of the program's physical facilities from the Concorde Career College – San Bernardino Dental Hygiene Educational Program. Passed 8:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **14. Discussion and Possible Action on Request by Concord Career College – Garden Grove to Increase Enrollment.**

Dr. Adina Petty reported that on June 1, 2021, Concorde Career College – Garden Grove Dental Hygiene Educational Program (CCC-GG) submitted a "Report of Major Changes" which included a narrative explanation and supporting documentation for the change. CCC-GG requested the Board to review and approve a permanent increase in the maximum enrollment capacity from 24 students to 34 students for the CCC-GG program beginning with the November 1, 2021 cohort start.

**Motion:** Nicolette Moultrie moved, based on 1105.3 (b)(2), for the Board to approve the expansion of the program's physical facilities from the Concorde Career College – Garden Grove Dental Hygiene Educational Program.

**Second:** Noel Kelsch.

**Member discussion:** Discussion took place regarding the request by CCC-GG to increase enrollment capacity from 24 students to 34 students. Dr. Arezou Goshtasbi, Program Director for CCC-GG addressed questions from the Board.

**Public comment:** Dr. Michelle Hurlbutt, Program Director at West Coast University, stated that she understands the Board's concerns but agrees with the Board's legal counsel that the Board may be overstepping their authority, and the decision may not be in the spirit of the way that the law was written.

**Vote:** Motion for, based on 1105.3 (b)(2), for the Board to approve the expansion of the program's physical facilities from the Concorde Career College – Garden Grove Dental Hygiene Educational Program. Passed 8:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **15. Discussion and Possible Action on Request by West Los Angeles College to Increase Enrollment.**

Dr. Adina Petty reported that on June 1, 2021, West Los Angeles College Dental Hygiene Educational Program (WLAC) submitted a "Report of Major Changes" which included a narrative explanation and supporting documentation for the change. WLAC requested the Board to review and approve a permanent increase in the maximum enrollment capacity from 42 students in 2019 to 70 students, accepting 2 cohorts of 35 students, one cohort in the Fall and one in the Spring.

**Motion:** Noel Kelsch moved for the Board to approve the permanent increase in the maximum enrollment capacity from 43 students to 70 students (two cohorts of 35 students each) for the WLAC program.

**Second:** Dr. Martinez.

**Member discussion:** Discussion took place regarding the request by WLAC to approve a permanent increase in the maximum enrollment capacity from 42 students in 2019 to 70 students, accepting 2 cohorts of 35 students each. Lisa Kamibayashi, Program Director for WLAC addressed questions from the Board. Upon commencement of board discussion, EO Lum asked whether member Dones would recuse herself from any further discussion and vote to accept WLA's expansion proposal since she's involved with WLA. Member Dones stated that she would recuse herself from any discussion and vote due to her involvement with WLA.

**Public comment:** None.

**Vote:** Motion for the Board to approve the permanent increase in the maximum enrollment capacity from 43 students to 70 students (two cohorts of 35 students each) for the WLAC program. Passed 7:0:2.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones			X Recuse
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **16. Presentation from the California Attorney General's Office on Enforcement Processes with questions and discussion to follow.**

Carl Sonne, Senior Assistant Attorney General presented to the Board an overview of the prosecution data that the attorney general compiles with annually and reviewed the procedures of the attorney general's office (AG). He stated that the licensing section at the AG is charged with handling the enforcement work for the DHBC and is comprised of over 120 lawyers and paralegals spread over five offices across the state. Mr. Sonne stated that



the AG primarily represents the board in disciplinary matters before the office of administrative hearings, but if decisions of the board are challenged, the AG will represent the Board in both state and federal court.

Additionally, Mr. Sonne reported that the Board is very complete with their investigations and commended the enforcement staff for their diligence.

**Member discussion:** The Board thanked Mr. Sonne for the presentation and the work that the AG does for the Board.

**Public comment:** None.

#### **17. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages (Informational Only).**

Dr. Adina Petty reported the current status as to DHBC proposed regulatory packages in process for the Board.

**Member discussion:** None.

**Public comment:** None.

#### **18. Discussion and Possible Action to Amend and Adopt Title 16 (16), California Code of Regulations (CCR) Section 1109: Approval of Curriculum Requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF).**

Dr. Adina Petty reported that at the Board's January 29, 2019 teleconference meeting, the Board discussed, amended, and voted unanimously to approve proposed regulatory package: 16 CCR section 1109. Approval of Curriculum Requirements for Radiographic Decision-Making (RDM) and Interim Therapeutic Restoration (ITR) Courses for the RDH, RDHAP, and RDHEF. In addition, the Board voted to set the fee amount for educational providers seeking approval of RDM and ITR courses at \$300. Furthermore, the Board delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary. Additionally, on June 2, 2021 the Board received comments from the Office of Administrative Law (OAL) on the Board's proposed regulations for 16 CCR section 1109, which necessitate substantive changes that require the Board's approval. Dr. Petty requested for the Board to consider and approve the substantive changes as proposed by OAL for 16 CCR section 1109.

**Motion:** Carmen Dones moved for the Board to direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text for a 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the

rulemaking process, and adopt section 1109 of the proposed regulations with the modified text.

**Second:** Noel Kelsch.

**Member discussion:** None.

**Public comment:** None.

**Vote:** Motion for the Board to direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text for a 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt section 1109 of the proposed regulations with the modified text. Passed 8:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

**19. Discussion and Possible Action to Amend and Adopt 16 CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists.**

Dr. Adina Petty reported that at the August 29, 2020 Board WebEx Teleconference, the Board approved draft language to report the relationship of a registered dental hygienist in alternative practice (RDHAP) with a licensed dentist who is available for referral, consultation, and emergency services for the RDHAP's patients of record. Additionally, she reported that during the regulatory process review, Kimberly Kirchmeyer, Director of DCA, expressed concern regarding the proposed language. Specifically, the language as drafted provided that an RDHAP could not have a relationship with a dentist whose license was under discipline. This would include a dentist whose license was on probation but was still authorized to practice. The revised language will clarify that only a dentist who is prohibited

from practice would be ineligible to act as the dentist for the RDHAP-dentist relationship. This will avoid any interpretation that a dentist on probation is precluded from having a relationship with an RDHAP. Dr. Petty requested for the Board to consider the amended proposed language in the attached document, complete the draft of proposed regulatory language, and direct staff to take all steps necessary to continue the formal rulemaking process.

**Motion:** Nicolette Moultrie moved for the Board to approve the proposed regulatory text for section 1117, direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1117.

**Second:** Carmen Dones.

**Member discussion:** None.

**Public comment:** None.

**Vote:** Motion for the Board to approve the proposed regulatory text for section 1117, direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1117. Passed 8:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent

Name	Aye	Nay	Abstain/Absent
Evangeline Ward	X		
Erin Yee	X		

**20. Discussion and Possible Action to Initiate a Rulemaking and Adopt 16 CCR Section 1118: Registered Dental Hygienists in Alternative Practice, Performance of Soft Tissue Curettage and Administration of Local Anesthesia.**

Dr. Adina Petty reported that Senate Bill 653 (Chang, Chapter 130, Statutes of 2020) authorize a registered dental hygienist in alternative practice (RDHAP) to perform soft-tissue curettage and administration of local anesthesia with documented consultation with a collaborating dentist in the residences of the homebound, residential facilities and other institutions, medical settings that a residential facility patient has been transferred to for outpatient services, dental health professional shortage areas, and dental offices, as long as a specified protocols are followed. Additionally, at the March 20, 2021 WebEx Teleconference Board meeting, the Board requested staff to provide draft language for 16 CCR section 1118: RDHAP Performance of Soft Tissue Curettage (STC) and Administration of Local Anesthesia (LA) to be placed on the agenda of the next scheduled Board meeting.

Dr. Petty requested for the Board to complete the draft of proposed regulatory language relative to the implementation of RDHAP Performance of STC and LA, and direct staff to take all steps necessary to initiate the formal rulemaking process.

**Motion:** Noel Kelsch moved for the Board to direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1118 as noticed.

**Second:** Carmen Dones.

**Member discussion:** None.

**Public comment:** None.

**Vote: Motion for the Board to direct staff to direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the**

**Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1118 as noticed. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

**21. Discussion and Possible Action on the Withdrawal of the Following Proposed Regulatory Package: 16 CCR Section 1123: Dental Hygiene Clinical Examinations; Passing Scores.**

Dr. Adina Petty reported At the March 20, 2021 Board WebEx Teleconference, the Board approved draft language for Dental Hygiene Clinical Examinations; Passing Scores. She stated that during legal review, DCA expressed concerns regarding the proposed language and the regulatory package. Upon review, DCA raised the following issues:

First, the Department does not interpret Business and Professions Code (BPC) sections 1917 or 1918 to grant the Board authority to set passing scores for clinical examinations. These sections appear to only authorize the DHBC to require applicants to perform satisfactorily on "... the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the dental hygiene board." (BPC section 1917(b).); or for extended functions hygienists, "Performs satisfactorily on an examination required by the dental hygiene board." For example, as the DHBC must accept the Western Regional Examining Board (WREB) exam by law in BPC section 1917(b), the regulation does not explain how the Board would have the power to set the WREB exam's passing score when, by law, the Board has to allow applicants to qualify if they pass the exam (with passing scores set according to WREB, a private organization).

Second, the Department expressed clarity concerns with certain aspects of the language. For example, the proposed language does not specify the clinical examination the Board is approving for purposes of establishing a criterion-referenced passing score. Additionally, it is not specified in the regulation whether the Board is designating any exam as acceptable.

The Legal Affairs Division recommended that the Board consider withdrawing or amending the package and re-submit the proposal with new language specifying the examinations approved by the Board.

Dr. Petty stated that upon further review and coupled with concerns raised by the Department, it is the recommendation of the board staff to no longer pursue this regulatory package and withdraw it.

**Motion:** Carmen Dones moved for the Board to withdraw 16 CCR Section 1123: Dental Hygiene Clinical Examinations; Passing Scores from the regulatory process.

**Second:** Noel Kelsch.

**Member discussion:** None.

**Public comment:** None.

**Vote: Motion for the Board to withdraw 16 CCR Section 1123: Dental Hygiene Clinical Examinations; Passing Scores from the regulatory process. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

## **22. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1138.1: Unprofessional Conduct.**

Dr. Adina Petty reported that at the November 21, 2020 Board WebEx Teleconference, the Board approved draft language add section 1138.1 to the California Code of Regulations (CCR), thereby adding the following categories of unprofessional conduct: (1) providing false statements to the Board; (2) failure to provide requested documentation to the Board; (3) failure to cooperate with Board investigations; and (4) failure to report convictions and disciplinary actions against the licensee. She stated that during the regulatory process



review, DHBC's legal counsel identified duplicative language found in Business and Professions Code section 1955(d). If not amended, it would cause concerns during the review process at the Office of Administrative Law. Dr. Petty asked the Board to review and approve the amended proposed language in the attached document, and direct staff to take all steps necessary to continue the formal rulemaking process

**Motion:** Nicolette Moultrie moved for the Board to direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the 16 CCR section 1138.1.

**Second:** Carmen Dones.

**Member discussion:** None.

**Public comment:** None.

**Vote: Motion for the Board to direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the 16 CCR section 1138.1. Passed 8:0:1.**

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

### 23. Update and Possible Action on the Following Legislation:

Dr. Adina Petty reported the updated status as to proposed legislative packages currently in progress of concern for the Board.

**Motion:** Susan Good moved for the Board to approve the Board's positions as follows:

Legislation	7.17.21 DHBC Position
AB 29 (Cooper): State bodies: meetings.	<i>Oppose unless Amended Letter previously sent.</i>
AB 54 (Kiley): COVID-19 emergency order violation: license revocation.	<i>Oppose unless Amended Letter previously sent.</i>
AB 107 (Salas): Licensure: veterans and military spouses.	<i>Watch</i>
AB 339 (Lee): State and local government: open meetings.	<i>Watch</i>
AB 526 (Wood): Dentists: clinical laboratories: vaccines.	<i>Watch</i>
AB 646 (Low): Department of Consumer Affairs: boards: expunged convictions.	<i>Watch</i>
AB 657 (Cooper): State civil service system: personal services contracts: professionals.	<i>Watch</i>
AB 733 (Chiu): Dental hygienists: registered dental hygienist in alternative practice.	<i>Support</i>
AB 858 (Jones-Sawyer): Employment: health information technology: clinical practice guidelines: worker rights.	<i>Watch</i>
AB 927 (Medina/Choi): Public postsecondary education: community colleges: statewide baccalaureate degree program.	<i>Support</i>
AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: The Director of Consumer Affairs and the State Public Health Officer. <b>Susan Good requested an explanation to be included in the letter to identify as to how the Board would like the bill amended to include exclusion of the DHBC from the bill.</b>	<i>Oppose unless Amended</i>
SB 534 (Jones): Dental Hygienists.	<i>Support</i>
SB 772 (Ochoa Bogh): Professions and vocations: citations: minor violations.	<i>Watch</i>
SB 731 (Durazo/Bradford): Criminal records: relief. <b>Susan Good requested an explanation to be included in the letter to identify as to how the Board would like the bill amended to include exclusion of the DHBC from the bill.</b>	<i>Oppose unless Amended</i>

**Second:** Nicolette Moultrie

**Member discussion:** None.

**Public comment:** None

**Vote:** Motion for the Board to approve the Board's positions as amended. Passed 8:0:1.



Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X Absent
Evangeline Ward	X		
Erin Yee	X		

#### **24. Dental Hygiene Educational Program Site Visit Update and Schedule (Informational Only).**

Dr. Adina Petty reported the current status of Dental Hygiene Educational Program (DHEP) compliance at Cypress College, Carrington College-Sacramento, Concorde Career College-San Diego, Chabot College, and San Joaquin Valley College-Ontario. Additionally, she updated the Board on the current Site Visit schedule for upcoming program reviews.

**Member discussion:** None.

**Public comment:** None.

#### **25. Enforcement Update: Statistics Report (Informational Only).**

AEO Elizabeth Elias reported that the Board's Enforcement Unit is currently in a rebuilding stage as three of four vacant positions were filled in March 2021. She stated that new enforcement staff continue to learn the Board's laws and regulations governing the practice of dental hygiene in addition to the Board's enforcement business processes and procedures. She stated that since the last program update in March 2021 the following has occurred: 1) The Board has averaged opening 9 consumer complaints and 3 subsequent arrests/convictions complaints per month; 2) Desk and Field investigation closures have been significant. The Board's Special Investigator has closed a total of 22 field investigations. Field investigations that were more than two years old decreased by 67%. Desk investigations have decreased by 70% and there is currently one case that is over 2 years old; 3) Many desk investigations resulted in a citation and fine due to Board initiated complaints for licensee failure to update an address as required pursuant to Business and Professions code § 1934. The Board issued 60 citations; and 4) The Board's Probation Monitor has continued to monitor probationers for compliance and addressed 9 probation violations one of which was a positive drug screen for a banned substance.

Additionally, AEO Elias stated that enforcement staff have several projects in the works which include revisions to the disciplinary guidelines, updates to the BreZze licensing/enforcement database and developing content for an enforcement section to be added to the Board's website.

**Member discussion:** None.

**Public comment:** None.

## **26. Licensing, Continuing Education Audits and Examination Update: Statistical Reports (Informational Only).**

AEO Elizabeth Elias reported on current written law and ethics examination statistics from February 11, 2021 through June 01, 2021.

Additionally, AEO Elias reported that the Board continues to conduct continuing education (CE) audits to verify licensee's completion of the CE requirements for license renewal with the goal of consumer protection. She stated that since the last Board update, the CE Analyst randomly contacted an additional 224 licensees to begin the CE audit process. In Fiscal Year 2020 - 2021, the Board initiated 497 total audits and completed 483 audits with the results of the audits identifying a 39% failure rate. AEO Elias stated that the CE deficiencies identified in the failed audits include insufficient CE Hours completed, failure to respond to the audit, failure to complete mandatory CE course(s), providing CE certificates of completion with invalid CE providers and other issues, and that some licensees may have several deficiencies discovered through the audit. She stated that licensees who fail a CE audit may be subject to an administrative citation and fine or disciplinary action which may result in, but not limited to, probation or revocation of licensure.

**Member discussion:** Discussion took place regarding CE audit statistics.

**Public comment:** None.

## **27. Future Agenda Items.**

1. Newsletter to show audit statistics (Noel Kelsch).
2. Board to move forward with the next steps to consideration of alternative pathways toward licensure (Carmen Dones).
3. Combination license for RDH/RDHAP to decrease fees for licensees who hold both licenses (Noel Kelsch).

## **28. Closed Session**

A closed session was held for this meeting.

## **29. Adjournment**

Meeting was adjourned at **5:23 p.m.**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 6**

**Executive Officer's Report on the Following:**

- a) COVID-19**
- b) Personnel**
- c) Budget**
- d) Administration**

**A verbal report will be provided.**

## Department of Consumer Affairs

### Expenditure Report

Dental Hygiene Board of California  
Reporting Structure(s): 11111100 Support  
Fiscal Month: 2  
Fiscal Year: 2021 - 2022  
Run Date: 10/27/2021

#### PERSONAL SERVICES

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5100 PERMANENT POSITIONS</b>		<b>\$833,000</b>	<b>\$70,969</b>	<b>\$139,078</b>	<b>\$0</b>	<b>\$139,078</b>	<b>\$693,922</b>
5100000000	Earnings - Perm Civil Svc Empl	\$751,000	\$61,982	\$121,364	\$0	\$121,364	\$629,636
5105000000	Earnings-Exempt/Statutory Empl	\$82,000	\$8,987	\$17,714	\$0	\$17,714	\$64,286

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5100 TEMPORARY POSITIONS</b>		<b>\$59,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$59,000</b>
5100150004	Temp Help (907)	\$57,000	\$0	\$0	\$0	\$0	\$57,000
5100150005	Exam Proctor (915)	\$2,000	\$0	\$0	\$0	\$0	\$2,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5105-5108 PER DIEM, OVERTIME, &amp; LUMP SUM</b>		<b>\$24,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$1,000</b>	<b>\$23,000</b>
5105100002	Committee Mbrs 904,911,931,961	\$24,000	\$1,000	\$1,000	\$0	\$1,000	\$23,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5150 STAFF BENEFITS</b>		<b>\$449,000</b>	<b>\$36,682</b>	<b>\$69,231</b>	<b>\$0</b>	<b>\$69,231</b>	<b>\$379,769</b>
5150150000	Dental Insurance	\$3,000	\$348	\$697	\$0	\$697	\$2,303
5150350000	Health Insurance	\$119,000	\$5,488	\$10,976	\$0	\$10,976	\$108,024
5150400000	Life Insurance	\$0	\$20	\$40	\$0	\$40	-\$40
5150450000	Medicare Taxation	\$7,000	\$985	\$1,919	\$0	\$1,919	\$5,081
5150500000	OASDI	\$53,000	\$3,836	\$7,450	\$0	\$7,450	\$45,550
5150600000	Retirement - General	\$206,000	\$19,322	\$38,645	\$0	\$38,645	\$167,355
5150750000	Vision Care	\$1,000	\$66	\$132	\$0	\$132	\$868
5150800000	Workers' Compensation	\$16,000	\$0	\$0	\$0	\$0	\$16,000
5150800004	SCIF Allocation Cost	\$0	\$3,552	\$3,552	\$0	\$3,552	-\$3,552
5150820000	Other Post-Employment Benefits	\$26,000	\$2,319	\$4,332	\$0	\$4,332	\$21,668
5150900000	Staff Benefits - Other	\$18,000	\$744	\$1,488	\$0	\$1,488	\$16,512
<b>PERSONAL SERVICES</b>		<b>\$1,365,000</b>	<b>\$108,651</b>	<b>\$209,309</b>	<b>\$0</b>	<b>\$209,309</b>	<b>\$1,155,691</b>

#### OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5301 GENERAL EXPENSE</b>		<b>\$28,000</b>	<b>\$937</b>	<b>\$937</b>	<b>\$1,260</b>	<b>\$2,197</b>	<b>\$25,803</b>
5301100003	Fingerprint Reports	\$3,000	\$0	\$0	\$0	\$0	\$3,000
5301400000	Goods - Other	\$17,000	\$0	\$0	\$0	\$0	\$17,000
5301700000	Office Supplies - Misc	\$8,000	\$937	\$937	\$0	\$937	\$7,063
5301900000	Subscriptions	\$0	\$0	\$0	\$1,260	\$1,260	-\$1,260

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5302 PRINTING</b>		<b>\$13,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,587</b>	<b>\$18,587</b>	<b>-\$5,587</b>
5302700000	Pamphlets, Leaflets, Brochures	\$0	\$0	\$0	\$18,587	\$18,587	-\$18,587
5302900000	Printing - Other	\$13,000	\$0	\$0	\$0	\$0	\$13,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5304 COMMUNICATIONS</b>		<b>\$9,000</b>	<b>\$163</b>	<b>\$163</b>	<b>\$0</b>	<b>\$163</b>	<b>\$8,837</b>
5304100000	Cell Phones, PDAs, Pager Svcs	\$0	\$163	\$163	\$0	\$163	-\$163
5304700000	Telephone Services	\$0	\$0	\$0	\$0	\$0	-\$0
5304800000	Communications - Other	\$9,000	\$0	\$0	\$0	\$0	\$9,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5306 POSTAGE</b>		<b>\$18,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,000</b>
5306700000	Postage - Other	\$18,000	\$0	\$0	\$0	\$0	\$18,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>53202-204 IN STATE TRAVEL</b>		<b>\$14,000</b>	<b>\$71</b>	<b>\$71</b>	<b>\$0</b>	<b>\$71</b>	<b>\$13,929</b>
5320260000	Travel-In St-Trav Agcy Mgt Fee	\$0	\$14	\$14	\$0	\$14	-\$14
5320470000	Travel - In State - Rental Car	\$0	\$57	\$57	\$0	\$57	-\$57
5320490000	Travel - In State - Other	\$14,000	\$0	\$0	\$0	\$0	\$14,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5322 TRAINING</b>		<b>\$5,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$962</b>	<b>\$962</b>	<b>\$4,038</b>
5322400000	Training - Tuition & Registrat	\$5,000	\$0	\$0	\$962	\$962	\$4,038
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5324 FACILITIES</b>		<b>\$157,000</b>	<b>\$21,874</b>	<b>\$21,874</b>	<b>\$0</b>	<b>\$21,874</b>	<b>\$135,126</b>
5324350000	Rents and Leases	\$133,000	\$0	\$0	\$0	\$0	\$133,000
5324450000	Rent -Bldgs&Grounds(Non State)	\$24,000	\$21,874	\$21,874	\$0	\$21,874	\$2,126
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5326 UTILITIES</b>		<b>\$1,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000</b>
5326900000	Utilities - Other	\$1,000	\$0	\$0	\$0	\$0	\$1,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>53402-53403 C/P SERVICES (INTERNAL)</b>		<b>\$74,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$74,000</b>
5340310000	Legal - Attorney General	\$47,000	\$0	\$0	\$0	\$0	\$47,000
5340320000	Office of Adminis Hearings	\$3,000	\$0	\$0	\$0	\$0	\$3,000
5340330000	Consult & Prof Svcs-Interdept	\$24,000	\$0	\$0	\$0	\$0	\$24,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>53404-53405 C/P SERVICES (EXTERNAL)</b>		<b>\$241,000</b>	<b>\$2,295</b>	<b>\$2,295</b>	<b>\$34,085</b>	<b>\$36,380</b>	<b>\$204,620</b>
5340420000	Administrative	\$187,000	\$197	\$197	\$3,803	\$4,000	\$183,000
5340420001	Expert Examiners- Exam Process	\$25,000	\$0	\$0	\$265	\$265	\$24,735
5340420005	Credit Card Service Fee	\$0	\$2,098	\$2,098	\$22,902	\$25,000	-\$25,000
5340480000	Health and Medical	\$0	\$0	\$0	\$1,650	\$1,650	-\$1,650
5340580000	Consult & Prof Svcs Extern Oth	\$0	\$0	\$0	\$5,466	\$5,466	-\$5,466
5340580001	Court Reporter Servs	\$29,000	\$0	\$0	\$0	\$0	\$29,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5342 DEPARTMENT PRORATA</b>		<b>\$503,000</b>	<b>\$125,750</b>	<b>\$125,750</b>	<b>\$0</b>	<b>\$125,750</b>	<b>\$377,250</b>
5342500050	Division of Investigation DOI	\$6,000	\$1,750	\$1,750	\$0	\$1,750	\$4,250
5342500055	Consumer Client Servs Div CCSD	\$497,000	\$124,000	\$124,000	\$0	\$124,000	\$373,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5342 DEPARTMENTAL SERVICES</b>		<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>
5342500090	Interagency Services	\$30,000	\$0	\$0	\$0	\$0	\$30,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5344 CONSOLIDATED DATA CENTERS</b>		<b>\$4,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,000</b>
5344000000	Consolidated Data Centers	\$4,000	\$0	\$0	\$0	\$0	\$4,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5346 INFORMATION TECHNOLOGY</b>		<b>\$3,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,000</b>
5346900000	Information Technology - Other	\$3,000	\$0	\$0	\$0	\$0	\$3,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5362-5368 EQUIPMENT</b>		<b>\$3,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,000</b>
5362315000	Safety And Maintenance Equip	\$3,000	\$0	\$0	\$0	\$0	\$3,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
<b>5390 OTHER ITEMS OF EXPENSE</b>		<b>\$8,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,000</b>
5390800000	Gasoline	\$8,000	\$0	\$0	\$0	\$0	\$8,000
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>		<b>\$1,111,000</b>	<b>\$151,090</b>	<b>\$151,090</b>	<b>\$54,894</b>	<b>\$205,984</b>	<b>\$905,016</b>
<b>OVERALL TOTALS</b>		<b>\$2,476,000</b>	<b>\$259,741</b>	<b>\$360,399</b>	<b>\$54,894</b>	<b>\$415,293</b>	<b>\$2,060,707</b>

## Department of Consumer Affairs

### Revenue Report

Dental Hygiene Board of California

Reporting Structure(s): 11111100 Support

Fiscal Month: 2

Fiscal Year: 2021 - 2022

Run Date: 10/27/2021

#### Revenue

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Delinquent Fees</b>		<b>\$0</b>	<b>\$3,680</b>	<b>\$7,120</b>	<b>-\$7,120</b>
4121200089	3140 Delinq Ren Rdh	\$0	\$3,680	\$6,720	-\$6,720
4121200090	3140 Delinq Ren Rdhap	\$0	\$0	\$400	-\$400

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Other Regulatory Fees</b>		<b>\$0</b>	<b>\$2,503</b>	<b>\$4,703</b>	<b>-\$4,703</b>
4129200133	3140 Duplicate License	\$0	\$2,025	\$3,525	-\$3,525
4129200310	3140 Citations & Fines	\$0	\$478	\$1,178	-\$1,178

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Other Regulatory License and Permits</b>		<b>\$0</b>	<b>\$25,145</b>	<b>\$55,540</b>	<b>-\$55,540</b>
4129400243	3140 License Fee Rdhap	\$0	\$1,250	\$2,500	-\$2,500
4129400244	3140 Initial Lic Fee Rdhap Fnp	\$0	\$320	\$960	-\$960
4129400245	3140 Initial Lic 1/2 Rdhap Fnp	\$0	\$0	\$160	-\$160
4129400249	3140 App Fee Rdhap	\$0	\$500	\$1,000	-\$1,000
4129400251	3140 App Fee Rdh	\$0	\$11,100	\$24,600	-\$24,600
4129400257	3140 App Fee Rdh Original Lic	\$0	\$11,100	\$24,700	-\$24,700
4129400524	Suspended Revenue	\$0	\$875	\$1,805	-\$1,805
4129400525	Prior Year Revenue Adjustment	\$0	\$0	-\$185	\$185

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Other Revenue</b>		<b>\$0</b>	<b>\$125</b>	<b>\$125</b>	<b>-\$125</b>
4172500016	Misc Revenue	\$0	\$125	\$125	-\$125

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Renewal Fees</b>		<b>\$0</b>	<b>\$139,840</b>	<b>\$276,800</b>	<b>-\$276,800</b>
4127400151	3140 Renewal Rdhap Fnp	\$0	\$1,120	\$2,080	-\$2,080
4127400155	3140 Renewal Rdh	\$0	\$132,800	\$263,520	-\$263,520
4127400156	3140 Renewal Rdhap	\$0	\$5,120	\$10,240	-\$10,240
4127400157	3140 Renewal Rdhef	\$0	\$800	\$960	-\$960
<b>Revenue</b>		<b>\$0</b>	<b>\$171,293</b>	<b>\$344,288</b>	<b>-\$344,288</b>

**Reimbursements**

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Scheduled Reimbursements</b>		<b>\$0</b>	<b>\$49</b>	<b>\$49</b>	<b>-\$49</b>
4840000001	Fingerprint Reports	\$0	\$49	\$49	-\$49

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
<b>Unscheduled Reimbursements</b>		<b>\$0</b>	<b>\$2,025</b>	<b>\$3,030</b>	<b>-\$3,030</b>
4850000005	Us Probation Monitor	\$0	\$945	\$1,395	-\$1,395
4850000009	Us Cost Recovery	\$0	\$1,080	\$1,635	-\$1,635
<b>Reimbursements</b>		<b>\$0</b>	<b>\$2,074</b>	<b>\$3,079</b>	<b>-\$3,079</b>



Department of Consumer Affairs  
 Expenditure Projection Report  
 Dental Hygiene Board of California  
 Reporting Structure(s): 11111100 Support  
 Fiscal Month: 2  
 Fiscal Year: 2021 - 2022  
 Run Date: 10/27/2021

**PERSONAL SERVICES**

Fiscal Code	Line Item	Budget	Current Month	YTD + Encumbrance	Projections to Year End	Balance
<b>5100</b>	<b>PERMANENT POSITIONS</b>	<b>\$833,000</b>	<b>\$70,969</b>	<b>\$139,078</b>	<b>\$841,595</b>	<b>-\$8,595</b>
5100000000	Earnings - Perm Civil Svc Empl	\$751,000	\$61,982	\$121,364	\$733,491	\$17,509
5105000000	Earnings-Exempt/Statutory Empl	\$82,000	\$8,987	\$17,714	\$108,104	-\$26,104
<b>5100</b>	<b>TEMPORARY POSITIONS</b>	<b>\$59,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$59,000</b>
<b>5105-5108</b>	<b>PER DIEM, OVERTIME, &amp; LUMP SUM</b>	<b>\$24,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$3,300</b>	<b>\$20,700</b>
<b>5150</b>	<b>STAFF BENEFITS</b>	<b>\$449,000</b>	<b>\$36,682</b>	<b>\$69,231</b>	<b>\$425,000</b>	<b>\$24,000</b>
<b>PERSONAL SERVICES</b>		<b>\$1,365,000</b>	<b>\$108,651</b>	<b>\$209,309</b>	<b>\$1,269,895</b>	<b>\$95,105</b>

**OPERATING EXPENSES & EQUIPMENT**

Fiscal Code	Line Item	Budget	Current Month	YTD + Encumbrance	Projections to Year End	Balance
<b>5301</b>	<b>GENERAL EXPENSE</b>	<b>\$28,000</b>	<b>\$937</b>	<b>\$2,197</b>	<b>\$20,979</b>	<b>\$7,021</b>
<b>5302</b>	<b>PRINTING</b>	<b>\$13,000</b>	<b>\$0</b>	<b>\$18,587</b>	<b>\$33,475</b>	<b>-\$20,475</b>
<b>5304</b>	<b>COMMUNICATIONS</b>	<b>\$9,000</b>	<b>\$163</b>	<b>\$163</b>	<b>\$5,596</b>	<b>\$3,404</b>
<b>5306</b>	<b>POSTAGE</b>	<b>\$18,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,362</b>	<b>\$16,638</b>
<b>5308</b>	<b>INSURANCE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$176</b>	<b>-\$176</b>
<b>53202-204</b>	<b>IN STATE TRAVEL</b>	<b>\$14,000</b>	<b>\$71</b>	<b>\$71</b>	<b>\$711</b>	<b>\$13,289</b>
<b>5322</b>	<b>TRAINING</b>	<b>\$5,000</b>	<b>\$0</b>	<b>\$962</b>	<b>\$2,500</b>	<b>\$2,500</b>
<b>5324</b>	<b>FACILITIES</b>	<b>\$157,000</b>	<b>\$21,874</b>	<b>\$21,874</b>	<b>\$141,138</b>	<b>\$15,862</b>
<b>5326</b>	<b>UTILITIES</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000</b>
<b>53402-53403</b>	<b>C/P SERVICES (INTERNAL)</b>	<b>\$74,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$163,430</b>	<b>-\$89,430</b>
<b>53404-53405</b>	<b>C/P SERVICES (EXTERNAL)</b>	<b>\$241,000</b>	<b>\$2,295</b>	<b>\$36,380</b>	<b>\$49,600</b>	<b>\$191,400</b>
<b>5342</b>	<b>DEPARTMENT PRORATA</b>	<b>\$503,000</b>	<b>\$125,750</b>	<b>\$125,750</b>	<b>\$503,000</b>	<b>\$0</b>
<b>5342</b>	<b>DEPARTMENTAL SERVICES</b>	<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,415</b>	<b>\$6,585</b>
<b>5344</b>	<b>CONSOLIDATED DATA CENTERS</b>	<b>\$4,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,154</b>	<b>-\$1,154</b>
<b>5346</b>	<b>INFORMATION TECHNOLOGY</b>	<b>\$3,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,117</b>	<b>\$883</b>
<b>5362-5368</b>	<b>EQUIPMENT</b>	<b>\$3,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,000</b>	<b>-\$22,000</b>
<b>5390</b>	<b>OTHER ITEMS OF EXPENSE</b>	<b>\$8,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,000</b>
<b>54</b>	<b>SPECIAL ITEMS OF EXPENSE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000</b>	<b>-\$1,000</b>
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>		<b>\$1,111,000</b>	<b>\$151,090</b>	<b>\$205,984</b>	<b>\$978,655</b>	<b>\$132,345</b>

<b>OVERALL TOTALS</b>		<b>\$2,476,000</b>	<b>\$259,741</b>	<b>\$415,293</b>	<b>\$2,248,550</b>	<b>\$227,450</b>
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9.19%

**Dental Hygiene Board of California**  
**(Dollars in Thousands) Fund Condition based on FM02**

	<b>Actual 2020-21</b>	<b>CY 2021-22</b>	<b>BY 2022-23</b>	<b>BY+1 2023-24</b>
<b>BEGINNING BALANCE</b>	\$ 2,236	\$ 1,941	\$ 1,569	\$ 923
Prior Year Adjustment	\$ -50	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,186	\$ 1,941	\$ 1,569	\$ 923
 <b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>				
Revenues				
4129200 - Other regulatory fees	\$ 23	\$ 28	\$ 16	\$ 16
4129400 - Other regulatory licenses and permits	\$ 223	\$ 333	\$ 188	\$ 188
4127400 - Renewal fees	\$ 1,581	\$ 1,661	\$ 1,601	\$ 1,601
4121200 - Delinquent fees	\$ 46	\$ 43	\$ 28	\$ 28
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ 1	\$ 1
4163000 - Income from surplus money investments	\$ 12	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenue	\$ 1	\$ 1	\$ 25	\$ 25
 Totals, Revenues	 \$ 1,887	 \$ 2,066	 \$ 1,859	 \$ 1,859
 General Fund Transfers and Other Adjustments				
 <b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	 \$ 1,887	 \$ 2,066	 \$ 1,859	 \$ 1,859
 <b>TOTAL RESOURCES</b>	 \$ 4,073	 \$ 4,007	 \$ 3,428	 \$ 2,782

	Actual 2020-21	CY 2021-22	BY 2022-23	BY+1 2023-24
<b>EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>				
Expenditures:				
1111 Program Expenditures (State Operations)	\$ 1,990	\$ 2,249	\$ 2,316	\$ 2,386
9892 Supplemental Pension Payments (State Operations)	\$ 34	\$ 34	\$ 34	\$ 34
9900 Statewide Pro Rata	\$ 108	\$ 155	\$ 155	\$ 155
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	<b>\$ 2,132</b>	<b>\$ 2,438</b>	<b>\$ 2,505</b>	<b>\$ 2,575</b>
<b>FUND BALANCE</b>				
Reserve for economic uncertainties	\$ 1,941	\$ 1,569	\$ 923	\$ 207
Months in Reserve	9.6	7.5	4.3	1.0

**NOTES:**

Assumes workload and revenue projections are realized in BY +1 and ongoing.  
Expenditure growth projected at 3% beginning BY +1.  
CY revenue and expenditures are projections.



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 7**

**Report from the Dental Board of California (DBC)**

**A verbal report will be provided.**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 8**

**Update to the Full Board from the Alternative Pathways to  
Licensure Taskforce.**

**A verbal report will be provided.**

## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Elizabeth Elias Assistant Executive Officer
<b>SUBJECT</b>	<b>FULL 9: Discussion and Possible Action to Change and Upgrade the Executive Officer's Exempt Level Status and Salary.</b>

### ACTION

Request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III for professional and programmatic growth and associated salary range (Range: \$8,724 – \$9,717) commensurate of the current EO oversight responsibilities through a departmental (DCA) Exempt Position Request (EPR).

### BACKGROUND

In fiscal year 2009/10, the Dental Hygiene Committee (now Board) started its operations of consumer protection. The Executive Officer (EO) position was established at an exempt level and salary scale appropriate at the time to oversee the entirety of committee operations. Since that time, there has not been a change or upgrade in the EO exempt level to allow for professional and program growth.

However, over the last decade, there has been significant organizational growth, programmatic changes and added staff responsibilities assigned to the EO since the Board's inception. The additional programs, in conjunction with the expansion of existing programs and additional staff to operate them, created a greater and more complex management workload added to the EO's responsibilities. For example:

- Implementation of dental hygiene educational program (DHEP) oversight.
- Enhancement of enforcement activity such as citation and fine, probation, and expansion of investigation work.
- Licensing program expansion to include DHEP site visits and reviews, continuing education audits, and the review and inspection of mobile dental hygiene clinics.
- Additional staff to implement the above program changes.

Administratively, the data over the last decade shows the Board's budget has increased to \$2.4 million (174% increase), staff increased to 13 (160% increase), program statistics such as licensee population increased by 42% and complaints received by the Board significantly increased by 207%. Additionally, instrumental program functions overseen by the EO have increased as well. For example:

- The number of regulations promulgated and approved has significantly increased.

FULL 9: Memo – Change and Upgrade the Executive Officer's Exempt Level Status

Page 1 of 3

- Staff worked to effectively implement a new computer system, BreEZe, to enhance accessibility for applicants and licensees to conduct their business such as applications, license renewals, name and address changes, and verification of licensure.
- And most importantly, legislation was approved that changed the committee to a full autonomous board to conduct its business.

The general public outside of the Department of Consumer Affairs (DCA) is unaware of the breadth of knowledge, experience, and responsibility that is required for an EO to run a board because they only know the Board as a licensing entity. An EO is a unique position in state service where the individual must possess the knowledge of and be responsible for multiple program areas. For the Dental Hygiene Board, this consists of legislation, regulation, enforcement, licensing, educational programs, examinations, and administrative functions of budgets, personnel, contracts, facilities, and procurement. Furthermore, the EO possesses communication techniques and proper etiquette necessary to address board members, legislators, executive staff, and any interested stakeholders that are vital to good relations. Testifying and public speaking are also competencies required for the position when speaking on behalf of the Board. These skills, knowledge, and experience can take years to acquire to perform them efficiently and effectively. Very few state programs or positions handle a workload consisting of this number of vital program components and be directly responsible for them. For an EO with this amount of responsibility, a commensurate exempt level and salary equivalent to an SSM III is justified for this upgrade request.

In the meeting materials, Attachments I – III provide information that lists the statutory authority for the Board to propose and approve this upgrade, tables and a detailed outline that identifies the program changes that have occurred over the years, explanations that help support this request, a table of other comparable DCA programs and their executive officer/bureau chief salary ranges and a redacted copy of the 2019 EO Study conducted by DCA that's focused on the Board's information.

### **STAFF RECOMMENDATION:**

Staff recommends approval of the request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III for professional and programmatic growth and associated salary range (Range: \$8,724 – \$9,717) commensurate of the current EO oversight responsibilities through a DCA Exempt Position Request (EPR) and then forward the request to the Business, Consumer Services and Housing Agency, Honorable Governor Newsom's Office, and the California Department of Human Resources for approval.

**PROS:** By approving this upgrade request of the EO's exempt level and salary, it allows for future professional growth, to maintain Board institutional knowledge and experience, and efficiencies especially in a time when many experienced board members will term out and not continue their service. This will also allow expansion of subordinate staff for proper program management and oversight. The Board is a

specialty funded agency obtaining its revenue from the fees it charges and can afford this upgrade. As such, it will not impact the State's General Fund.

**CONS:** The Board would experience a gradual overall cost increase up to \$11,000 per year once the EO reaches the maximum salary of the new exempt level salary range. It will take several years for him/her to reach the maximum salary depending upon the number of general salary increases and/or Board approved increases experienced prior to obtaining the maximum rate.





## **AGENDA ITEM 9: ATTACHMENT I** **EXECUTIVE OFFICER EXEMPT LEVEL UPGRADE REQUEST**

The Dental Hygiene Board of California (Board) is the agency charged with oversight authority of registered dental hygienists (RDHs), registered dental hygienists in alternative practice (RDHAPs), and registered dental hygienists in extended functions (RDHEFs), plus all 29 of the dental hygiene educational programs in the state. The Board carries out its regulatory authority through enforcement of statutory provisions of the Dental Practice Act, Business and Professions Code (BPC) sections 1900 through 1967.4, and Title 16 of the California Code of Regulations. It is the only autonomous governing body in the United States that specifically oversees dental hygienists.

Pursuant to the following BPC sections pertaining to Executive Officers:

BPC 107 - subdivision (e) of Section 4 of Article VII of the California Constitution, each board may appoint a person exempt from civil service, who shall be designated as an executive officer unless the licensing act of the particular board designates the person as a registrar, and may fix that person's salary, with the approval of the Department of Human Resources pursuant to Section 19825 of the Government Code.

BPC 2020 - The board, by and with the approval of the director, may employ an executive director exempt from the provisions of the Civil Service Act and may also employ investigators, legal counsel, medical consultants, and other assistance as it may deem necessary to carry this chapter into effect. The board may fix the compensation to be paid for services subject to the provisions of applicable state laws and regulations and may incur other expenses as it may deem necessary.

As such, the Board is requesting an Exempt Position Request (EPR) to upgrade the Executive Officer's (EO) classification that is appropriate for the size, responsibility, and complexity of the Board's current operations. This request is to elevate the EO exempt level classification from Level O to Level M, or equivalent of a Staff Services Manager III with a corresponding salary range of \$8,724 - \$9,717 to allow for professional and future program growth.

According to the Executive Officer Salary Increase (and Exempt Level Increase) Memo from the Department of Consumer Affairs (DCA) Office of Human Resources (OHR), the following statements are reasons to submit an Exempt Position Request (EPR) for approval:

There are two types of requests that may impact the EO's salary: exempt salary increases and exempt level increases. An exempt salary increase request is when a Board requests to increase the monthly salary of the EO, whose proposed salary is within the existing salary band of the position. An exempt level increase request is when a Board requests to increase the exempt level/salary band of the EO position and not necessarily the salary of the incumbent.

An increase to an exempt level/salary band should be based upon a change within the Board including, but not limited to added responsibilities and/or organizational growth, legislative changes, additional programs within the Board, or significant staffing increases.

There has been significant organizational growth, programmatic changes and added staff responsibilities to the Board's purview since its inception in fiscal year (FY) 2009/10. These added programs created a greater and more complex management workload to oversee and enhancement of existing programs to help support and justify an upgrade to the EO exempt level. Implementation of dental hygiene education program (DHEP) oversight, enhancement of enforcement activity such as citation and fine, probation, and expansion of investigation work with the hiring of a special investigator, and the licensing program was expanded to include DHEP site visits and reviews, continuing education audits, and authorized the review of mobile dental hygiene clinics.

On the administration aspect, the board's budget has increased by 174%, staff increased by 160%, and program statistics such as licensee population increased by 42% and number of complaints received has increased significantly, up 207%. Staff has also worked to efficiently implement a new computer system, BreZE, to enhance accessibility for applicants and licensees to conduct their business of: applications, license renewals, name and address changes, and verification of licensure. These services can now be completed online and in real time using a credit card to pay the fees.

The following tables highlight the Board's growth and expansion of programs over the past 12 years showing information and data from the Board's inception to the current day statistics to justify the EPR for consideration. Board specific legislation was passed that added new mandates, and regulations were approved to enhance the Board's ability to conduct its business in the interest of consumer protection. The effect of the program changes that have occurred are identified in **RED** for ease of reading.

Table 1.

<b>DENTAL HYGIENE BOARD OF CALIFORNIA GROWTH SINCE INCEPTION</b>			
<b>Program Area</b>	<b>FY 2009/10 (Inception)</b>	<b>FY 2021/22 (Current)</b>	<b>% Change or Program Status</b>
<b>#Personnel/Staff Positions</b>	8 authorized (but only 5 filled due to recession and hiring freeze).	13 authorized.	160% increase.
<b>Expenditure Budget</b>	\$900,000	\$2,470,000	174% increase.

Program Area	FY 2009/10 (Inception)	FY 2021/22 (Current)	% Change or Program Status
<b>Board Programs: Comparison of the Number of Board Programs from Inception in 2009/10 to Current Year Programs.</b>  <b>Note:</b> Existing programs are what was current at inception; New Programs were implemented after inception.	1) Licensing, 2) Enforcement, 3) Investigations, 4) Administration, 5) Examinations.	1) Licensing, 2) Enforcement, 3) Investigations, 4) Administration, 5) Examinations, 6) Citation and Fine,  7) Probation,  8) Continuing Education Audits, 9) Dental Hygiene Educational Program Oversight,  10) Mobile Dental Hygiene Clinic Oversight, 11) BreEZe Computer System.	Existing Existing Existing Existing  Existing <b>New Program (2020)</b>  <b>New Program (2014)</b>  <b>New Program (2020)</b>  <b>New Program (2016).</b>  <b>New Program (2021).</b>  <b>New Program (2016).</b>
<b>Licensee Population</b>	~24,000 Issued	Over 34,000 Issued	<b>42% increase.</b>
<b>Dental Hygiene Educational Program Oversight</b>	0	29 Dental Hygiene Educational Programs (DHEP) - 26 RDH and 3 RDHAP schools. (To date, the Board has conducted 31 site visits and program reviews. Some required return visits to verify compliance. <b>Note:</b> Oversight is to ensure all DHEPs are compliant with the law and accreditation standards).	<b>New Program (2016).</b>

Table 2.

<b>DENTAL HYGIENE BOARD OF CALIFORNIA PROGRAM DATA</b>			
<b>PROGRAM</b>	<b>FY 2009/10 (Inception)</b>	<b>FY 2020/21 (Current)</b>	<b>%Change or Program Status</b>
<b>Probationers</b>	0	~30	New Program.
<b>Citation and Fine</b>	0	60+	New Program.
<b>Investigations</b>	89	340	282% increase.
<b>Complaints Received</b>	97	298	207% increase.
<b>Continuing Education (CE) Audits</b>	0	~250+	New Program.
<b>Legislative Changes</b>	Senate Bill 853 (Ch. 31, Statutes of 2008) created the Dental Hygiene Committee of California.	<p>In 2012, Legislation (SB 1202, Ch. 331, Statutes of 2012) was approved for the committee to oversee and approve all the dental hygiene educational programs in the state; added the Licensure By Credential licensure pathway for out-of-state applicants; and required out-of-state applicants to complete an expanded functions course prior to licensure.</p> <p>In 2018, Legislation (SB 1482, Ch. 858, Statutes of 2018) provided new authority to change the committee to an autonomous board and to conduct random site visits to dental hygiene educational programs for compliance of the law, place them on probation, if necessary, and issue citation and fines for non-compliance of the law. The bill added the requirement for out-of-state applicants for licensure to submit</p>	<p>Legislation approved after inception.</p> <p>Legislation approved after inception.</p> <p>(Cont. on next page)</p>

		fingerprints prior to license issuance.  In 2021, Legislation (SB 534, Ch. 491, Statutes of 2021) requires a Registered Dental Hygienists in Alternative Practice's (RDHAP) who has elected to operate a mobile dental hygiene clinic (MDHC) to register it with the Board; allows the Board to conduct random site visits and review RDHAP MDHCs, stand-alone clinics, and portable dental hygiene equipment used for treatment to ensure cleanliness, maintenance, and operational safety for compliance of the law.	Legislation approved after inception.
<b>Regulatory Changes</b>	Initial regulations were few due to a staffing shortage and most were carried over from the Dental Practice Act pertaining to dental hygienists at the time.	Regulations promulgated to address the following: 1) Dental Hygiene Educational Program Oversight: a) Program Requirements**. b) Faculty Requirements*. c) Continued Approval*. d) Inspections, citation and fine, and probation**. e) Required Curriculum**. 2) Definitions of dental hygiene terms**. 3) Disciplinary Guidelines*. 4) Citation and Fine*. 5) Expanded Functions Course requirement* (expanded functions = Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia). 6) Remedial Education*. 7) Examinations*.	Multiple regulations approved or in the process of approval after inception. Each number and sub-letter is a separate, individual regulation.  Note: *Approved by the Office of Administrative Law (OAL). **Under review and pending OAL approval.  (Cont. on next page)

		8) Radiographic Decision Making and Interim Therapeutic Restoration*. 9) Retired License**. 10) Unprofessional Conduct**. 11) RDHAP/Licensed Dentist Relationship**. 12) RDHAP Soft Tissue Curettage and Local Anesthesia administration**. 13) Regulations stemming from Assembly Bill 2138 (Ch. 995, Statutes of 2018) – Conviction limitations*. 14) Review and inspection of RDHAP Mobile Dental Hygiene Clinics, stand-alone clinics, and portable equipment**.	
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Expanding on the above chart, important and impactful legislative changes specific to the Board and in interest of consumer protection to support this request include:

- 1) Changing the committee to an independent Board under the Department of Consumer Affairs for semi-autonomous operations.
- 2) Authority to oversee and approve the 29 dental hygiene educational programs, which includes conducting scheduled and random site visits to each one for compliance of the law and the ability for the Board to cite and fine or place on probation any programs that do not comply with the law.
- 3) Authority to review, conduct inspections, and enforce laws applicable to RDHAP mobile dental hygiene clinics, stand-alone clinics, and portable equipment used by RDHAPs for treating patients throughout the state.

Additionally, the Board has adopted several other legislative changes because of new mandates affecting multiple DCA boards and programs. Many of these mandates were related to specific programs like enforcement and licensing and have been incorporated into the Board's business processes. Due to the Board still being a relatively new program in comparison to other boards, there have been several regulations promulgated and approved to address mandates, program growth, deficiencies and revisions that are needed for the Board to continually succeed in conducting its business.

Furthermore, DCA has conducted two Executive Officer salary studies. The first was done approximately 11 years ago and was inconclusive without a final determination

due to the fiscal environment. The second and most recent study was conducted in 2018-19 that identified Board specific issues. The main issue the second study determined was that there's a salary compaction issue existing between management positions and recommended the Board to correct the issue. The study has four issues that the reader needs to be informed of.

- 1) The 2019 EO Study was a point-in-time survey only about the Board and EO position where the survey questions were asked in the Spring of 2018. Much of that information pertaining to the Board is now old.
- 2) In the study, there is an opinion that no program changes have occurred since 2010; however, as documented above, there have been several changes to the Board's programs and responsibilities over the years. Where this opinion arose is questionable.
- 3) In 2010, the survey says that the Board had eight (8) positions when in fact, we were authorized for eight staff positions but only five were filled due to the recession and resulting hiring freeze. Additional staff were hired once the freeze was removed.
- 4) Many of the EO's expressed displeasure in the EPR process and question the Department of Human Resource's authority over boards to set EO salary levels when the boards already have statutory authority to do so and other issues as indicated on pages 12 through 15 of the study.

A redacted copy of the 2019 EO Survey primarily focusing on the Board's information is attached for review. This EPR request, if approved, would alleviate the compaction problem, and allow for future professional and program growth.

An upgrade to the Board's EO classification exempt level has never been addressed before. Consequently, the EO's classification has remained the same since the Board was created over a decade ago and with the increased programmatic growth and responsibilities seen over the years and illustrated in the tables above, the EO may be working out of class and in need of this request being approved. Besides the justifications stated above, the Board expects to retain its experienced staff for as long a period as possible to maintain institutional memory, program knowledge, and efficiencies to conduct its business.

By approving the EPR, it will provide the appropriate level of authority and compensation commensurate of the responsibilities and complexities of the current Executive Officer position and assist with the Board's goal to maintain experienced and knowledgeable staff. Especially in this time where the Board will be losing several board members to term limits, it's paramount that the program maintains its institutional knowledge moving forward. The current EO has exceeded the Board's expectations in completing his tasks as evidenced by the EO evaluations completed by the Board over the years. The Board is a specially funded agency and obtains revenue through the individual fees it charges, so approval of the EPR will not affect the state's general fund nor create an affordability issue for the Board's fund as it would be considered a minor and absorbable expense. As a result, the Board believes this request to upgrade the EO exempt level is warranted, justified, and can be absorbed within its existing budget.

Please consider all the above and the fact that the Board fully supports these efforts to change our Executive Officer's exempt level when reviewing this request for approval.

## Attachment II: DHBC vs. Comparison of Other DCA Programs

\*Data gathered from 2020 Annual Report

DCA Program	License Types	License/Certificate Population	Healing Arts	Number of Staff	Education Programs	Executive Title	Executive Salary Range
<b>Athletic Commission</b>	Manager Matchmaker Professional Athlete Professional Trainer Promoter	2,338	N	8.5	N	Executive Officer	\$11,0973 - \$12,336
<b>Board of Chiropractic Examiners</b>	Chiropractic Corporations Doctor of Chiropractic Referral Services Satellite Offices (BCE)	18,281	Y	20	N	Executive Officer	\$11,073 - \$12,574
<b>Bureau of Real Estate Appraisers</b>	Appraisal Management Company Certified General Certified Residential Residential Temporary Practice Permits Trainee (BREA) Upgrade Certified General Upgrade Certified Residential Upgrade Residential	10,353	N	29	N	Bureau Chief	\$11,614 - \$12,940
<b>California Acupuncture Board</b>	Licensed Acupuncturist	12,247	Y	15	N	Executive Officer	\$7,937 - \$8,841
<b>California Architects Board</b>	Architect	21,934	N	25	N	Executive Officer	\$10,064 - \$11,209
<b>California Board of Psychology</b>	Psychological Assistant Psychologist Registered Psychologist	23,441	Y	29	N	Executive Officer	\$8,724 - \$9,717
<b>California Board of Occupational Therapy</b>	Occupational Therapist Occupational Therapist Limited Permit Occupational Therapy Assistant Occupational Therapy Assistant Limited Permit	18,308	Y	15.2	N	Executive Officer	\$7,937 - \$8,841
<b>California State Board of Optometry</b>	Diagnostic Pharmaceutical Agent Certification Fictitious Name Permit Glaucoma Certification Lacrimal Irrigation and Dilution Certification Nonresident Contact Lens Seller Optometrist Registered Contact Lens Dispenser Registered Dispensing Optician Registered Spectacle Lens Dispenser Statement of Licensure Therapeutic Pharmaceutical Agent Certification	31,937	Y	13.4	N	Executive Officer	\$ 7,937 - \$8,841
<b>Cemetery and Funeral Bureau</b>	Apprentice Embalmer Cemetery Branch Broker Cemetery Broker/Additional Broker Cemetery Manager Cemetery Salesperson Certificate of Authority (Cemetery) Cremated Remains Disposer Crematory Crematory Manager Embalmer Funeral Director Funeral Establishment	13,093	N	26.5	N	Bureau Chief	\$7,442 - \$10,696
<b>Court Reporters Board</b>	Certified Shorthand Reporter	6,085	N		N	Executive Officer	\$ 7,937 - \$8,841
<b>Dental Hygiene Board of California</b>	Fictitious Name Permits Registered Dental Hygienists Registered Dental Hygienists in Alternative Practice Registered Dental Hygienists in Extended Functions	18,671	Y	13	Reviews and Approves 30 Educational Programs	Executive Officer	\$7,937 - \$8,841
<b>Osteopathic Medical Board of California</b>	Fictitious Name Permit Osteopathic Physician and Surgeon Postgraduate Training License	13,212	Y	13.5	N	Executive Director	\$ 7,937 - \$8,841
<b>Physical Therapy</b>	Electroneuromyographer Certification Kinesiological Electromyographer Certification Physical Therapist Physical Therapist Assistant	41,986	Y	26.1	N	Executive Officer	\$8,323 - \$9,274
<b>Physician Assistant Board</b>	Physician Assistant	13,927	Y	9	N	Executive Officer	\$7,937 - \$9,107
<b>Respiratory Care Board of California</b>	Respiratory Care Practitioner	23,588	Y	17.4	N	Executive Officer	\$8,724 - \$9,717
<b>Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board</b>	Aides Audiologist Branch Dispensing Audiologist Hearing Aid Dispenser Hearing Aid Dispenser Temporary - Licensed in another state Hearing Aid Dispenser Trainee Professional Development Provider Required Professional Experience Speech-Language Pathologist Speech-Language Pathology Assistant Audiologist Temporary - Licensed in another state Speech-language pathologist temporary -licensed in another state	35,171	Y	13.6	N	Executive Officer	\$ 7,937 - \$8,841
<b>Veterinary Medical Board</b>	Registered Veterinary Technician Veterinarian Veterinarian Intern Veterinarian Temporary Veterinary Assistant Controlled Substance Permit Veterinary Premises University Veterinarian License	36,093	24.7	24.7	N	Executive Officer	\$8,724 - \$9,717





## Executive Officer Salary Study Report

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JUNE 25, 2019

Tuesday, June 25, 2019

Christopher Castrillo, Deputy Director  
Office of Board and Bureau Services  
Department of Consumer Affairs  
1625 North Market Blvd., Suite S-308  
Sacramento, CA 95834  
Email: [Christopher.Castrillo@dca.ca.gov](mailto:Christopher.Castrillo@dca.ca.gov)

Re: California Department of Consumer Affairs – Executive Officer Salary Study

Chris Castrillo:

On behalf of KH Consulting Group (KH), I want to take this opportunity to thank you for selecting KH to assist with the “Executive Officer Salary Study” for the California Department of Consumer Affairs (DCA). We appreciate your team for their responsiveness and thoughtful involvement throughout this Salary Study, the DCA Executive Officers for their participation in this effort, and finally the State boards that participated in the compensation benchmark survey.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Heather Sims, KH Vice President

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# CHAPTER I

## SALARY STUDY OVERVIEW

# I. SALARY STUDY OVERVIEW

## CONTEXT

The California Department of Consumer Affairs (DCA) is one of 12 entities under the direction of the State of California's Business, Consumer Services, and Housing Agency (BCSH). In addition to its consumer education and advocacy responsibilities, DCA licenses or certifies more than 3.9 million professionals through its nearly 40 professional licensing entities. This oversight bolsters public safety by ensuring that practitioners perform their duties competently. DCA Boards:

- License, register, certify, or approve a diversity of individual practitioners and businesses
- Investigate consumer complaints
- Discipline license holders in violation of established practice standards

Each Board is a semi-autonomous body comprised of professional and public members appointed by the California Governor, Senate Rules Committee, or Speaker of the Assembly. The Executive Officer of each program is appointed by and serves at the direction of their multi-member Board<sup>1</sup>.

In addition to overseeing and having ultimate responsibility for the Board's programmatic and operational activities, each Executive Officer:

- Is the primary representative to the media and public
- Represents their profession(s) at a State, national, and potentially international levels
- Interacts directly with the California legislature regarding relevant advocacy and policy issues

Most, if not all, of DCA's Boards represent the largest licensee population of their kind in the nation and are looked to as leaders, setting the standard for regulation in their respective fields.

A salary study of the DCA Executive Officer positions was conducted in 2011. Since that time, a number of programmatic changes have occurred. DCA has concluded that it is time to review the Executive Officer positions to determine if those changes have had an impact on program complexity and operations, thus, warranting salary augmentation.

<sup>1</sup> The Executive Officer for the California Board of Vocational Nursing and Psychiatric Technicians is an exception, as this position is Governor-appointed.

## OBJECTIVES AND SCOPE

In 2018, DCA's Office of Board and Bureau Services (OBBS) retained KH Consulting Group (KH), a California Small Business Enterprise (SBE), to conduct an Executive Officer Salary Study (Study), involving the following 28 DCA Boards:

- |  |  |   |
|--|--|---|
| 1. California Board of Accountancy               | 12. California Board of Professional Engineers, Land Surveyors, and Geologists | 21. California Board of Podiatric Medicine  |
| 2. State of California Acupuncture Board         |  | 22. California Board of Psychology  |
| 3. California Architects Board                   |  | 23. California Board of Registered Nursing  |
| 4. California State Athletic Commission          | 13. Medical Board of California  | 24. Respiratory Care Board of California  |
| 5. California Board of Barbering and Cosmetology | 14. Naturopathic Medicine Committee of California                              | 25. Speech-Language Pathology and Audiology, and Hearing Aid Dispensers Board of California |
| 6. California Board of Behavioral Sciences       | 15. California Board of Occupational Therapy                                   | 26. Structural Pest Control Board of California   |
| 7. California Chiropractic Examiners Board       | 16. California State Board of Optometry  | 27. Veterinary Medical Board of California  |
| 8. Contractors State License Board of California | 17. Osteopathic Medical Board of California                                    | 28. California Board of Vocational Nursing and Psychiatric Technicians                      |
| 9. Court Reporters Board of California           | 18. California State Board of Pharmacy   |   |
| 10. Dental Board of California                   | 19. Physical Therapy Board of California                                       |   |
| 11. Dental Hygiene Board of California           | 20. Physician Assistant Board of California                                    |   |

The Study is a comprehensive review and assessment of salary levels for 28 DCA Board Executive Officer positions. The purpose of the Study was to:

- Benchmark comparable positions from other State professional licensing boards
- Based on critical factors, identify Executive Officer positions for which a compensation increase appears warranted
- Evaluate the effect of any salary augmentation might have on salary bands
- Evaluate gender parity for Executive Officer salaries across DCA programs

## METHODOLOGY

This section provides an overview of the structure and tasks of the Study.

### DCA Executive Officer Interviews

KH designed the Study to involve the participation of Executive Officers throughout the process. Once relevant documents were reviewed, KH worked with the OBBS to refine the work plan and invite all 28 Executive Officers to be interviewed for the Study. Executive Officers of 12 (or 43%) Boards participated in 1:1 phone interviews with KH:

- |  |  |
|--|--|
| 1. State of California Acupuncture Board   | 7. Medical Board of California   |
| 2. California Architects Board             | 8. California State Board of Pharmacy                                  |
| 3. California State Athletic Commission    | 9. Physical Therapy Board of California                                |
| 4. California Board of Behavioral Sciences | 10. California Board of Psychology                                     |
| 5. Dental Board of California              | 11. Veterinary Medical Board of California <sup>2</sup>                |
| 6. Dental Hygiene Board of California      | 12. California Board of Vocational Nursing and Psychiatric Technicians |

The Boards that participated in the interviews represent diversity in terms of program and Board size, licensee population and number of licenses represented, and programmatic complexity. Interview discussions covered a variety of topics, such as:

- Current perceived challenges relevant to the Study
- Expected Study outcomes
- Insight into changes regarding programmatic and operational complexities

A number of themes emerged from the interviews that provide a foundation of widespread agreement. Information regarding changes in programmatic and operational complexities were primarily program specific. Information gathered from the interview discussions has served as an important context and has informed the Study assessments and recommendations.

<sup>2</sup> The interview also included the Deputy Executive Officer.



## Development of Critical Factors for Salary Augmentation

Information gathered from interviews, follow-up discussions with Executive Officers regarding changes in programmatic and operational complexities, and input from the OBBS informed the identification of a number of critical factors that warrant consideration for salary augmentation. KH reviewed these factors for the comparison and analysis of Executive Officer Positions when considering whether salary augmentation appears warranted.

## DCA Executive Officer Position Comparison and Analysis

KH designed the online *California Department of Consumer Affairs Executive Officer Position Description Questionnaire* (Questionnaire) to obtain up-to-date information about DCA Executive Officers' current job responsibilities and realities, as well as details about their Board programs. KH reviewed the draft Questionnaire with the DCA Chief Deputy Director, OBBS, and HR. KH refined and finalized the Questionnaire based on DCA's feedback. A sample Questionnaire is provided in *Appendix A*.

KH sent the Questionnaire to 28 Executive Officers on December 17, 2018. After several follow-up reminders and a number of deadline extensions, KH closed the Questionnaire on January 23, 2019. In total, 21 Executive Officers completed the Questionnaire.

## Compensation Benchmark Survey

Working with DCA and soliciting input from DCA Executive Officers, KH designed a Compensation Benchmark Survey (CBS) to collect data from other state professional licensing boards. Originally, KH and DCA identified states with large populations (New York, Texas, Florida, and Illinois) and Western states (Nevada, Arizona, Washington, and Oregon) to be invited to participate in the CBS. In addition, some Executive Officers identified specific state boards to include based on other factors of comparability.

A sample CBS data request overview is provided in Appendix C. The 13 elements of the CBS are listed below.

- |  |  |
|--|--|
| 1. Organization name   | 7. Oversight agency, if any            |
| 2. Position title  | 8. Number of program staff positions   |
| 3. Appointing authority  | 9. Number of program board members     |
| 4. Degree of match to a DCA Executive Officer capsule position description | 10. Annual program budget              |
| 5. Monthly salary (FY 18-19)   | 11. Total number of license categories |
| 6. Number of direct reports  | 12. Licensee population                |
|  | 13. Interaction with legislature       |



After the first round of CBS data requests were sent out, responses were limited. To increase participation, KH expanded the reach of the CBS request in the following ways:

- KH enlisted the assistance of DCA Executive Officers, requesting contact data for comparable state boards and encouraging DCA Executive Officers to personally contact their colleagues to encourage CBS participation.
- With the assistance of OBBS and DCA Executive Officers, KH identified and contacted a variety of national councils, federations, and associations that represent the various DCA professions to enlist their assistance with contacting their constituents and encouraging CBS participation.

In total, CBS data was collected for 40 comparable positions.

# CHAPTER II

## SUMMARY OF RESULTS AND KEY FINDINGS

## II. SUMMARY OF RESULTS AND KEY FINDINGS

### SUMMARY OF DCA EXECUTIVE OFFICER POSITION COMPARISON AND ANALYSIS RESULTS

Exhibit II.1 displays a summary of the DCA Executive Officer position and Board data compiled primarily from Executive Officer responses to the *California Department of Consumer Affairs Executive Officer Position Description Questionnaire*.

**EXHIBIT II.1 SUMMARY OF FINDINGS BY DCA BOARD<sup>34</sup>**

Board	Annual Budget	Staff Size	Licensee Population (approx.)	Effective Date	Programmatic or operational changes responsibility and oversight since 2010	Variance from current duty statement	Salary Compaction
California Board of Accountancy	\$14,503,000	84.9	108,000	2008			
State of California Acupuncture Board	\$3,700,000	24.9	12,000	2016	No evidence	No significant variance	Potential issue reported
California Architects Board	\$4,800,000	29.8	24,600	2018	No evidence	No significant variance	None reported
California State Athletic Commission	\$1,700,000	8.0	3,472	2012	No evidence	No significant variance	None reported
California Board of Barbering and Cosmetology	\$22,460,000	82.1	610,000	2005			
California Board of Behavioral Sciences	\$12,000,000	58.2	115,000	2010	No evidence	No significant variance	None reported
California Chiropractic Examiners Board	\$4,714,000	18.0	13,000	2010		None reported	None reported
Contractors State License Board of California	\$65,000,000	406.6	364,125	2017	No evidence	No significant variance	Current issue reported
Court Reporters Board of California	\$1,000,000	3.5	6,436	2009	No evidence	No significant variance	None reported
Dental Board of California	\$16,699,000	73.3	184,540	2012	No evidence	No significant variance	None reported
Dental Hygiene Board of California	\$2,000,000	9.2	32,000	2017	No evidence	No significant variance	Potential issue reported
California Board of Professional Engineers, Land Surveyors, and Geologists	\$11,000,000	42.7	110,000	2011	No evidence	No significant variance	Current issue reported
Medical Board of California	\$66,412,000	162.6	154,916	2013	No evidence	No significant variance	Current issue reported
Naturopathic Medicine Committee of California	\$451,000	1.0	997	2013	No evidence	No significant variance	Current issue reported
California Board of Occupational Therapy	\$2,436,000	16.2	18,000	2005			

<sup>3</sup> Data was compiled based primarily on Questionnaire responses received by KH from December 17, 2018 through January 23, 2019.

<sup>4</sup> Cells are left blank for those DCA Board programs that did not participate in the Questionnaire, and therefore data was not collected.

Board	Annual Budget	Staff Size	Licensee Population (approx.)	Effective Date	Programmatic or operational changes responsibility and oversight since 2010	Variance from current duty statement	Salary Compaction
California State Board of Optometry	\$4,714,000	11.4	17,000	2018			
Osteopathic Medical Board of California	\$2,639,000	10.5	10,000	2012	No evidence	No significant variance	Potential issue reported
California State Board of Pharmacy	\$25,240,000	114.5	139,640	2006	Evident increase	No significant variance	Current issue reported
Physical Therapy Board of California	\$4,669,000	20.4	32,134	2012	No evidence	No significant variance	Potential issue reported
Physician Assistant Board of California	\$1,800,000	3.5	1,691	2016	No evidence	No significant variance	None reported
California Board of Podiatric Medicine	\$1,100,000	4.0	2,505	2016	No evidence	No significant variance	None reported
California Board of Psychology	\$5,150,000	28.5	23,061	2013	No evidence	No significant variance	None reported
California Board of Registered Nursing	\$53,605,000	179.1	557,909	2016			
Respiratory Care Board of California	\$3,700,000	17.4	41,010	2001	No evidence	No significant variance	None reported
Speech-Language Pathology and Audiology, and Hearing Aid Dispensers Board of California	\$2,300,000	8.6	30,274	2014	No evidence	No significant variance	None reported
Structural Pest Control Board of California	\$12,038,600	28.5	25,000	2013	No evidence	No significant variance	None reported
Veterinary Medical Board of California	\$5,000,000	20.7	32,533	2018	Evident increase	No significant variance	None reported
California Board of Vocational Nursing and Psychiatric Technicians	\$16,400,000	71.0	136,000	2018			

### SUMMARY OF COMPENSATION BENCHMARK SURVEY (CBS) RESULTS

In total, CBS data was collected for 40 comparable positions representing 20 U.S. states and Canadian provinces, and 12 professional categories.

- The average monthly salary for a DCA Executive Officer is \$9,365, which is nearly 11% more than the average monthly salary of \$8,376 for the CBS comparison group.
- More than three-fourths of DCA Executive Officers have a monthly salary within 25% of the mean monthly salary overall with nearly one third (n=9; 32%) within 10% of the mean.
- About one-fifth (n=6; 21%) of DCA Executive Officers have a monthly salary that is 26% or higher the overall mean.

## CHALLENGES: KEY FINDINGS AND RECOMMENDATIONS

A number of perceived challenges were identified throughout the course of the Study. They are presented as findings with recommendations for addressing the issue discussed.

### ***Challenge 1: DCA Executive Officers report frustration with the Exempt Position Request (EPR) process.***

#### **Finding**

DCA Boards are self-funded and do not receive funding from the California State General Fund. Executive Officers are appointed<sup>5</sup>, regularly evaluated, and can be terminated by their respective Boards. Despite these circumstances, Executive Officers are ultimately DCA employees and, thus, non-statutory exempt State employees. Per the Constitution of the State of California, those State employees that are not an appointed State officer or an elected State official fall under CalHR's salary approval authority. CalHR approves the salary range for these employees and determines any annual increases, which are normally the same increase provided to comparable Civil Service employees.

A salary increase for exempt employees, outside of a General Salary Increase approved by the Governor, is facilitated through the Exempt Position Request (EPR) process, including an Executive Officer Evaluation (EOE) conducted by the Executive Officer's Board.

Executive Officers report that the EPR process is cumbersome and resource-consuming. Boards are frustrated that the process seems to be opaque and ill-defined, reporting that:

- There is limited standardization or guidance regarding how to conduct a comprehensive EOE and what to include and how to prepare a compelling EPR package.
- There seems to be little opportunity to receive progress updates.
- It is difficult to solicit feedback concerning final EPR decisions, regardless of whether a request is approved or denied.

The fact that a DCA Executive Officer is Board-appointed seems to exacerbate frustration. A number of Executive Officers indicate that they question the authority of CalHR to set their salary levels, citing *Business and Professions Code 2020* that states that a Board has the authority to set the compensation for an Executive Officer within the law.

<sup>5</sup> This is with the exception of the Executive Officer for the California Board of Vocational Nursing and Psychiatric Technicians, who is Governor-appointed.

## Recommendations

DCA should apply the findings and data gathered through the Study as a foundation on which to develop more consistent procedures, metrics, and communication to Board leadership regarding the EOE and EPR processes. To that end, during the course of this Study, OBBS has worked with DCA's Office of Human Resources (OHR) to:

- Obtain more consistent and clear direction on how to conduct evaluations of Executive Officers
- Identify the full complement of information that should be included in an EPR
- Develop a guide that outlines a reasonable salary increase range, generally within the range of a typical Civil Service increase of 5% annually, not to exceed the maximum salary range for the position.

OBBS currently makes this information available to a Board in advance of an EOE and coordinates directly with the Board president to address any questions or concerns. In some instances, prior to an EOE, either OHR or OBBS has made a representative available to address any outstanding questions or comments from the full Board.

Going forward, DCA should continue to develop and refine efforts to standardize their internal EOE and EPR processes.

Further, it is a concern that even with more transparent communication and streamlined procedures, the engagement of DCA Boards in what are inherently human resources processes will continue to create friction. It would be prudent for DCA to evaluate its structure, as it relates to its Boards' involvement in these processes, and consider adjustments.

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***Challenge 2: Executive Officers are concerned that current salary levels do not reflect the full extent of position responsibilities and complexity.***

### Finding

Some Executive Officers oversee small Boards with few staff performing the same general regulatory functions as larger Boards. These Executive Officers might find themselves doing more with less, performing work that the Executive Officers of larger-staffed Boards delegate. Executive Officers of larger Boards oversee larger budgets, sometimes multiple budgets, and staff numbers of 50, 100, 200, or more. These Executive Officers are farther removed from quality oversight, but are still ultimately the primary Board representative on whose shoulders all responsibility rests. Most, if not all, DCA Executive Officers oversee the largest State Board in their industries and have an active national influence.

Although the various DCA Boards differ in size and focus with varying levels of complexity, the general responsibilities of an Executive Officer are consistent across Boards, such as:

- Exercising executive discretion
- Guiding strategy
- Directing interaction in the State of California legislative process, including policy development and advocacy and, thus, facing legislative and consumer scrutiny
- Interpreting and applying complex and evolving statutes and regulations
- Responding to consumer trends and unforeseen events
- Managing complex and often delicate media and public relations
- Negotiating the nuances of reporting to a multi-member Board

### Recommendation

A number of Executive Officers are concerned that current salary and exempt levels do not reflect the full complexity of their responsibilities. To address this concern of Executive Officers, OBBS might work with DCA Executive Officers to:

- Identify the full complement and degree of responsibilities in question
- Further consider whether salary and exempt levels are appropriate and commensurate to responsibility

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### ***Challenge 3: Salary compaction is an issue for a number of DCA Boards.***

#### Finding

Generally, salary compaction exists when the Executive Officer's salary is not 5% greater than the maximum salary of the highest subordinate classification reporting to the Executive Officer. A number of DCA Boards are facing current or impending salary compaction issues. The affected Executive Officers currently oversee employees with similar or higher salaries than their own. Details regarding the specific affected Boards are provided in the comparison and analysis of Executive Officer positions in the next section. In addition, a number of Executive Officers are at the top of their salary bands and are concerned that as subordinates continue to receive annual Civil Service increases, salary compaction will continue to be an issue. That said, subordinate salary increases will, too, stop when the maximum salary range is reached.



A number of Boards indicate that they are currently participating in or awaiting an impending salary compaction review.

#### Recommendation

DCA should ensure that all necessary salary compaction reviews are conducted and appropriate steps are taken to address the findings. Going forward, DCA should work with Boards to monitor and address potential compaction issues.

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#### ***Challenge 4: There is a need for standard factors for salary augmentation.***

##### Finding

CalHR implements standard allocation criteria to analyze new and existing exempt positions, including for the Exempt Position Request (EPR) review. While program budget and staff size factor into the analysis of exempt appointments, the preponderance of focus is on “what has changed” significantly, but those factors are not clearly-defined. In response, KH, with DCA’s input, has developed the following criteria that represent a standard of critical factors for salary augmentation:

- Increased budget or budget complexity
- Increased or imbalanced staff-oversight responsibilities
- Increased amount or complexity of programmatic or operational responsibility and oversight, including the addition of licenses and new licensing or professional development requirements
- Programmatic or operational changes that require additional experience or education
- Incidence and extent of salary compaction regarding the Executive Officer and subordinate positions

##### Recommendation

DCA should apply the critical factors for salary augmentation to:

- Develop the foundation for standardizing the EOE process
- Incorporate into the standardized process the procedures for conducting EOE and preparing EPR packages

These criteria provide the basis for comparison and analysis in the following chapter, *III. DCA Executive Officer Position Comparison and Analysis*.

# CHAPTER III

## DCA EXECUTIVE OFFICER POSITION COMPARISON AND ANALYSIS

### III. DCA EXECUTIVE OFFICER POSITION COMPARISON AND ANALYSIS

KH designed and conducted the internal *California Department of Consumer Affairs Executive Officer Position Description Questionnaire* (Questionnaire). Executive Officers of the following 21 DCA Boards participated in the Questionnaire:

- |  |  |
|--|--|
| 1. State of California Acupuncture Board             | 12. Osteopathic Medical Board of California              |
| 2. California Architects Board                       | 13. California State Board of Pharmacy                   |
| 3. California State Athletic Commission              | 14. Physical Therapy Board of California                 |
| 4. California Board of Behavioral Sciences           | 15. Physician Assistant Board of California              |
| 5. Contractors State License Board of California     | 16. California Board of Podiatric Medicine               |
| 6. Court Reporters Board of California               | 17. California Board of Psychology                       |
| 7. Dental Board of California                        | 18. Respiratory Care Board of California                 |
| 8. Dental Hygiene Board of California                | 19. Speech-Language Pathology and Audiology, and Hearing |
| 9. California Board for Professional Engineers, Land | Aid Dispensers Board of California                       |
| Surveyors, and Geologists                            | 20. California Structural Pest Control Board             |
| 10. Medical Board of California                      | 21. Veterinary Medical Board of California               |
| 11. Naturopathic Medicine Committee of California    |  |

#### OVERVIEW OF QUESTIONNAIRE STRUCTURE AND CONTENTS

A sample of the Questionnaire is provided in Appendix A. Following is an outline of the Questionnaire:

- I. Incumbent Information
  - a. Name
  - b. Position Title
  - c. Date of appointment to the Executive Officer position
  - d. Number of relevant years of DCA experience
  - e. Number of relevant years of experience external to DCA
- II. Job Summary and Responsibilities
  - a. Position Summary
  - b. Essential Scope of Responsibilities
  - c. Essential Job Functions

- d. Additional Tasks and Duties
  - e. Desirable level of formal education for the job position
  - f. Desirable certifications or licenses for the position
- III. Board Details
  - a. Official Board Name
  - b. Number of Board Members
  - c. Board Impact
    - i. Public Service
    - ii. Protection
    - iii. Oversight
    - iv. State Impact
    - v. National Impact
- IV. Program Staffing
  - a. Staffing Details
  - b. Work Performed
  - c. Salary Compaction
- V. Program Budget
  - a. Annual Budget
  - b. Budget Growth
  - c. Budget Complexity
- VI. Program Details
  - a. Program Licensing
    - i. Licensee Population
    - ii. Number of License Categories
  - b. Program Sensitivity
  - c. Program Complexity
  - d. Other Program Related Information
- VII. Suggested Salary Increase Criteria
  - a. Exempt Level Increase
  - b. Merit Increase

**SALARY AND EXEMPT LEVEL ANALYSIS BASED ON QUESTIONNAIRE RESPONSES**

Based on data compiled from the Questionnaire responses and compensation data provided by OBBS, this section compares all DCA Executive Officer positions overall, within and across exempt levels, and considering gender.

**Overall Analysis**

Exhibit III.1, on the next page, displays the Executive Officer positions listed in order of Monthly Salary level. Following are initial overall statistical findings:

- The median monthly salary is \$8,954.
  - 32% of Executive Officers have a salary within 10% of the median.
  - 82% of Executive Officers have a salary within 25% of the median.
- More than one-half (57%) of the Executive Officers are at or within 5% of the top of their pay scales.
  - 39% are at the top of their pay scales.
  - 18% are within 5% of reaching the top of their pay scales.



### EXHIBIT III.1 DCA EXECUTIVE OFFICER POSITIONS, BY MONTHLY SALARY

Board	Exempt Level	Salary Range	Effective Date	Annual Program Budget	Monthly Salary (As of 2/1/19)	# of Direct Reports	# of Program Staff Positions	# of Program Board Members	Licensee Population (approx.)
California Board of Registered Nursing	None	\$12,174-\$12,540	2016	\$53,605,000	\$12,174	4	179.1	9	557,909
Contractors State License Board of California	F	\$10,733-\$11,958	2017	\$65,000,000	\$11,958	1	406.6	15	364,125
California State Board of Pharmacy	G	\$10,456-\$11,648	2006	\$25,240,000	\$11,648	1	114.5	13	139,640
California Chiropractic Board	None	\$10,233-\$11,620	2010	\$4,714,000	\$11,620	2	18	4	13,000
California Board of Accountancy	H	\$10,229-\$11,400	2008	\$14,503,000	\$11,400	3	84.9	15	108,000
Medical Board of California	F	\$10,733-\$11,958	2013	\$66,412,000	\$11,055	4	162.6	15	154,916
California Board for Professional Engineers, Land Surveyors, and Geologists	I	\$9,746-\$10,863	2011	\$11,000,000	\$10,756	1	42.7	15	110,000
California State Athletic Commission	H	\$10,233-\$11,400	2012	\$1,700,000	\$10,745	1	8	7	3,472
California Board of Vocational Nursing	None	\$9,300-\$10,669	2018	\$16,400,000	\$10,669	1	71	11	136,000
California Board of Barbering and Cosmetology	None	\$9,300-\$10,669	2005	\$22,460,000	\$10,358	2	82.1	9	610,000
Dental Board of California	J	\$9,300-\$10,358	2012	\$16,699,000	\$10,358	2	73.3	15	184,540
California Architects Board	J	\$9,300-\$10,358	2018	\$4,800,000	\$10,358	2	24.9	10	24,600
California Board of Behavioral Sciences	J	\$9,300-\$10,358	2010	\$12,000,000	\$9,385	1	58.2	13	115,000
Respiratory Care Board of California	M	\$8,062-\$8,980	2001	\$3,700,000	\$8,980	2	17.4	9	41,010
California Structural Pest Control Board	L	\$8,457-\$9,420	2013	\$12,038,600	\$8,928	1	28.5	7	25,000
Physical Therapy Board of California	N	\$7,692-\$8,570	2012	\$4,669,000	\$8,455	3	20.4	7	32,134
California Board of Psychology	M	\$8,062-\$8,980	2013	\$5,150,000	\$8,430	1	28.5	9	23,061
California Board of Occupational Therapy	O	\$7,335-\$8,170	2005	\$2,436,000	\$8,170	2	16.2	7	18,000
California Board of Podiatric Medicine	O	\$7,335-\$8,170	2016	\$1,100,000	\$8,170	4	4	7	2,505
Court Reporters Board of California	O	\$7,335-\$8,170	2009	\$1,000,000	\$8,170	4	3.5	5	6,436
Veterinary Medical Board of California	M	\$8,062-\$8,980	2018	\$5,000,000	\$8,062	3	20.7	8	32,533
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of California	O	\$7,335-\$8,170	2014	\$2,300,000	\$7,912	1	8.6	9	30,274
Dental Hygiene Board of California	O	\$7,335-\$8,170	2017	\$2,000,000	\$7,718	1	9.2	9	32,000
Acupuncture Board of California	O	\$7,335-\$8,170	2016	\$3,700,000	\$7,555	2	10.5	7	12,000
Physician Assistant Board of California	None	\$7,335-\$8,416	2016	\$1,800,000	\$7,355	5	3.5	10	1,691
California Board of Optometry	O	\$7,335-\$8,170	2018	\$4,714,000	\$7,335	1	11.4	15	17,000
Osteopathic Medical Board of California	O	\$7,335-\$8,170	2012	\$2,639,000	\$7,335	2	10.5	9	10,000
California Board of Naturopathic Medicine	P2	\$6,792-\$7,385	2013	\$451,000	\$7,167	1	1	9	997

Median

Table Key	
Within 10% of salary cap	
At salary cap	
Within 10% of median monthly salary	
Within 25% of median monthly salary	

"None" indicates that KH did not receive exempt-level data for the corresponding Executive Officer.



Some Boards have raised concern regarding possible gender inequity regarding Executive Officer salary. Considering the considerable diversity of DCA Board programs and the details of their composition and operations, it is difficult to make conclusions based on gender equity. That said, KH has prepared two exhibits that provide gender comparisons. Exhibit III.2 displays the Executive Officers listed, by monthly salary levels, in descending order, indicating the gender of each Executive Officer.

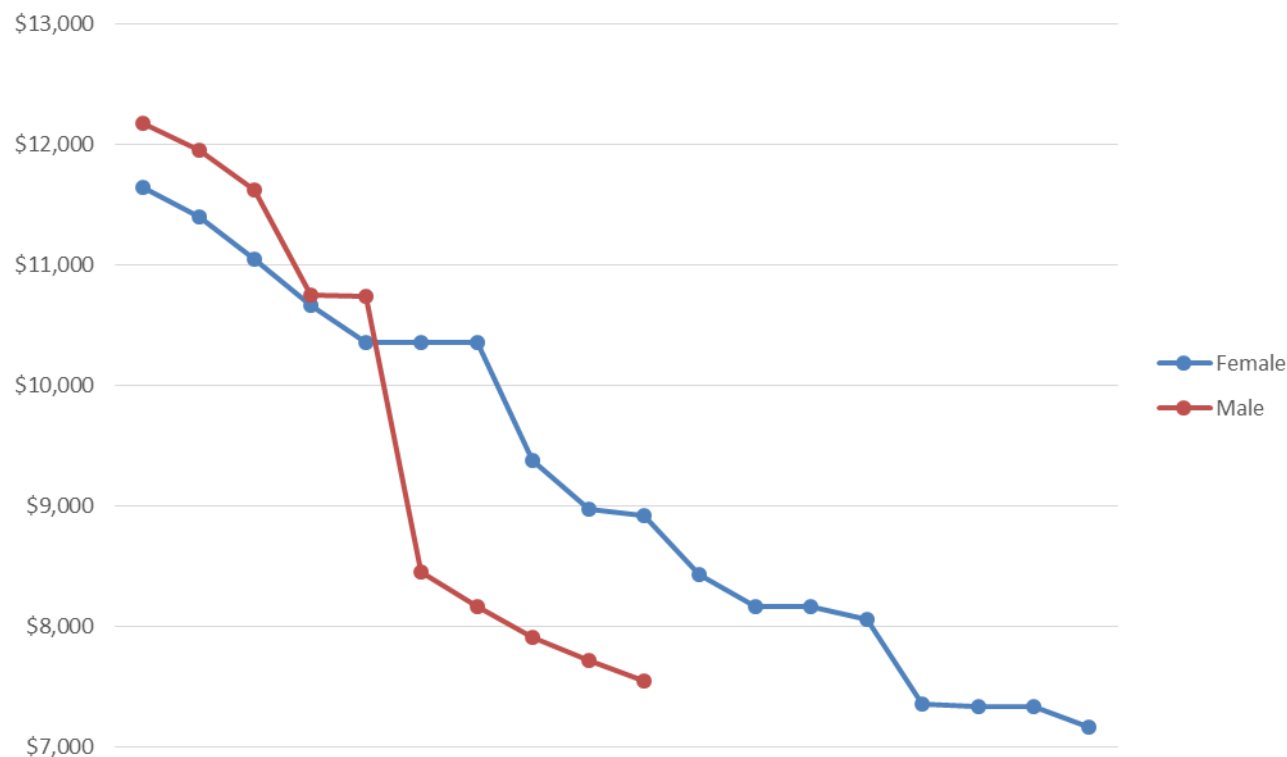
### EXHIBIT III.2 DCA EXECUTIVE OFFICER POSITIONS, GENDER BY MONTHLY SALARY

Board	Exempt Level	Effective Date	Monthly Salary (As of 2/1/19)	Annual Program Budget	# of Program Staff Positions	# of Program Board Members	Licensee Population (approx.)
California Board of Registered Nursing - M	None	2016	\$12,174	\$53,605,000	179.1	9	557,909
Contractors State License Board of California - M	F	2017	\$11,958	\$65,000,000	406.6	15	364,125
California State Board of Pharmacy - F	G	2006	\$11,648	\$25,240,000	114.5	13	139,640
California Chiropractic Board - M	None	2010	\$11,620	\$4,714,000	18	4	13,000
California Board of Accountancy - F	H	2008	\$11,400	\$14,503,000	84.9	15	108,000
Medical Board of California - F	F	2013	\$11,055	\$66,412,000	162.6	15	154,916
California Board for Professional Engineers, Land Surveyors, and Geologists - M	I	2011	\$10,756	\$11,000,000	42.7	15	110,000
California State Athletic Commission - M	H	2012	\$10,745	\$1,700,000	8	7	3,472
California Board of Vocational Nursing - F	None	2018	\$10,669	\$16,400,000	71	11	136,000
California Board of Barbering and Cosmetology - F	None	2005	\$10,358	\$22,460,000	82.1	9	610,000
Dental Board of California - F	J	2012	\$10,358	\$16,699,000	73.3	15	184,540
California Architects Board - F	J	2018	\$10,358	\$4,800,000	24.9	10	24,600
California Board of Behavioral Sciences - F	J	2010	\$9,385	\$12,000,000	58.2	13	115,000
Respiratory Care Board of California - F	M	2001	\$8,980	\$3,700,000	17.4	9	41,010
California Structural Pest Control Board - F	L	2013	\$8,928	\$12,038,600	28.5	7	25,000
Physical Therapy Board of California - M	N	2012	\$8,455	\$4,669,000	20.4	7	32,134
California Board of Psychology - F	M	2013	\$8,430	\$5,150,000	28.5	9	23,061
California Board of Occupational Therapy - F	O	2005	\$8,170	\$2,436,000	16.2	7	18,000
California Board of Podiatric Medicine - M	O	2016	\$8,170	\$1,100,000	4	7	2,505
Court Reporters Board of California - F	O	2009	\$8,170	\$1,000,000	3.5	5	6,436
Veterinary Medical Board of California - F	M	2018	\$8,062	\$5,000,000	20.7	8	32,533
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of California - M	O	2014	\$7,912	\$2,300,000	8.6	9	30,274
Dental Hygiene Board of California - M	O	2017	\$7,718	\$2,000,000	9.2	9	32,000
Acupuncture Board of California - M	O	2016	\$7,555	\$3,700,000	10.5	7	12,000
Physician Assistant Board of California - F	None	2016	\$7,355	\$1,800,000	3.5	10	1,691
California Board of Optometry - F	O	2018	\$7,335	\$4,714,000	11.4	15	17,000
Osteopathic Medical Board of California - M	O	2012	\$7,335	\$2,639,000	10.5	9	10,000
California Board of Naturopathic Medicine - F	P2	2013	\$7,167	\$451,000	1	9	997

More than two-thirds (n=18; 68%) of DCA Executive Officers are female. There are 10 (32%) male DCA Executive Officers. An assessment of average monthly salary indicates that female Executive Officers have an average salary of \$9,176 and Male Executive Officers have an average salary of \$9,706. On the basis of this analysis, male Executive Officers, on average overall, have a salary level about 6% higher than that of female Executive Officers.

Exhibit III.3 provides a regression analysis that visualizes a salary comparison by gender.

**EXHIBIT III.3 DCA EXECUTIVE OFFICER POSITIONS, GENDER COMPARISON**





### Exempt Level Comparison and Analysis

KH has conducted analyses within and among Executive Officer exempt levels to identify imbalance. These analyses are based solely on the data compiled from Questionnaire responses and salary data provided by OBBS. In some instances, KH has received follow-up qualitative data regarding some identified inconsistencies. This information is included in the relevant analyses.

#### Exempt Levels F-J

Exhibit III.4 presents the DCA Executive Officer positions at Exempt Levels F-J.

**EXHIBIT III.4 DCA EXECUTIVE OFFICER POSITIONS, EXEMPT LEVELS F-J**

Board	Exempt Level	Monthly Salary (As of 2/1/19)	Effective Date	Annual Program Budget	No. of Program Staff Positions	Licensee Population (approx.)
California Board of Registered Nursing (CBRN)	None	\$12,174	2016	\$53,605,000	179.1	557,909
Contractors State License Board of California (CSLB)	F	<b>\$11,958</b>	2017	\$65,000,000	406.6	364,125
California State Board of Pharmacy (CSBP)	G	<b>\$11,648</b>	2006	\$25,240,000	114.5	139,640
California Chiropractic Examiners Board (CCEB)	None	<b>\$11,620</b>	2010	\$4,714,000	18	13,000
California Board of Accountancy (CBA)	H	<b>\$11,400</b>	2008	\$14,503,000	84.9	108,000
Medical Board of California (MBC)	F	\$11,055	2013	\$66,412,000	162.6	154,916
California Board for Professional Engineers, Land Surveyors, and Geologists (BPELSG)	I	<b>\$10,756</b>	2011	\$11,000,000	42.7	110,000
California State Athletic Commission (CSAC)	H	\$10,745	2012	\$1,700,000	8	3,472
California Board of Vocational Nursing and Psychiatric Technicians (CBVNPT)	None	<b>\$10,669</b>	2018	\$16,400,000	71	136,000
California Board of Barbering and Cosmetology (CBBC)	None	<b>\$10,358</b>	2005	\$22,460,000	82.1	610,000
Dental Board of California (DBC)	J	<b>\$10,358</b>	2012	\$16,699,000	73.3	184,540
California Architects Board (CAB)	J	<b>\$10,358</b>	2018	\$4,800,000	24.9	24,600
California Board of Behavioral Sciences (CBBS)	J	\$9,385	2009	\$12,000,000	58.2	115,000

The DCA Executive Officer positions that appear as outliers are:

- **California Board of Behavioral Sciences (CBBS).** Considering the longer tenure of the current incumbent and a program size comparable to others at the exempt level J, the salary level appears low.
- **California State Athletic Commission (CSAC).** Considering annual budget and licensee population, the relatively smaller size of the CSAC, the assigned exempt level appears high. The Executive Officer received a exempt level increase in 2016, reportedly in recognition of considerable program growth and complexity.

- **California Chiropractic Examiners Board (CCEB).** Considering annual budget, staff size, and licensee population, the relatively smaller size of the CCEB indicates that the assigned exempt level appears high. Follow-up conversation with DCA indicates that the Board was previously a department. Upon return to Board status, the department head salary level was retained for the Executive Officer.
- **Medical Board of California (MBC).** Considering MBC has the largest budget and considerable staff size, and considering the considerable program complexity, the salary level appears low.

Exhibit III.5 provides a further visualization of the array of Executive Officer salaries relative to program budget. Each data point is labeled with the corresponding Board and exempt level. The Boards discussed above are indicted with orange data points.

**EXHIBIT III.5 DCA MONTHLY SALARY BY ANNUAL PROGRAM BUDGET, EXEMPT LEVELS F-J**



### Exempt Levels J-M

Exhibit III.6 presents the DCA Executive Officer positions at Exempt Levels J-M.

**EXHIBIT III.6 DCA EXECUTIVE OFFICER POSITIONS, EXEMPT LEVELS J-M**

Board	Exempt Level	Monthly Salary (As of 2/1/19)	Effective Date	Annual Program Budget	No. of Program Staff Positions	Licensee Population (approx.)
Dental Board of California (DBC)	J	\$10,358	2012	\$16,699,000	73.3	184,540
California Architects Board (CAB)	J	\$10,358	2018	\$4,800,000	24.9	24,600
California Board of Behavioral Sciences (CBBS)	J	\$9,385	2009	\$12,000,000	58.2	115,000
Respiratory Care Board of California (RCB)	M	\$8,980	2001	\$3,700,000	17.4	41,010
Structural Pest Control Board of California (SPCB)	L	\$8,928	2013	\$12,038,600	28.5	25,000
California Board of Psychology (CBP)	M	\$8,430	2018	\$5,150,000	28.5	23,061
Veterinary Medical Board of California (VMB)	M	\$8,062	2018	\$5,000,000	20.7	32,533

The DCA Executive Officer position that appears as an outlier is:

- **Structural Pest Control Board of California (SPCB).** The SPCB manages a budget that is at least twice the level of the next largest budget in the comparison group. The number of program staff and licensee population are comparable to those in exempt level J (see Exhibit III.7). Based on these data, and considering further analysis, a higher exempt level might be considered.

## Exempt Levels L-P2

This part focuses on DCA Executive Officer positions at Exempt Levels L-P2.

### EXHIBIT III.7 DCA EXECUTIVE OFFICER POSITIONS, EXEMPT LEVELS L-P2

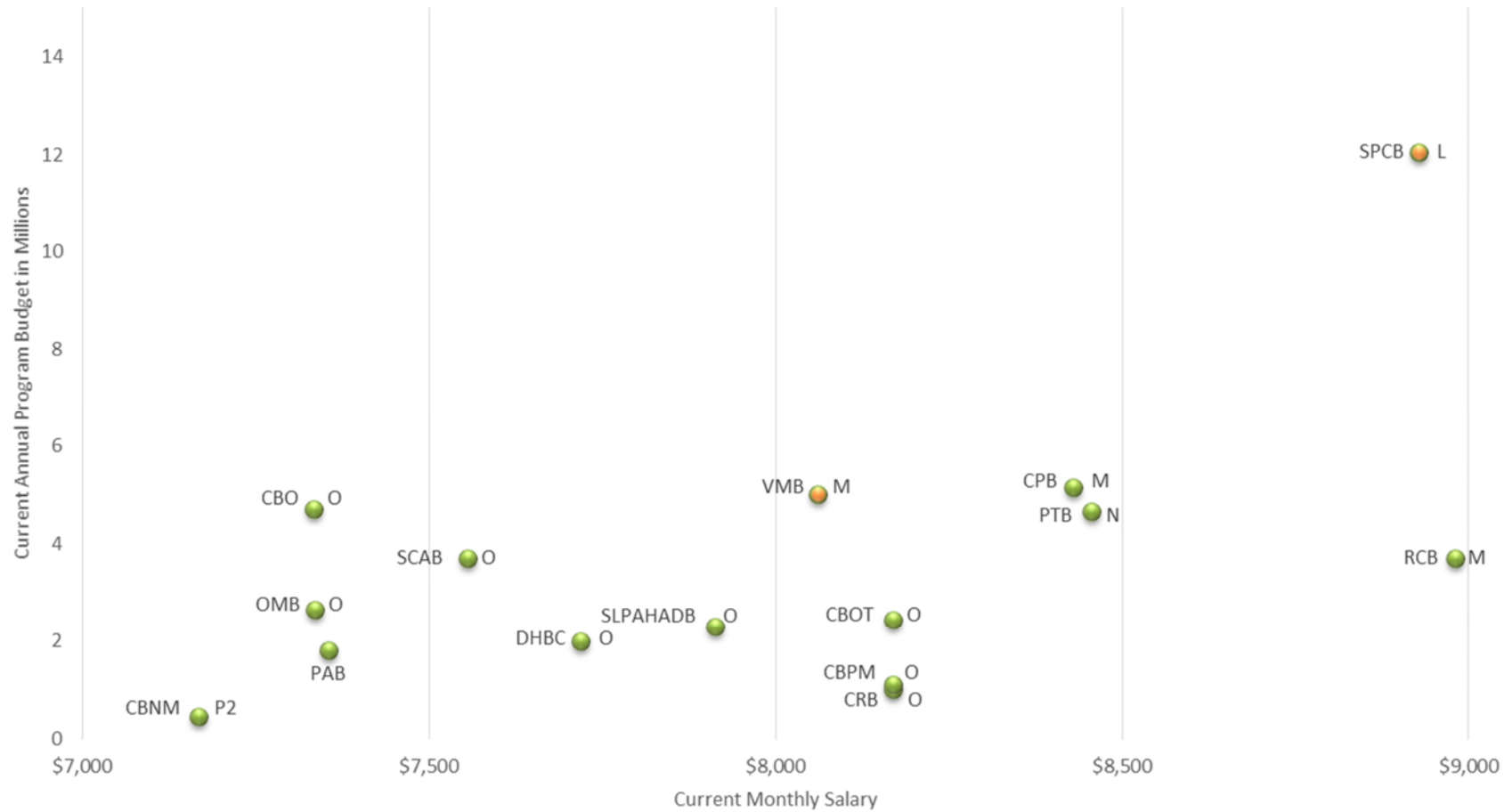
Board	Exempt Level	Monthly Salary (As of 2/1/19)	Effective Date	Annual Program Budget	No. of Program Staff Positions	Licensee Population (approx.)
Respiratory Care Board of California (RCB)	M	\$8,980	2001	\$3,700,000	17.4	41,010
Structural Pest Control Board of California (SPCB)	L	\$8,928	2013	\$12,038,600	28.5	25,000
Physical Therapy Board of California (PTB)	N	\$8,455	2013	\$4,669,000	20.4	32,134
California Board of Psychology (CBP)	M	\$8,430	2018	\$5,150,000	28.5	23,061
California Board of Occupational Therapy (CBOT)	O	\$8,170	2005	\$2,436,000	16.2	18,000
California Board of Podiatric Medicine (CBPM)	O	\$8,170	2016	\$1,100,000	4	2,505
Court Reporters Board of California (CRB)	O	\$8,170	2009	\$1,000,000	3.5	6,436
Veterinary Medical Board of California (VMB)	M	\$8,062	2018	\$5,000,000	20.7	32,533
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of California	O	\$7,912	2014	\$2,300,000	8.6	30,274
Dental Hygiene Board of California (DHBC)	O	\$7,718	2017	\$2,000,000	9.2	32,000
State of California Acupuncture Board (SCAB)	O	\$7,555	2016	\$3,700,000	10.5	12,000
Physician Assistant Board of California (PAB)	None	\$7,355	2016	\$1,800,000	3.5	1,691
California Board of Optometry (CBO)	O	\$7,335	2018	\$4,714,000	11.4	17,000
Osteopathic Medical Board of California (OMB)	O	\$7,335	2019	\$2,639,000	10.5	10,000
California Board of Naturopathic Medicine (CBNM)	P2	\$7,167	2013	\$451,000	1	997

The DCA Executive Officer position that appears as an outlier is:

- **Veterinary Medical Board of California (VMB).** Considering annual budget, staff size, and licensee population, the relative size of the VMB indicates that the Executive Officer salary, within the assigned exempt level, appears low.

Exhibit III.8 provides a further visualization of the array of Executive Officer salaries relative to program budget. Each data point is labeled with the corresponding Board and exempt level. The Boards, just discussed, are indicted with orange data points.

**EXHIBIT III.8 DCA MONTHLY SALARY BY ANNUAL PROGRAM BUDGET, EXEMPT LEVELS L-P2**



## INDIVIDUAL EXECUTIVE OFFICER POSITION REVIEW

Based primarily on data gathered from the Questionnaire<sup>6</sup>, KH has analyzed each of DCA Executive Officer positions, using the following critical factors for salary augmentation developed in collaboration with DCA input:

- Increased budget or budget complexity
- Increased or imbalanced staff-oversight responsibilities
- Increased amount or complexity of programmatic or operational responsibility and oversight, including the addition of licenses and new licensing or professional development requirements
- Programmatic or operational changes that require additional experience or education
- Incidence and extent of salary compaction regarding the Executive Officer and subordinate positions

It is the goal of the individual position assessments to:

- Review each Questionnaire response
- Identify whether or not there have been any significant and sustained changes in responsibility and oversight since 2010
- Compare the current duty statement to reported responsibilities to assess the appropriateness of current salary and exempt levels

For each Executive Officer position, KH has reviewed the Questionnaire responses and applied the critical factors to the qualitative and quantitative data provided. Each assessment includes a Historical Comparison and an Individual Position Assessment:

**Historical Comparison.** KH has compared historical data regarding salary, number of staff, budget, and licensee population. These data collected from the Questionnaire are compared to comparative data from the last two salary studies conducted in 1998-1999 and 2009-2010. These data are available in the 2011 salary study.<sup>7</sup> Some Boards did not participate in the 2011 salary study for a variety of reasons. Therefore, a comparison was not conducted for these programs.

**Individual Position Assessment.** In this assessment, based on analyses of qualitative and quantitative data provided in responses to the Questionnaire, KH has:

- Provided a historical data comparison

<sup>6</sup> Some data was collected or revised based on follow-up with individual Executive Officers or OBBS, or review of a variety of documents such as the organizational charts or the *California Department of Consumer Affairs 2018 Annual Report*.

<sup>7</sup> Board Executive Officer Salary Assessment Study. CPS HR Consulting. 2011.





- Listed qualitative details provided in the Questionnaire response that are illustrative to the unique circumstances of the Board program
- Indicated any reported salary compaction concerns
- Reported any changes in programmatic or operational responsibility and oversight since 2010
- Reported any variance from current duty statement for each Executive Officer position

The *Individual Executive Officer Position Review* begins on the next page.

### Dental Hygiene Board of California (DHBC)

**Historical Comparison.** The DHBC was in its first year of existence at the time of the 2011 salary study. Since then, the budget has more than doubled, reportedly due to increased regulatory mandates and workload. Staffing has remained fairly static. This imbalance has reportedly resulted in overworked staff. The licensee population has remained relatively static.

Dental Hygiene Board of California	1989 1990	2009 2010	2018 2019	Percent Δ since 2009 2010
Monthly Salary	NA	\$6,496	\$7,718	+19%
Staff	NA	8.0	9.2	+15%
Budget	NA	\$865,827	\$2,000,000	+131%
Licensee population	NA	29,200	32,000	+10%

**Individual Position Assessment.** Based on the Questionnaire response:

Considerations	Assessment Summary
Program-specific detail	<ul style="list-style-type: none"> <li>Established in 2009, the DHBC is the only autonomous governmental regulatory body of dental hygiene in the United States drawing attention from other state boards and the California legislature.</li> </ul>
Potential for salary compaction	There is potential for salary compaction, specifically regarding the Executive Officer and Assistant Executive Officer positions.
Changes in Programmatic or operational responsibility and oversight since 2010	No evidence
Variance from current duty statement	No significant variance



# CHAPTER IV

## COMPENSATION BENCHMARK SURVEY ANALYSIS

## IV. COMPENSATION BENCHMARK SURVEY ANALYSIS

### CBS DEVELOPMENT

KH worked with OBBS and DCA Executive Officers to identify the data to be requested from comparable state boards through the Compensation Benchmark Survey (CBS), including:

- **Comparable Position Title** – indicates the job title for the position that is represented in the CBS response.
- **Appointing Authority** – indicates the authority that appoints an incumbent for the position represented in the CBS response.
- **Match** – indicates the degree to which the position represented in the CBS response matches the position capsule description provided in the CBS request.
- **Monthly Salary** – indicates the current/FY 18-19 monthly salary for the position represented in the CBS response.
- **Oversight Agency** – indicates whether or not the state board represented in the CBS response reports to an oversight agency.
- **No. of Program Staff Positions** – indicates the number of staff members who work for the state board represented in the CBS response.
- **No. of Program Board Members** – indicates the number of staff members who work for the state board represented in the CBS response.
- **Annual Program Budget** – indicates the most current program budget for the state board represented in the CBS response.
- **Licensee Population** – indicates the approximate licensee population for the state board represented in the CBS response.
- **Interaction with Legislature** – indicates whether the state board represented in the CBS response interacts directly or indirectly with the state legislature.

### CBS FACILITATION

KH and DCA originally set participant parameters to include states with large populations (New York, Texas, Florida, and Illinois) and Western states (Nevada, Arizona, Washington, and Oregon) to be invited to participate in the CBS. In addition, some Executive



Officers identified specific state boards to include for other factors of comparability. KH distributed the CBS data request by email to the identified boards.

The response to the initial round of CBS data requests was limited. To increase participation, KH expanded the reach of the CBS request in the following ways:

- KH requested contact data from DCA Executive Officers for comparable state boards and encouraged them to personally contact their colleagues to encourage CBS participation.
- With the assistance of OBBS and DCA Executive Officers, KH contacted national councils, federations, and associations that represent the various DCA professions and requested that they contact their constituents and encourage CBS participation.

To encourage participation, respondents were promised a copy of the CBS analyses. The participant reports will not include any discussions regarding the implications of survey findings for the DCA.

KH also followed up with those DCA Executive Officers that did not participate in the Questionnaire to request the data requested in the CBS. The remaining DCA Executive Officers provided the data requested and all 28 DCA Boards are included in the CBS analysis.

## CBS PARTICIPANT PROFILE

In total, there were 40 responses to the CBS. Survey responses represent 20 U.S. states and Canadian provinces:

- |            |               |                  |                  |
|------------|---------------|------------------|------------------|
| ■ Alabama  | ■ Manitoba    | ■ New Mexico     | ■ Rhode Island   |
| ■ Arizona  | ■ Minnesota   | ■ North Carolina | ■ South Carolina |
| ■ Delaware | ■ Mississippi | ■ Ohio           | ■ Texas          |
| ■ Florida  | ■ Montana     | ■ Ontario        | ■ Vermont        |
| ■ Georgia  | ■ Nevada      | ■ Oregon         | ■ Washington     |

Survey respondents represent 12 professional categories:

- |                                       |                        |  |
|---------------------------------------|------------------------|--|
| ■ Accountancy                         | ■ Medicine             | ■ Professional Engineering Land Survey & Geology |
| ■ Architecture/Landscape Architecture | ■ Occupational Therapy | ■ Psychology                                     |
| ■ Behavioral Sciences                 | ■ Pharmacy             | ■ Registered Nursing                             |
| ■ Chiropractic Examiners              | ■ Physical Therapy     | ■ Respiratory Care                               |

## CBS DATA COLLECTED

Exhibit IV.1 displays position and program data included in each of the 40 survey responses. An ID number has been assigned to each response to maintain confidentiality.

## EXHIBIT IV.1 CBS DATA COLLECTED

COMPENSATION BENCHMARK RESPONDENTS										
POSITION DATA			PROGRAM DATA							
ID	Comparable Position Title	Appointing Authority	Match (Less, Close, More)	Monthly Salary (FY 18-19)	Oversight Agency	No. of Program Staff Positions	No. of Program Board Members	Annual Program Budget	Licensee Population (approx.)	Interaction with legislature
A	Executive Officer	Board	Close	\$11,665	No	64	13	\$7,800,000	104,000	Directly
B	Executive Director	Board	Close	\$10,125	No	13	53	\$2,037,900	13,000	Directly
C	Executive Director	N/R	Close	\$10,042	N/R	15	12	\$1,800,000	11,245	N/R
D	Executive Director	Board	Close	\$6,583	No	3	7	\$330,000	4,100	Directly
E	Executive Director	Oversight Agency	Close	\$8,133	Yes	5	15	N/A	24,583	Indirectly
F	Executive Director	Oversight Agency	Close	\$6,500	Yes	50	13	\$22,000,000	625,000	Indirectly
G	Executive Director	Oversight Agency	Close	\$5,716	Yes	19	13	N/A	173,132	Directly
H	Registrar/Executive Director	Oversight Agency	Close	\$5,483	Yes	2.5	9	\$347,000	1,300,000	N/R
I	Executive Director	Board	Close	\$9,958	No	35	16	\$6,000,000	160,000	Directly
J	Executive Director	Board	Close	\$6,205	No	N/R	5	\$353,613	2,100	Directly
K	Executive Officer	None	Close	\$6,809	Yes	1	9	\$1,300,000	22,500	Indirectly
L	Executive Director	Board	Close	\$12,000	Yes	35	9	\$5,000,000	13,000	Directly
M	Executive Director	Governor	More	\$10,000	No	18	7	\$3,543,003	55,000	Directly
N	Executive Director	Board	Close	\$8,474	No	3	5	\$262,800	1,380	Directly
O	Executive Officer	NRS 640.050	Close	\$6,833	No	4	5	\$407,000	2,500	Directly
P	Executive Director	Oversight Agency	N/R	\$3,125	No	N/R	5	\$93,000	85	Directly
Q	Executive Director	Board	More	\$8,692	No	23.5	7	\$2,100,000	35,000	Directly
R	Executive Director	Board	Close	\$11,250	Yes	6	8	\$1,600,000	12,848	Directly
S	Board Administrator	Board	Close	\$4,750	No	10	7	\$150,000	605	Indirectly
T	Executive Director	Board	Close	\$8,056	No	9.5	20	\$1,100,000	33,058	Directly
U	Registrar	Board	Close	\$5,800	No	N/A	15	\$665,000	800	Directly
V	Executive Director	Board	Close	\$10,466	No	40	13	\$13,000,000	22,000	Directly
W	Executive Director	Board	More	\$6,644	No	6.5	7	\$2,647,640	9,600	Directly
X	Chief Administrative Officer	Governor	Close	\$15,429	Yes	1	13	N/R	6,000	Indirectly
Y	Administrator	Oversight Agency	Close	\$7,083	Yes	10	12	\$2,600,000	80,000	N/R
Z	Program Manager I	Private firm	More	\$4,300	Yes	4	7	N/R	N/R	Indirectly
AA	Executive Director	Board	Close	\$13,333	No	N/A	15	\$5,880,243	75,734	Directly
BB	Executive Director	Governor	Close	\$12,161	Yes	208.5	73	N/R	152,590	Directly
CC	Executive Director	Board	Close	\$11,667	No	N/R	9	\$3,000,000	1,350	Directly
DD	Executive Director	Board	Close	\$11,280	No	0	11	\$11,126,534	114,404	Directly
EE	Executive Director	Board	Close	\$8,057	No	13.5	9	\$920,000	8,500	Directly
FF	Executive Director	Board	Close	\$7,793	N/R	10	9	\$793,251	5,918	Directly
GG	Executive Director	Oversight Agency	Close	\$8,900	Yes	7	17	\$1,200,000	4,500	Directly
HH	Executive Director	Board	Close	\$9,000	Yes	11	7	\$1,800,000	26,000	Directly
II	Regulatory Boards Section Administrator	Oversight Agency	Less	\$8,402	Yes	3	7	\$291,172	13,209	Indirectly
JJ	Executive Director	Oversight Agency	Close	\$8,224	Yes	11	7	\$1,134,900	86,775	Indirectly
KK	Assistant Administrator	Oversight Agency	Less	\$7,630	Yes	2	5	\$390,905	1,519	Indirectly
LL	Regulatory Program Manager	Oversight Agency	Less	\$6,752	Yes	2	7	\$167,622	3,856	Indirectly
MM	Program Manager	Oversight Agency	Less	\$6,560	Yes	6	7	\$481,458	5,390	Indirectly
NN	Licensing Services Manager	Oversight Agency	Less	\$5,179	Yes	1	7	\$97,791	1,534	Indirectly

N/R - No Response N/A - Not Applicable

## CBS DATA ANALYSIS

KH's benchmark data analysis includes an overall data analysis and profession-specific data analyses. All statistical analyses were generated after KH entered and conducted a quality check of all data. Conventions followed in the data compilation process include:

- In all cases regarding compensation data, when a data field was left blank by a survey respondent, and follow-up did not result in an answer, KH did not alter or include any value (including zero) so that accurate analyses could be calculated.
- For each data comparison table, DCA's compensation data are not included in the overall calculation or the calculations with direct market competitors.
- For each comparison scatter diagram, DCA's salary data are included in the median and mean calculations.

The CBS data analysis only involves a comparison of monthly salary (base pay) and not total compensation that takes into account factors such as monetary and non-monetary benefits, perks, and other amenities. It may be prudent to look at total compensation in the future.

All CBS data analyses are displayed in a Benchmark Capsule with the following components:

- **Benchmark Comparison Table.** This table provides incumbent and salary data overall, for DCA Executive Officer(s), and by:
  - Annual Program Budget
  - Licensee Population
- **Frequency Bar Charts.** The frequency bar charts indicate data frequency regarding:
  - Position match
  - Interaction with legislature
  - Oversight agency
- **Benchmark Comparison Scatter Diagram.** The scatter diagram displays the monthly salary (y-axis) for each individual position (x-axis included in the comparison group). The median monthly salary, the average monthly salary  $\pm 10\%$ , and average monthly salary  $\pm 25\%$  are also indicated.

Exhibit IV.2 displays a *Benchmark Capsule Map* that uses sample data to display further details and direction on how to read the Benchmark Capsules used to present CBS data analysis. Exhibit IV.2 can be used as a reference guide for reviewing the CBS analyses.

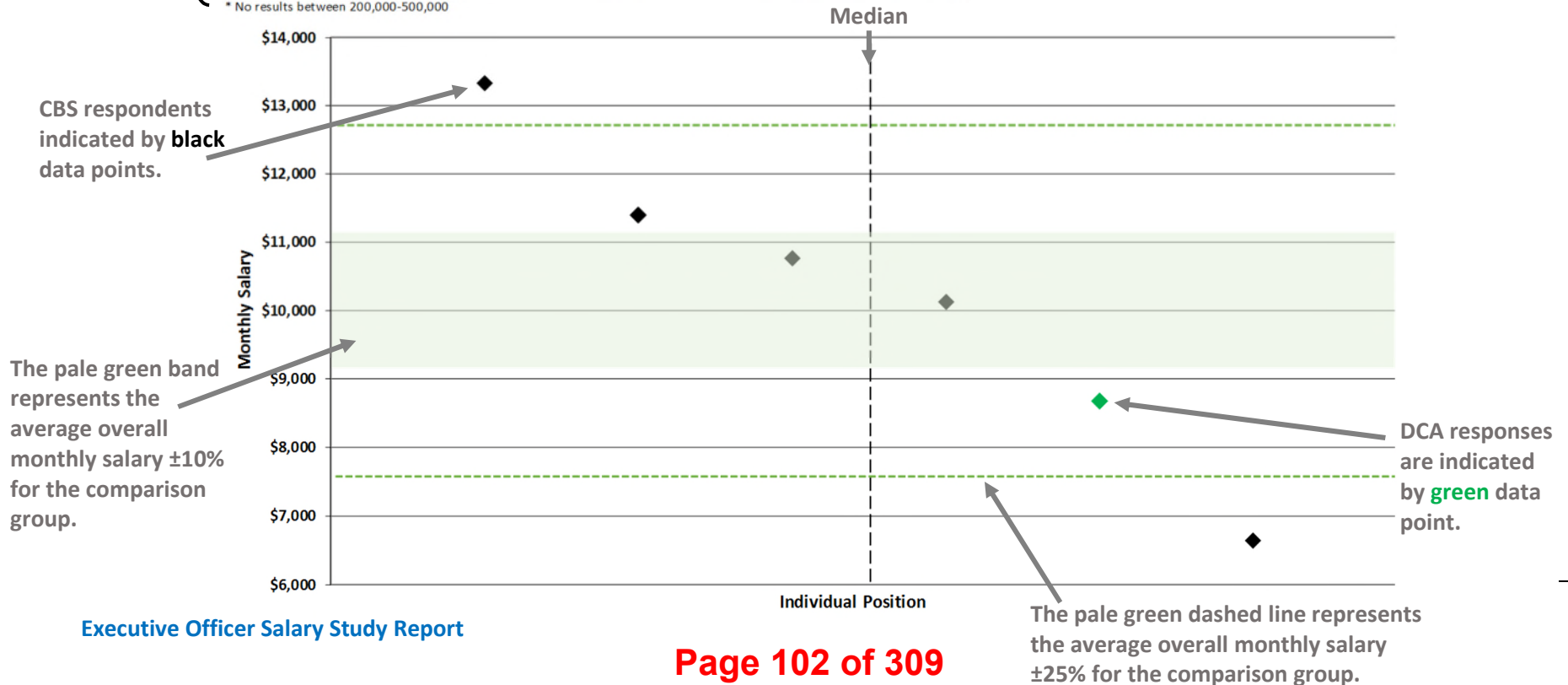
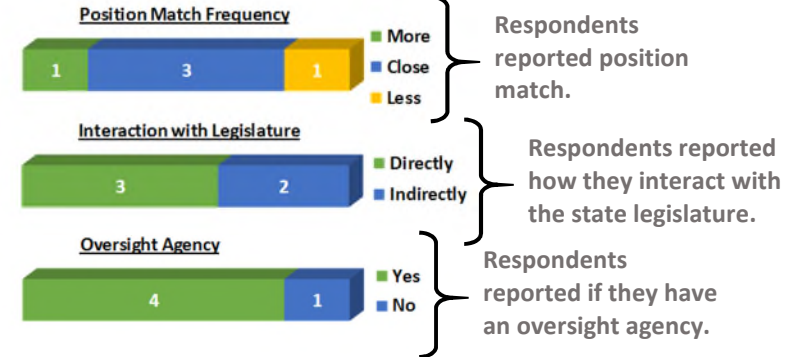


EXHIBIT IV.2 BENCHMARK CAPSULE MAP (Sample Data)

Variety of comparisons by category. DCA responses and directly comparable categories are highlighted in pale green.

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	5	\$10,453	\$125,436
CBA EXECUTIVE OFFICER	1	\$8,674	\$104,088
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	1	\$12,367	\$148,400
\$1,000,000-\$5,000,000	3	\$8,385	\$100,614
\$500,000-\$1,000,000	--	--	--
< \$500,000	1	\$6,644	\$79,728
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	2	\$13,333	\$159,996
25,000-50,000	--	--	--
10,000-25,000	2	\$9,400	\$112,794
5,000-10,000	1	\$6,644	\$79,728
< 5,000	--	--	--

\* No results between 200,000-500,000



### Overall Comparison – Base Salary

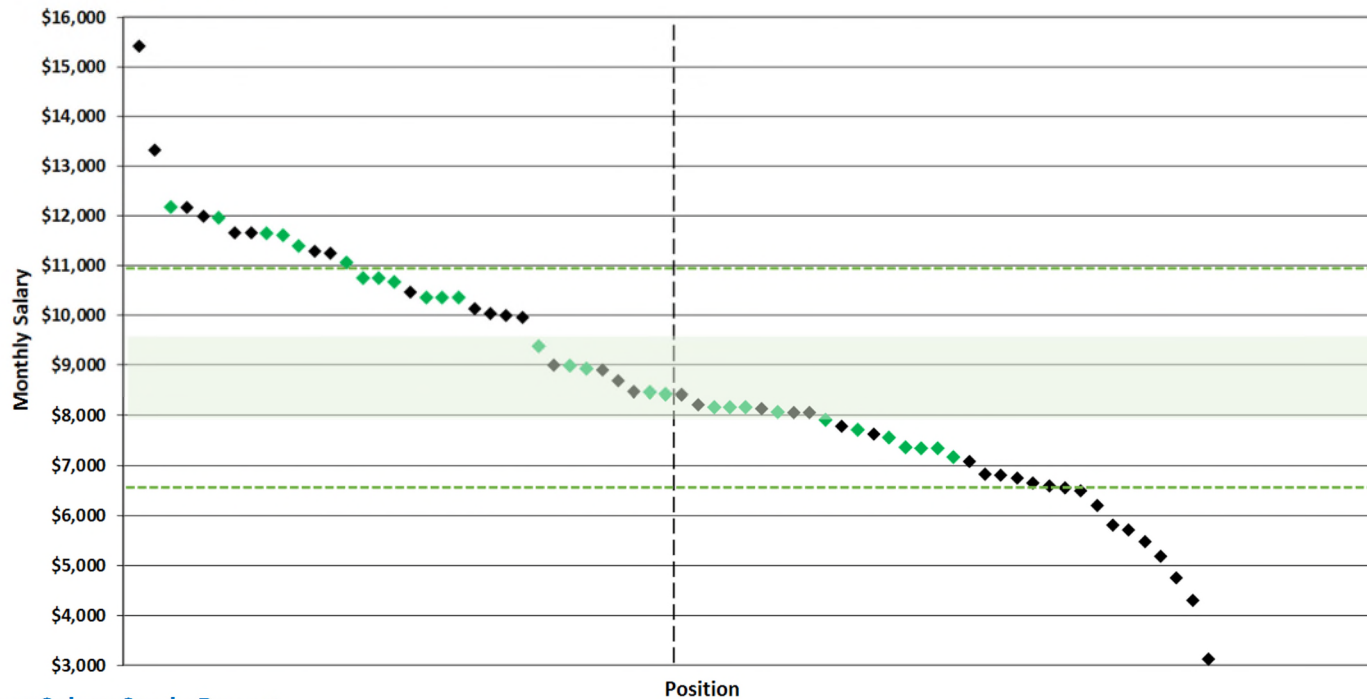
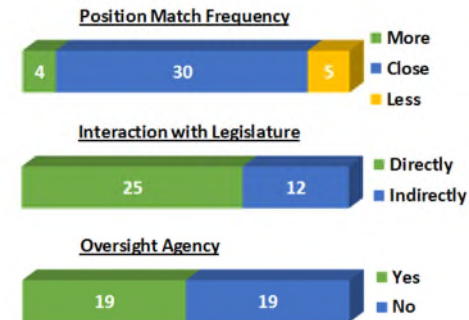
Exhibit IV.3 provides an analysis of the overall comparison group that includes the 28 DCA Executive Officer positions and the 40 CBS responses.

- Three-quarters (n=30; 75%) of CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA executive officer position as described in the CBS capsule position description.
- Nearly two-thirds (n=25; 63%) of respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature.
- Nearly one-half (n=19; 48%) of respondents indicate that the comparable position for which they reported compensation data has an oversight agency, similar to DCA. For those 19 positions with an oversight agency, only one is reported to be board-appointed, similar to the DCA Executive Officers. The majority (n=17) of positions are reported to be appointed by the oversight agency.
- The average monthly salary for a DCA Executive Officer is \$9,365, which is nearly 11% more than the average monthly salary of \$8,376 for the comparable respondent positions.
- More than three-fourths of DCA Executive Officers have a monthly salary within 25% of the mean monthly salary overall with nearly one-third (n=9; 32%) within 10% of the mean.
- About one-fifth (n=6; 21%) of DCA Executive Officers have a monthly salary 26% or greater than the overall mean.

## EXHIBIT IV.3 COMPENSATION BENCHMARK SURVEY ANALYSIS – OVERALL

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	40	\$8,376	\$100,517
DCA EXECUTIVE OFFICER	28	\$9,365	\$112,383
ANNUAL PROGRAM BUDGET			
> \$20,000,000	1	\$6,500	\$78,000
\$10,000,000-\$20,000,000	2	\$10,873	\$130,476
\$5,000,000-\$10,000,000	4	\$11,739	\$140,869
\$1,000,000-\$5,000,000	13	\$8,961	\$107,531
\$500,000-\$1,000,000	3	\$7,217	\$86,598
< \$500,000	12	\$6,331	\$75,976
LICENSEE POPULATION			
> 500,000	2	\$5,992	\$71,898
100,000-200,000*	5	\$10,156	\$121,871
50,000 - 100,000	4	\$9,660	\$115,922
25,000-50,000	3	\$8,583	\$102,993
10,000-25,000	8	\$9,653	\$115,840
5,000-10,000	5	\$8,896	\$106,758
< 5,000	12	\$6,825	\$81,898

\* No results between 200,000-500,000





## Overall Comparison – Purchasing Power

The monthly salaries reported for DCA Executive Officers and by the CBS respondents are expressed as actual wages. To account for regional differences in the relative cost of living, KH first identified the most recent Regional Price Parities (RPP)<sup>9</sup> for each of the Metropolitan Statistical Areas (MSA) that include the capital city<sup>10</sup> of the states represented in the CBS data analysis and for Canada overall<sup>11</sup>, displayed in Exhibit IV.4.

**EXHIBIT IV.4 REGIONAL PRICE PARITY, BY METROPOLITAN STATISTICAL AREA (MSA) FOR SURVEY RESPONDENT STATES AND CANADA**

Metropolitan Statistical Area (MSA)	State	Regional Price Parity (RPP) <sup>12</sup> <sup>13</sup>
Sacramento--Roseville--Arden-Arcade	California	102.0
Montgomery	Alabama	89.1
Phoenix-Mesa-Scottsdale	Arizona	97.1
Dover	Delaware	94.4
Tallahassee	Florida	93.0
Atlanta-Sandy Springs-Roswell	Georgia	96.3
Canada	Manitoba	84.0
Minneapolis-St. Paul, MN-Bloomington, WI	Minnesota	102.3
Jackson	Mississippi	90.1
Montana	Montana	94.1
Carson City	Nevada	95.6
Santa Fe	New Mexico	99.8
Raleigh	North Carolina	95.9

<sup>9</sup> The 2016 RPP is reported by the U.S. Bureau of Economic Analysis (BEA), a division of the U.S. Department of Commerce.

<sup>10</sup> It is assumed that the majority of respondents represent positions in state government and therefore live in or around each state capital city.

<sup>11</sup> Purchasing power parities between Canada and the United States, 1990 to 2016. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/180424/dq180424b-eng.htm>

<sup>12</sup> Most recently-reported RPP by BEA and Statistics Canada is for 2016. <https://apps.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=8#reqid=70&step=1&isuri=1>

<sup>13</sup> The RPP reported is for “All Items”, an average of Goods, Rents, and Other Services RPPs. The RPP estimates are subject to sampling error, so the purchasing power estimates are subject to error as well.

Metropolitan Statistical Area (MSA)	State	Regional Price Parity (RPP) <sup>12, 13</sup>
Columbus	Ohio	93.0
Canada	Ontario	84.0
Salem	Oregon	95.9
Providence, RI-Warwick, MA	Rhode Island	99.7
Columbia	South Carolina	91.8
Austin-Round Rock	Texas	100.0
Vermont <sup>14</sup>	Vermont	101.6
Olympia-Tumwater	Washington	106.9

KH then applied the appropriate RPP to the monthly salary reported for each of the DCA Executive Officers and CBS respondents. This provides a price-adjusted wage and basis for the comparison of purchasing power across all DCA Executive Officers and CBS respondents, displayed in Exhibit IV.5. With the application of RPP to all reported monthly salaries:

- The original difference between the two overall comparison groups decreased from 12% (monthly salary) to 6% (monthly purchasing power).
  - There was a 2% wage adjustment decrease for the 28 DCA Executive Officers overall.
  - There was a 3% wage adjustment increase for the 28 CBS respondents overall.
- The average monthly purchasing power for DCA Executive Officers is \$9,365, which is nearly 11% more than the average monthly purchasing power of \$8,376 CBS respondents overall.
  - More than two-thirds (n=18; 64%) of DCA Executive Officers have a monthly purchasing power within 25% of the mean overall with 14% (n=4) being within 10% of the mean.
  - One-quarter (n=7; 25%) of DCA Executive Officers have a monthly purchasing power 26% or greater than the overall mean.

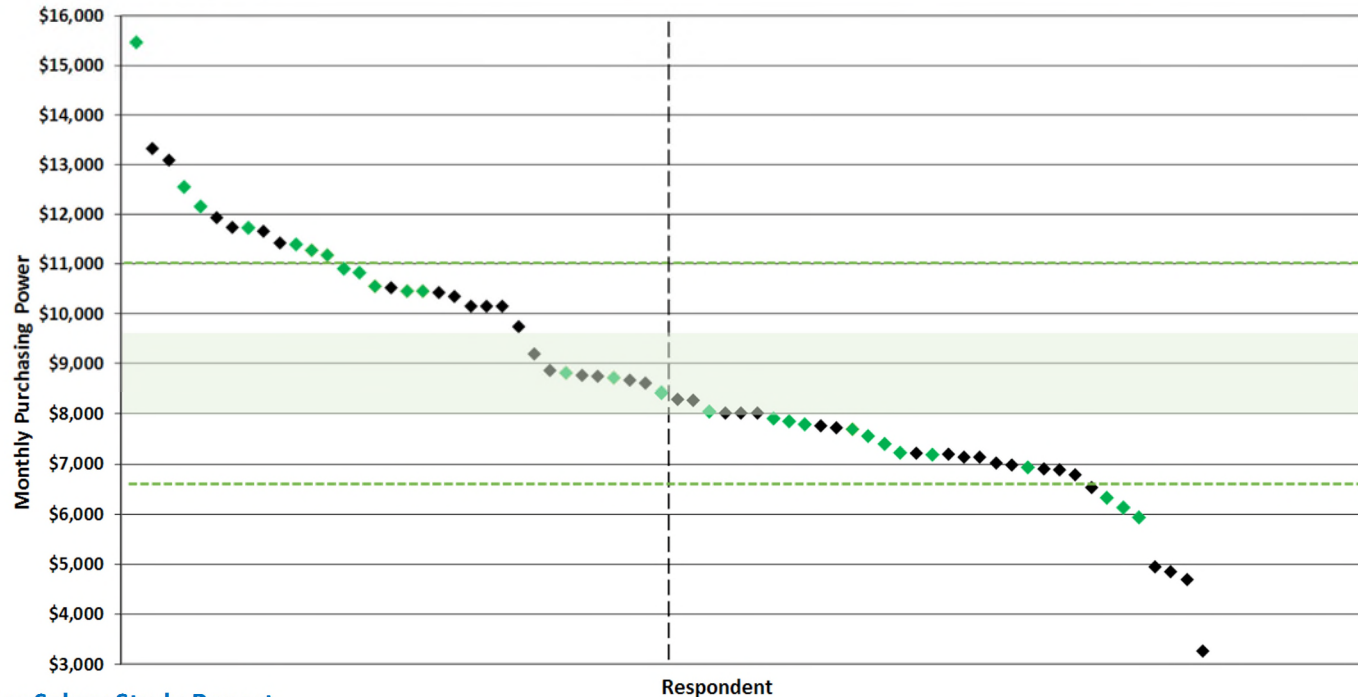
<sup>14</sup> Statewide RPP; no Montpelier MSA.



## EXHIBIT IV.5 COMPENSATION BENCHMARK SURVEY ANALYSIS – PURCHASING POWER

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE MONTHLY PURCHASING POWER	AVERAGE ANNUAL SALARY	AVERAGE ANNUAL PURCHASING POWER
RESPONDENTS OVERALL	40	\$8,376	\$8,612	\$100,517	\$103,340
DCA EXECUTIVE OFFICER	28	\$9,365	\$9,182	\$112,383	\$110,179
ANNUAL PROGRAM BUDGET					
> \$20,000,000	1	\$6,500	\$6,989	\$78,000	\$83,868
\$10,000,000-\$20,000,000	2	\$10,873	\$11,097	\$130,476	\$133,161
\$5,000,000-\$10,000,000	4	\$11,739	\$12,178	\$140,869	\$146,135
\$1,000,000-\$5,000,000	13	\$8,961	\$9,135	\$107,531	\$109,616
\$500,000-\$1,000,000	3	\$7,217	\$7,585	\$86,598	\$91,017
< \$500,000	12	\$6,331	\$6,431	\$75,976	\$77,177
LICENSEE POPULATION					
> 500,000	2	\$5,992	\$6,758	\$71,898	\$81,100
100,000-200,000*	5	\$10,156	\$10,440	\$121,871	\$125,286
50,000 - 100,000	4	\$9,660	\$9,801	\$115,922	\$117,608
25,000-50,000	3	\$8,583	\$8,597	\$102,993	\$103,164
10,000-25,000	8	\$9,653	\$9,960	\$115,840	\$119,515
5,000-10,000	5	\$8,896	\$8,878	\$106,758	\$106,535
< 5,000	12	\$6,825	\$6,961	\$81,898	\$83,530

\* No results between 200,000-500,000



## Profession-Specific Data Analysis

This section provides analysis of profession-specific data collected through the CBS for the following professional board categories for which at least one CBS response was received<sup>15</sup>:

Boards of Accountancy  
Boards of Architecture  
Boards of Engineering, Land Surveying, and Geology  
Boards of Medicine

Boards of Occupational Therapy  
Boards of Registered Nursing  
Boards of Physical Therapy

Following is a summary of profession-specific results.

### Boards of Accountancy (Exhibit IV.6)

CBS respondents provided data for three comparable positions in other state boards of accountancy.

- Two out of these three CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer position as described in the CBS capsule position description.
- All three respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature and does not have an oversight agency.
- The CBA Executive Officer has a monthly salary within 10% of the mean monthly salary for the entire comparison group of \$10,376.

### Boards of Architecture (Exhibit IV.7)

CBS respondents provided data for six comparable positions in other state boards of architecture.

- Four out of these six CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer of position as described in the CBS capsule position description.
- Four respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature and five do not have an oversight agency.

<sup>15</sup> A profession-specific comparison is not available for all board categories, because CBS responses were not received for every profession represented by a DCA Board.

- The CAB Executive Officer has a monthly salary 57% greater than the mean monthly salary of \$6,601 for the entire comparison group.

#### **Boards of Engineering, Land Surveying, and Geology (Exhibit IV.8)**

CBS respondents provided data for seven comparable positions in other state boards of engineering, land surveying, and geology.

- Five out of these seven CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer of position as described in the CBS capsule position description.
- Six respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature and all seven have an oversight agency.
- The BPELSG Executive Officer has the greatest monthly salary in the comparison group, 38% greater than the mean monthly salary for the entire comparison group of \$7,813.

#### **Boards of Medicine (Exhibit IV.9)**

CBS respondents provided data for five comparable positions in other state boards of medicine.

- All five CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer of position as described in the CBS capsule position description.
- Three respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature and four have an oversight agency.
- The MBC Executive Officer has a salary within 4% of the mean monthly salary for the entire comparison group of \$10,582.

**Boards of Occupational Therapy (Exhibit IV.10)**

CBS respondents provided data for two comparable positions in other state boards of occupational therapy.

- Both CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer of position as described in the CBS capsule position description, interacts directly with their legislature, but do not have an oversight agency.
- The CBOT Executive Officer has a salary within 1% of the mean monthly salary for the entire comparison group of \$8,233.

**Boards of Physical Therapy (Exhibit IV.11)**

CBS respondents provided data for two comparable positions in other state boards of physical therapy.

- Both CBS respondents indicate that the comparable position that they reported compensation data for is a close match to the DCA Executive Officer of position as described in the CBS capsule position description, interacts directly with their legislature; one has an oversight agency.
- The PTBC Executive Officer has a salary within 4% of the mean monthly salary for the entire comparison group of \$8,846.

**Boards of Registered Nursing (Exhibit IV.12)**

CBS respondents provided data for 10 comparable positions in other state boards of registered nursing.

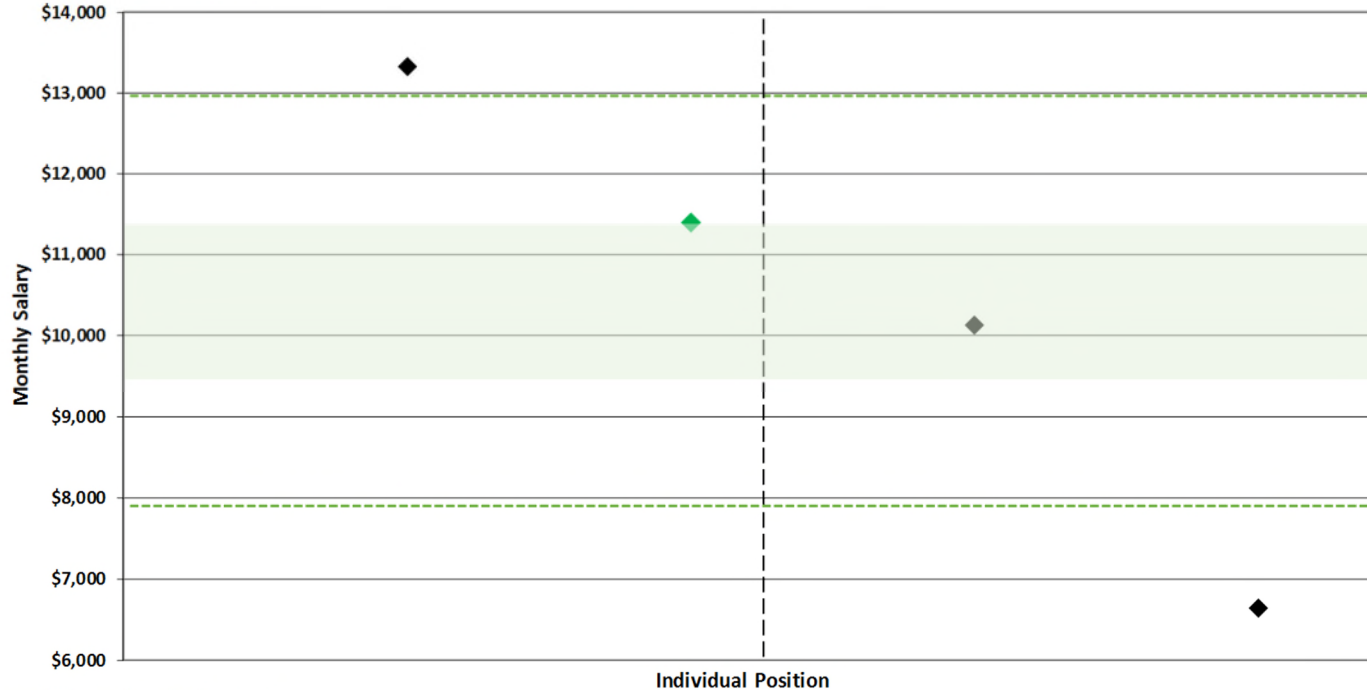
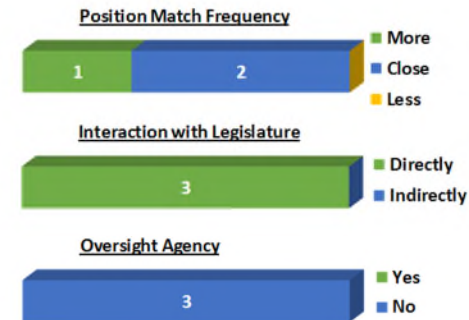
- Eight of these CBS respondents indicate that the comparable position for which they reported compensation data is a close match to the DCA Executive Officer of position as described in the CBS capsule position description.
- Six respondents indicate that the comparable position for which they reported compensation data interacts directly with their legislature and five have an oversight agency.
- The CBRN Executive Officer has the greatest monthly salary in the comparison group, 36% greater than the mean monthly salary for the entire comparison group of \$8,975.

Profession-specific benchmark capsules begin on the next page.

## EXHIBIT IV.6 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF ACCOUNTANCY

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	3	\$10,034	\$120,409
CBA EXECUTIVE OFFICER	1	\$11,400	\$136,800
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	1	\$13,333	\$159,996
\$1,000,000-\$5,000,000	2	\$8,385	\$100,614
\$500,000-\$1,000,000	--	--	--
< \$500,000	--	--	--
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	1	\$13,333	\$159,996
25,000-50,000	--	--	--
10,000-25,000	1	\$10,125	\$121,500
5,000-10,000	1	\$6,644	\$79,728
< 5,000	--	--	--

\* No results between 200,000-500,000

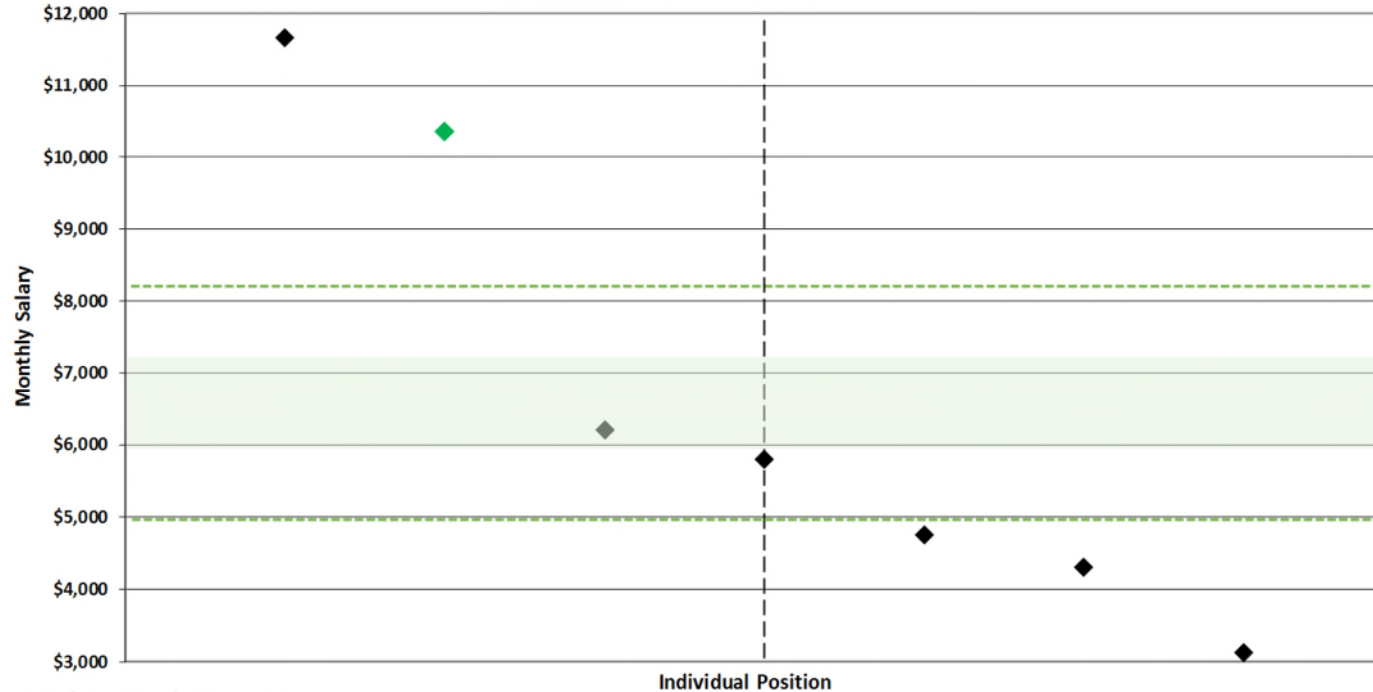
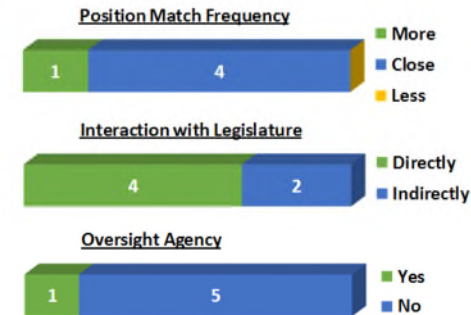




## EXHIBIT IV.7 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF ARCHITECTURE

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	6	\$5,975	\$120,409
CAB EXECUTIVE OFFICER	1	\$10,358	\$136,800
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	--	--	--
\$1,000,000-\$5,000,000	1	\$11,667	\$140,004
\$500,000-\$1,000,000	1	\$5,800	\$69,600
< \$500,000	3	\$4,693	\$56,320
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	--	--	--
25,000-50,000	--	--	--
10,000-25,000	--	--	--
5,000-10,000	--	--	--
< 5,000	5	\$6,309	\$75,713

\* No results between 200,000-500,000

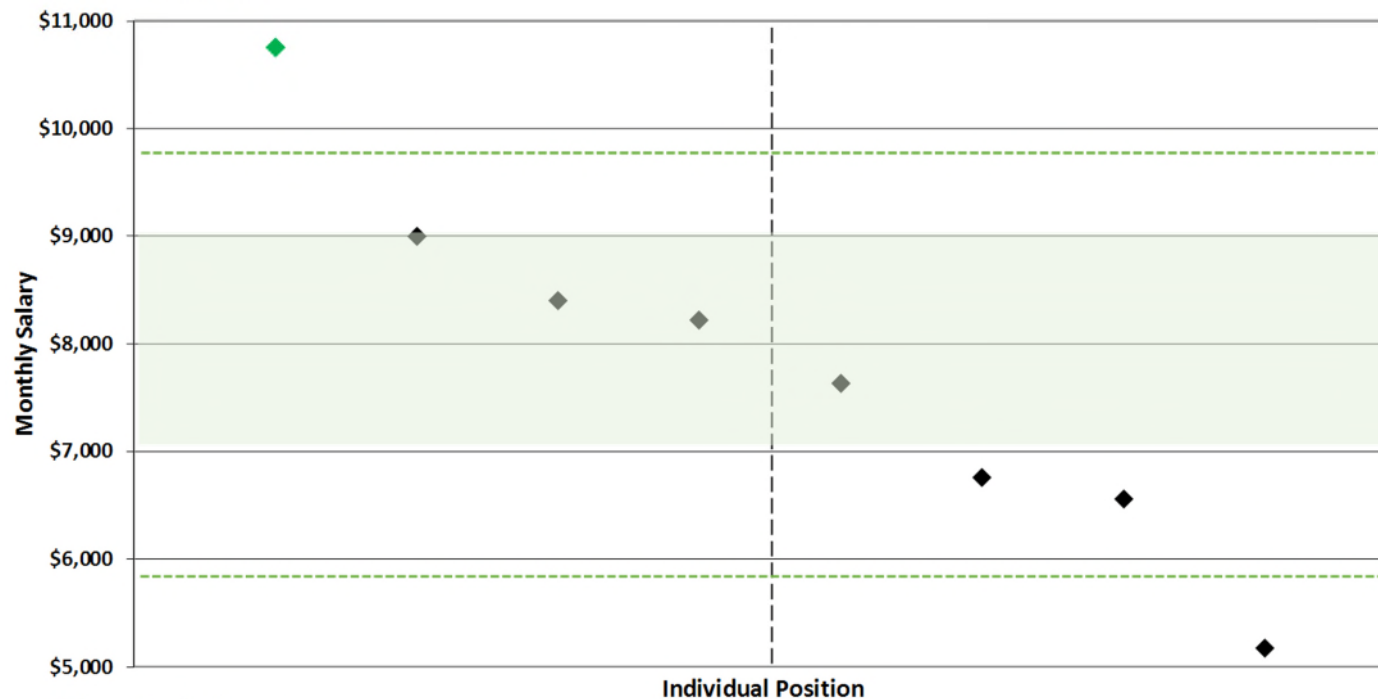
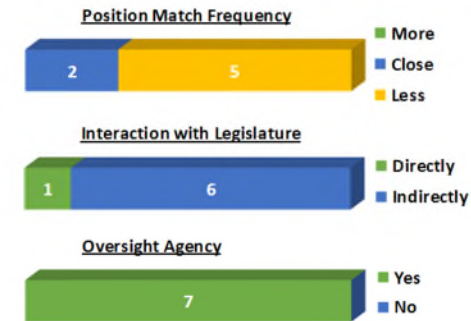




## EXHIBIT IV.8 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF ENGINEERING, GEOLOGY, AND SURVEYING

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	7	\$7,392	\$88,709
MBC EXECUTIVE OFFICER	1	\$10,756	\$129,072
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	--	--	--
\$1,000,000-\$5,000,000	2	\$8,612	\$103,344
\$500,000-\$1,000,000	--	--	--
< \$500,000	5	\$5,755	\$69,056
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	1	\$8,224	\$98,688
25,000-50,000	1	\$9,000	\$108,000
10,000-25,000	1	\$8,402	\$100,824
5,000-10,000	1	\$6,560	\$78,720
< 5,000	3	\$6,520	\$78,244

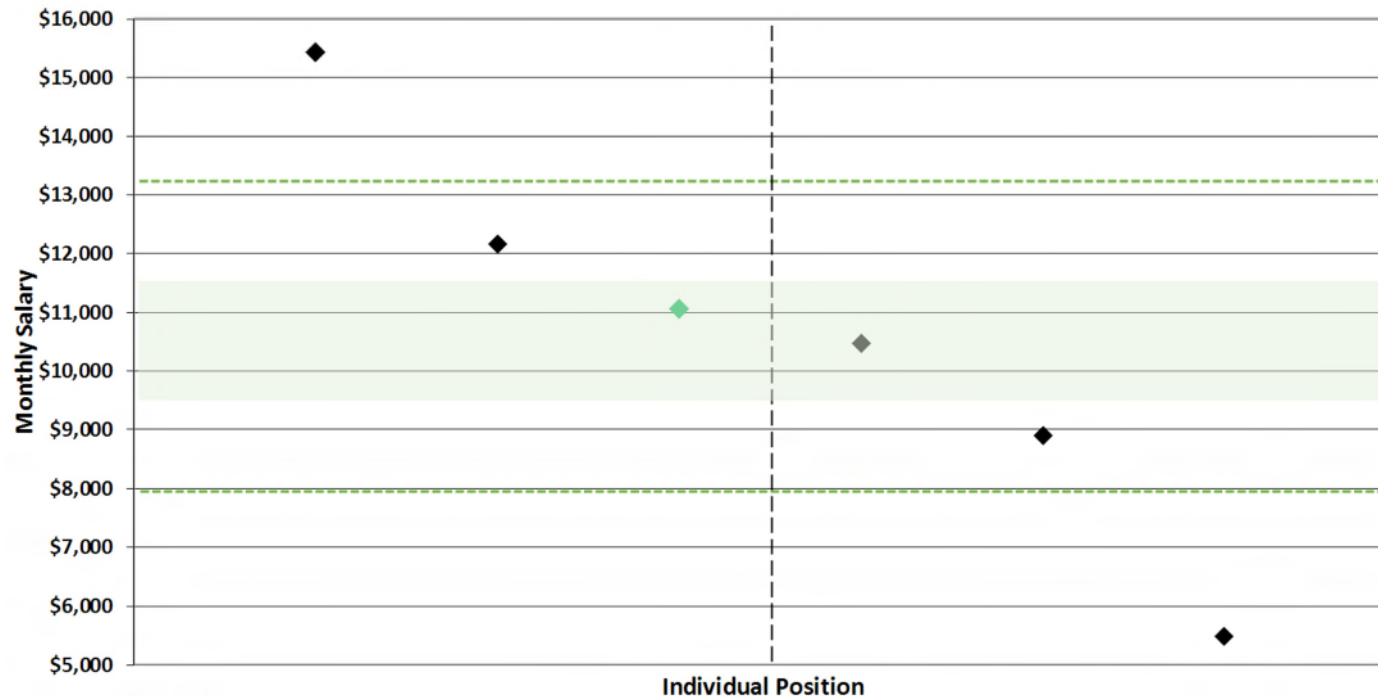
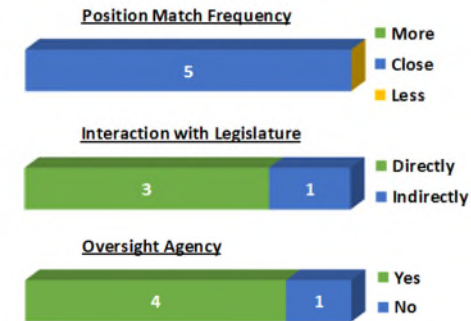
\* No results between 200,000-500,000



## EXHIBIT IV.9 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF MEDICINE

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	5	\$10,488	\$125,853
MBC EXECUTIVE OFFICER	1	\$11,055	\$132,660
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	1	\$10,466	\$125,592
\$5,000,000-\$10,000,000	--	--	--
\$1,000,000-\$5,000,000	1	\$8,900	\$106,800
\$500,000-\$1,000,000	--	--	--
< \$500,000	1	\$5,483	\$65,796
LICENSEE POPULATION			
> 500,000	1	\$5,483	\$65,796
100,000-200,000*	1	\$12,161	\$145,932
50,000 - 100,000	--	\$9,660	\$115,922
25,000-50,000	--	\$8,583	\$102,993
10,000-25,000	1	\$10,466	\$125,592
5,000-10,000	1	\$15,429	\$185,148
< 5,000	1	\$8,900	\$106,800

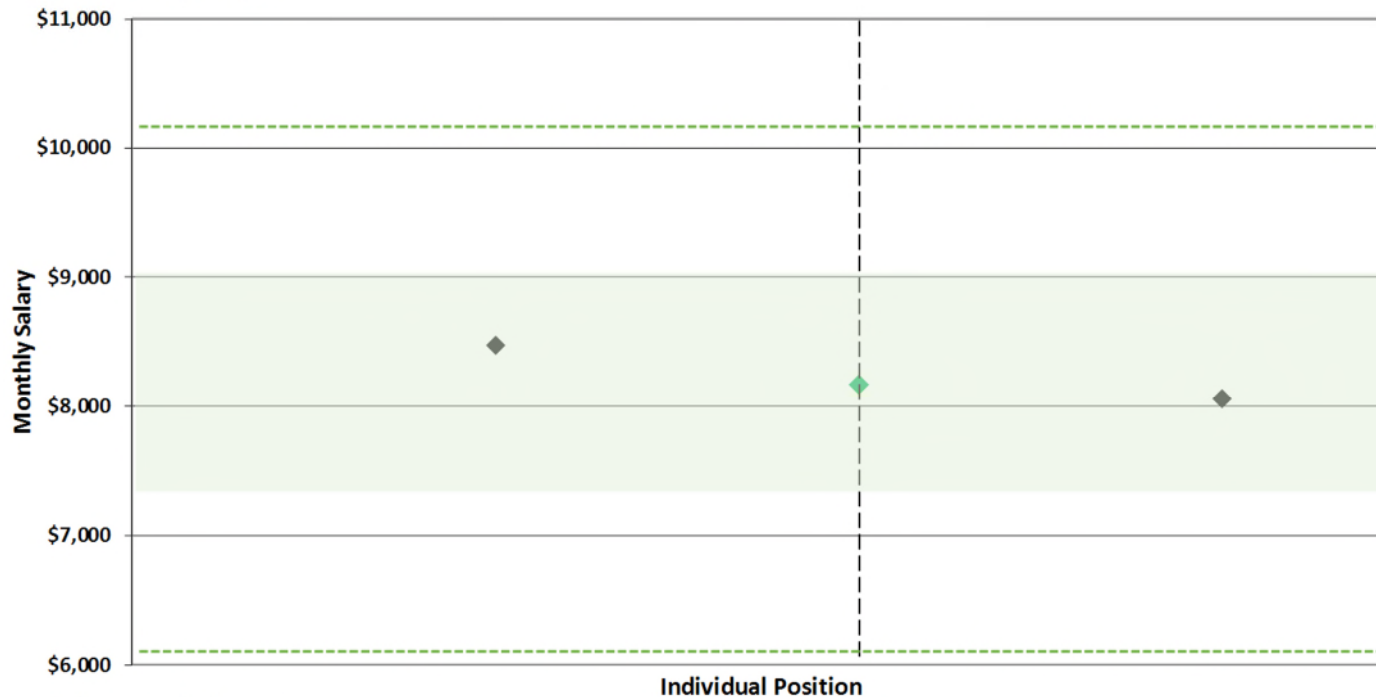
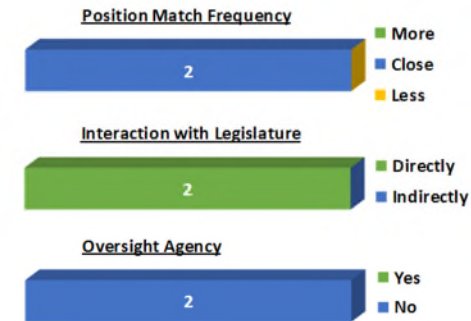
\* No results between 200,000-500,000



## EXHIBIT IV.10 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF OCCUPATIONAL THERAPY

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	2	\$8,265	\$99,180
CBOT EXECUTIVE OFFICER	1	\$8,170	\$98,040
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	--	--	--
\$1,000,000-\$5,000,000	1	\$8,056	\$96,672
\$500,000-\$1,000,000	--	--	--
< \$500,000	1	\$8,474	\$101,688
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	--	--	--
25,000-50,000	1	\$8,056	\$96,672
10,000-25,000	--	--	--
5,000-10,000	--	--	--
< 5,000	1	\$8,474	\$101,688

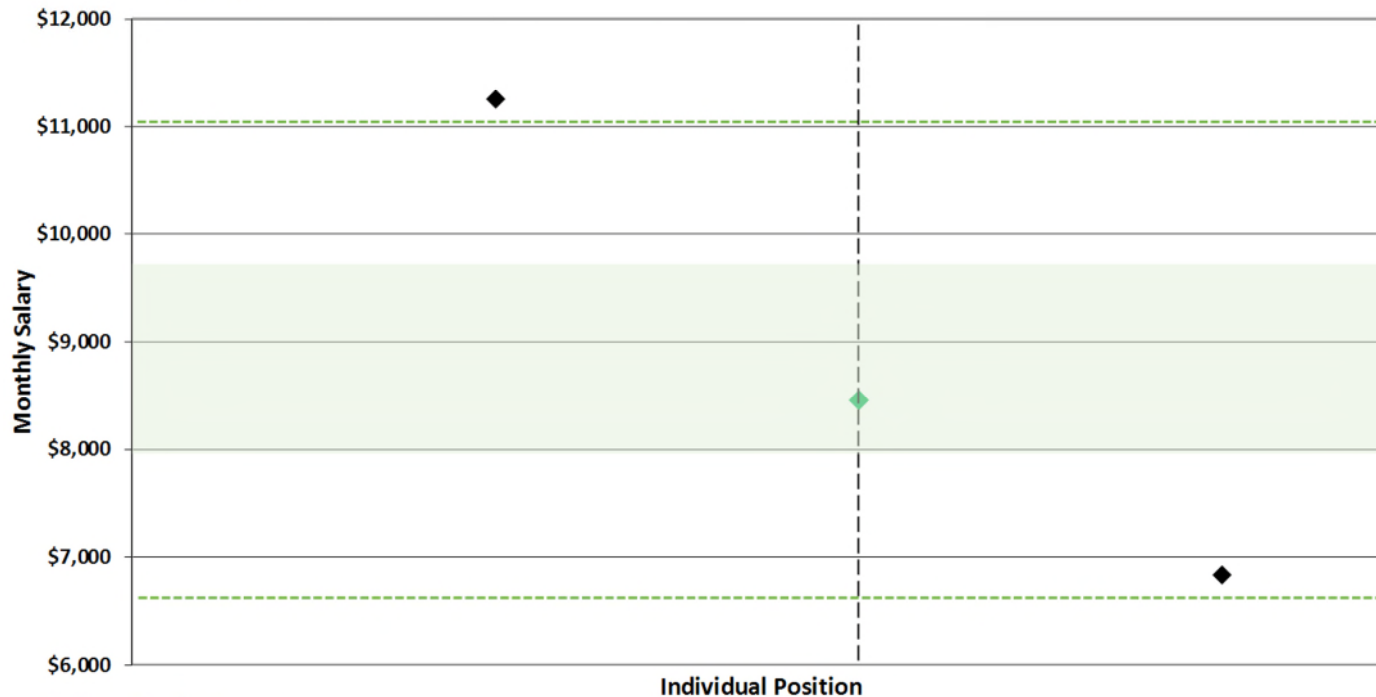
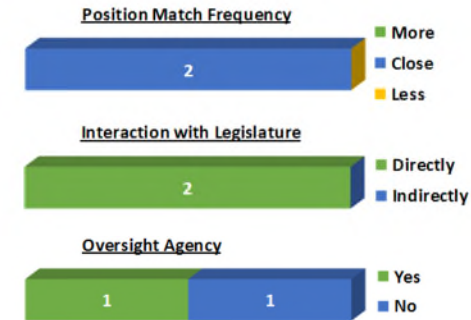
\* No results between 200,000-500,000



## EXHIBIT IV.11 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF PHYSICAL THERAPY

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	2	\$9,042	\$108,498
PTBC EXECUTIVE OFFICER	1	\$8,455	\$101,460
ANNUAL PROGRAM BUDGET			
> \$20,000,000	--	--	--
\$10,000,000-\$20,000,000	--	--	--
\$5,000,000-\$10,000,000	--	--	--
\$1,000,000-\$5,000,000	--	--	--
\$500,000-\$1,000,000	1	\$11,250	\$135,000
< \$500,000	1	\$6,833	\$81,996
LICENSEE POPULATION			
> 500,000	--	--	--
100,000-200,000*	--	--	--
50,000 - 100,000	--	--	--
25,000-50,000	--	--	--
10,000-25,000	1	\$11,250	\$135,000
5,000-10,000	--	--	--
< 5,000	1	\$6,833	\$81,996

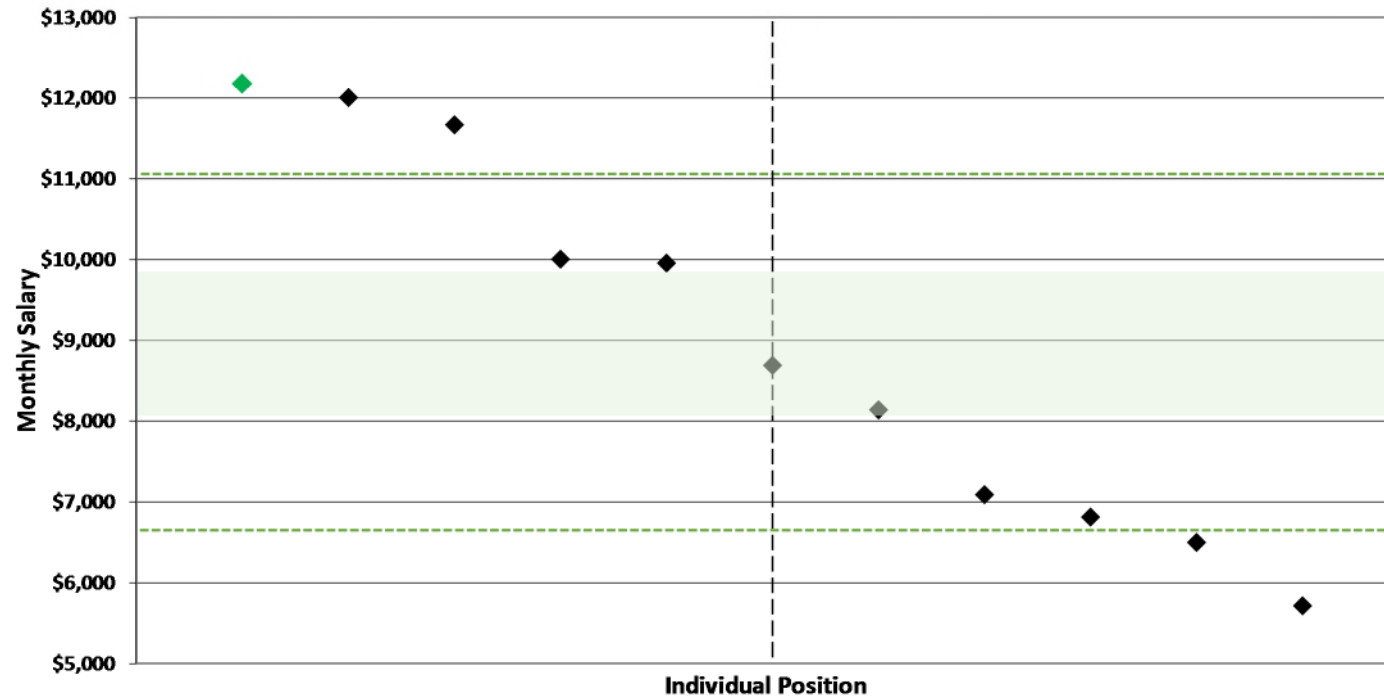
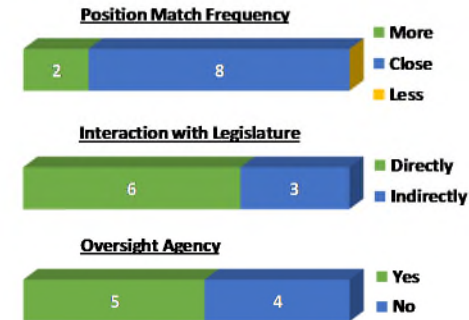
\* No results between 200,000-500,000



## EXHIBIT IV.12 COMPENSATION BENCHMARK SURVEY ANALYSIS – BOARDS OF REGISTERED NURSING

CATEGORY	NO. OF INCUMBENTS	AVERAGE MONTHLY SALARY	AVERAGE ANNUAL SALARY
RESPONDENTS OVERALL	10	\$8,656	\$103,867
CBRN EXECUTIVE OFFICER	1	\$12,174	\$146,088
ANNUAL PROGRAM BUDGET			
> \$20,000,000	1	\$6,500	\$78,000
\$10,000,000-\$20,000,000	1	\$10,466	\$125,592
\$5,000,000-\$10,000,000	3	\$11,208	\$134,492
\$1,000,000-\$5,000,000	4	\$8,146	\$97,752
\$500,000-\$1,000,000	--	--	--
< \$500,000	--	--	--
LICENSEE POPULATION			
> 500,000	1	\$6,500	\$78,000
100,000-200,000*	3	\$9,113	\$109,355
50,000 - 100,000	2	\$8,542	\$102,500
25,000-50,000	1	\$8,692	\$104,304
10,000-25,000	3	\$8,981	\$107,766
5,000-10,000	--	--	--
< 5,000	--	--	--

\* No results between 200,000-500,000



# APPENDICES

## **APPENDIX A: CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS EXECUTIVE OFFICER POSITION DESCRIPTION QUESTIONNAIRE**

## California Department of Consumer Affairs Executive Officer Position Description Questionnaire

The Department of Consumer Affairs (DCA) has retained KH Consulting Group (KH) to conduct an Executive Officer Salary Study. As part of this effort, KH has prepared this questionnaire so you can provide up-to-date and complete information about your position and the work you do.

Please be thorough, but as brief as possible. You can leave blank those areas that do not apply. The questionnaire will take approximately 30-45 minutes to complete. To simplify input into the online form, respondents often print out a hard copy of the questionnaire, collect and record the information, and enter it all at once into the online questionnaire once they have compiled everything. In addition, if you compile the information in a Word document or the like, you can cut-and-paste the text directly into the online questionnaire form.

The deadline for completing the Executive Officer Position Description Questionnaire is Thursday, January 10, 2019.

If you would like to provide additional information, please email me at [heather@khcg.com](mailto:heather@khcg.com). If you have any other comments or questions, please contact Chris Castrillo in the Office of Board and Bureau Relations at [christopher.castrillo@dca.ca.gov](mailto:christopher.castrillo@dca.ca.gov).

Sincerely,

Heather Sims  
KH Vice President



California Department of Consumer Affairs  
Executive Officer Position Description Questionnaire

## I. INCUMBENT INFORMATION

Please provide the following information about yourself and your position.

I.A. Name

I.B. Position title

I.C. Date of appointment to your Executive Officer position

Date

MM/DD/YYYY

I.D. Number of relevant years of DCA experience

I.E. Number of relevant years of experience external to DCA

## II. JOB SUMMARY AND RESPONSIBILITIES

## II.A. POSITION SUMMARY

Please summarize the major purpose(s) and function(s) of your current position. For example, how would you briefly describe the job in three to five sentences, or how would you write a one-paragraph newspaper ad for your position?

## II.B. ESSENTIAL SCOPE OF RESPONSIBILITIES

Discuss the scope of responsibilities that are inherent to your current position, including:

- The number and types of programs within the authority of your position
- The variety of programs that you manage
- The various elements of each program feature and how you exert impact of these features

This should just be a summary description. You will have a chance to provide greater detail later in this questionnaire.

## II.C. ESSENTIAL JOB FUNCTIONS

Please describe the specific major job functions that are essential to accomplishing your job - for which you are held accountable (list in order of importance). Also Indicate the percentage of your time that you spend on each function per week.

As a general rule, a major job function should be listed only if it takes more than 5% (20-25 minutes/day or 2 hours/week) of your work time. Most employees have 8 to 12 duties. This list should not exceed 15 job duties.

1.a.

1.b. Percentage of time per week that you spend on this function

0% 100%

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2.a.

2.b. Percentage of time per week that you spend on this function

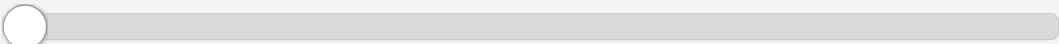
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3.a.

3.b. Percentage of time per week that you spend on this function

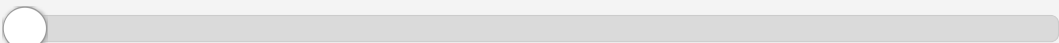
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4.a.

4.b. Percentage of time per week that you spend on this function

0% 100%

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5.a.

5.b. Percentage of time per week that you spend on this function

0% 100%

6.a.

6.b. Percentage of time per week that you spend on this function

0% 100%

7.a.

7.b. Percentage of time per week that you spend on this function

0% 100%

8.a.

8.b. Percentage of time per week that you spend on this function

0% 100%

9.a.

9.b. Percentage of time per week that you spend on this function

0% 100%

10.a.

10.b. Percentage of time per week that you spend on this function

0% 100%

11.a.

11.b. Percentage of time per week that you spend on this function

0% 100%

12.a.

12.b. Percentage of time per week that you spend on this function

0% 100%

13.a.

13.b. Percentage of time per week that you spend on this function

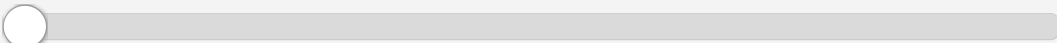
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14.a.

14.b. Percentage of time per week that you spend on this function

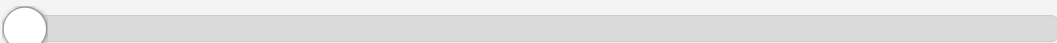
0% 100%



15.a.

15.b. Percentage of time per week that you spend on this function

0% 100%



## II.D. ADDITIONAL TASKS AND DUTIES

Please list other tasks/duties not listed as an essential duty that you perform occasionally as part of your job.

1.a.

1.b. Frequency

2.a.

2.b. Frequency

3.a.

3.b. Frequency

4.a.

4.b. Frequency

5.a.

5.b. Frequency

6.a.

6.b. Frequency

7.a.

7.b. Frequency

8.a.

8.b. Frequency



**II.E. What level of formal education would be desirable for new hires to your job?**

- ☐ No formal education requirements
- ☐ HS diploma or GED
- ☐ Associate degree (AA/AS)
- ☐ Bachelors degree (BA/BS)
- ☐ Masters degree
- ☐ Doctorate degree (Ph.D., Ed.D., etc.)
- ☐ Juris Doctor degree
- ☐ Medical Doctor degree
- ☐ Other (please specify)

**II.F. What specific certifications or licenses are desirable for your job, if any?**

- 1.
- 2.
- 3.
- 4.
- 5.

**III. BOARD DETAILS**

**III.A. OFFICIAL BOARD NAME**

**III.B. NUMBER OF BOARD MEMBERS**

**III.C. BOARD IMPACT**

Use the spaces provided to discuss the following aspects of your Board's impact.

### 1. PUBLIC SERVICE

Discuss any public service provided by your Board.

### 2. PROTECTION

Describe any protections provided by your Board.

### 3. OVERSIGHT

Discuss the degree of oversight provided by employees of your Board.

### 4. STATE IMPACT

Discuss the impact of your Board at the State level and the population impacted by the activities of your Board.

## 5. NATIONAL IMPACT

Discuss the impact of your Board at a National level.

## IV. PROGRAM STAFFING

### IV.A. STAFFING DETAILS

Provide the following staffing details for your program for Fiscal Year 2018-2019.

Total number of positions allocated under your authority

Total number of positions that report directly to you as Executive Officer

Total number of Assistant/Deputy Executive Officer(s)

Total number of Staff Services Managers III

Total number of Staff Services Managers II

Total number of Staff Services Managers I

Total number of professional staff

Total number of clerical staff

Total number of technical staff

#### IV.B. WORK PERFORMED

Describe professional, technical, and clerical work performed by your staff.

#### IV.C. SALARY COMPACTION

Discuss any salary compaction as it relates to yours and other subordinate positions in your program.

### V. PROGRAM BUDGET

#### V.A. ANNUAL BUDGET

Provide details of your Board's Annual budget.

#### V.B. BUDGET GROWTH

Discuss any significant program budget growth since the last EO salary study in 2011. "Significant growth" includes anything beyond normal growth resulting from an increased budget or number of employees (e.g., the addition of new program functions, new licensing groups, etc.)

#### V.C. BUDGET COMPLEXITY

Discuss the complexity of your program budget(s).

### VI. PROGRAM DETAILS

#### VI.A. PROGRAM LICENSING

Please provide the following licensing data for your program for Fiscal Year 2017-2018.

1. Licensee population

2. Number of license categories (i.e., individual, manufacturer, event, facility, etc.)

If you indicated above that your program has more than one licensing category, please list and briefly discuss those categories here.

#### VI.B. PROGRAM SENSITIVITY

Describe the degree of historical and current legislative interest in your program functions, as well as the type and degree of advocate or public interest in the functions of your program.

**VI.C. PROGRAM COMPLEXITY**

Discuss how program details (program sensitivity, staffing, budget, etc.) impact:

- Your ability to establish and implement pertinent program authorities
- How you merge new and proposed legislation into current practices
- How policy setting authorities may be broadened or compacted based upon legislative changes

**VI.D. PROGRAM-RELATED INFORMATION**

If applicable, discuss program-related information or advise that you provide to others within, throughout, and outside of the state of California. How may this information influence program, departmental, or other statewide or national programs and agencies?

California Department of Consumer Affairs  
Executive Officer Position Description Questionnaire

## VII. SUGGESTED SALARY INCREASE CRITERIA

### VII.A. EXEMPT LEVEL INCREASE

What specific criteria do you think should be considered for an EO exempt level increase?

### VII.B. MERIT INCREASE

If different than above, what specific criteria do you think should be considered for an EO merit increase within their band?

Click "DONE" and your questionnaire responses will be sent to KH. Thank you for your participation.

If a message appears asking if you want to close the tab, click "Yes."

Remember that you can access your questionnaire to make revisions any time up until the deadline by using the link in your email invitation.



## **APPENDIX B: SAMPLE COMPENSATION BENCHMARK DATA REQUEST**



## Sample Compensation Benchmark Survey Request

On behalf of the California Department of Consumer Affairs (DCA), KH Consulting Group (KH) would like to invite your organization to participate in a Compensation Benchmark Survey of Executive Officers of State Professional Licensing Boards. The compensation data gathered through this survey will be analyzed and included in a broader DCA Executive Officer Salary Study. Your program is representative of just one of 29 professional categories being surveyed.

We have designed this data request to be quick and easy to complete. Simply provide the requested data in the table below and return it to me by Reply to this email. KH will treat individual participant data confidentially. Data will be compiled, statistically analyzed, and displayed according to various factors included in this data request, such as licensee population.

As a thank you, DCA has generously arranged for KH to provide all survey participants with a free Participant Report that summarizes the data collected. KH is surveying a number of comparable state organizations. Your participation will ensure that you will receive this valuable comparison data not readily available otherwise.

If you have any questions, please do not hesitate to contact me at this email address – [heather@khcg.com](mailto:heather@khcg.com).

### Compensation Benchmark Data Request

DCA has 28 Executive Officers with generally the same duty statement, but with responsibility for a unique professional program. Following is a general capsule description for a DCA Executive Officer (EO). Please review the capsule description to confirm that you have a comparable position within your program, and complete the data table for that position.

### Executive Officer Capsule Description

Under the general direction and policy guidance of the Board, the Executive Officer (EO) is responsible for the administration and management of Board programs, resources, and staff. The EO is responsible for interpreting and executing the intent of all Board policies, and governs the management of the Board's programs to meet the mission of regulating in the public interest. The EO is responsible for enforcing sound licensing standards, and interpreting and executing all relevant governing regulations. The EO maintains responsibility for enforcing the completion of required continuing education, overseeing the disciplinary process and initial discipline of licensees, and public consumer education. The Executive Officer functions as principal operations officer and administrative agent for the Board.

POSITION DATA					RESPONDING BENCHMARK AGENCY							
Comparable Position Title	Appointing Authority	Degree to which you have a match to the Capsule Description (Less, Close, More)	Monthly Salary (FY 18-19)	Number of Direct Reports	Name of Organization (i.e., Board of...)	Oversight Agency	No. of Program Staff Positions	No. of Program Board Members	Annual Program Budget	Total Number of Program Licenses	Licensee Population (approx.)	Does the Program interact directly with the legislature or through an oversight agency?
			\$	0.0			0.0	0	\$	0	0	

## MEMORANDUM

<b>DATE</b>	November 20, 2020
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Anthony Lum Executive Officer
<b>SUBJECT</b>	<b>FULL 10: Election of Officers</b>

### Current Officers:

<b>President</b>	Timothy Martinez
<b>Vice President</b>	Nicolette Moultrie
<b>Secretary</b>	Garry Shay

### Nominations for New Officers:

<b>President</b>	
<b>Vice President</b>	
<b>Secretary</b>	

<b>Member</b>	<b>Yea</b>	<b>Nay</b>
Denise Davis		
Carmen Dones		
Susan Good		
Noel Kelsch		
Timothy Martinez		
Nicolette Moultrie		
Garry Shay		
Evangeline Ward		
Erin Yee		



## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 11: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages</b>

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/OAL Publication Date	OAL Final Filed	Submitted to SoS/ Effective Date
<b>1135-1137</b> AB 2138	X	X	5.20.19	X	X	1.7.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
<b>1115</b> Retired License	X Language and responses back to Board 11.20.21	X	5.20.19	X	X	5.28.21/ 6.11.21		
<b>1109</b> RDM/ITR	X	X	7.30.19	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
<b>1107</b> SLN	X	X	9.26.19	X	X	8.4.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
<b>1103</b> Definitions	X	X	7.15.20	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
<b>1104</b> Approval/ Continuation of Approval of New RDH Programs	X	X	7.15.20	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
<b>1105</b> Requirements for DHEPs	X Responses to comments back to Board 11.20.21	X	9.17.20	X	X	7.27.21/ 8.6.21		
<b>1104.3</b> Inspections, Cite, Fine, and Probation for DHEPs	X Language back to Board 11.20.21	X	9.24.20					

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/OAL Publication Date	OAL Final Filed	Submitted to SoS/ Effective Date
<b>1105.2</b> DHEP Required Curriculum	X Language & Forms back to Board 11.20.21	X	9.21.20	X	X	11.2.21/ 11.12.21 Comments end 12.27.21		
<b>1138.1</b> Unprofessional Conduct	X	X	1.19.21	X	X	9.14.21/ 9.24.21 Comments ended 11.9.21		
<b>1117</b> RDHAP/ Dentist Relationship	X	X	1.22.21	X	X	10.18.21/ 11.12.21 Comments end 12.14.21		
<b>1118</b> RDHAP STC & LA	X	X	7.30.21	X	X	11.2.21/ 11.12.21 Comments end 12.27.21		
<b>1104.1</b> Process for Approval of New RDH Program	X	X	4.7.20 <b>*HELD</b> Need stat. authority for RDHAP feasibility study					
<b>1116</b> Mobile Dental Hygiene Clinics	X	X	10.09.19 <b>*HELD</b> Need stat. authority for inspect.					
<b>1123</b> Clinical Passing Rate	X	X	4.5.21 <b>WITHDRAWN</b> due to no stat. authority					

### Processing Times

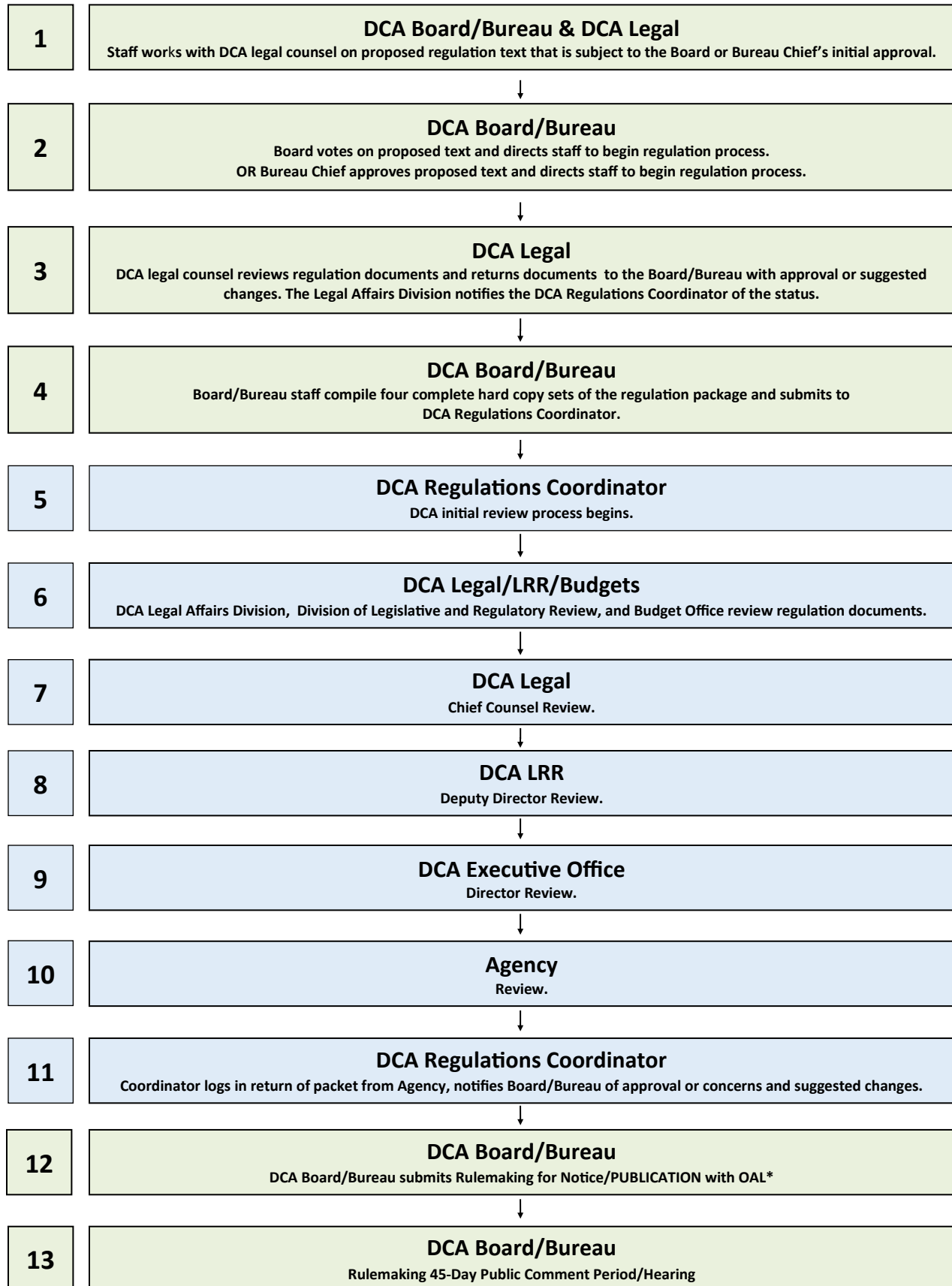
- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The OAL issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.

- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

<b>Date Filed with the Secretary of State</b>	<b>Effective Date</b>
September 1st – November 30th .....	January 1st
December 1st – February 29th .....	April 1st
March 1st – May 31st .....	July 1st
June 1st – August 31st .....	October 1st

# REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

## INITIAL PHASE



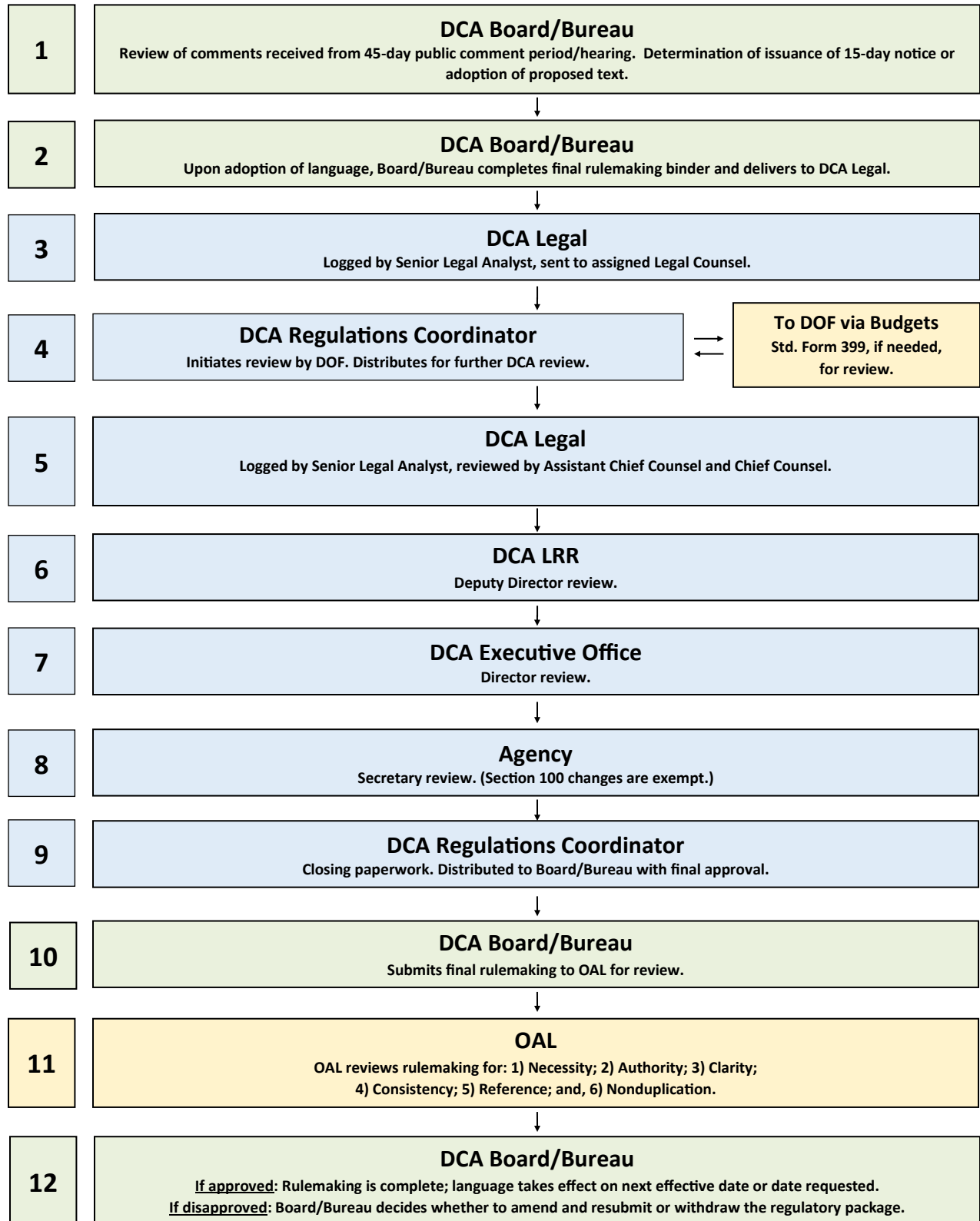
### Legend

DCA – Department of Consumer Affairs  
LRR – Division of Legislative Regulatory Review  
OAL – Office of Administrative Law

\* If any changes to language last approved by the Board are needed, a vote by the Board may be necessary.

# REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

## FINAL PHASE



### Legend

DCA – Department of Consumer Affairs  
LRR – Division of Legislative Regulatory Review  
OAL – Office of Administrative Law  
DOF – Department of Finance  
Std. Form 399 – Economic and Fiscal Impact Statement



## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 12: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1104.3. Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.</b>

### Background:

At the August 29, 2020 WebEx Teleconference Board meeting, the Board approved the proposed regulatory language to implement the mandates in Business and Professions Code (BPC) section 1941.5. However, during the rulemaking process, substantive changes were made to the Board-approved draft regulatory language for California Code of Regulations (CCR), Title 16, section 1104.3 to include specific factors to contest citations and regarding compliance with citations or orders of abatement.

Therefore, in response to recommendations from the Board's regulatory legal counsel, Board staff has developed the attached amended draft regulatory language for 16 CCR section 1104.3 to implement the provisions of BPC section 1941.5.

### Staff Recommendation:

In response to comments made from the review of the regulatory language by the Department of Consumer Affairs, staff recommends to the Board to re-review the proposed language in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed.

### Proposed Motion Language:

Direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive

changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed.

**Pros:** In order to implement the provisions of BPC section 1941.5 to allow 16 CCR section 1104.3 to move forward in the regulatory process, regulatory language must be approved by the Board.

**Cons:** If the proposed language and fines for review of DHEPs are not approved, the Board would not have a clear and consistent process for citations, fines, and probation of DHEPs.

**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

<b>Legend:</b> Added text is indicated with an <u>underline</u> .
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**Adopt Section 1104.3 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§1104.3 Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs**

**(a) Program Reviews and Site Visits**

A dental hygiene educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions (collectively DHEPs) shall provide access during business hours to the program's records and premises to the Dental Hygiene Board of California (Board) or its authorized representative(s) to review the DHEP for compliance with all laws, regulations, and standards applicable to a DHEP including, but not limited to, the Business and Professions Code, the California Code of Regulations (CCR), the Commission on Dental Accreditation Standards of the American Dental Association, Occupational Safety and Health Administration, Health and Safety Code, Centers for Disease Control and Prevention, and the Health Insurance Portability and Accountability Act (HIPAA). For the purpose of this subdivision, "records" shall include, but are not limited to, course records, student records, faculty and staff records, and patient records.

**(b) Citations and Final Orders of Abatement**

(1) The Executive Officer of the Board or their designee may issue a citation to a DHEP containing an order to pay a fine not to exceed \$5,000 and an order of abatement against a DHEP for any violation of Division 11 of Title 16 of the California Code of Regulations or any laws governing DHEPs.

(A) A citation may be issued without the assessment of a fine when determined by the Executive Officer or their designee.

(B) Each citation issued pursuant to subdivision (b)(1) of this section shall be in writing and shall describe with particularity the nature and facts of each violation specified in the citation, including a reference to the law or regulation alleged to have been violated.

(2) If the Board or its authorized representative determines that a DHEP is in violation of any law, regulation, or standard applicable to a DHEP, the DHEP shall correct the violation(s) within the amount of time specified in the order. The DHEP shall furnish the Board written proof of compliance with the order

and shall permit a site visit by the Board's authorized representative to confirm compliance.

(3) In the issuance of any citation or fine, the following factors shall be considered:

- (A) Nature and severity of the violation;
- (B) Length of time that has passed since the date of the violation;
- (C) Consequences of the violation, including the potential to harm, or actual patient harm;
- (D) History of previous violations of a similar nature;
- (E) Evidence that the violation was willful;
- (F) Gravity of the violation; and
- (G) The extent to which the cited DHEP has remediated the deficiencies.

(4) Compliance with Citation/Order of Abatement

- (A) If a cited DHEP who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond the DHEP's control after the exercise of reasonable diligence, the DHEP cited may request an extension of time from the Executive Officer or their designee in which to complete the correction. The request shall be in writing and shall be made within the time set forth for abatement.
- (B) When a citation or order of abatement is not contested or if the order is appealed and the DHEP cited does not prevail, failure to abate the violation within the time allowed or pay the fine that was imposed, if one was, shall constitute a violation and a failure to comply with the citation or order of abatement.
- (C) Failure to timely comply with an order of abatement or pay a fine that is imposed may result in disciplinary action being taken by the Board in addition to other remedies.

(c) Probationary Status of a DHEP

- (1) If the Board or its authorized representative determines a DHEP is in violation of any law, regulation, or standard applicable to a DHEP, the Board at a noticed Board meeting may, pursuant to Section 1941.5 of the Code, place a DHEP on probation depending on the consideration of the factors set forth in subdivision (c)(2) below.
- (2) In the issuance of probation, the following factors shall be considered:
  - (A) Nature and severity of the violation;

- (B) Length of time that has passed since the date of the violation;
- (C) Consequences of the violation, including the potential to harm, or actual patient harm;
- (D) History of previous violations of a similar nature;
- (E) Evidence that the violation was willful;
- (F) Gravity of the violation; and
- (G) The extent to which the cited DHEP has remediated the deficiencies.

(3) If the Board places a DHEP on probation, the DHEP is required to provide notice of their probationary status in writing to its students within fifteen (15) business days of being placed on probation. The formal notice shall include, but not be limited to, a notice that the DHEP was placed on probation by the Board, the date of the beginning of the probation, as well as a copy of the Board's citation issuing probation to the DHEP which includes the terms of the probation. In addition, the DHEP shall provide notice to each potential student applicant to the DHEP before offering to enroll the applicant. The DHEP shall provide the Board with written proof of compliance with this subdivision as a condition for removal from probationary status.

(4) A DHEP on probationary status shall correct the violation(s) within the amount of time specified in the order. The DHEP shall furnish the Board written proof of compliance with the order and shall permit a site visit by the Board's authorized representative to confirm compliance.

(A) If the DHEP on probation demonstrates that it has corrected the violation(s) and meets all requirements for approval set forth in 16 CCR section 1104, the Board may determine, at a noticed Board meeting, that the DHEP shall be removed from probationary status.

(B) If the DHEP on probation fails to demonstrate to the Board by the end of its probationary period the DHEP has corrected all violation(s) and met the requirements for approval set forth in 16 CCR section 1104, the Board may withdraw approval of the DHEP.

#### (d) Hearings and Appeals

- (1) The citation shall inform the cited DHEP if they desire a hearing to contest the finding of a violation, the hearing shall be requested by written notice to the Board within 30 calendar days of the date of issuance of the citation. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
- (2) In addition to or as an alternative to requesting a hearing as provided in subdivision (d)(1), the cited DHEP may, within 14 calendar days after service of the citation, submit a written request to the Board for an informal conference with the Executive Officer.

- (3) The Executive Officer or his or her designee shall, within 30 calendar days from receipt of the written request for an informal conference pursuant to subdivision (d)(1), hold an informal conference with the DHEP cited and or their legal counsel or authorized representative, if any, unless continued for good cause.
- (4) The Executive Officer or his or her designee may affirm, modify or dismiss the citation at the conclusion of the informal conference. A written decision stating the reasons for the decision shall be mailed to the cited DHEP and their legal counsel, if any, within 14 calendar days from the date of the informal conference. This decision shall be deemed to be a final order with regard to the informal conference procedure.
- (i) If the citation, including any administrative fine levied or order of abatement is dismissed, the request for a hearing shall be deemed withdrawn.
  - (ii) If the citation, including any administrative fine levied or order of abatement is affirmed, the cited DHEP may, in its discretion, withdraw the request for a hearing or proceed with the administrative hearing process as set forth in subdivision (d)(1). An informal citation conference shall not be held on affirmed citations.
  - (iii) If the citation, including any administrative fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a cited DHEP wishes to contest a modified citation, the cited DHEP shall, within 30 calendar days after issuance of the modified citation, contest it by submitting a written request for an administrative hearing, as provided for in subdivision (b)(4) of Section 125.9 of the Code, to the Board. An informal citation conference shall not be held on modified citations.

Note: Authority cited: Sections 1905, 1906, and 1941.5, Business and Professions Code. Reference cited: Sections 125.9, and 1941.5, Business and Professions Code.

## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 13: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1105. Requirements for RDH Educational Programs.</b>

### Background:

At the Board's November 23, 2019 meeting, this proposal was presented to the Board for its review and approval. The Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

In response to challenges experienced by dental hygiene educational programs (DHEPs) encountered during the Coronavirus pandemic (COVID-19), the Board approved substantive changes to the draft regulatory language for Title 16, section 1105 of the California code of Regulations (CCR) at the Board's August 29, 2020 Full Board WebEx Teleconference. Additionally, the Board directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comment on the Board's proposed regulations regarding requirements for DHEPs. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

### Staff Recommendation:

Staff recommends the Board to consider and approve the response drafted to address public comment received during the 45-day comment period on the Board's proposed regulation regarding requirements for DHEPs.

Additionally, staff recommends the Board to direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1105 as noticed.

### Proposed Motion Language:

Direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed



regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1105 as noticed.

**Pros:** By approving staff's recommendation, the Board will provide clarity to language found within 16 CCR section 1105 applicable to requirements for DHEPs, experience needed for non-employed participants utilized during instruction and supervision within DHEPs, state and national regulatory standards that are applicable to DHEPs, accept advanced placement (AP) education in Mathematics and English to verify competency as prerequisites for entry into dental hygiene educational programs, and acceptance of alternative education in prerequisite courses during a declared emergency. The proposed amendments to the regulatory language found in 16 CCR section 1105, if approved, would provide clarity, will comply with applicable laws within the Education Code (existing law), and move the proposal forward in the regulatory process.

**Cons:** If the Board does not approve the recommended amendments to the regulatory language found in 16 CCR section 1105 for clarity and for congruence with applicable sections of law within the Education Code, the regulation will continue to be open to (possibly incorrect) interpretation and create a conflicting issue where the DHEP will not be in compliance with prerequisite requirements that the educational institution supporting the DHEP accepts for general enrollment of all its students.





**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
PROPOSED LANGUAGE**

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Deleted text is indicated by <del>strikeout</del> .
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**Amend §1105 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§ 1105. Requirements for RDH Educational Programs.**

As of January 1, 2016, educational programs for registered dental hygienists shall comply with the requirements set forth below in order to secure and maintain approval by the ~~Committee~~ Dental Hygiene Board.

(a) Administration and Organization. There shall be a written program mission statement that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, and support systems. It shall also take into consideration the concepts of dental hygiene, which must include the dental hygiene process of care, environment, health-illness continuum, and relevant knowledge from related disciplines.

(b) Instruction.

(1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision by the faculty.

(2) For purposes of this section, the term “university discipline” is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools.

(3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours.

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

(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.

(c) Standards of Competency. 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.

(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

(e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students, curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment, including means of student achievement. If the program has submitted a written plan to the Commission on Dental Accreditation, which includes each of the elements listed above, a copy of such plan may be submitted to the Committee to meet this requirement.

(f) Admission.

(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:

(A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,

(B) College-level general education courses in the topic areas of:

~~(i) Oral and Written Communication~~

(i) Oral Communication

(ii) Written Communication\*

~~(ii)~~ (iii) Psychology

~~(iii)~~ (iv) Sociology

~~(iv)~~ (v) Mathematics\*

~~(v)~~ (vi) Cultural Diversity\*\*

~~(vi)~~ (vii) Nutrition\*\*

~~\*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum.~~

\*Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course.

\*\*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.

(C) College-level biomedical science courses, each of which must include a wet laboratory component, in:

(i) Anatomy

(ii) Physiology

(iii) Inorganic Chemistry

(iv) Biochemistry or Organic Chemistry with Biochemistry

(v) Microbiology

(D) If a state of emergency is declared by the Governor pursuant to Government Code section 8625, an educational program may accept prerequisite biomedical science coursework completed during the period of the state of emergency in Anatomy, Physiology, Inorganic Chemistry, Biochemistry, Organic Chemistry with Biochemistry, and Microbiology utilizing alternative instruction including, but not limited to, instructional methods such as online tutorials, webinars, or hybrid combination of online and in-person instruction with faculty, as deemed appropriate by the educational institution.

(2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

(g) The program shall have published student grievance policies.

(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

(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.

(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.

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

(l) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, their name and responsibilities shall be described in writing and kept on file by the dental hygiene program and they shall have twenty-four (24) months of experience providing direct patient care as a registered dental hygienist or dentist.

(m) As of January 1, 2017, in a two-year college setting, graduates of the educational program shall be awarded an associate degree, and in a four-year college or university, graduates shall be awarded an associate or baccalaureate degree.

Note: Authority cited: Section 1905, Business and Professions Code.

Reference: Sections 1905, 1906 and 1941, Business and Professions Code; Section 8625, Government Code.

## Summary of Comments to Proposed Title 16, California Code of Regulations, Section 1105

### A. August 5, 2021 email from Cyndee Johnson.

#### Comment A-1

#### Comment Summary:

This comment questions as to why the Board has considered lowering the standards of education requirements to enter into a critically important, healthcare provider role. Additionally, Ms. Johnson states as a business advisor to the profession and as a clinical hygienist, she has, and continues to witness, horrific liability to patient health and well-being due to substandard preventive care. Additionally, she states having worked in the educational realm of dentistry in clinical settings, she has been astonished by the lack of preparedness each year's graduate hygienists bring to the profession.

#### Response:

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board is not lowering the standards of educational requirements to enter dental hygiene educational programs (DHEPs). The Board determined to allow a DHEP to accept prerequisite biomedical science coursework utilizing educational institution-approved alternative instruction methods utilized during the period of the state of emergency. Alternative coursework methods would include online tutorials, webinars, or hybrid combination of online and in-person instruction with faculty to provide an appropriate substitution for traditional “wet lab” instruction.

California secondary educational institutions are regulated by the Accrediting Commission for Community and Junior Colleges, the Accrediting Commission for Schools Western Association of Schools and Colleges (recognized by the Council for Higher Education Accreditation and the United States Department of Education), and the California Bureau for Private Postsecondary Education. These agencies assure that colleges and their approved coursework have clearly defined objectives appropriate to higher education and oversee established conditions under which achievement of the required goals of the coursework can reasonably be expected. Based on these agencies' stringent oversight, the Board determined that these agencies will ensure educational institutions provide comparable and acceptable coursework during a state of emergency.

Accordingly, the Board is making no changes to the proposed regulations in response to this comment.

## **Comment A-2**

### **Comment Summary:**

This comment states by encouraging lower standards in an effort to remove barriers to entry, patient's lives are at stake. Ms. Johnson states she is in dental practices several days per week where she witnesses dental hygienists who have little to no knowledge of the importance of the oral-systemic link, health ramifications of chronic infectious disease, medications and their interactions, or "big-picture" prevention.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

## **Comment A-3**

### **Comment Summary:**

This comment states to have a downgrade in educational requirements during an "emergency" is to be completely blind to the much greater emergency lowering the educational standards will promote. Additionally, Ms. Johnson provides anecdotal data regarding oral diseases.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

## **Comment A-4**

### **Comment Summary:**

This comment questions as to why the Board would promote and "dumb down" a critically important field of healthcare. Additionally, Ms. Johnson states the emergency is "what is NOT taking place in dentistry" but lowering the educational requirements "is a killer." Ms. Johnson states new graduates are beneath what was once basic-level dental hygiene and there are other professions which require fewer biological courses. She requested for the Board to act responsibly when it comes to patient health.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

**From:** [Cynthia Johnson](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Notice to Amend section 1105  
**Date:** Thursday, August 5, 2021 4:03:56 PM

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[EXTERNAL]: [cyndee@scaler2schedule.com](mailto:cyndee@scaler2schedule.com)

**CAUTION:** THIS EMAIL ORIGINATED OUTSIDE THE DEPARTMENT OF CONSUMER AFFAIRS!

**DO NOT:** click links or open attachments unless you know the content is safe.

**NEVER:** provide credentials on websites via a clicked link in an Email.

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RE: "Notice of Proposed Action" to amend section 1105 of Title 16 of the California Code of Regulations related to "Requirements for RDH Educational Programs".

Dear Dr. Petty,

**A-1** I find it preposterous that the board would consider lowering the standards of education requirements to enter into a critically important, healthcare provider role.

As a business advisor to the profession and as a clinical hygienist, I have, and continue to witness horrific liability to patient health and well-being due to substandard preventive care.

Having worked in the educational realm of dentistry in clinical settings, I have been astonished by the lack of preparedness each year's graduate hygienists bring to the profession.

**A-2** By encouraging lower standards in an effort to remove barriers to entry, patients lives are at stake. I am in dental practices several days per week where I witness dental hygienists who have little to no knowledge of the importance of the oral-systemic link, they know nothing of health ramifications of chronic infectious disease, they know nothing of medication and their interactions, affects and responsibilities for exacerbated disease and do little to nothing in the form of big-picture prevention.

**A-3** To say there would be a downgrade in educational requirements in an "emergency" is to be completely blind to the much greater emergency lowering the educational standards will promote. Less education equals more disease.

Greater than 50% of all adults over the age of 30 have some form of destructive, bone-eating oral disease which is decreasing the overall health of our population.

Dental decay is one of the top world-wide diseases and is addressed at negligible levels. Simply dispensing a free toothbrush is considered "preventive oral health" in many offices.

**A-4** Why? Why would you want to promote and "dumb down" a critically important field of healthcare?

The emergency is what is NOT taking place in dentistry. Lowering the educational requirements is a killer. New grads are so beneath what was once basic-level dental

hygiene.

There are plenty of other professions which require fewer biological courses. Let's not act irresponsibly when it comes to patient health.

Cyndee Johnson, BS, RDH



Cyndee Johnson, BSDH, RDH  
Clinical and Business Advisor to the Dental Profession  
Saving Lives...One Practice at a Time  
Office | 203.637.3456  
Cell | 530.321.9397  
[scaler2schedule.com](http://scaler2schedule.com)





## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 14: Discussion and Possible Action on the Following Proposed Amended Regulatory Package Language: 16 CCR Section 1105.2. Required Curriculum.</b>

## BACKGROUND

At the Board's May 29, 2020 Full Board WebEx Teleconference meeting, the regulatory proposal was presented to the Board for its review and approval to amendments to language regarding "Required Curriculum" for dental hygiene educational programs. The Board approved the proposed language and associated forms and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

After consultation with Board counsel, further amendments were made to the proposed language and associated forms to provide additional clarity.

## STAFF RECOMMENDATION

Staff recommends the Board to review the proposed amended language and associated forms in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.2.

## PROPOSED MOTION LANGUAGE

Approve the proposed regulatory text and associated forms for section 1105.2, direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the

proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.2.

**Pros:** By approving staff's recommendation, the Board will provide for additional clarity to required curriculum required for dental hygiene educational programs and move the proposal forward in the regulatory process.

**Cons:** If the Board does not approve the recommended amendments to the regulatory language found in proposed 16 CCR section 1105.2 to clarify required curriculum for dental hygiene educational programs, it will prevent the proposal from moving forward in the regulatory process.

**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
PROPOSED LANGUAGE**

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Deleted text is indicated by <del>strikeout</del> .
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**Amend §1105.2 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§1105.2 Required Curriculum.**

- (a) The curriculum of an educational program shall meet the requirements of this section.
- (b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing
  - (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required,
  - (2) the standards used to measure the students' independent performance in each area, and
  - (3) the evaluation mechanisms by which competence is determined.
- (c) The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.
- (d) The content of the curriculum shall include biomedical and dental sciences and dental hygiene sciences and practice. This content shall be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency.
  - (1) Biomedical and Dental Sciences Content
    - (A) Cariology
    - (B) Dental Materials
    - (C) General and Maxillofacial Pathology and/or Pathophysiology
    - (D) Head, Neck and Oral Anatomy
    - (E) Immunology
    - (F) Oral Embryology and Histology
    - (G) Oral Pathology
    - (H) Pain management
    - (I) Periodontology
    - (J) Pharmacology
    - (K) Radiography
    - (L) Dental Anatomy and Morphology

- (2) Dental Hygiene Sciences and Practice Content
- (A) Community Dental Health
  - (B) Dental Hygiene Leadership
  - (C) Evidence-based Decision Making and Evidence-based Practice
  - (D) Health Informatics
  - (E) Health Promotion
  - (F) Infection and Hazard Control Management
  - (G) Legal and Ethical Aspects of Dental Hygiene Practice
  - (H) Medical and Dental Emergencies
  - (I) Oral Health Education and Preventive Counseling
  - (J) Patient Management
  - (K) Preclinical and Clinical Dental Hygiene
  - (L) Provision of Services for and Management of Patients with Special Needs
  - (M) Research
  - (N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases

- (3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage in accordance with the provisions of this subdivision.

(A) An educational program shall:

- ~~(i) Provide~~ infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005;
- (ii) Provide faculty to provide instruction to students in accordance with the minimum standards set forth in Section 1941 of the Business and Professions Code; and
- (iii) Retain staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.

- (B) An educational program shall provide at least one complete nitrous oxide-oxygen unit for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

- (C) An educational program shall comply with local, state, and federal health and safety laws and regulations.

**Commented [PA1]:** Broke out individual requirements for clarity and ease of understanding.

Previously read:

(A) An educational program shall provide faculty, infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005, and staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.

- (i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
- (ii) All students shall have access to the program's clinic and radiation hazardous communication plan.
- (iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

- (i) Indications and contraindications for all patients of:
  - 1. periodontal soft tissue curettage;
  - 2. administration and reversal of local anesthetic agents;
  - 3. nitrous oxide-oxygen analgesia agents
- (ii) Head and neck anatomy;
- (iii) Physical and psychological evaluation procedures;
- (iv) Review of body systems related to course topics;
- (v) Theory and psychological aspects of pain and anxiety control;
- (vi) Selection of pain control modalities;
- (vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
- (viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
- (x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
- (xii) Proper infection control procedures according to the provisions of ~~Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations~~ 16 CCR section 1005;
- (xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
- (xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

(E) Specific Curriculum Content.

Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of

periodontal soft tissue curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations 16 CCR section 1107.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the ~~Committee~~ Board to meet the requirements set forth in Business and Professions Code section 1909 and shall submit:

- (i) An "Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-04 (New 04/202010/2021) hereby incorporated by reference; and
- (ii) An SLN course syllabus certified by the educational program (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) for the out-of-state RDH educational program; and
- (iii) Payment of an application fee of \$500 to the Board.

Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) incorporated by reference at section 1107(a)(5).

(F) Out-of-State Applicants for Licensure. An out-of-state applicant for dental hygiene licensure may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR section 1107(b)(9). In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:

- (i) An "Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-05 (New 04/202010/2021) hereby incorporated by reference; and
- (ii) A SLN course syllabus (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) certified by the educational program for the RDH educational program of which the applicant is a graduate; and
- (iii) A "Certification of Completion of SLN Course Requirements" DHBC SLN-06 (New 04/202010/2021) hereby incorporated by reference, from the RDH educational program of which the applicant is a graduate; and
- (iv) Payment of an application fee of \$500 to the Board.

(4) Requirements for Radiation Safety and Radiography Techniques Instruction.

Approved educational programs shall, at a minimum, specifically include instruction in radiation safety and radiography techniques and shall comply with the requirements in accordance with the provisions of this subdivision in order to

**Commented [PA2]:** Updated date

**Commented [PA3]:** Amended to add specific references for clarity.

Previously read:

ii. A certified SLN course syllabus (to include individual SLN requirements) for the out-of-state RDH educational program; and

**Commented [PA4]:** Previously read:

(DHBC SLN-03 9/2019) hereby incorporated by reference.

**Commented [PA5]:** Added specific reference for clarity.

**Commented [PA6]:** Updated date.

**Commented [PA8]:** Updated date.

secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a dental hygiene educational program (DHEP) approved by the Board for instruction in dental hygiene shall be deemed to be an approved radiation safety course if the DHEP has submitted evidence satisfactory to the Board that it meets all the requirements set forth below.

(A) A DHEP shall provide infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005, all federal and state laws, rules, regulations, and all approved national and state accreditation standards established by the Department of Health Care Services (DHCS), Occupational Safety and Health Administration (OSHA), and the Commission on Dental Accreditation (CODA).

(B) Facilities.

There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures shall comply with 16 CCR section 1005, all applicable accreditation standards, and state and federal laws, rules, and regulations.

(i) A radiographic operatory shall be deemed adequate if it complies with the California Radiation Control Regulations (17 CCR commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every five students at least one functioning radiography machine which is adequately filtered and collimated in compliance with 17 CCR section 30311 and 17 CCR section 30311.1 and which is equipped with the appropriate position-indicating devices for each technique being taught.

(ii) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using manual, automatic, or digital equipment.

(iii) Radiology areas shall provide protection to patients, students, faculty, and observers in full compliance with all applicable state and federal laws, rules, and regulations.

(C) Program Content.

Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

**Commented [PA9]:** Struck "DHCS regulations" and added specific references for clarity.

Previously read:

"...adequately filtered and collimated in compliance with **DHCS regulations** and which is equipped with the appropriate position-indicating devices for each technique being taught."

- (i) A detailed course outline shall be provided to the students which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, preclinical, and clinical instruction.
- (ii) General program objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process, and evaluate dental radiographs with minimum competence.
- (iii) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical competencies and examinations.
- (iv) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:
  - (1) Radiation physics and biology;
  - (2) Radiation protection and safety;
  - (3) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs;
  - (4) Radiograph exposure and processing techniques using manual, automatic, and computerized digital methods;
  - (5) Radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity;
  - (6) Intraoral techniques and dental radiograph armamentaria, including holding devices;
  - (7) Interproximal examination including principles of exposure, methods of retention and evaluation;
  - (8) Intraoral examination including, principles of exposure, methods of retention and evaluation;
  - (9) Identification and correction of faulty radiographs;
  - (10) Infection control in dental radiographic procedures; and
  - (11) Radiographic record management.

(D) Radiation Safety.

Sufficient hours of didactic and laboratory instruction shall be provided to ensure that a student successfully demonstrates competency in radiation safety. Successful completion of a radiation safety competency must be achieved at a minimum of 75% and shall be required prior to utilization of radiographic techniques in laboratory and clinic.



(E) Laboratory Instruction.

Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on a radiology manikin at a minimum the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality.

- (i) Two (2) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings;
- (ii) Two (2) bitewing series, consisting of at least four (4) radiographs each; and
- (iii) Developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing may be utilized.
- (iv) Student and instructor written evaluation of radiographs.

(F) Clinical Experience.

There shall be sufficient clinical experiences as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. Clinical instruction shall include clinical experience on four (4) different patients with one (1) of the four (4) patients to be utilized for clinical competency. Clinical experience shall include:

- (i) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings. Such radiographs shall be of diagnostic quality. All exposures made on patients shall only be made for diagnostic purposes and shall in no event exceed three (3) additional exposures per patient. If traditional film packets are utilized, they must be double film.
- (ii) Performance of all clinical procedures on patients under the general supervision of a licensed dentist.
- (iii) Either or both:
  - a. Processing and mounting of analog exposed radiographs;
  - b. Computer digital exposure and sequencing.
- (iv) Student and instructor written evaluation of radiographs.

(G) Clinical Facilities.

Clinical facilities shall have the necessary equipment and accessories appropriate for the procedures to be performed and such equipment and accessories must be in safe operating condition. The clinical facilities shall be subject to the same requirements as those specified in subdivision (F)(d)(4)(B).

Commented [PA10]: Corrected reference.

(H) Length of Instruction.

Instruction shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques and shall in no event be less than thirty-two (32) clock hours, including at least eight (8) hours of didactic

instruction, at least twelve (12) hours of laboratory instruction, and at least twelve (12) hours of clinical instruction.

(e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.

(f) An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.

Note: Authority cited: Sections 1905, 1906, ~~and~~ 1909, and 1944, Business and Professions Code. Reference: Sections 1905, 1912, 1914, ~~and~~ 1941, 1944, and 1950.5, Business and Professions Code.

**Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia  
 (SLN) Course Provider Biennial Report**

<b>Date</b>		
<b>SLN Course Provider Name</b>		<b>CA Continuing Education (CE) Provider Number</b>
<b>Name and Title of SLN Course Director</b>		<b>SLN Course Provider Email</b>
<b>Affiliated Dental Hygiene or Dental Program</b>		<b>SLN Course Provider Phone</b>
<b>Mailing Address of SLN Course Provider*</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Clinical Facility Address (if different from above)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name of SLN Course</b>		

\*The SLN Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

**Requirements for SLN Course Approval:**

Each SLN Course approved by the Dental Hygiene Board of California (Board) must submit a biennial report pursuant to the California Code of Regulations, Title 16, section 1107, subdivision (a)(5). SLN Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a SLN Course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

Dates of Course Offered in the Past Two -Year Reporting Period	Number of Faculty involved in Course	Number of Attendees per Course

HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:	YES	NO
<b>1. SLN Course Policies and/or Procedures?</b> If yes, please describe and include updated policies and/or procedures.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>2. SLN Course Faculty?</b> If yes, please describe and include a current DHBC Faculty Biosketch (3/2021) as described in 16 CCR section 1107(b)(2)(E), and proof of current Educational Methodology for each faculty member.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>3. SLN Course Facilities or Equipment?</b> If yes, please describe and include updated facility map and/or equipment list.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>4. SLN Course Curriculum including syllabi, course hours, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules?</b> If yes, please describe and include a copy of the new curriculum and schedules.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

<b>HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:</b>	<b>YES</b>	<b>NO</b>
<b>5. SLN Course Student Attendee Applicant Form?</b> If yes, please describe and include updated form.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>6. SLN Course Certificate of Completion?</b> If yes, please describe and include updated certificate.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

**In utilizing this report form, please consult the regulations governing courses in Local Anesthesia, Nitrous Oxide, and Periodontal Soft Tissue Curettage in Title 16, section 1107 of the California Code of Regulations.**

**Certification:**

***I certify under the penalty of perjury under the laws of the State of California that the statements made in this biennial report are true and correct.***

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SLN Course Director

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



**Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (BPC) § 1909 and California Code of Regulations (CCR)  
Title 16, §§1105.2, 1107

**Non-Refundable Fee: \$500**  
**(Must accompany application)**

<b>DHBC USE ONLY</b>	
<u>Receipt</u>	<u>RC</u>
<u>Date Filed</u>	<u>\$</u>
<u>Approved</u>	<u>Denied</u>
<u>RP#</u>	

**PLEASE TYPE OR PRINT LEGIBLY.**

<u>Date</u>		
<u>Dental Hygiene Educational Program (DHEP) Name</u>		<u>DHEP Telephone Number</u>
<u>DHEP Director</u>		<u>DHEP Director Email</u>
<u>DHEP SLN Course Director</u>		<u>DHEP Course Director Email</u>
<u>DHEP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>DHEP Clinical Facility Address (if different from above)</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

**Requirements for Course Approval:**

An out-of-state Dental Hygiene Educational Program (DHEP) Course in SLN must be approved prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants. Each approved course must submit a biennial report as set forth in section 1105.2(d)(3)(E). Course records shall be subject to inspection by the Dental Hygiene Board of California (Board) at any time. The Board may withdraw approval at any time if it determines that a course does not meet the requirements of the law. Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

## Course Faculty Information\*

<u>Faculty Name</u>	<u>License Type</u>	<u>License # and State Issued</u>	<u>License Expiration Date</u>	<u>Date of latest Educational Methodology</u>

\*Course director and clinical and preclinical faculty must possess a valid, active dental hygiene/dental license in the state where instruction is being provided for at least two years prior to teaching periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) curriculum pursuant to 16 CCR sections 1107(b)(2)(A). Attach copies of each license and proof of education in educational methodology for all faculty pursuant to 16 CCR sections 1107(b)(2)(C) and 1107(b)(6)(C) **(Label as Exhibit A)** along with a faculty calibration plan pursuant to 16 CCR section 1107(b)(6)(C) **(Label as Exhibit B)**.

<b><u>Please answer the following:</u></b>	
<p>1. <u>Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u></p> <ul style="list-style-type: none"> <li><u>Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policy and procedures, and didactic, pre-clinical, and clinical schedules <b>(Label as Exhibit C)</b>.</u></li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. <u>Will there be a lecture classroom, a patient clinic area, a sterilization facility, and radiology area for use by students pursuant to 16 CCR section 1107(b)(3)(A)?</u></p> <ul style="list-style-type: none"> <li><u>Attach a facility site map indicating each of these areas <b>(Label as Exhibit D)</b>.</u></li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. <u>Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught pursuant to 16 CCR section 1107(b)(3)(B)?</u></p> <ul style="list-style-type: none"> <li><u>Attach a list of equipment available for the students. <b>(Label as Exhibit E)</b>.</u></li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b><u>Please answer the following:</u></b>	
<p>4. <u>Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan pursuant to 16 CCR sections 1107(b)(4)(A) and (b)(4)(B)?</u></p> <ul style="list-style-type: none"> <li>• <u>Attach a copy of both the program's hazardous waste management plan <b>(Label as Exhibit F)</b> and hazardous communication plan <b>(Label as Exhibit G)</b>.</u></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>5. <u>Will all students receive a copy of the bloodborne and infectious diseases exposure control plan including emergency needlestick procedures pursuant to 16 CCR section 1107(b)(4)(C)?</u></p> <ul style="list-style-type: none"> <li>• <u>Attach a copy as provided to students. <b>(Label as Exhibit H)</b>.</u></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. <u>Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with 16,CCR sections 1107(b)(8) and (b)(9) and a copy be provided to students?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>7. <u>Will the course's duration allow a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Periodontal Soft Tissue Curettage Requirements:</u></b>	
<p>8. <u>Will instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>9. <u>Will instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course and the competency evaluation for this procedure will be achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Local Anesthesia Requirements:</u></b>	
<p>10. <u>Will instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>



**Local Anesthesia Requirements:**

11. <u>Will curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Will preclinical instruction of the aforementioned injections in question 11 include a minimum of two (2) experiences per injection, which may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Will clinical instruction of the aforementioned injections in question 11 include at least four (4) clinical experiences per injection to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Will clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. <u>Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Nitrous Oxide-Oxygen Analgesia Requirements:**

16. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. <u>Will each clinical experience in the administration of nitrous oxide-oxygen analgesia include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Please answer the following:</u></b>	
19. Specify the <b>total number of hours</b> for all three areas in the course that will be taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):  <div style="display: flex; justify-content: space-around;"> <span>Didactic: _____</span> <span>Pre-Clinical: _____</span> <span>Clinical: _____</span> </div>	
20. Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to 16 CCR section 1107(b)(6)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Acknowledgement:</u></b>	
22. Will the DHEP inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes pursuant to 16 CCR section 1107(b)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Have you reviewed BPC section 1909 and Title 16, Division 11 of the CCR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Do you agree to abide by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR <b>AND</b> do you acknowledge that failure to do so may result in loss of course approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Board may approve or deny approval of any course. If the Board denies approval of a course, the reasons for denial will be provided in writing within 90 days.**

## **Certification:**

**I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.**

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

## **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## **Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (BPC) §1909, California Code of Regulations (CCR)  
Title 16, §§ 1105.2, 1107

**Non-Refundable Fee: \$500**  
**(Must accompany application)**

### **DHBC USE ONLY**

<u>Receipt</u>	<u>RC</u>
<u>Date Filed</u>	<u>\$</u>
<u>Approved</u>	<u>Denied</u>

**PLEASE TYPE OR WRITE LEGIBLY**

<u>Date</u>		
<b><u>Registered Dental Hygienist (RDH) SLN Certification Applicant Information:</u></b>		
<u>Name</u>		<u>Telephone Number</u>
<u>Address</u>		<u>Email Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<b><u>Dental Hygiene Educational Program (DHEP) Information:</u></b>		
<u>DHEP Name</u>		<u>Phone Number</u>
<u>Program Director</u>		<u>Program Director Email</u>
<u>SLN Course Director</u>		<u>SLN Course Director Email</u>
<u>DHEP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

### **Requirements for SLN Course Certification Acceptance:**

An out-of-state Dental Hygiene Educational Program (DHEP) Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) must be reviewed prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants pursuant to BPC section 1909. Applicant records shall be subject to inspection by the Dental Hygiene Board of California (Board) pursuant to 16 CCR section 1107(b)(6)(D).

<b><u>Please answer the following:</u></b>	
<p>1. <u>Did the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u></p> <p><b><u>Include a copy of your SLN curriculum to include syllabi and student evaluation mechanisms (clinical skills and competency assessment forms, remediation policy and procedures). Label as Exhibit A.</u></b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. <u>Did the course's duration allow for the development of competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u></p> <p><b><u>Include a copy of your didactic, pre-clinical and clinical schedules. Label as Exhibit B.</u></b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b><u>Periodontal Soft Tissue Curettage Requirements:</u></b>	
<p>3. <u>Did instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. <u>Did instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one was on another student and one of which was used to determine clinical competency in the course and the competency evaluation for this procedure was achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b><u>Local Anesthesia Requirements:</u></b>	
<p>5. <u>Did instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. <u>Did curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b><u>Local Anesthesia Requirements:</u></b>	
7. <u>Did preclinical instruction of the aforementioned injections in question six include a minimum of two (2) experiences per injection, which may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>Did clinical instruction of the aforementioned injections in question six include at least four (4) clinical experiences per injection which included two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. <u>Did clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection which included one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. <u>Did clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Nitrous Oxide-Oxygen Analgesia Requirements:</u></b>	
11. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may have been on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Did each clinical experience include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Please answer the following:</u></b>		
14. <u>Specify the <b>total number of hours</b> for all three areas within the course that was taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):</u>		
Didactic: _____	Pre-Clinical: _____	Clinical: _____

**Acknowledgement:**

15. <u>Did you successfully complete the course after achievement of a minimum of 75% in each clinical competency and are deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. <u>Have you reviewed California BPC section 1909 and 16 CCR sections 1105.2 and 1107?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. <u>Do you certify that the course you completed meets all requirements of BPC section 1909 and 16 CCR sections 1105.2 and 1107?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Board may approve or deny acceptance of any course. If the Board denies acceptance of a course, the reasons for denial will be provided in writing within 90 days.**

**Certification:**

**I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.**

\_\_\_\_\_  
Signature of SLN Certification Applicant

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, § 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



**CERTIFICATION OF COMPETENCY IN PERFORMANCE OF  
 PERIODONTAL SOFT TISSUE CURETTAGE, LOCAL ANESTHESIA,  
 AND NITROUS OXIDE-OXYGEN ANALGESIA (SLN)**

**PLEASE TYPE OR PRINT LEGIBLY**

<u>Date</u>			
<b><u>Registered Dental Hygienist (RDH) Applicant Information</u></b>			
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Date of Birth</u>
<u>Address</u>			
<u>City</u>		<u>State</u>	<u>Zip Code</u>
<u>Home Phone</u>	<u>Mobile Phone</u>	<u>Email Address</u>	

<b><u>Dental Hygiene Educational Program (DHEP) Information</u></b>		
<u>DHEP Name</u>		
<u>Dates of Attendance by RDH Applicant</u>		<u>Date of Graduation of RDH Applicant</u>
<u>From</u>	<u>To</u>	
<u>DHEP Director</u>		<u>DHEP Director Email Address</u>
<u>Address</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>DHEP Phone Number</u>		<u>DHEP Director Phone Number</u>



<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections:</u> <u>Injections to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient,</u>  <u>Only one (1) injection may be on another student.</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement</u>
<u>Anterior Superior Alveolar (ASA)</u>	<u>2</u>	<u>4</u>	
<u>Middle Superior Alveolar (MSA)</u>	<u>2</u>	<u>4</u>	
<u>Anterior Middle Superior Alveolar (AMSA)</u>	<u>2</u>	<u>4</u>	
<u>Posterior Superior Alveolar (PSA)</u>	<u>2</u>	<u>4</u>	
<u>Greater Palatine (GP)</u>	<u>2</u>	<u>4</u>	
<u>Supraperiosteal</u>	<u>2</u>	<u>4</u>	
<u>Inferior Alveolar (IA)</u>	<u>2</u>	<u>4</u>	
<u>Lingual</u>	<u>2</u>	<u>4</u>	
<u>Buccal</u>	<u>2</u>	<u>4</u>	
<u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u>			

<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement.</u>
<u>Nasopalatine</u>	<u>2</u>	<u>4</u>	
<u>Mental</u>	<u>2</u>	<ol style="list-style-type: none"> <li><u>One (1) experience on the right side of a patient</u></li> <li><u>One (1) experience on the left side of a patient</u></li> <li><u>Only one (1) injection may be on another student.</u></li> </ol>	

<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
<u>Incisive</u>	<u>2</u>	<ol style="list-style-type: none"> <li>1. <u>One (1) experience on the right side of a patient</u></li> <li>2. <u>One (1) experience on the left side of a patient</u></li> <li>3. <u>Only one (1) injection may be on another student.</u></li> </ol>	
<b><u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u></b>			

<u>Nitrous Oxide-Oxygen Sedation</u>	<u>Required Preclinical Experiences</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> <li>1. <u>Minimum two experiences.</u></li> <li>2. <u>Both experiences may be on another student.</u></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>Minimum three (3) experiences.</u></li> <li>2. <u>One experience may be on another student.</u></li> <li>3. <u>One experience must be used to determine competency.</u></li> <li>4. <u>Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience.</u></li> </ol>	
<b><u>Competency evaluation for the Nitrous Oxide-Oxygen Sedation experience was achieved at a minimum of 75%.</u></b>			

<u>Soft Tissue Curettage</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> <li>1. <u>Minimum three (3) experiences.</u></li> <li>2. <u>One experience may be on another student.</u></li> <li>3. <u>One experience must be used to determine competency.</u></li> </ol>	
<b><u>Competency evaluation for the Soft Tissue Curettage experience was achieved at a minimum of 75%.</u></b>		

**SLN CERTIFICATION:**

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE CALIFORNIA RDH  
APPLICANT ABOVE SUCCESSFULLY COMPLETED AND DEMONSTRATED  
CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO  
CALIFORNIA CODE OF REGULATIONS TITLE 16, DIVISION 11 §1107(b)(8-9).**



**PRINTED NAME OF PROGRAM DIRECTOR**

**SIGNATURE OF PROGRAM DIRECTOR**

**DATE**

## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 15: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1115. Retired Licensure.</b>

## BACKGROUND

At the November 20, 2020 Full Board WebEx Teleconference, the Board approved proposed language relative to the implementation of retired licensure for RDHs, RDHAPs, and RDHEFs, and directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments on the Board's proposed regulations regarding retired licensure. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

## STAFF RECOMMENDATION:

Staff recommends the Board to consider and approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulation implementing retired licensure.

Additionally, staff recommends the Board to consider and approve the proposed modified text and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice for California Code of Regulations (CCR), Title 16, Division 11 section 1115.

## PROPOSED MOTION LANGUAGE

Approve the proposed regulatory text for section 1115, approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulations implementing retired licensure, direct staff to take all steps

necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice for California Code of Regulations (CCR), Title 16, Division 11 section 1115.

**Pros:** If the Board approves the addressed comments and amended regulatory language for 16 CCR 1115: Retired Licensure, the proposal will move forward in the regulatory process.

**Cons:** If the proposed comments and amended regulatory language is not approved for 16 CCR 1115: Retired Licensure will prevent the proposal from moving forward in the regulatory process.

## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS PROPOSED LANGUAGE

### Modified Text

#### Legend:

<u>Underlined</u>	Indicates proposed regulatory language.
<u><del>Underlined Strikeout</del></u>	Indicates proposed deletions to the proposed text.
<u><u>Double Underlined</u></u>	Indicates proposed additions to the original text.

#### **§1115. Retired Licensure.**

- (a) A retired license shall be issued to a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) if the licensee meets the following requirements:
- (1) Holds an active license or an inactive license that was not placed on inactive status as a result of revocation or suspension;
  - (2) Submits to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (New 11/20), hereby incorporated by reference; and
  - (3) Submits an \$80 fee to the Board.
- (b) Once the Board has issued a retired license, the holder of a retired license shall:
- (1) Be exempt from continuing education requirements;
  - (2) Be exempt from renewal of the retired license; and
  - (3) Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.
- (c) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.
- (d) The Board shall not be prevented from investigating violations or taking action against a retired license for violations of laws governing the practice of dental hygiene.

(e) To restore a license to active status, the holder of a retired license shall comply with the following requirements:

~~(1) Request to restore his or her license to active status within three (3) years of issuance of the retired license; and~~

~~(2) (1) Submit a completed "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02 (New 10/20), hereby incorporated by reference;~~

~~(3) (2) Payment of a \$160 fee as required by the Board;~~

~~(4) (3) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1016 and 1017; and~~

~~(5) (4) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.~~

~~(f) Should a licensee seek to restore their license more than three (3) years after issuance of the retired license, the licensee must file a new application for licensure.~~

(f) The holder of a retired license shall be allowed to provide educational services, oral health training programs, oral health screenings, application of fluoride or fluoride varnish, and pit and fissure sealants free of charge in any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity, including nonprofit organizations. For purposes of this section, the following shall apply:

(1) "Nonprofit organization" means a tax-exempt nonprofit corporation supported and maintained in whole or in substantial part by donations, bequests, gifts, grants, government funds, or contributions, in the form of money, goods, or services, where dental hygiene services are performed. A nonprofit organization shall not be construed to be engaging in the unlicensed practice of dentistry.

(2) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6.

(3) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6.

Note: Authority cited: Sections 464, 1905, 1906, and 1944 Business and Professions Code. Reference cited: Sections 464, 1626.6, 1906, and 1944 Business and Professions Code.

## **Summary of Comments to Proposed Title 16, California Code of Regulations, Section 1115**

### **A. June 11, 2021 email from Patricia Maruko.**

#### **Comment A-1**

##### **Comment Summary:**

This comment questions as to why the Board has taken years to decide on a retired license status for registered dental hygienists (RDHs). Additionally, Ms. Maruko states she has been retired for three years, already paid for an inactive status license, and does not wish to pay for a retired status license.

##### **Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board has actively been pursuing a regulatory package to establish a retired license category and acknowledges that the regulatory process is lengthy.

Additionally, Business and Professions Code (BPC) section 464(b)(4) authorizes the Board to establish an appropriate application fee to cover the reasonable cost of issuing a retired license. BPC section 1944(a)(14) provides for the establishment of a fee (\$80) at not more than half the license renewal fee (\$160) to cover administrative and processing procedures.

Accordingly, the Board is making no changes to the proposed regulations in response to this comment.

### **B. July 13, 2021 letter from Heidi Coggan, RDHAP, BS, President of the California Dental Hygienists' Association (CDHA).**

#### **Comment B-1**

##### **Comment Summary:**

Ms. Coggan requests the Board include language to allow RDHs with an expired license to volunteer their services at community and nonprofit events and health fairs. She states they firmly believe in the valuable services volunteer retirees could provide would benefit the public by increasing access to care, and to exclude the retiree population would unnecessarily reduce the number of volunteer RDHs available for such events.



## Response:

The Board acknowledges the comment and has prepared modified text to address the concern.

BPC section 464(b)(2) provides the holder of a retired license issued shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.

The Board acknowledges the valuable resources that a retired RDH may provide to promote oral health in limited form on a volunteer basis. Accordingly, the Board amends section 1115 in response to this comment as follows:

- (f) The holder of a retired license shall be allowed to provide educational services, oral health training programs, oral health screenings, application of fluoride or fluoride varnish, and pit and fissure sealants free of charge in any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity, including nonprofit organizations. For purposes of this section, the following shall apply:
  - (1) "Nonprofit organization" means a tax-exempt nonprofit corporation supported and maintained in whole or in substantial part by donations, bequests, gifts, grants, government funds, or contributions, in the form of money, goods, or services, where dental hygiene services are performed. A nonprofit organization shall not be construed to be engaging in the unlicensed practice of dentistry.
  - (2) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6 of the Business and Professions Code (Code).
  - (3) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6 of the Code.

## Comment B-2

### Comment Summary:

Ms. Coggan questions the need for a three-year restriction on reinstatement of a retired license. She states RDHs are currently able to place their licenses on inactive status which does not include any limitations as to the number of years the RDHs could remain inactive before reactivating their licenses, nor does it include require continuing education requirement. She states in both cases the RDH is not practicing and not required to take continuing education, therefore, reactivation of both licensure categories should be subject to the same requirements. She states a three-year restriction for reactivation of the retired license placed upon retirees is discriminatory and requests the elimination of the three-year reinstatement limit.

**Response:**

The Board acknowledges the comment and has prepared modified text to address the concern.

The Board acknowledges within both the “retired” and “inactive” licensure categories, the RDH is not practicing and not required to take continuing education, and therefore, reactivation of both licensure categories should be subject to the same requirements.

Accordingly, the Board amends section 1115 to strike (f) in the proposed text in response to this comment.

**C. June 16, 2021 letter from Barbara Briley.****Comment C-1****Comment Summary:**

Ms. Briley questions why the Board has only allowed three years to convert the retired license back to active status. Ms. Briley stated that she has practiced as a clinical instructor, in dental offices, and internationally for 24 years and forced to retire due to health concerns. She stated to be denied renewal after a 3-year period is disheartening and a disservice to RDHs.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**D. July 12, 2021 letter from Susan McLearn.****Comment D-1****Comment Summary:**

Ms. McLearn questions why the Board is requiring the display of the “retired” designation alongside their credentials. Ms. McLearn states she was unsure of the intention and questioned if the designation was to deter illegal practice. She states the designation seems demeaning, and that she and most others would never practice illegally. Ms. McLearn stated that if concern was due to consumer protection, that the Board should include an example of how one would legally display their credentials.

**Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board determined that, as the holder of a retired license is prohibited from practicing, it is imperative that the retired licensee make clear that he or she is no longer a practicing RDH when using his or her earned professional title to prevent misleading the public that they are able to provide dental hygiene care. Additionally, the regulation makes clear how to display one's credentials. Subdivision (b)(3) states: "Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation."

Accordingly, the Board is making no changes to the proposed regulations in response to this comment.

## **Comment D-2**

### **Comment Summary:**

Ms. McLearn questions why the Board will not allow retired RDHs to volunteer their services as this would be a disservice to the consumer. Ms. McLearn states if an RDH retires after many years of practice, they do not lose their skills, and requiring CE to reactivate one's license seems fair, equitable, and protective of the public. Additionally, Ms. McLearn requested for the Board to consider a reduced rate for those on a fixed income or to acknowledge 50 years of practice. Furthermore, she stated she would like to participate in volunteer opportunities and for the Board to "make it clear" within the regulation.

### **Response:**

The Board incorporates by reference its response to Comment B-1 above regarding volunteering.

The Board acknowledges the comment regarding a reduced rate, and makes no revisions to the text based thereon.

As noted in the response to Comment A-1 above, BPC section 464(b)(4) authorizes the Board to establish an appropriate application fee to cover the reasonable regulatory cost of issuing a retired license. BPC section 1944(a)(14) provides for the establishment of a fee (\$80) at not more than half the license renewal fee (\$160) to cover administrative and processing procedures.

Accordingly, the Board is making no changes to the proposed regulations in response to this comment.

**Response:**

**E. June 15, 2021 letter from Maureen Titus, RDHAP, BS.**

**Comment E-1**

**Comment Summary:**

Ms. Titus expresses her concerns regarding subdivision (c) and its restriction of practice. Ms. Titus states that without retired volunteers, many clinics and public health events will cease to exist and create an even greater need for the underserved in California. Ms. Titus requests the Board to consider amending the language to allow retired RDHs to be part of a critical oral health team at volunteer events and free clinics which provide dental care to the underserved and uninsured people in California. Ms. Titus attached the Dental Board of California's (DBC) "Reduced Fee/ Retired Status Information" document and requests the Board to consider what the DBC has in place for retired dentists.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**F. July 14, 2021 letter from Lisa Okamoto, RDH.**

**Comment F-1**

**Comment Summary:**

Ms. Okamoto requests the Board remove the three-year time requirement to reactivate a retired license.

**Response:**

The Board incorporates by reference its response to Comment B-2 above.

**Comment F-2**

**Comment Summary:**

Ms. Okamoto requests the Board to allow retired hygienists to provide preventive dental hygiene services at public health, community and non-profit events.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**G. June 11, 2021 letter from Catherine Lynn Taylor, RDH.**

Ms. Taylor extends her strong support of the retired license category and states the provisions of this regulatory package would allow her to end her career with dignity.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**H. June 13, 2021 letter from Stephany A. Skenderian, RDH.**

Ms. Skenderian states that she approves of and has no comments on the regulation.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**I. June 18, 2021 letter from Karen Olson, RDH.**

Ms. Olson states she has been retired for nearly three years, currently holds a current license, and is in favor of the proposed regulations establishing a retired license for RDHs. She states she would choose the retired option when available and thanks the Board for looking into this need for RDHs and finding a solution.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**J. June 26, 2021 letter from Claudia Sego, RDH.**

Ms. Sego strongly urges the Board to approve retired licensure status. She states the word “delinquent” has negative meaning and after working more than fifty years would like to be “retired” rather than “delinquent”.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**K. July 22, 2021 letter from Beth Mudie, RDH.**

Ms. Mudie encourages the Board to allow dental hygienists to retire their licenses. She

has been licensed in six states since 1967 due to being a military wife and has been able to retire her licenses in the other states. Ms. Mudie is 74 and feels it is time to retire her California license (where she lives), but she would either have to continue to pay a fee or let her license “go into arrears.” She states both of the choices are unreasonable as she has maintained a “clean slate” over her career.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**L. July 27, 2021 letter from Cristy T. Sturgis, RDH.**

Ms. Sturgis states she is in favor of the Board adopting a “retired” Registered Dental Hygienist status. She stated after 42 years of maintaining her RDH license in good standing in California, it was insulting when deciding whether to renew her license the only options were “Active”, “Inactive”, or to be considered “delinquent”, “cancelled” or “expired”. Ms. Sturgis stated that dedicating 42 years to her profession deserves the respect of a “Retired” RDH status.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**M. September 23, 2021 letter from Pat Bianchi, RDH.**

Ms. Bianchi states she recently put her license on an inactive status and agrees that the option to put her license on retired status would be much better. She believes the most important consideration is to respect the license holder's time, energy, commitment and expense to have received the license in the first place. Ms. Bianchi states her license is one of the biggest achievements in her life and trusts that the Board will respect and always keep in mind that each and every licensed dental professional committed themselves to many years of schooling and sacrifice to earn their license and that always needs to be respected and nurtured. She asked the Board to never lose sight of the person behind each license.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**From:** [Patricia Maruko](#)  
**To:** [Petty, Adina@DCA](#)  
**Cc:** [Lum, Anthony@DCA](#)  
**Subject:** Section 1115 of Title 16  
**Date:** Friday, June 11, 2021 3:15:26 PM

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[EXTERNAL]: [REDACTED]

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I have been inquiring about the lack of a retired dental hygiene license status.

**A-1**

I have been retired for three years, paid for inactive status in 2019, and do not intend on practicing as a dental hygienist, therefore do not need to pay for a current or inactive license. Nor do I wish to pay for a retired status.

Why has it taken the Board years to make a decision on a retired license status?

Thank you.  
Patricia



*California Dental Hygienists' Association*  
*The Voice of Dental Hygiene*

July 13, 2021

Adina Pineschi-Petty, DDS  
DHBC Legislative Specialist  
2005 Evergreen St., Suite 1350  
Sacramento, CA 95815

Dr. Pineschi-Petty,

**B-1** The California Dental Hygienists' Association (CDHA) recommends the Dental Board of California (DHBC) consider language to amend the proposed regulatory language Section 1115, Retired License. At the November 2021 meeting, when the proposed language was on the Board agenda, Maureen Titus representing CDHA requested that the Board include language to allow Registered Dental Hygienists (RDHs) with an expired license to volunteer their services at community and nonprofit events and health fairs.

CDHA firmly believes the valuable services volunteer retirees could provide would benefit the public by increasing access to care. Participation in such events by oral health care providers is crucial to achieving the goals of these organizations in increasing access to preventive services. RDHs may choose to retire their licenses for a variety of reasons that would not in any way impair their ability to provide preventive care such as oral health screenings, educational services, oral health training, application of fluoride, and pit and fissure sealants. To exclude the retiree population would unnecessarily reduce the number of volunteer dental hygienists available for such events.

**B-2** In addition to the recommendation for amended language allowing retirees to volunteer, CDHA recommends the removal of the three-year limit to reinstate a retired license.

CDHA questions the need for a restriction on reinstatement of a retired license. Currently, RDHs are able to place their licenses on inactive status. Once the license is inactive, there are no limitations as to the number of years the RDHs could remain inactive before reactivating their licenses. In both cases, the RDHs are not practicing and are not required to take continuing education. Reactivation of both licensure categories should require the same requirements.



It is the opinion of CDHA that the three-year restriction for reactivation of the retired license being place upon retirees is discriminatory. The assumption being that should one retire for three years, he/she is unfit to practice past the three-year mark. There currently is no evidence to support this assumption.

CDHA supports the DHBC's work toward developing regulations for a retired license. However, CDHA is not in support of the current regulatory language. Without amended language to allow retirees to volunteer and removal of the three-year restriction, CDHA would not be able to support the proposed regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Coggan', with a stylized flourish at the end.

Heidi Coggan, RDHAP, BS  
President  
California Dental Hygienists' Association

CC: Jennifer Tannehill

**From:** [Barbara Briley](#)  
**To:** [Petty, Adina@DCA](#); [Barbara Briley](#)  
**Subject:** retired lisense  
**Date:** Wednesday, June 16, 2021 11:56:49 AM

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[EXTERNAL]: [REDACTED]

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Adina,

C-1

I am not sure I understand the reasoning to not allow retired/ inactive RDH's not renew their license , should they choose.

I have been an active hygienist till forced into retire due to Leukemia and then a Bone Marrow Transplant.

I have worked from 1994 - 2018. I have worked in dental offices, traveled to Mexico to offer toothbrushes/ home care in Spanish to daycares and elementary schools and worked as a clinical instructor, as well as teaching off campus adjunct courses till I could no longer work.

My license is up for renewal in October. My plan is to put in in "IN-Active" status.....with the hope of "you never know". Volunteer at CE check-ins , just stay active in some capacity, even taking CE courses on line for my own enrichment.

To have our license, that we all worked so hard for be denied renewal after a 3-year period is disheartening and a disservice for those who are proud to be an RDH whether gainfully employed or not.

I would like to hear back from you on this upcoming preproposal I was emailed about. Please, tell me I am reading it wrong???

I also am Voting a HUGE NO to this and this email can be read by my permission at any meeting or legislation.

With Respect,

Barbara Briley, RDH

[REDACTED]  
[REDACTED]

July 12, 2021

Adina A. Pineschi-Petty DDS, Regulatory Specialist  
Anthony Lum, Executive Officer  
Dental Hygiene Board of California  
2005 Evergreen St., Suite 1350  
Sacramento, CA 95815

RE: 16 CCR 1115

Dear Dr. Pineschi-Petty and Mr. Lum,

Below I am detailing my concerns about the proposed regulation listed above that deals with the creation of a "retired" category of Registered Dental Hygienist and Registered Dental Hygienist in Alternative Practice licensure. Somehow I appear to have missed an open discussion on the wording of the regulation. My concerns are about consumer protection and parity of intention, and service/disservice to the consumer.

**D-1**

When regulations are promulgated, is the reasoning or background available? It seems that some, not all, professionals who can access a retired category have to so designate on written materials. What is your reasoning? Do you think this protects the consumer in some way? Or are you thinking that there are many who would act illegally and this would be some sort of deterrent? Are California dentists required to so designate? Personally, the designation seems demeaning, especially since I, and no doubt most others, would never practice illegally.

If indeed you have reasonable consumer protection motives, I would suggest that you include an example of how one would legally display their credentials.

**D-2**

There are many important and valuable areas of service in which retired hygienist would likely participate. Not allowing volunteer work would be a disservice to the consumer. The dissimilarity between the inactive and retired category seems punitive. Please note that just because someone retires after many, many years of practice (in my case over 50) they do not lose their skills. Requiring CE to reactive ones license seems fair, equitable and protective of the public.

As a person who holds both the RDH and RDHAP licenses and is on a fixed income, I would appreciate a reduced rate if only to acknowledge 50 years of practice. In addition, I would like to be able to participate in CDA Cares, Tzu Chi and other volunteer opportunities. If you see value in this, please consider making the opportunity clear in the regulation.

Sincerely,

Susan McLearn, MS, RDH, RDHAP

**From:** [Maureen Titus](#)  
**To:** [Petty, Adina@DCA](#); [Lum, Anthony@DCA](#)  
**Subject:** Section 1115 of Title16, CCR  
**Date:** Tuesday, June 15, 2021 11:02:48 PM

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Adina A. Pineschi-Petty, DDS

Anthony Lum

Dental Hygiene Board of California

2005 Evergreen Street , Suite 1350

Sacramento, CA 95815

June 15, 2021

RE: 16 CCR 1115 Proposed Regulation for Retired Licensure – Written Comments

Dear Dr. Petty and Mr. Lum,

I am responding to the email that DHBC is accepting written comments regarding the regulatory language for the above Section 1115 of Title 16, CCR.

E-1 I am writing to again express my concerns regarding the Retired Licensure for RDH/RDHAP holders. Specifically subdivision ( c ) Restriction of Practice. Without retired volunteers, many clinics and public health events will cease to exist and create an even greater need for the underserved in California.

At the Nov. 21, 2020, DHBC meeting I spoke about this issue and concerns with Retired licensees volunteering for oral health screenings or any other public health programs. The current proposed language will limit the opportunity for retired dental hygienists to be part of a critical oral health team at volunteer events and even free clinics which provide dental care to the underserved and uninsured people in California. Just because someone is retired does not translate into being unable to perform dental hygiene treatment/care.

Attached to this email is the Dental Board of CA (DBC) Reduced

Fee/Retired Status Information. Dentists are allowed to offer dental services if they continue with their continuing education requirement. They have a Retired Active status (ability to offer dental services) or Retired Inactive status (with no ability to offer dental services) the same could apply for RDH/RDHAPs. Without retired volunteers many clinics and public health events will cease to exist and create an even greater need for the underserved in California. Having a retired active or inactive dental hygiene status is a more sensible direction.

Even though this has been discussed over time I believe this section still needs to be amended further to consider what the DBC has put in place for Retired Dentists. It appears even after verbal comments at a DHBC meeting no discussion by the Board on the volunteering issue took place.

Thank you for your willingness to consider this suggestion to make a positive change for Retired RDH/RDHAP license holders.

Maureen Titus, RDHAP, BS

Past President California Dental Hygienists Association

**Maureen Titus, RDHAP, BS**

**Past President, CA Dental Hygienists' Association**

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**From:** [Lisa](#)  
**To:** [Petty, Adina@DCA](#); [Lum, Anthony@DCA](#)  
**Subject:** Title 16 CCR 1115 Proposed Regulation for Retired Licensure – OPPOSE UNLESS AMENDED  
**Date:** Thursday, July 15, 2021 12:08:07 PM

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[EXTERNAL]: [REDACTED]

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July 14, 2021

Adina A. Pineschi-Petty DDS, DHBC  
[Adina.petty@dca.ca.gov](mailto:Adina.petty@dca.ca.gov)

Anthony Lum, Executive Director DHBC  
[Anthony.lum@dca.ca.gov](mailto:Anthony.lum@dca.ca.gov)

**RE: Title 16 CCR 1115 Proposed Regulation for Retired Licensure – OPPOSE UNLESS AMENDED**

Dear Dr. Petty and Mr. Lum,

I appreciate the Dental Hygiene Board of California's efforts in developing regulatory language for a retired licensure category for Registered Dental Hygienists (RDH) and RDH in Alternative Practice (RDHAP). However, I question whether any meaningful benefit will be gained as the proposed regulations are currently written, and therefore Oppose Unless Amended.

My concerns echo those being expressed by the California Dental Hygienists' Association (CDHA). I offer the following suggestions, with the hope of improving the proposed regulations for the benefit of both the public and California dental hygienists. California has a shortage of dental professionals and these amendments will help maintain the available dental workforce.

1.


**F-1**

1. **Remove the 3 year time requirement to reactivate a retired license, or risk permanent cancellation of the license:** There should be no time limitation for reactivation of a retired license. The proposed 3-year time requirement to reactivate, under threat of permanent cancellation, is unreasonable given that even an expired license will not be cancelled for at least 5 years and there is no time limit whatsoever for an inactive license to be reactivated. The holder of a retired license remains just as professionally capable in "retirement" as the holder of an inactive license; both must meet continuing education requirements prior to reactivation. Removing the 3-year time requirement to reactivate does not affect the DHBC's goal of a less onerous fee as stated in the Statement of Purpose and allows experienced hygienists the flexibility of license reactivation without the added barrier of needing to apply for a new license.

**F-2**

2. **Allow retired hygienists to provide preventive dental hygiene services at public health, community and non-profit events:** Many "retired" dental hygienists retain the desire, skill and knowledge to volunteer and provide much needed dental services at events for underprivileged Californians. Current regulations allow retired dentists to volunteer their services; dental hygienists should have the same opportunity. Please consider amending these proposed regulations so that retired dental hygienists may volunteer and participate at public health, community and non-profit dental healthcare events.

Thank you for considering these suggestions.

Respectfully submitted,  
Lisa Okamoto RDH  
Past President, California Dental Hygienists' Association  




**From:** [clt91405@aol.com](mailto:clt91405@aol.com)  
**To:** [Petty, Adina@DCA](mailto:Petty,Adina@DCA)  
**Cc:** [Lum, Anthony@DCA](mailto:Lum,Anthony@DCA)  
**Subject:** RDH Retired Status, Proposed Regulation Change  
**Date:** Friday, June 11, 2021 11:22:25 AM

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I am writing to Strongly Support this new category of licensure for the RDH. I am very proud of my career as an RDH and have wondered of late how to handle my license as I near retirement. The options that are currently available have never felt right. This would allow me to end my career, when that time comes, with dignity. I am very pleased to see that this is being considered.

Catherine Lynn Taylor  
RDH 10922

**From:** [Stephany Skenderian](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Section 1115 California Code of Regulations  
**Date:** Sunday, June 13, 2021 1:32:34 PM

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[EXTERNAL]: [REDACTED]

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.....  
I approve of the and have no comments for section 1115for Retired Licensure.  
Stephany A. Skenderian  
RDH 7946  
Active license currently.

**From:** [Karen Olson](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** In favor of RDH Retired License reg.  
**Date:** Friday, June 18, 2021 10:12:19 PM

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Hello, I have been retired for nearly 3 years and will be renewing my license soon. I am very much in favor of the proposed regulations establishing a Retired License for RDH's. I would certainly choose the Retired option if it was available by my August 31<sup>st</sup> renewal date. I'm pretty sure it will not be available that soon but will definitely choose it next renewal cycle. Thank you for looking into this need for so many of us and finding a solution.

Sincerely, Karen Olson RDH Lic. 14292

**From:** [Claudia Sego](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Section 1115  
**Date:** Saturday, June 26, 2021 6:35:34 PM

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.....  
I strongly urge you to approve the "retired" status. The word delinquent has negative meaning. After working more than 50 years I certainly would like to be retired rather than delinquent!  
Claudia Sego RDH

Sent from my iPhone

**From:** [beth mudie](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Retirement of dental hygiene license  
**Date:** Thursday, July 22, 2021 10:49:07 PM

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I would encourage the passage to allow dental hygienists to retire their licenses. I have been licensed in 6 states and have been a dental hygienist since 1967. My career spanned years of being a military wife and I have been able to retire my licenses in the other states. Now that I am 74 I feel it is time to do that here in CA where I live, but it is my understanding that I would either have to continue to pay a fee or let my license go into arrears. I find either unreasonable as I have maintained a "clean slate" over all these years CA RDH#20501

**From:** [Ron Sturgis](#)  
**To:** [Petty, Adina@DCA](#)  
**Cc:** [Lum, Anthony@DCA](#)  
**Subject:** "Retired Licensure"  
**Date:** Tuesday, July 27, 2021 12:15:41 PM

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[EXTERNAL]: [REDACTED]

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.....

I am in favor of the Dental Hygiene Board of California adopting a "Retired" Registered Dental Hygienist status.

After 42 years of maintaining my RDH license in good standing in California, it was insulting to me when deciding whether to renew my license, that my only options were "Active" or "Inactive" status or to be considered "delinquent", "cancelled" or "expired".

Dedicating 42 years to my profession deserves the respect of a "Retired" Registered Dental Hygienist status.

Thank you,

Cristy T Sturgis, RDH, "Retired"

**From:** [Pat Bianchi](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** retired status for RDH  
**Date:** Thursday, September 23, 2021 11:22:29 AM

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[EXTERNAL]: [REDACTED]

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Proposed retired status for RDH,

**M**

I recently put my license on inactive status. I agree that the option to put my license on retired status would be much better. I believe the most important consideration is to respect the license holder's time, energy, commitment and expense to have received the license in the first place.

My RDH license is one of the biggest achievements in my life. I trust that the DHBC will respect and to always keep in mind that each and every licensed dental professional committed themselves to many years of schooling and sacrifice to earn their license and that always needs to be respected and nurtured. Please never lose sight of the person behind each license.

Thank you for allowing me to voice my opinion.

Pat Bianchi

## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Anthony Lum Executive Officer
<b>SUBJECT</b>	<b>FULL 16: Discussion and Possible Action on 2022 Senate Committee on Business, Professions, and Economic Development Omnibus Bill Recommendations.</b>

## BACKGROUND

Each year, the Senate Committee on Business, Professions, and Economic Development sponsors an Omnibus Bill to address any non-substantive changes in existing statute to help clarify, define, or correct the information that's in the language. Committee staff has contacted us for any Omnibus Bill recommendations to be submitted to them by the mid-January deadline for inclusion in the bill.

## STAFF RECOMMENDATION:

Staff recommends acceptance of the Board's non-substantive statutory changes for the Omnibus Bill and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review. One example is the name change for the Office of Statewide Health Planning and Development (OSHDP) to Department of Healthcare Access and Information (HCAI) in the Board's statutory language.



## FULL 17: Legislative Bills of Interest Current as of 11/2/2021

### Upcoming Legislative Calendar Highlights:

- **January 1, 2022** – Statutes take effect.
- **January 3, 2022** – Legislature reconvenes to begin the second year of the two-year session.
- **January 21, 2022** – Last day to submit bill requests to Legislative Counsel.
- **January 31, 2022** – Last day for each house to pass bills introduced in 2021 in their house.
- **February 18, 2022** – Last day for bills to be introduced into the 2021-2022 session.

Legislation	Topic	Status	DHBC Position as of 7/17/21
AB 29 (Cooper)	<p><b>State bodies: meetings.</b> This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting.</p> <p>The bill would require those writings or materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.</p>	Two-year bill; may be acted upon in January 2022	Held as oppose unless Amended (Letter sent March 2021)
AB 54 (Kiley)	<p><b>COVID-19 emergency order violation: license revocation.</b> This bill would prohibit the Department of Consumer Affairs, a board within the Department of Consumer Affairs, and the</p>	Two-year bill; may be acted upon in January 2022	Held as oppose unless Amended (Letter sent March 2021)

Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>Department of Alcoholic Beverage Control from revoking a license for failure to comply with any COVID-19 emergency orders unless the board or department can prove that lack of compliance resulted in transmission of COVID-19.</p> <p>This bill would declare that it is to take effect immediately as an urgency statute.</p>		
AB 107 (Salas)	<p><b>Licensure: veterans and military spouses</b></p> <p>This bill would expand the requirement to issue temporary licenses to include licenses issued by the Dental Hygiene Board of California. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would further specify that an applicant seeking a temporary license submit a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license in the same area and scope of practice for which the applicant holds a license in another state, district, or territory of the United States.</p> <p>The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year. This bill would require boards not subject to the temporary licensing provisions described above to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as provided. The bill</p>	<p><b>10/8/21:</b> Signed by the Governor Chapter 693 Statutes of 2021</p>	Watch

Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license, in the same area and scope of practice as a license issued by another state, district, or territory of the United States.</p> <p>The bill would require an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.</p>		
AB 339 (Lee)	<p><b>Amended to: Local government: open and public meetings</b> This bill would require meetings for local agencies to have a call-in or internet-based service option that provides closed captioning provided to the public.</p> <p>Excerpt from Governor's Message: "...AB 339 limits flexibility and increases costs for the affected local jurisdictions trying to manage their meetings."</p>	<p>Amended on 4/15/21 To remove requirements for "state bodies".</p> <p><b>10/7/21:</b> Vetoed by Governor</p>	Oppose unless Amended (3/21) to Watch
AB 526 (Wood)	<p><b>Dentists and Podiatrists: clinical laboratories: vaccines.</b> Would authorize a dentist, if the dentist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease Control and Prevention or the California Pharmacists Association toward the fulfillment of a dentist's or dental hygienist's continuing education requirements.</p>	<p><b>10/8/21:</b> Signed by the Governor Chapter 653 Statutes of 2021</p>	Watch
AB 646 (Low)	<b>Department of Consumer Affairs: boards: expunged convictions.</b>	Two-year bill; may be acted	Watch

Legislation	Topic	Status	DHBC Position as of 7/17/21
	This bill would require boards and bureaus (boards) under the Department of Consumer Affairs (Department) that post information on their website about a revoked license, when the revocation is due to a criminal conviction, to update or remove information about the revoked license should the board receive an expungement order related to the conviction. This bill would authorize a board to charge a fee to perform these activities, not to exceed the necessary cost of administering this bill.	upon in January 2022	
AB 657 (Cooper)	<b>State civil service system: personal services contracts: professionals.</b> This bill would prohibit a state agency from entering into a contract with a professional, as defined, for a period of more than 365 consecutive days or for a period of 365 nonconsecutive days in a 24-month period.	4/21/21: Amended to exclude DCA Boards and Bureaus  Two-year bill; may be acted upon in January 2022	Oppose unless Amended (3/21) to Watch
AB 733 (Chiu)	<b>Dental hygienists: registered dental hygienist in alternative practice.</b> Would make a statement of legislative intent to enact legislation that would expand access to oral healthcare for children enrolled in Medi-Cal and pregnant people by allowing registered dental hygienists in alternative practice to partner with medical professionals in medical settings to provide fluoride treatments and oral health education and to coordinate care with dental providers and the dental care system.	Two-year bill; may be acted upon in January 2022	Support
AB 858 (Jones-Sawyer)	<b>Employment: health information technology: clinical practice guidelines: worker rights.</b> Current law establishes the Department of Consumer Affairs and establishes various boards within its jurisdiction, including those charged with the licensure and regulation of practice in the various healing arts. This bill would provide that the use of technology shall not limit a worker who is providing direct	Two-year bill; may be acted upon in January 2022	Watch

Legislation	Topic	Status	DHBC Position as of 7/17/21
	patient care from exercising independent clinical judgment in the assessment, evaluation, planning and implementation of care, nor from acting as a patient advocate.		
AB 927 (Medina/Choi)	<p><b>Public postsecondary education: community colleges: statewide baccalaureate degree program.</b></p> <p>Current law, until July 1, 2026, authorizes the Board of Governors of the California Community Colleges, in consultation with the California State University and the University of California, to establish a statewide baccalaureate degree pilot program. Current law requires that program to consist of a maximum of 15 community college districts, with one baccalaureate degree pilot program each. Would extend the operation of the statewide baccalaureate degree pilot program indefinitely. The bill would remove the requirements that the program consist of a maximum of 15 community college district programs and for a student to commence a program by the end of the 2022–23 academic year. The bill would require a community college district seeking approval to offer a baccalaureate degree program to provide evidence of unmet workforce needs to the Chancellor of the California Community Colleges, as provided.</p>	<p><b>10/6/21:</b> Signed by the Governor Chapter 565 Statutes of 2021</p>	Support
AB 1273 (Rodriguez)	<p><b>Interagency Advisory Committee on Apprenticeship: The Director of Consumer Affairs and the State Public Health Officer.</b></p> <p>Existing law requires the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, to identify opportunities for “earn and learn” job training opportunities that meet the industry’s workforce demands and that are in high-wage, high-demand jobs. Existing law defines “earn and learn” to include programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure</p>	<p><b>10/5/21:</b> Signed by the Governor Chapter 477 Statutes of 2021</p>	Oppose Unless Amended (Letter sent 7/21)

Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.</p> <p>This bill would prohibit the Department of Consumer Affairs and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would require boards of the Department of Consumer Affairs and the State Department of Public Health to use licensing or certification standards that authorize the use of earn and learn trainings.</p>		
AB 1552 (Garcia, Eduardo)	<p><b>Dentistry: foreign dental schools: applications.</b></p> <p>Current law, beginning January 1, 2020, prohibits the Dental Board of California from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. Existing law requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved. This bill would instead require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2030, to remain approved.</p>	Inactive bill, Died.	Watch
SB 534 (Jones)	<p><b>Dental hygienists.</b></p> <p>This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special</p>	10/4/21: Signed by the Governor Chapter 491 Statutes of 2021	Support

Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.</p> <p>This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.</p> <p>This bill would require a new or existing educational program for registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions to comply with to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.</p> <p>This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.</p> <p>Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass</p>		



Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>an examination upon completion of training, or both.</p> <p>This bill would require the training to be in a remedial education course approved by the board.</p>		
<p>SB 607 (Min/Roth)</p>	<p><b>Professions and vocations.</b></p> <p>(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.</p> <p>Existing law provides for the issuance of temporary licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.</p> <p>This bill, on and after July 1, 2022, would require a board to waive the licensure application fee and the initial or original license fee for an applicant who meets these expedited licensing requirements.</p>	<p><b>09/28/21:</b> Signed by the Governor Chapter 367 Statutes of 2021</p>	<p>Watch</p>



Legislation	Topic	Status	DHBC Position as of 7/17/21
	<p>(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.</p> <p>This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.</p>		
<p>SB 731 (Durazo/Bradford)</p>	<p><b>Criminal records: relief.</b></p> <p>This bill would make this relief available to a defendant who has been convicted of any felony.</p> <p>This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted, on or after January 1, 2005, of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, post release supervision, and parole, and a period of four years has elapsed during which the defendant was not convicted of a new offense, except as specified.</p>	<p>Two-year bill; may be acted upon in January 2022</p>	<p>Oppose Unless Amended (Letter sent 7/21)</p>

Legislation	Topic	Status	DHBC Position as of 7/17/21
	These types of records provide a holistic view of an applicant in the context of consumer protection and are vital to our vetting process. The bill weakens consumer protections integral to the Board's enforcement processes and the bill's undermining of the Board's legislative mandate of consumer protection.		
SB 772 (Ochoa Bogh)	<p><b>Professions and vocations: citations: minor violations.</b></p> <p>Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.</p> <p>This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.</p> <p>Investigations by the Board are often complicated and require many manhours. This bill would limit the DHBC's ability to recoup costs incurred by the Board during the course of investigations.</p>	Two-year bill; may be acted upon in January 2022	Oppose

## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 18: Dental Hygiene Educational Program Site Visit Update and Schedule.</b>

1. Cypress College (Cypress)
  - a. Site visit generated as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On March 3, 2020 a site visit was conducted at the Cypress campus.
  - c. Current Status:
    - i. In compliance.
      1. Remaining deficiency of a permanent program director assignment corrected July 30, 2021.
2. Concorde Career College – San Diego (CCC-SD)
  - a. Site visit generated due to the review of CCC-SD's Self Study as required by the Commission on Dental Accreditation (CODA) and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On May 27, 2021 a site visit was conducted at the CCC-SD campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See CCC-SD reports.
3. San Joaquin Valley College – Ontario (SJVC-Ontario)
  - a. Site visit generated due to appointment of a new program director and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On June 24, 2021 a site visit was conducted at the SJVC-Ontario campus.
  - c. Current Status:
    - i. In compliance.
    - ii. See SJVC-Ontario reports.
4. Chabot College Dental Hygiene Education Program (Chabot)
  - a. Focused site visit on September 8, 2021 generated due to deficiencies discovered during the review of Major Change Report documentation submitted by Chabot on April 22, 2021 and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. Current Status:
    - i. Not in compliance.
    - ii. See Chabot reports.

5. Santa Rosa Junior College (SRJC)
  - a. Site visit generated due to appointment of a new program director and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On September 16, 2021 a site visit was conducted at the SRJC campus.
  - c. Current Status:
    - i. In compliance.
    - ii. See SRJC reports.
6. Southwestern College (SWC)
  - a. Site visit generated due to appointment of a new program director and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On September 28, 2021 a site visit was conducted at the SWC campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See SWC report.
7. Fresno City College (Fresno)
  - a. Site visit generated due to the review of Fresno's Self Study as required by CODA and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On October 27, 2021 a site visit was conducted at the Fresno campus.
  - c. Current Status:
    - i. In compliance.
    - ii. See Fresno report.
8. Oxnard College (Oxnard)
  - a. Site visit generated due to the review of Oxnard's Self Study as required by CODA and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On November 4, 2021 a site visit was conducted at the Oxnard campus.
  - c. Current Status:
    - i. Not in compliance.
    - ii. See Oxnard report.

<b>RDH Educational Program</b>	<b>CODA Visit Previous/Next Scheduled</b>	<b>DHBC Visit(s) Previous/Next Scheduled</b>
Cabrillo College	2019 / 2027	November 7, 2019
Carrington - Sacramento	2013 / September 22-23, 2021	February 10, 2021
Carrington - San Jose	2013 / June 22-23, 2021	October 25, 2017 November 16, 2020
Cerritos College	2016 / 2024	February 15, 2017 TBD / New Program Director
Chabot College	2015 / 2023	September 8, 2021

<b>RDH Educational Program</b>	<b>CODA Visit Previous/Next Scheduled</b>	<b>DHBC Visit(s) Previous/Next Scheduled</b>
Concorde Career College-Garden Grove	2019 / 2027 Request to increase enrollment by 10/cohort=34	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 Needs SV after expansion completion
Concorde Career College-San Bernardino	2018 / 2026 Request to increase enrollment by 8/cohort=32	December 20, 2016 January 19, 2018 Needs SV after expansion completion
Concorde Career College-San Diego	2013 / May 18-19, 2021	December 19, 2016 May 27, 2021
Cypress College	2015 / 2023	March 3, 2020 TBD / New Program Director
Diablo Valley College	2017 / 2025	February 26, 2019
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2013 / September 30-October 1, 2021	October 27, 2021
Loma Linda University	2016 / 2024	February 24, 2022 / New Program Director
Moreno Valley College	2019 / 2027	May 30, 2017
Oxnard College	2013 / October 26-27, 2021	November 4, 2021
Pasadena City College	2016 / 2024	February 23, 2022 / New Program Director
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2014 / 2022	June 24, 2021
San Joaquin Valley College - Visalia	2019 / 2026	November 14, 2019
Santa Rosa Junior College	2015 / 2023	September 16, 2021
Shasta College	2015 / 2023	March 23, 2021
Southwestern College	2015 / 2023	September 22, 2021
Taft College	2016 / 2024	May 8, 2017 May 15, 2017 June 9, 2017 July 24, 2017
University of Southern California	2015 / 2023	Discontinued August 31, 2021
University of the Pacific	2019 / 2022	February 13, 2020
West Coast University	2017 / 2025	TBD
West Los Angeles College	2017 / 2025	October 30, 2018

August 4, 2021

JoAnna Schilling, Ph.D.  
President  
Cypress College  
9200 Valley View Street  
Cypress, CA 90630

Dear Dr. Schilling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on March 3, 2020 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

The current status as to the remaining deficiency is as follows:

## 1. Deficiency 2 - Program Director Assignment

### a. Evidence of compliance due on July 30, 2021:

- i. Cypress shall provide evidence of a "Dental Hygiene Program Director" position and responsibilities pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
- ii. Evidence of compliance shall include, but not limited to, the formal DHEP Director signed contract and assignment schedule.

### b. Evidence provided by Cypress on July 30, 2021:

- i. Addendum to Cypress College "Follow-Up Report – Part V".
- ii. Curriculum vitae for Kristen Stevens.
- iii. Assignment schedule for Kristen Stevens.
- iv. DHBC Biosketch for Kristen Stevens.

### c. DHBC Determination:

- i. **In compliance.**
- ii. Cypress to maintain a Dental Hygiene Program Director with responsibilities pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.

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 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](mailto: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  
Dr. Stephen Schoonmaker, Interim Dean, Health Science Division, Cypress College  
Dr. Kristen Stephens, Dental Hygiene Educational Program Director, Cypress College

July 2, 2021

Rachel Saffel, MSM  
Campus President  
Concorde Career College – San Diego  
4393 Imperial Avenue  
San Diego, CA 92128

Dear President Saffel,

The Dental Hygiene Board of California (DHBC) conducted a site visit on May 27, 2021 of the Concorde Career College Dental Hygiene Program (CCC-SD). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On June 30, 2021, CCC-SD provided evidence for Deficiency 1, which was due on July 1, 2021. The determination is as follows:

**1. Deficiency 1 – Clinical Staffing, Sterilization, and Infection Control Oversight**

- a. Site Visit:
  - i. Deficient oversight of clinic administration.
    - 1. Assistant Clinic Co-Ordinator resigned in April 2021 equating a 50% staff reduction.
      - a. CCC-SD did not notify the DHBC of the 50% reduction prior to the site visit.
      - b. One clinical staff member overseeing clinic administration as well as clinic infection control processes.
  - ii. Deficient oversight of sterilization processes.
    - 1. Due to the 50% clinical staff reduction, sterilization and infection control oversight insufficient as it should be overseen at all times students are present in the clinic and in the sterilization area during sterilization processes.
- b. Refer to:
  - i. 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.



- ii. 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.
- iii. 16 CCR section 1105.3(a)(2)(D)  
(a) Each dental hygiene program holding a certificate of approval shall:  
(2) Notify the Committee within ten (10) days of any:  
(D) Programmatic reduction in program faculty or support staff of more than 10%.
- iv. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- v. 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 regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.
- c. Evidence Provided by CCC-SD
  - i. On June 30, 2021, CCC-SD stated “On April 16<sup>th</sup>, 2021, our previous Assistant Clinic Coordinator resigned. Since that time, the position was posted on Indeed, Glassdoor, and LinkedIn. By the time of the DHBC site visit on May 27<sup>th</sup>, a viable candidate had not been located. The position was then advertised with Direct Dental Staffing, a local dental employment agency. As a result, we have found and hired an appropriate applicant, Jessica Vickers, who is an RDA. As documentation of this, a copy of her signed offer letter and a copy of her license are attached.

- ii. CCC-SD provided a copy of a signed offer letter and a copy of RDA licensure for Jessica Vickers.
- d. Determination
  - i. **In compliance.**
  - ii. CCC-SD shall continue to provide notification of staff reductions to the DHBC pursuant to 16 CCR Section 1105.3(a)(2)(D).
  - iii. CCC-SD shall continue to provide adequate oversight to clinic, sterilization, and infection control processes pursuant to 16 CCR Section 1105 (i), 16 CCR Section 1105 (k), in addition to CODA Standard 3-11, and CODA Standard 4-1.

## 2. Deficiency 2 – Faculty Facilities:

- a. Documentation
  - i. Self Study page 14
    - 1. Previous CODA Recommendation:
 

“Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety. Since the previous CODA site visit the college has allotted additional office space for the three full-time faculty members leaving the former space for the part time faculty members. See exhibit D below. Student academic records are kept in locked filing cabinets in the faculty offices and the program director’s office.”
- b. Site Visit:
  - i. Full-Time Faculty Office
    - 1. Three faculty members share one small office.
    - 2. Insufficient space and privacy afforded to faculty to meet with students.
  - ii. Part-Time Faculty Office
    - 1. Eleven faculty members share one small office.
    - 2. Five Nitrous Oxide-Oxygen delivery systems stored within the office.
    - 3. Insufficient space and privacy afforded to faculty to meet with students.
- c. Refer to
  - i. 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.

- ii. 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 regulations
- iii. CODA Standard 4-6  
Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.
- d. Determination
  - i. **Not in compliance.**
  - ii. CCC-SD shall provide faculty facilities pursuant to 16 CCR Section 1105(i), 16 CODA Standard 4-1 and CODA Standard 4-6.
  - iii. CCC-SD shall provide evidence of compliance by **August 1, 2021.**

### **3. Deficiency 3 – Student Scheduling and Student Support**

- a. Site Visit:
  - i. Junior and senior cohort student schedules were provided immediately before the term providing insufficient time to arrange schedules to accommodate childcare and work commitments.
  - ii. Books not provided to students in advance of courses.
    - 1. Business manager responsible for distribution out on leave, no substitute overseeing book distribution.
- b. Refer to:
  - i. 16 CCR section 1105(d)  
The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
  - ii. 16 CCR 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.
  - iii. CODA Standard 2-7  
Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

- c. Determination:
  - i. **Not in compliance.**
  - ii. CCC-SD to provide timely student schedules and book distribution pursuant to 16 CCR section 1105(d), 16 CCR 1105(i), in addition to meeting CODA Standard 2-7.
  - iii. CCC-SD shall provide evidence of compliance by **August 1, 2021.**

#### 4. Deficiency 4 – Faculty Assignments

- a. Documentation:
  - i. Self Study page 68
    - 1. “The program has three full-time faculty, three part-time faculty, five supervising dentists, and five substitute faculty positions. No positions are vacant at this time.”
- b. Site Visit:
  - i. Five “supervising dentists” and five “substitute faculty” do not have a part-time contract agreement.
- c. Refer to:
  - i. 16 CCR 1105.1(b)
 

“Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.
- d. Determination
  - i. **Not in compliance.**
  - ii. CCC-SD to provide full- and part-time faculty agreements for all faculty pursuant to 16 CCR section 1105.1(b).
  - iii. CCC-SD shall provide evidence of compliance by **August 1, 2021.**

#### 5. Deficiency 5 – Program Facilities

- a. Site Visit:
  - i. Clinical Chairs
    - 1. Breaks down regularly requiring repair preventing student utilization.

- a. Poses a barrier to efficient usage of clinic time and student learning.
  - ii. Instrument Washer
    - 1. Broken and therefore requires students to utilize an ultrasonic cleaner which allows only two instrument cassettes to be cleaned at a time.
      - a. Poses a barrier to efficient usage of clinic time and student learning.
  - iii. Student Internet Access
    - 1. Slow, not conducive to utilization for exams or student assignments (e.g., visual aids accompanying exam questions not loading).
      - a. Poses a barrier to efficient usage of time and student learning.
  - iv. Radiology Dexter
    - 1. Broken which decreases learning resources.
      - a. Poses a barrier to efficient usage of time and student learning.
  - v. Clinic and Radiology Computers
    - 1. Slow and not conducive to learning (e.g., computers fail to recognize clinic software programs).
    - 2. Computers fail to recognize radiology sensors.
      - a. Poses a barrier to efficient usage of clinic time and student learning.
  - vi. Storage space
    - 1. Current storage inadequate and poses access concerns/tripping hazards.
      - a. Improper storage of disposable supplies in the labs.
      - b. Improper storage of five Nitrous Oxide-Oxygen delivery systems stored in the part-time faculty office.
- b. Refer to:
- i. 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
  - ii. 16 CCR Section 1105.2(d)(3)(A)  
An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

iii. 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 regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

c. Determination

i. **Not in compliance**

- ii. CCC-SD shall provide adequate program facilities pursuant to 16 CCR Section 1105(i), 1105.2(d)(3)(A), in addition to CODA Standard 4-1.
- iii. CCC-SD shall provide evidence of compliance by **August 1, 2021**.

## 6. Deficiency 6 – Program Director Job Description

a. Documentation:

i. Self Study page 330

1. Does not include a minimum of a master's degree as a requirement in the Program Director's job description.

b. Refer to:

i. 16 CCR 1105.1(a)(2)

Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation.

c. Determination

i. **Not in compliance.**

- ii. CCC-SD shall correct the Program Director's job description to include requirement found in 16 CCR 1105.1(a)(2).
- iii. CCC-SD shall provide evidence of compliance by **August 1, 2021**.

CCC-SD is required to provide evidence of compliance to remaining deficiencies (Deficiencies 2 through 6) no later than **August 1, 2021**.

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 meet the same educational standards in preparing their graduates for the profession. If CCC-SD does not correct the above remaining deficiencies by **August 1, 2021**, CCC-SD risks the DHBC's approval of the CCC-SD Dental Hygiene Educational Program and for CCC-SD graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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  
Destry Lievanos, MBA, Academic Dean, CCC-SD  
Laurel Sampson RDH, M.Ed., Dental Hygiene Program Director, CCC-SD

August 2, 2021

Rachel Saffel, MSM  
Campus President  
Concorde Career College – San Diego  
4393 Imperial Avenue  
San Diego, CA 92128

Dear President Saffel,

The Dental Hygiene Board of California (DHBC) conducted a site visit on May 27, 2021 of the Concorde Career College Dental Hygiene Program (CCC-SD). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On June 30, 2021, CCC-SD provided evidence for Deficiency 1, which was due on July 1, 2021. Additionally, CCC-SD provided evidence for the remaining deficiencies on July 30, 2021. The determinations are as follows:

**1. Deficiency 1 – Clinical Staffing, Sterilization, and Infection Control Oversight required to be corrected by July 1, 2021:**

- a. Site Visit:
  - i. Deficient oversight of clinic administration.
    - 1. Assistant Clinic Co-Ordinator resigned in April 2021 equating a 50% staff reduction.
      - a. CCC-SD did not notify the DHBC of the 50% reduction prior to the site visit.
      - b. One clinical staff member overseeing clinic administration as well as clinic infection control processes.
  - ii. Deficient oversight of sterilization processes.
    - 1. Due to the 50% clinical staff reduction, sterilization and infection control oversight insufficient as it should be overseen at all times students are present in the clinic and in the sterilization area during sterilization processes.
- b. Refer to:
  - i. 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.

- ii. 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.
- iii. 16 CCR Section 1105.3(a)(2)(D)  
(a) Each dental hygiene program holding a certificate of approval shall:  
(2) Notify the Committee within ten (10) days of any:  
(D) Programmatic reduction in program faculty or support staff of more than 10%.
- iv. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- v. 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 regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

c. Evidence Provided by CCC-SD on June 30, 2021:

CCC-SD stated:

- i. "On April 16<sup>th</sup>, 2021, our previous Assistant Clinic Coordinator resigned. Since that time, the position was posted on Indeed, Glassdoor, and LinkedIn. By the time of the DHBC site visit on May 27<sup>th</sup>, a viable candidate had not been located. The position was then advertised with Direct Dental Staffing, a local dental employment agency. As a result, we have found and hired an appropriate applicant, Jessica Vickers, who is an RDA. As

documentation of this, a copy of her signed offer letter and a copy of her license are attached.”

- ii. CCC-SD provided a copy of a signed offer letter and a copy of RDA licensure for Jessica Vickers.
- d. Determination
  - i. **In compliance.**
  - ii. CCC-SD shall continue to provide notification of staff reductions to the DHBC pursuant to 16 CCR section 1105.3(a)(2)(D).
  - iii. CCC-SD shall continue to provide adequate oversight to clinic, sterilization, and infection control processes pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11, and CODA Standard 4-1.

## **2. Deficiency 2 – Faculty Facilities required to be corrected by August 1, 2021:**

- a. Documentation
  - i. Self Study page 14
    - 1. Previous CODA Recommendation:  
“Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety. Since the previous CODA site visit the college has allotted additional office space for the three full-time faculty members leaving the former space for the part time faculty members. See exhibit D below. Student academic records are kept in locked filing cabinets in the faculty offices and the program director’s office.”
- b. Site Visit:
  - i. Full-Time Faculty Office
    - 1. Three faculty members share one small office.
    - 2. Insufficient space and privacy afforded to faculty to meet with students.
  - ii. Part-Time Faculty Office
    - 1. Eleven faculty members share one small office.
    - 2. Five Nitrous Oxide-Oxygen delivery systems stored within the office.
    - 3. Insufficient space and privacy afforded to faculty to meet with students.
- c. Refer to
  - i. 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.

- ii. 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 regulations
- iii. CODA Standard 4-6  
Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

d. Evidence Provided by CCC-SD on July 30, 2021:

i. CCC-SD stated:

“The dental hygiene program space was evaluated to determine the best method to create additional space for faculty offices, storage of nitrous oxide units and other supplies, and a private conference room for student counseling. An initial floor plan to show the new configuration of the space to allow for these areas.

The following changes will be made to accommodate the necessary resources for students and faculty. The changes noted on the attached floor plans include:

1. The front desk and patient reception area will be converted to office space to accommodate 12 faculty carrels.
2. The part time office area will be converted to a private conference area.
3. The full time office area will be converted to a front desk and patient reception area.
4. Classroom #206 will be converted into storage space.

Construction is expected to begin in August 2021 and be completed by December 2021.”

ii. CCC-SD provided “Exhibit 1: DH Program Reconfiguration Floor Plan”

e. Determination

- i. **Not in compliance.**
- ii. CCC-SD shall provide faculty facilities pursuant to 16 CCR section 1105(i), 16 CODA Standard 4-1, and CODA Standard 4-6.
- iii. CCC-SD shall provide evidence of compliance by **December 31, 2021.**

**3. Deficiency 3 – Student Scheduling and Student Support required to be corrected by August 1, 2021:**

a. Site Visit:

- i. Junior and senior cohort student schedules were provided immediately before the term providing insufficient time to arrange schedules to accommodate childcare and work commitments.
- ii. Books not provided to students in advance of courses.
  1. Business manager responsible for distribution out on leave, no substitute overseeing book distribution.

b. Refer to:

- i. 16 CCR Section 1105(d)

The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
- ii. 16 CCR 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.
- iii. CODA Standard 2-7

Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

c. Evidence Provided by CCC-SD on July 30, 2021:

CCC-SD stated:

- i. "Term schedules are typically delivered to the students one month in advance of the term start date. Due to changes in faculty assignments, the Term II-V-VIII schedule was late. The Term III-VI-IX schedule was delivered on July 21st for the August 23rd start. The Term I-IV-VII schedule will be delivered on or before October 8, 2021, one month prior to the term start.

The general practice for textbooks is to issue them at the beginning of each term. To maintain compliance with DHBC standards, moving forward students will receive textbooks the final week of the preceding term. Program directors have been given the book receipts so they can administer book distribution in the event the business office manager is not available."

- ii. CCC-SD provided "Exhibit 2: Term III-V-IX Schedule and Exhibit 3: Term I-IV-VII."

- d. Determination:
  - i. **In compliance.**
  - ii. CCC-SD to continue to provide timely student schedules and book distribution pursuant to 16 CCR section 1105(d), 16 CCR section 1105(i), in addition to meeting CODA Standard 2-7.

#### **4. Deficiency 4 – Faculty Assignments required to be corrected by August 1, 2021:**

- a. Documentation:
  - i. Self Study page 68
    - 1. “The program has three full-time faculty, three part-time faculty, five supervising dentists, and five substitute faculty positions. No positions are vacant at this time.”
- b. Site Visit:
  - i. Five “supervising dentists” and five “substitute faculty” do not have a part-time contract agreement.
- c. Refer to:
  - i. 16 CCR Section 1105.1(b)

“Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.
- d. Evidence Provided by CCC-SD on July 30, 2021:

CCC-SD stated:

  - i. “Concorde dental hygiene faculty have had three designations, full time, part time, and substitute. Per DHBC standards, all substitute faculty have been moved to a part-time designation.

All faculty confirm by email their assignments in advance of the assigned term. To comply with DHBC standards and expectations, all faculty have signed written teaching assignment agreements for the current term. Moving forward, teaching assignment agreements will be prepared prior to the ensuing term.”

  - ii. CCC-SD provided “Exhibit 4: Part-Time Faculty Notification and Exhibit 5: Faculty Teaching Agreements.”

- e. Determination
  - i. **In compliance.**
  - ii. CCC-SD to continue to provide full- and part-time faculty agreements for all faculty pursuant to 16 CCR section 1105.1(b).

**5. Deficiency 5 – Program Facilities required to be corrected by August 1, 2021:**

- a. Site Visit:
  - i. Clinical Chairs
    - 1. Breaks down regularly requiring repair preventing student utilization.
      - a. Poses a barrier to efficient usage of clinic time and student learning.
  - ii. Instrument Washer
    - 1. Broken and therefore requires students to utilize an ultrasonic cleaner which allows only two instrument cassettes to be cleaned at a time.
      - a. Poses a barrier to efficient usage of clinic time and student learning.
  - iii. Student Internet Access
    - 1. Slow, not conducive to utilization for exams or student assignments (e.g., visual aids accompanying exam questions not loading).
      - a. Poses a barrier to efficient usage of time and student learning.
  - iv. Radiology Dexter
    - 1. Broken which decreases learning resources.
      - a. Poses a barrier to efficient usage of time and student learning.
  - v. Clinic and Radiology Computers
    - 1. Slow and not conducive to learning (e.g., computers fail to recognize clinic software programs).
    - 2. Computers fail to recognize radiology sensors.
      - a. Poses a barrier to efficient usage of clinic time and student learning.
  - vi. Storage space
    - 1. Current storage inadequate and poses access concerns/tripping hazards.
      - a. Improper storage of disposable supplies in the labs.
      - b. Improper storage of five Nitrous Oxide-Oxygen delivery systems stored in the part-time faculty office.

b. Refer to:

i. 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

ii. 16 CCR Section 1105.2(d)(3)(A)

An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

iii. 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 regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

c. Evidence Provided by CCC-SD on July 30, 2021.

CCC-SD stated:

- i. "Clinic Chairs: The current patient chairs were manufactured by Pelton-Crane, which is no longer in business. Because of this, parts are becoming increasingly difficult to obtain. At this time, all 12 chairs are fully functional. To ensure students have access to functional equipment and improve efficiency in the clinic, the program has developed a timeline to replace all patient chairs. Beginning in 2022, the program will purchase three chairs per year until all have been replaced with new units. Furthermore, we will use parts from chairs taken out of commission to repair existing chairs should the need arise. In the event a chair becomes inoperable at any time, it will be replaced."



- ii. "Instrument Washer: The Hydrim instrument washer was purchased in February 2021. However, the new model experienced a number of breakdowns and the individual people who investigated it, i.e. the Henry Schein repairmen, Sci-Cam manufacturer's representative, and the plumber struggled to determine what the problem was. After several attempts to fix the washer, it was determined that the water pressure in the building appeared to be inadequate to supply the machine. To address the problem, a water purification/pumping system that functions with lower pressure was installed. As a result, the Hydrim instrument washer is now in full-working order."
- iii. "Student Internet Access: Concorde has a dedicated Wi-Fi connection for the use of faculty, staff, and students that has the appropriate bandwidth and power to serve the needs of this population. Following the DHBC visit, we discovered the poor internet service experienced by the students was due to the fact that they were using the visitor connection and saturating its narrow bandwidth rather than the dedicated connection for faculty, staff, and students. The students have been shown how to connect to the correct Wi-Fi connection and have not experienced any further struggles with bandwidth."
- iv. "Radiology Dexter Mannequin: The dental hygiene program has four radiologic dexter mannequins, one for each radiology operatory. These mannequins are used to teach the DHCA1401 lab during Term 4. Because they get very heavy use, after each occurrence of DHCA1401 lab they are sent to their manufacturer for "boot camp" repairs. Following the most recent use, faculty had to improvise a temporary repair because the manufacturer repair did not work as expected. We have ordered a replacement. The manufacturer's representative notified us that there may be a delay in production but we will have the new one in time for the next occurrence of the course in April 2022."
- v. "Clinic Computers: We have purchased a new computer for each operatory cart. The purchase order is included for review."
- vi. "Radiology Computers: Following the DHBC site visit, the IT department investigated the four radiology computers. They identified three problems with the them
  - 1. The processing and image population was slowed due to an abundance of images taken by previous cohorts. These images have been deleted to improve the speed of processing and image population.
  - 2. The computers did not have sufficient memory to handle the current usage. All computers have been either replaced or updated to include additional memory, which will improve usage and functionality.
  - 3. 3. An additional computer was added so that the panoramic unit has its own dedicated CPU. These changes have resulted in a



significant increase in the processing speed of the radiology  
operatory computers.”

vii. “Inadequate Storage Space: See Exhibit 1: DH Program Reconfiguration  
Floor Plan”

d. Determination

i. Deficiencies 5(i), 5(ii), 5(iii), 5(v)

1. **In compliance**

ii. Deficiencies 5(iv) and 5(vi)

1. **Not in compliance**

iii. CCC-SD shall provide adequate program facilities pursuant to 16 CCR  
section 1105(i), 16 CCR section 1105.2(d)(3)(A), in addition to CODA  
Standard 4-1.

iv. CCC-SD shall provide evidence of compliance for Deficiencies 5(iv) and  
(vi) by **December 31, 2021**.

## 6. Deficiency 6 – Program Director Job Description

a. Documentation:

i. Self Study page 330

1. Does not include a minimum of a master's degree as a requirement  
in the Program Director's job description.

b. Refer to:

i. 16 CCR Section 1105.1(a)(2)

Possess a master's or higher degree from a college or university  
accredited by an agency recognized by the U.S. Department of Education  
or Council for Higher Education Accreditation.

c. Evidence Provided by CCC-SD on July 30, 2021:

i. CCC-SD stated: “A revised Program Director job description has been  
included for review.”

ii. CCC-SD provided: “Exhibit 11: Revised Program Director Job Description.”

d. Determination

i. **In compliance.**

ii. CCC-SD shall continue to include requirements found in 16 CCR section  
1105.1(a)(2) for the Program Director's job description.

CCC-SD is required to provide evidence of compliance to remaining deficiencies no later  
than **December 31, 2021**.

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 meet the same educational standards in preparing their graduates for the profession. If CCC-SD does not correct the above remaining deficiencies by **December 31, 2021**, CCC-SD risks the DHBC's approval of the CCC-SD Dental Hygiene Educational Program and for CCC-SD graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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  
Destry Lievanos, MBA, Academic Dean, CCC-SD  
Laurel Sampson RDH, M.Ed., Dental Hygiene Program Director, CCC-SD

August 10, 2021

Shannon Koh, MEd, Campus President  
San Joaquin Valley College - Ontario  
4580 Ontario Mills Pkwy  
Ontario, CA 91764

Dear President Koh,

The Dental Hygiene Board of California (DHBC) conducted a site visit on June 24, 2021 of the San Joaquin Valley College - Ontario Dental Hygiene Educational Program (SJVC Ontario). This site visit was generated due to the DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by SJVC Ontario, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

On July 22, 2021 SJVC Ontario provided evidence for the deficiencies to be immediately corrected by July 23, 2021. The following determinations are as follows:

**1. Deficiency 1: Infection Control Compliance**

- a. Clinical Facilities:
  - i. Less than six feet between patients in some operatory units, posing risk of cross-aerosol exposure.
    - 1. Semipermanent or permanent barriers needed between 16 operatory units.
  - ii. Instrument storage in central sterilization room uncovered and exposed to aerosols.
  - iii. Emergency kit not easily accessed during clinical sessions.
    - 1. Emergency kit to be placed and easily accessible in clinic during all clinic sessions.
- b. Refer to:
  - i. 16 CCR Section 1105.2(d)(3)(A)  
An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  - ii. 16 CCR Section 1105.2(d)(3)(C)  
An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall

receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

- iii. 16 CCR Section 1105.2(d)(3)(D)(xii)  
Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, Section 1005 of the California Code of Regulations
- iv. 16 CCR Section 1005  
Minimum Standards for Infection Control (a) Definitions of terms used in this section: (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone. (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM). (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes. (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals. (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores. (7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination. (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms. (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE. (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following: (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead). (C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV): 1. Cell, tissue, or organ cultures from humans or experimental animals; 2. Blood, organs, or other tissues from experimental animals; or 3. Culture medium or other solutions. (13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to

infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). (b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA). (1) Standard precautions shall be practiced in the care of all patients. (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office. (3) A copy of this regulation shall be conspicuously posted in each dental office. Personal Protective Equipment: (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed. (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193). Hand Hygiene: (6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves. Gloves: (8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use. Needle and Sharps Safety: (9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other

sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations. Sterilization and Disinfection: (10) All germicides must be used in accordance with intended use and label instructions. (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions. (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used. (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item. (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded. (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months. Irrigation: (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system. Facilities: (19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients. (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions. (21) Dental unit water lines shall be anti-retractive. At the beginning of each workday,



dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds. (22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards. Lab Areas:(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination. (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. (c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

- v. 8 CCR 5193: Bloodborne Pathogens.
- vi. CODA Standard 5-1  
The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
- vii. Centers for Disease Control (CDC)  
Guidelines for Infection Control in Dental Health Care Settings – 2003.
- c. Evidence provided by SJVC Ontario on July 22, 2021:
  - i. Narrative and photographic evidence provided for temporary barriers between 16 operatory units and for instrument storage in central sterilization room.
- d. Determination
  - i. **Deficiency 1(a)(iii)**
    - 1. **In compliance**
  - ii. **Deficiencies 1(a)(i) and 1 (a)(ii)**
    - 1. **Temporary infection control in compliance.**
  - iii. SJVC Ontario shall provide evidence of infection control compliance pursuant to 16 CCR sections 1105.2(d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), and 1005; in addition to 8 CCR section 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.
  - iv. SJVC Ontario shall provide evidence of **permanent compliance** for deficiencies 1(a)(i) and 1 (a)(ii) by **October 1, 2021**.

## 2. Deficiency 2: HIPAA Compliance

- a. Patient Privacy Barriers
  - i. No patient privacy barriers between 16 patient operator chairs providing no barrier to patient confidentiality.
    - 1. Computer display screens displaying protected health information (PHI) clearly visible to entirety of clinic.
    - 2. Distance between chairs less than six feet.
  - ii. File room door open and accessible to non-authorized personnel
    - 1. File room door should remain secured at all times.
- b. Refer to:
  - i. 16 CCR Section 1105.2(d)(3)(C)  
An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
  - ii. CODA Standard 4-1 (h)  
The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities: h) patient records kept in an area assuring safety and confidentiality.
  - iii. CODA Standard 6-6  
The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.
  - iv. Health and Safety Code (HSC)  
Division 109 Section 130203 (a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.
  - v. Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
Public Law 104-191  
45 Code of Federal Regulations (CFR) Sections 160, 162, and 164
- c. Evidence provided by SJVC Ontario on July 22, 2021:
  - i. Narrative and photographic evidence provided for patient privacy barriers between 16 patient operator chairs, computer display privacy screens, and distance between operator chairs now a minimum of six feet.



- d. Determination:
  - i. **In compliance.**
  - ii. SJVC Ontario shall continue to provide evidence of HIPAA compliance pursuant to 16 CCR section 1105.2(d)(3)(C); CODA Standards 5-1, 4-1(h), and 6-6; HSC Division 109 section 130203 (a); as well as HIPAA Public Law 104-191, 45 Code of Federal Regulations (CFR) sections 160, 162, and 164.

### 3. Deficiency 3: Student Resources

- a. Students reported only being provided e-books, which poses difficulty for some of the student's learning styles and therefore poses a barrier to student learning.
  - i. Confirmed by program director and administration.
- b. Refer to:
  - i. 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.
  - ii. CODA Standard 4-7  
Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
- c. Determination:
  - i. **Not in compliance.**
  - ii. SJVC Ontario must provide appropriate instructional aids to support the academic and clinical purposes of the SJVC Ontario DHEP pursuant to 16 CCR section 1105(i) and CODA Standard 4-7.

### 4. Deficiency 4: Program Equipment

- a. Lack of a definitive equipment maintenance and replacement plan for educational and clinical equipment.
- b. Refer to:
  - i. 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.

ii. 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 regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

c. Determination:

i. **Not in compliance.**

ii. SJVC Ontario must provide evidence of a long- and short-term equipment maintenance and replacement plan pursuant to 16 CCR section 1105(i) and CODA Standard 4-1.

5. Deficiency 5: Program Support

a. Administrative Assistant

i. Part time administrative assistant released and no replacement hired.

b. Refer to:

i. 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.

ii. 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.

- iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

c. Determination:

i. **Not in compliance.**

- ii. SJVC Ontario to provide qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), and CODA Standard 3-11.

6. Deficiency 6: Program Director Assignment

a. Program Director:

- i. "SJVC Program Director Job Description" Rev.05.25.20 states:

- 1. "The Program Director may have teaching assignments on an ongoing or intermittent basis, not to exceed 25% of their workload."

- ii. "SJVC Faculty Schedule-Full Time" for term one and three for Program Director Barnett reports a teaching load of 35%.

b. Refer to:

- i. 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.

- ii. 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. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

- iii. 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.

iv. CODA Standard 3-4

The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination:

i. **Not in compliance.**

- ii. SJVC Ontario shall provide evidence of a dental hygiene program director schedule and responsibilities pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

7. Deficiency 7: Student Competencies

a. Student Competencies:

- i. Grading unclear on program competencies.
- ii. Overall patient completion and patient competency requirements for program completion not provided to students at beginning of program.

b. Refer to:

i. 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

ii. 16 CCR Section 1105.2(b)

The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.

iii. CODA Standard 2-6

The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

c. Determination:

i. **Not in compliance.**

- ii. SJVC Ontario shall provide evidence of clarified grading criteria for competencies and overall patient completion and patient competency requirements for program completion pursuant to 16 CCR section 1105(c), 16 CCR section 1105.2(b), and CODA Standard 2-6.

**SJVC Ontario will be required to provide evidence of compliance to the above remaining deficiencies no later than October 1, 2021.**

If SJVC Ontario does not correct the above remaining deficiencies by **October 1, 2021**, SJVC Ontario may be subjected to a citation and fine, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for SJVC Ontario DHEP graduates to obtain a California license in dental hygiene.

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 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](mailto: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  
Sumer Avila, Provost, San Joaquin Valley College  
Gregory Osborn, Director of Program Compliance, San Joaquin Valley College  
Angela Barnett, RDH, BS, MAOL, Program Director, Department of Dental Hygiene, San Joaquin Valley College

August 10, 2021

Shannon Koh, MEd, Campus President  
San Joaquin Valley College - Ontario  
4580 Ontario Mills Pkwy  
Ontario, CA 91764

Dear President Koh,

The Dental Hygiene Board of California (DHBC) conducted a site visit on June 24, 2021 of the San Joaquin Valley College - Ontario Dental Hygiene Educational Program (SJVC Ontario). This site visit was generated due to the DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by SJVC Ontario, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

On July 22, 2021 SJVC Ontario provided evidence for the deficiencies to be immediately corrected by July 23, 2021. Additionally, SJVC Ontario was to provide permanent corrections for remaining deficiencies by October 1, 2021. The following determinations are as follows:

**1. Deficiency 1: Infection Control Compliance**

SJVC Ontario shall provide evidence of permanent compliance for Deficiencies 1(a)(i) and 1 (a)(ii) by October 1, 2021.

a. Clinical Facilities:

- i. Less than six feet between patients in some operatory units, posing risk of cross-aerosol exposure.

- 1. Semipermanent or permanent barriers needed between 16 operatory units.

- ii. Instrument storage in central sterilization room uncovered and exposed to aerosols.

b. Evidence provided by SJVC Ontario on October 1, 2021:

- i. Narrative and photographic evidence provided for barriers between 16 operatory units and for instrument storage in central sterilization room.

c. Determination:

- i. **Deficiencies 1(a)(i) and 1 (a)(ii)**

- 1. **In compliance.**

- ii. SJVC Ontario shall continue to provide infection control compliance pursuant to 16 CCR sections 1105.2(d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), and 1005, in addition to

8 CCR section 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.

## **2. Deficiency 2: HIPAA Compliance**

SJVC Ontario shall provide evidence of permanent compliance for Deficiencies 2(a)(i) by October 1, 2021.

- a. Patient Privacy Barriers
  - i. No patient privacy barriers between 16 patient operator chairs providing no barrier to patient confidentiality.
    - 1. Computer display screens displaying protected health information (PHI) clearly visible to entirety of clinic.
    - 2. Distance between chairs less than six feet.
- b. Evidence provided by SJVC Ontario on October 1, 2021:
  - i. Narrative and photographic evidence provided for patient privacy barriers between 16 patient operator chairs, computer display privacy screens, and distance between operator chairs now a minimum of six feet.
- c. Determination:
  - i. **In compliance.**
  - ii. SJVC Ontario shall continue to provide HIPAA compliance pursuant to 16 CCR section 1105.2(d)(3)(C); CODA Standards 5-1, 4-1(h), and 6-6; HSC Division 109 section 130203 (a); as well as HIPAA Public Law 104-191, 45 Code of Federal Regulations (CFR) sections 160, 162, and 164.

## **3. Deficiency 3: Student Resources**

SJVC Ontario shall provide evidence of compliance for Deficiency 3 by October 1, 2021.

- a. Students reported only being provided e-books, which poses difficulty for some of the student's learning styles and therefore poses a barrier to student learning.
  - i. Confirmed by program director and administration.
- b. Response provided by SJVC Ontario on October 1, 2021:
  - i. SJVC Ontario stated: "During the enrollment process, students are given the choice to either use a convenient bundled package provided by the college where they're issued an iPad and all supporting eBooks, or they can choose to purchase hard copy versions. If the student decides to purchase the books on their own, then they are given a Textbook Opt-Out credit per each academic year. Additionally, at the request of the DHBC, we are partnering with Ambassador Education Solutions to provide easy access for print-on-demand hard copy versions of texts. This will give the added flexibility for students who wish to print certain sections of their eBooks to then work with on paper. Given the complexity of the process, the vendor is reporting completion to occur around October/November 2021."
- c. Determination:
  - i. **In compliance.**

- ii. SJVC Ontario shall continue to provide appropriate instructional aids to support the academic and clinical purposes of the SJVC Ontario DHEP pursuant to 16 CCR section 1105(i) and CODA Standard 4-7.

#### **4. Deficiency 4: Program Equipment**

SJVC Ontario shall provide evidence compliance for Deficiency 4 by October 1, 2021.

- a. Lack of a definitive equipment maintenance and replacement plan for educational and clinical equipment.
- b. Response provided by SJVC Ontario on October 1, 2021:
  - i. SJVC Ontario stated: "Equipment Maintenance Plan is available and emailed to all new employees. It is also accessible at any time through our Facilities and Purchasing Department."
  - ii. SJVC Ontario provided the Reporting Equipment Failure Policy (Dental Hygiene Program Clinic Manual, Clinic Operation and Procedures, Clinic Maintenance Section) and stated: "Reporting Equipment Failure - Equipment failure should be immediately reported to the clinic manager and the instructor assigned to the section in which the failure has occurred. Equipment failure that is not rectified must be documented in writing by the student on the Equipment Failure List by the mailboxes during the clinic session indicating the unit number and equipment problem. It is the clinic manager's responsibility to coordinate the repair order and completion of necessary repairs. There are two separate lists to report equipment failure: 1. Computer related issues and 2. Dental unit equipment failures."
  - iii. SJVC Ontario provided Exhibit E (Ember Facilities Building and Equipment Maintenance Standards) and Exhibit (SJVC Purchasing Policies and Procedures)
- c. Determination:
  - i. **In compliance.**
  - ii. SJVC Ontario shall continue to provide long- and short-term equipment maintenance and replacement plans pursuant to 16 CCR section 1105(i) and CODA Standard 4-1.

#### **5. Deficiency 5: Program Support**

SJVC Ontario shall provide evidence of compliance for Deficiency 5 by October 1, 2021.

- a. Administrative Assistant
  - i. Part time administrative assistant released and no replacement hired.
- b. Evidence provided by SJVC Ontario on October 1, 2021:
  - i. SJVC Ontario provided a contract and schedule for a part time administrative assistant.
- c. Determination:
  - i. **In compliance.**



- ii. SJVC Ontario shall continue to provide qualified institutional support personnel pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), and CODA Standard 3-11.

#### **6. Deficiency 6: Program Director Assignment**

SJVC Ontario shall provide evidence of compliance for Deficiency 6 by October 1, 2021.

- a. Program Director:
  - i. "SJVC Program Director Job Description" Rev.05.25.20 states:
    - 1. "The Program Director may have teaching assignments on an ongoing or intermittent basis, not to exceed 25% of their workload."
  - ii. "SJVC Faculty Schedule-Full Time" for term one and three for Program Director Barnett reports a teaching load of 35%.
- b. Evidence provided by SJVC Ontario on October 1, 2021:
  - i. SJVC Ontario stated: "Additional Part-Time faculty has been hired for clinical teaching. Program Director Barnett is back down to a 25% teaching assignment or less"
  - ii. SJVC Ontario provided Exhibit G [Remaining (and future) term one and three schedules.]
- c. Determination:
  - i. **In compliance.**
  - ii. SJVC Ontario shall continue to provide evidence of a dental hygiene program director schedule and responsibilities pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

#### **7. Deficiency 7: Student Competencies**

SJVC Ontario shall provide evidence of compliance for Deficiency 7 by October 1, 2021.

- a. Student Competencies:
  - i. Grading unclear on program competencies.
  - ii. Overall patient completion and patient competency requirements for program completion not provided to students at beginning of program.
- b. Evidence provided by SJVC Ontario on October 1, 2021:
  - i. SJVC Ontario stated: "All competencies in all clinic and lab courses have been updated in rubric form to reflect clear grading criteria and outcomes."
  - ii. SJVC Ontario provided Exhibit I (Competency Examples) and Exhibit J (List of Requirements for Graduation).
- c. Determination:
  - i. **In compliance.**

- ii. SJVC Ontario shall continue to provide clear grading criteria for competencies and overall patient completion and patient competency requirements for program completion pursuant to 16 CCR section 1105(c), 16 CCR section 1105.2(b), and CODA Standard 2-6.

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 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](mailto: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  
Sumer Avila, Provost, San Joaquin Valley College  
Gregory Osborn, Director of Program Compliance, San Joaquin Valley College  
Angela Barnett, RDH, BS, MAOL, Program Director, Department of Dental Hygiene, SJVC Ontario

September 13, 2021

Susan Sperling, Ph.D.  
President  
Chabot College  
25555 Hesperian Boulevard  
Hayward, CA 94545

Dear Dr. Sperling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 8, 2021 of the Chabot College Dental Hygiene Program (Chabot). This site visit was generated due to a "Report of a Major Change" submitted to the Commission on Dental Accreditation (CODA), as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

During the DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

**i. Deficiency 1 – Staffing and Infection Control Oversight**

a. Documentation provided on April 22, 2021:

i. Chabot stated:

1. "The Dental Hygiene Program has had one Clinical Assistant support staff retire and another resign due to the COVID-19 Pandemic. The Chabot Las Positas Community College District has posted the position to replace one of the two positions but decided to postpone the recruitment of the second position due to budget considerations as a result of COVID-19. The second position will be reevaluated at a later time."
2. "The Chabot College Dental Hygiene Program has one Clinical Assistant who provides support in assisting with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control. This is a full-time position, 40 hours per week, Monday through Friday for 11 months per year. The posting of this position closed on

November 19th and interviews will commence prior to the end of the year for a spring hire.”

In the past, there were two Clinical Assistants that initially worked part time and job shared. When the college went through reorganization in 2002, **both positions** were **transitioned into full time positions** yet maintaining specific duties for each support staff.”

b. Site Visit observation on September 8, 2021:

- i. Clinical staff not present during clinic when students observed in sterilization area.
  - 1. Poses a health and safety risk for novice, unlicensed students.
- ii. No staff dedicated to administrative duties for the Dental Hygiene program.

c. Refer to:

- i. California Code of Regulations (CCR), Title 16, 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.
- ii. 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.
- iii. CODA Standard 3-11:  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

d. Determination:

- i. **Not in compliance.**
- ii. Chabot shall provide evidence of adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.
- iii. Chabot shall provide evidence of adequate administrative staff pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.

1. Evidence of **immediate temporary compliance** for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes due **September 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, assigned staff curriculum vitae (CV), and assignment schedule.
2. Evidence of **permanent compliance** for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes due **December 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.
3. Evidence of **immediate temporary compliance** for adequate staff oversight of administrative duties due **September 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.
4. Evidence of **permanent compliance** for adequate staff oversight of administrative duties due **December 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.

ii. **Deficiency 2 – Faculty Ratio**

- a. Site Visit observation on September 8, 2021:
  - i. Three faculty assigned for seventeen students in clinical session.
    1. Fifteen students adequately overseen by faculty.
    2. Two students assigned to non-patient care within the clinic not overseen by faculty or staff.
- b. Refer to:
  - i. 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.
  - ii. 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.

- iii. 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:

- i. **Not in compliance.**

- ii. Chabot shall provide evidence of adequate faculty oversight of students pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-5.
  - 1. Evidence of **immediate temporary compliance** for adequate faculty and staff oversight of students due **September 20, 2021**.
    - a. Evidence shall include, but not limited to, narrative, clinical faculty assignment schedule, and staff assignment schedule.
  - 2. Evidence of **permanent compliance** for adequate faculty and staff oversight of students due **December 20, 2021**.
    - a. Evidence shall include, but not limited to, narrative, clinical faculty assignment schedule, and staff assignment schedule.

iii. **Deficiency 3 – Infection Control and Emergency Supplies**

- a. Site Visit observation on September 8, 2021:

- i. Sterile instruments in open cabinet exposed to aerosols, posing patient safety risk.
  - ii. Epi Pen not present in emergency kit, posing patient safety risk.

- b. Refer to:

- i. 16 CCR Section 1105.2 (d)(3)(A)  
An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  - ii. 16 CCR Section 1105.2(d)(3)(C)  
An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students

shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

iii. 16 CCR Section 1105.2(d)(3)(D)(xii)

Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, Section 1005 of the California Code of Regulations.

iv. 16 CCR Section 1005

(a) Definitions of terms used in this section: (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone. (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM). (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes. (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals. (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores. (7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination. (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms. (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants



and shirts, are not considered to be PPE. (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following: (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead). (C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV): 1. Cell, tissue, or organ cultures from humans or experimental animals; 2. Blood, organs, or other tissues from experimental animals; or 3. Culture medium or other solutions. (13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). (b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA). (1) Standard precautions shall be practiced in the care of all patients. (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office. (3) A copy of this regulation shall be conspicuously posted in each dental office. Personal Protective Equipment: (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed. (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193). Hand Hygiene: (6) All DHCP shall



thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol-based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves. Gloves: (8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use. Needle and Sharps Safety: (9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations. Sterilization and Disinfection: (10) All germicides must be used in accordance with intended use and label instructions. (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions. (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices shall remain sealed and stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the

specific sterilizer used if more than one sterilizer is utilized in the facility. (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used. (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item. (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded. (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months. Irrigation: (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system. Facilities: (19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients. (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions. (21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds. (22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards. Lab Areas: (23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned,

packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination. (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. (c) The Dental Board of California and Dental Hygiene Dental Hygiene Board of California shall review this regulation annually and establish a consensus.

- v. 8 CCR Section 5193. Bloodborne Pathogens.
  - vi. CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007.
  - vii. CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.
  - viii. 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 regulations.
  - ix. CODA Standard 5-3  
The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).
- c. Determination:
- i. **Not in compliance.**
  - ii. Chabot shall provide evidence of adequate infection control processes and equipment pursuant to 16 CCR Section 1105.2 (d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(D)(xii), 16 CCR Section 1005, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, CDC Guidelines for Infection Control in Dental Health-Care Settings - 2003, In addition to CODA Standards 4-1 and 5-3.

1. Evidence of **immediate temporary compliance** for adequate infection control and emergency supplies due **September 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, photographic evidence, and order requisitions/receipts.
2. Evidence of **permanent compliance** for adequate infection control and emergency supplies due **December 20, 2021**.
  - a. Evidence shall include, but not limited to, narrative, photographic evidence, and order requisitions/receipts.

iv. **Deficiency 4 – Formal Patient Care Quality Assurance Plan**

- a. Site Visit observation on September 8, 2021:
  - i. Chabot does not have a formal written Patient Care Quality Assurance Plan.
- b. Refer to:
  - i. 16 CCR Section 1105(d)  
The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
  - ii. CODA Standard 6-2  
The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria; b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided; c) mechanisms to determine the cause of treatment deficiencies; d) patient review policies, procedure, outcomes and corrective measures.
- c. Determination:
  - i. **Not in compliance.**
  - ii. Chabot shall provide evidence of a formal written Patient Care Quality Assurance Plan pursuant to 16 CCR Section 1105(d) and CODA Standard 6-2.
    1. Evidence of compliance for of a formal written Patient Care Quality Assurance Plan due **December 20, 2021**.

You will be required to provide evidence of compliance to the above deficiencies no later than **the above dates**. As Chabot's dental hygiene educational program is operating outside the structured parameters of California law and CODA Standards with these deficiencies, Chabot is therefore putting students, faculty, and the public at risk.

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 Chabot does not correct the above deficiencies by **the above dates**, Chabot risks the DHBC's approval of the Chabot College Dental Hygiene Educational Program and for Chabot graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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  
Dr. Stacy Thompson, Vice President of Academic Services, Chabot College  
Kevin Kramer, MA, Dean of Health, Kinesiology & Athletics, Chabot College  
Nancy Cheung, RDH, MPA/HSA, Dental Hygiene Educational Program Director, Chabot College

September 21, 2021

Susan Sperling, Ph.D.  
President  
Chabot College  
25555 Hesperian Boulevard  
Hayward, CA 94545

Dear Dr. Sperling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 8, 2021 of the Chabot College Dental Hygiene Program (Chabot). This site visit was generated due to a "Report of a Major Change" submitted to the Commission on Dental Accreditation (CODA), as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

On September 20, 2021, Chabot provided evidence of compliance for deficiencies reported in the September 13, 2021 DHBC Site Visit Report.

The results of the review are as follows:

**i. Deficiency 1 – Staffing and Infection Control Oversight**

**a. Evidence due September 20, 2021:**

- i. Evidence of immediate temporary compliance for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes due September 20, 2021.
  1. Evidence shall include, but not limited to, narrative, assigned staff curriculum vitae (CV), and assignment schedule.
- ii. Evidence of immediate temporary compliance for adequate staff oversight of administrative duties due September 20, 2021.
  1. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.

**b. Chabot response and documentation:**

- i. Chabot stated: "Faculty will work at the front desk performing administrative duties until an additional permanent Classified Professional is hired. The assignment schedule is based on the fall clinic schedule and does not interfere or conflict with current teaching assignments. The full time Clinic Assistant will be able to oversee the sterilization process in the clinic. This will ensure immediate compliance with the 1:5 faculty ratio."

- ii. Chabot stated “The Request to Announce has been forwarded to the district for immediate posting of the position or a Classified Professional support staff for the front desk and administrative duties. Evidence of permanent compliance will be sent to the DHBC by the December due date.”
- iii. Chabot provided a faculty rotation schedule for front desk along with DHBC Biosketches for faculty staffing the front desk,

c. Determination:

- i. Chabot provided satisfactory evidence of **immediate temporary compliance** for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.
  - 1. Evidence of **permanent compliance** for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes **due December 20, 2021**.
    - a. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.
- ii. Chabot has provided evidence of **immediate temporary compliance** adequate administrative staff pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.
  - 1. Evidence of **permanent compliance** for adequate staff oversight of clinical administration, facilities, sterilization, and infection control processes **due December 20, 2021**.
    - a. Evidence shall include, but not limited to, narrative, assigned staff CV, and assignment schedule.

ii. **Deficiency 2 – Faculty Ratio**

- a. Evidence due September 20, 2021:
  - i. Evidence of immediate temporary compliance for adequate faculty and staff oversight of students pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-5.
- b. Chabot response and documentation:
  - i. Chabot stated: “Faculty will work at the front desk performing administrative duties until an additional permanent Classified Professional is hired. The assignment schedule is based on the fall clinic schedule and does not interfere or conflict with current teaching assignments. The full time Clinic Assistant will be able to oversee the sterilization process in the clinic. This will ensure immediate compliance with the 1:5 faculty ratio.”
  - ii. Chabot stated “The Request to Announce has been forwarded to the district for immediate posting of the position or a Classified Professional support staff for the front desk and



administrative duties. Evidence of permanent compliance will be sent to the DHBC by the December due date.”

- iii. Chabot provided a faculty rotation schedule for front desk along with DHBC Biosketches for faculty staffing the front desk,

c. Determination:

- i. Chabot provided satisfactory evidence of **immediate temporary compliance** for adequate faculty oversight of students pursuant to 16 CCR Section 1016(b)(1)(C), 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-5.
- ii. Evidence of **permanent compliance** for adequate faculty and staff oversight of students due **December 20, 2021**.
  - 1. Evidence shall include, but not limited to, narrative, clinical faculty assignment schedule, and staff assignment schedule.

iii. **Deficiency 3 – Infection Control and Emergency Supplies**

a. Evidence due September 20, 2021:

- i. Evidence of immediate temporary compliance for adequate infection control and emergency supplies pursuant to 16 CCR Section 1105.2 (d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(D)(xii), 16 CCR Section 1005, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, CDC Guidelines for Infection Control in Dental Health-Care Settings - 2003, In addition to CODA Standards 4-1 and 5-3.

b. Chabot response and documentation:

- i. Chabot stated: “Placed plastic barrier to cover sterile instruments in open cabinet. A work order has been placed with Maintenance and Operations for a permanent barrier.”
- ii. Chabot stated: “Evidence of permanent compliance for adequate emergency supplies: Epinephrine Adult Auto-Inject 0.3mg 2/Pk ordered on 09/09/2021 and received on 09/17/2021. Lot#/EXP: 006A21AA 10/31/2022
- iii. Photographic evidence of plastic barrier to cover sterile instruments.
- iv. Photographic evidence and invoice and packing slip from Henry Schein for Epinephrine Adult Auto-Inject Pen.

c. Determination:

- i. Chabot provided satisfactory evidence of **immediate temporary compliance** for adequate infection control processes and emergency equipment pursuant to 16 CCR Section 1105.2 (d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(D)(xii), 16 CCR Section 1005, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing



Transmission of Infectious Agents in Healthcare Settings – 2007, CDC Guidelines for Infection Control in Dental Health-Care Settings - 2003, In addition to CODA Standards 4-1 and 5-3.

ii. Evidence of **permanent compliance** for adequate infection control processes due **December 20, 2021**.

1. Evidence shall include, but not limited to, narrative, photographic evidence, and order requisitions/receipts.

iv. **Deficiency 4 – Formal Patient Care Quality Assurance Plan**

a. Evidence due December 20, 2021:

- i. Evidence of a formal written Patient Care Quality Assurance Plan pursuant to 16 CCR Section 1105(d) and CODA Standard 6-2.

b. Chabot response and documentation:

- i. Chabot provided a written Quality Assurance Document along with a Quality Assurance Flow Chart.

c. Determination:

- i. **In compliance.**

- ii. Chabot shall continue to maintain a formal written Patient Care Quality Assurance Plan pursuant to 16 CCR Section 1105(d) and CODA Standard 6-2.

You will be required to provide evidence of **permanent compliance** to the above deficiencies no later than **December 20, 2021**. As Chabot's dental hygiene educational program is operating outside the structured parameters of California law and CODA Standards with these deficiencies, Chabot is therefore putting students, faculty, and the public at risk.

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 Chabot does not correct the above deficiencies by **December 20, 2021**, Chabot risks the DHBC's approval of the Chabot College Dental Hygiene Educational Program and for Chabot graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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  
Dr. Stacy Thompson, Vice President of Academic Services, Chabot College  
Kevin Kramer, MA, Dean of Health, Kinesiology & Athletics, Chabot College  
Nancy Cheung, RDH, MPA/HSA, Dental Hygiene Educational Program Director, Chabot College

September 17, 2021

Dr. Frank Chong  
President/Superintendent  
Santa Rosa Junior College  
1501 Mendocino Ave.  
Santa Rosa, CA. 95401

Dear Dr. Chong,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 16, 2021 of the Santa Rosa Junior College Dental Hygiene Educational Program (SRJC). This site visit was generated due to the change of program director as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by SRJC, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and Commission on Dental Accreditation (CODA) was deficient.

During the review of the CODA Self Study and DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

- I. Deficiency 1 - Stable Financial Resources
  - a. Site Visit Observation:
    - i. The SRJC program is self-funding from proceeds collected from patient care within the dental hygiene clinic.
    - ii. Budgetary documentation provided by SRJC was not clear and did not show stable financial resources for the SRJC DHEP should the program experience decreased funding from the dental hygiene clinic.
  - b. Refer to:
    - i. 16 CCR Section 1104(b)

The hygiene board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the hygiene board. In the event that an equivalent body has not been established by the hygiene board, the standards shall be set by CODA.
    - ii. 16 CCR Section 1104(b)(5)

Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
    - iii. CODA Standard 1-2

The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial

statement document must be submitted providing revenue and expense data for the dental hygiene program.

c. Determination:

i. **Not in compliance.**

- ii. SRJC to provide evidence of stable financial resources for the dental hygiene program to ensure continuity of the program pursuant to 16 CCR Sections 1104(b) and 1104(b)(5), in addition to CODA Standard 1-2.

II. Deficiency 2 - Program Director

a. Site Visit Observation:

- i. The Program Director has no knowledge of the SJVC budget and has little input into budget preparation and fiscal administration.

1. Staff controls procurements with no oversight and is making fiscal decisions without consulting the program director.

b. Refer to:

i. 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.

ii. 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. The program director shall meet the following minimum qualifications:

(1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist or working with a registered dental hygienist.

iii. 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.

iv. CODA Standard 3-4

The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and

operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination

i. **Not in compliance.**

- ii. SRJC to provide evidence of Program Director administrative duties pursuant to 16 CCR Sections 1105(j) and 1105.1(a), in addition to CODA Standards 3-2 and 3-4.

III. Deficiency 3 - Support Services

a. Site Visit Observation:

- i. SRJC program director responsible for determining if prerequisite courses are determined equivalent to SRJC courses.
1. Equivalency should be determined by a trained Admissions and Records counselor.

b. Refer to:

i. 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.

ii. 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.

iii. CODA Standard 3-11

Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

c. Determination

i. **Not in compliance.**

- ii. SRJC to provide evidence of adequate support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

IV. Deficiency 4 - Faculty to Student Ratio

a. Site Visit Observation:

- i. Head and Neck Laboratory has a ratio of one faculty to twenty-four students.
- ii. Dental Anatomy Laboratory has a ratio of one faculty to twenty-four students.

b. Refer to:

i. 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

ii. 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.

- iii. 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.
  - iv. 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
- i. Not in compliance.
  - ii. SRJC to provide evidence of immediate resolution to deficient faculty to student ratios pursuant to 16 CCR Sections 1105(b)(4), 1105(i), and 1105(k), in addition to CODA Standard 3-5.

**You will be required to provide evidence of compliance to the above deficiencies no later than November 17, 2021.** As SRJC's dental hygiene educational program is operating outside the structured parameters of California law and CODA Standards with these deficiencies, SRJC is therefore putting students, faculty, and the public at risk.

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 SRJC does not correct the above deficiencies **by November 17, 2021**, SRJC risks the DHBC's approval of the SRJC Dental Hygiene Educational Program and for SRJC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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

L. Jane Saldana-Talley Ed.D. VP Academic Affairs/Assistant Superintendent, SRJC

Tammy Sakanashi, M.S., R.D.N., Interim Dean, Health Sciences, SRJC

Lucinda (Cindy) Fleckner, R.D.H., R.D.H.A.P., M.S., Program Director, Department of Dental Hygiene, SRJC

November 9, 2021

Dr. Frank Chong  
President/Superintendent  
Santa Rosa Junior College  
1501 Mendocino Ave.  
Santa Rosa, CA. 95401

Dear Dr. Chong,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 16, 2021 of the Santa Rosa Junior College Dental Hygiene Educational Program (SRJC). This site visit was generated due to the change of program director as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by SRJC, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and Commission on Dental Accreditation (CODA) was deficient.

On November 8, 2021 SRJC provided evidence of compliance for deficiencies reported in the September 17, 2021 DHBC Site Visit Report. The results of the review are as follows:

**I. Deficiency 1 - Stable Financial Resources**

**a. Evidence due November 17, 2021:**

- i. SRJC to provide evidence of stable financial resources for the dental hygiene program to ensure continuity of the program pursuant to 16 CCR Sections 1104(b) and 1104(b)(5), in addition to CODA Standard 1-2.

**b. SRJC Response:**

- i. SRJC provided a budgetary overview of the DHEP and stated "The Santa Rosa Junior College provides sufficient ongoing funding to the dental program to ensure stable financial support. The program financial overview for the past three years is provided below. While the revenue generated by the dental clinic does contribute to the program, on average that constitutes less than 3% of the expenses of the program. The vast majority of the program is funded by the College from unrestricted general funds. In addition, a significant contribution of Strong Workforce and CTEA funds were allocated to the program in 2019/20. As shown, the program is financially stable, and the college is committed to ensuring ongoing fiscal stability."

**c. Determination:**

- i. **In compliance.**

- ii. SRJC to continue to provide stable financial resources for the dental hygiene program to ensure continuity of the program pursuant to 16 CCR Sections 1104(b) and 1104(b)(5), in addition to CODA Standard 1-2.

## II. Deficiency 2 - Program Director

### a. Evidence due November 17, 2021:

- i. SRJC to provide evidence of Program Director administrative duties pursuant to 16 CCR Sections 1105(j) and 1105.1(a), in addition to CODA Standards 3-2 and 3-4.

### b. SRJC Response:

- i. SRJC provided requisitions, transfers, and expenses documentation and stated: "The Santa Rosa Junior College has sufficient fiscal oversight of the dental program in place; however, it is strengthening the oversight for the Program Director as a result of the determination. Previously, the Dean approved all requisitions, transfers, and expenses and the Program Director approved some expenses in the financial system. That has now been expanded to include Program Director approval of all requisitions, transfers, and expenses (evidence below). Budget development has previously been completed at the Dean level; however, the Program Director will be included in that process going forward. The Program Director has also been trained in the financial system and is able to review all financial transactions and generate regular reports. Finally, the College performed an internal process audit, and the Program Director will receive the financial information from the clinic on a regular basis."

### c. Determination:

#### i. In compliance.

- ii. SRJC to maintain Program Director administrative duties pursuant to 16 CCR Sections 1105(j) and 1105.1(a), in addition to CODA Standards 3-2 and 3-4.

## III. Deficiency 3 - Support Services

### a. Evidence due November 17, 2021:

- i. SRJC to provide evidence of adequate support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

### b. SRJC Response:

- i. SRJC stated: "Admissions & Records has been directed to take the responsibility for determining if the Dental Hygiene applicants prerequisite courses are determined equivalent to SRJC courses."

### c. Determination:

#### i. In compliance.

- ii. SRJC to continue to provide adequate support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

#### IV. Deficiency 4 - Faculty to Student Ratio

a. Site Visit Observation:

- i. SRJC to provide evidence of immediate resolution to deficient faculty to student ratios pursuant to 16 CCR Sections 1105(b)(4), 1105(i), and 1105(k), in addition to CODA Standard 3-5.

b. SRJC response:

- i. SRJC stated: "Lab courses have been adapted to meet the required ratio (ten students to one Instructor in Dental Anatomy and Head/Neck Anatomy)."

c. Determination:

- i. **In compliance.**
- ii. SRJC to continue to provide faculty to student ratios pursuant to 16 CCR Sections 1105(b)(4), 1105(i), and 1105(k), in addition to CODA Standard 3-5.

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](mailto: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

L. Jane Saldana-Talley Ed.D. VP Academic Affairs/Assistant Superintendent, SRJC

Tammy Sakanashi, M.S., R.D.N., Interim Dean, Health Sciences, SRJC

Lucinda (Cindy) Fleckner, R.D.H., R.D.H.A.P., M.S., Program Director, Department of Dental Hygiene, SRJC



September 30, 2021

Dr. Mark Sanchez  
President  
Southwestern College  
880 National City Boulevard  
National City, CA 91950-1123

Dear Dr. Mark Sanchez,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 28, 2021 of the Southwestern College Dental Hygiene Educational Program (SWC) This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

During the DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

### **1. Deficiency 1 – Clinical Facilities**

- a. Site Visit Observation:
  - i. Clinic door unlocked and open to reception providing unauthorized access to clinic.
  - ii. No barriers between patient operatory chairs allowing for patient privacy.
    - 1. Distance between chairs approximately 6 feet within full view of each other.
- b. Refer to:
  - i. 16 CCR Section 1105.2(d)(3)(C)  
An educational program shall comply with local, state, and federal health and safety laws and regulations.
  - ii. 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 regulations.
  - iii. CODA Standard 6-6  
The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.
  - iv. Health and Safety Code (HSC) Division 109 Section 130203  
(a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

- v. Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191
  - vi. 45 Code of Federal Regulations (CFR) Sections 160, 162, and 164
- c. Determination:
- i. Not in compliance.
  - ii. SWC shall follow patient privacy protocols pursuant to 16 CCR Section 1105.2(d)(3)(C), CODA Standards 4-1 and 4-6, HSC Division 109 Section 130203, in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164

## **2. Deficiency 2 – Program Director Assignment**

- a. Site Visit Observation:
- i. Program director (PD) does not have the primary responsibility for all aspects of the program.
    - 1. PD not aware of schedule changes as Human Resources supersede PD in scheduling faculty assignments.
- b. Refer to:
- i. 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.
  - ii. 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. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.
  - iii. 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.
  - iv. CODA Standard 3-4  
The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty

recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination:

i. **Not in compliance.**

- ii. The program director must have the authority and responsibility to administer the educational program pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

### 3. Deficiency 3 – Faculty Staffing

a. Site Visit Observation:

- i. Two of four full-time (FT) faculty are not fulfilling their schedules and student learning affected.
1. Students were scheduled for the Dental Materials course to be face-to-face.
    - a. One and one-half weeks prior to the start of the course, assigned faculty changed the course to be online.
    - b. Students contacted the PD and the PD was unaware of the change.
    - c. On the day of the first class, the course was switched back to face-to-face as the assigned faculty declined to teach the course face-to-face.
  2. Two full time faculty decided to not return at the last minute prior to the semester start (on a Friday prior to a Monday start).
    - a. Both faculty were willing to come to teach a lecture/lab course and a clinical session face, but not a lecture class on a day they only had one course to teach.
    - b. Both faculty agreed to teach in a face-to-face capacity in May of 2021 when schedules were created. At that time, neither faculty members asked for accommodations.
  3. Contractual issues may not create a barrier to program or student success nor minimize PD ability to staff the schedule without providing enough notice.

b. Refer to:

i. 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.

ii. 16 CCR Section 1105.1(c)(1)

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.

- c. Determination:
  - i. **Not in compliance**
  - ii. SWC to provide stable student schedules and faculty to support the program's stated mission and goals pursuant to 16 CCR Section 1105(i) and 16 CCR Section 1105(c)(1).

#### **4. Deficiency 4 – Administrative Staffing**

- a. Site Visit Observation:
  - i. Administrative staff not on campus to assist with program functions.
    - 1. Administrative staff placed on a reduced load and only on campus four hours per day resulting in a 25% reduction in staff support.
- b. Refer to:
  - i. 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.
  - ii. 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.
  - iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- c. Determination:
  - i. **Not in compliance.**
  - ii. SWC to provide qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11.

#### **5. Deficiency 5 – Prerequisites**

- a. Site Visit Observation
  - i. Prerequisite application information missing DHBC prerequisites of Psychology and Sociology
  - ii. SWC admission policy (p.3) allows Advanced Placement (AP) exams allowed in lieu of prerequisites.
    - 1. Not acceptable pursuant to 16 CCR Section
  - iii. Prerequisite Application Review Checklist missing DHBC requirements:
    - 1. Oral Communications
    - 2. Psychology
    - 3. Sociology

b. Refer to:

i. 16 CCR Section 1105(f)

Admission.(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following: (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, (B) College-level general education courses in the topic areas of: (i) Oral and Written Communication (ii) Psychology (iii) Sociology (iv) Mathematics (v) Cultural Diversity\* (vi) Nutrition\* \*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum. (C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Chemistry (iv) Biochemistry (v) Microbiology.

c. Determination:

i. Not in compliance

ii. SWC to require Oral Communications, Psychology, and Sociology as prerequisites for the DHEP program pursuant to 16 CCR Section 1105(f).

iii. SWC to discontinue to use AP exams in lieu of college-level prerequisite courses.

You will be required to provide evidence of compliance to the above deficiencies **no later than January 1, 2022** As SWC's dental hygiene educational program is operating outside the structured parameters of California law and CODA Standards with these deficiencies, SWC is therefore putting students, faculty, and the public at risk.

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 SWC does not correct the above deficiencies **by January 1, 2022**, SWC risks the DHBC's approval of the SWC Dental Hygiene Educational Program and for SWC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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

Dr. Minou Djawdan Spradley, Assistant Superintendent/Vice President for Academic Affairs, SWC

Christine M. Perri, RDH, MA, Dean, SWC

Gay Teel, RDH, MS, Dental Hygiene Program Director, SWC

October 29, 2021

Dr. Carole Goldsmith  
President  
Fresno City College  
1101 East University Ave  
Fresno, CA 93741

Dear Dr. Goldsmith,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 27, 2021 of the Fresno City College Dental Hygiene Educational Program (FCC). This site visit was generated due to Commission on Dental Accreditation (CODA) Self Study submission as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by FCC, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was satisfactory.

During the review of the CODA Self Study and DHBC site visit, the following recommendations are as follows:

**I. Recommendation 1 - Staffing and Infection Control Oversight**

- a. Site Visit Observation:
  - i. Four faculty members responsible for overseeing sterilization and infection control processes.
  - ii. FCC provided evidence of working to hire a permanent, qualified staff member for overseeing sterilization and infection control processes.
- b. Refer to:
  - i. 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.
  - ii. 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.
  - iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

- c. Determination
  - i. **In compliance.**
  - ii. FCC to continue to provide adequate support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.
  - iii. FCC to provide hiring documentation to the DHBC once the hiring process is complete. Documentation to include, but not limited to, curriculum vitae and/or resume, licenses (if applicable), work schedule, and job description.

## II. Recommendation 2 - Clinical Facilities

- a. Site Visit Observation:
  - i. Distance between chairs approximately 3 feet.
    - 1. Mobile barriers are in place between patient operatory chairs allowing for patient privacy.
- b. Refer to:
  - i. 16 CCR Section 1105.2(d)(3)(C)  
An educational program shall comply with local, state, and federal health and safety laws and regulations.
  - ii. 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 regulations.
  - iii. CODA Standard 6-6  
The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.
  - iv. Health and Safety Code (HSC) Division 109 Section 130203  
(a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.
  - v. Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191
  - vi. 45 Code of Federal Regulations (CFR) Sections 160, 162, and 164
- c. Determination
  - i. **In compliance.**
  - ii. FCC shall continue to follow patient privacy protocols pursuant to 16 CCR Section 1105.2(d)(3)(C), CODA Standards 4-1 and 4-6, HSC Division 109 Section 130203, in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164

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](mailto: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

Don Lopez, Vice President of Instruction, FCC

Robert Pimentel, Vice President of Educational Services & Institutional Effectiveness, FCC

Joanne Pacheco, RDH, MAOB, Dental Hygiene, Program Director, FCC



November 8, 2021

Luis P. Sanchez, JD, LL.M.  
President  
Oxnard College  
4000 S. Rose Avenue  
Oxnard, CA 93033

Dear President Sanchez,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 4, 2021 of the Oxnard College Dental Hygiene Educational Program (Oxnard). This site visit was generated due to Commission on Dental Accreditation (CODA) Self Study submission as well as DHBC's oversight goals to review all dental hygiene educational programs in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient in one area only.

During the DHBC site visit, the following deficiency of minimum DHEP standards was discovered:

**1. Deficiency: Clinical Supplies**

- a. Nitrous Oxide-Oxygen Analgesia Supplies
  - i. Oxnard retains three (3) functioning Nitrous Oxide-Oxygen Analgesia units for 20 students.
  - ii. At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course.
- b. Refer to:
  - i. 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.
  - ii. 16 CCR Section 1107(b)(3)(D)  
At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

c. Determination:

- i. Not in compliance.
- ii. Oxnard shall supply Nitrous Oxide-Oxygen Analgesia supplies pursuant to 16 CCR Section 1105(i) and 16 CCR Section 1107(b)(3)(D).

You will be required to provide evidence of compliance to the above deficiency **no later than January 1, 2022**.

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 Oxnard does not correct the above deficiency **by January 1, 2022**, Oxnard risks the DHBC's approval of the Oxnard Dental Hygiene Educational Program and for Oxnard graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto: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

Art Sandford, PHD, Interim Vice President, Academic Affairs and Student Learning, Oxnard College

Chris Renbarger, MBA, Vice President, Business Services, Oxnard College

Susan McDonald, MEd, BSDH, Dental Hygiene Educational Program Director, Oxnard College



## MEMORANDUM

<b>DATE</b>	November 6, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Elizabeth Elias Assistant Executive Officer
<b>SUBJECT</b>	<b>FULL 19: Enforcement Update: Statistics Report</b>

### STAFF UPDATE

The Board's Enforcement Analyst position became vacant mid-September. Management is working to refill this vacancy.

### PROGRAM UPDATE

Due to staffing changes since the last Board meeting, enforcement staff were temporarily given additional assignments from the Enforcement Analyst desk to keep the enforcement workload moving until new staff can be hired. I would like to thank all the enforcement staff for their dedication to the Board and willingness to take on additional duties.

In FY 2021-2022 the following has occurred:

- The Board averaged opening 9 consumer complaints and 4 subsequent arrests/convictions complaints per month.
- The Board averaged 18 Board initiated complaints. Board initiated complaints are typically opened due to address/name change violations, failed CE audits and licensees found to be working with a delinquent/expired license.
- Desk investigations averaged 37 closures. There are 2 cases over two years old.
- The Board's Special Investigator closed a total of 21 field investigation cases. Field investigation cases pending older than 1.5 years decreased from 10 cases to 2 cases, a decrease of 80%. There is one case over two years old.
- The Board issued 46 citations and ordered \$30,300.00 in fines.
- The Board's Probation Monitor addressed 9 probation violations, three of which were due to positive drug screens for a banned substance.

Enforcement continues to work on several major projects, including disciplinary guidelines, updates to the BreZE licensing/enforcement database and development of content for an enforcement section to be added to the Board's website.

Attachment 1: Enforcement Statistics Report

**Dental Hygiene Board of California**  
**Enforcement Statistics**  
**FY 21/22**

\*N/A = Data Not Available.

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
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**Complaints Received**

Consumer Complaints	8	9	11	8								
Board Initiated Complaints	12	21	7	32								
Arrests/Convictions	5	4	5	4								
Applicants	7	7	7	5								
<b>Totals</b>	<b>32</b>	<b>41</b>	<b>30</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Complaint Case Type Received**

Criminal Charges/Convictions	12	11	11	9								
Incompetence/ Negligence	1	0	1	0								
Non-Jurisdictional	1	7	4	4								
Sexual Misconduct	0	0	0	0								
Substance Abuse - No criminal charges	0	0	1	0								
Unprofessional Conduct	14	22	8	34								
Unlicensed	1	1	0	0								
Unsafe/Unsanitary Conditions	1	0	1	0								
Other	2	0	4	2								

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
<b>Complaint Closures w/no additional Disciplinary or Administrative Action</b>												
Application Approved	0	5	11	10								
Insufficient Evidence	0	2	2	1								
No Violation	10	14	9	5								
No Jurisdiction	1	2	18	6								
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)	4	2	1									
<b>Totals</b>	<b>15</b>	<b>25</b>	<b>41</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Investigations

### Open Investigations

Desk Investigations	108	110	86	88								
Field Investigations	39	37	38	34								
<b>Totals</b>	<b>147</b>	<b>147</b>	<b>124</b>	<b>122</b>								

### Closed Investigations

Desk Investigations	25	36	40	47								
Field Investigations	3	5	6	7								
<b>Totals</b>	<b>28</b>	<b>41</b>	<b>46</b>	<b>54</b>								

## Case Aging for Investigations (Open Cases)

### Desk Investigations

0-6 months	53	56	34	49								
7-12 months	38	36	37	19								
>1 yr - 1.5 years	9	11	10	15								
>1.5 years - 2 years	6	5	3	3								

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
>2 years	2	2	2	2								

#### Field Investigations

0-6 months	14	13	18	17								
7-12 months	10	10	10	9								
>1 yr - 1.5 years	5	5	4	6								
>1.5 years - 2 years	6	5	4	1								
>2 years	4	4	2	1								

#### Attorney General's Office (AG)

##### Discipline

Cases Transmitted to AG	0	1	2	4								
Statement of Issues Filed	0	0	0	1								
Accusations Filed	0	0	0	0								
Accusations Withdrawn	0	0	0	0								
Revocation	0	0	0	0								
Surrender	0	0	0	0								
Probation	0	0	1	1								

##### Probation Subsequent

##### Discipline

Subsequent Case Transmitted to AG	1	1	0	0								
Petition to Revoke Probation Filed	0	1	0	0								
Accusation/Petition to Revoked Probation Filed	1	0	0	0								
Revoked	0	0	0	0								
Surrendered	0	0	0	1								
Probation Extended	0	1	0	0								

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
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### All AG Cases Pending Disciplinary Action

Totals	9	11	11	13								
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### Case Aging for Pending AG Cases From Time of Transmittal

0-6 months	2	3	5	8								
7-12 months	0	1	1	1								
>1 yr - 1.5 years	4	4	3	1								
>1.5 years - 2 years	3	3	2	3								
>2 years	0	0	0	0								

### Citation/Fine

Citations Issued	12	5	5	24								
Citations Dismissed	0	0	0	0								
Citations Withdrawn	0	0	0	0								
Total Amount Ordered FY 21/22	\$30,300.00											

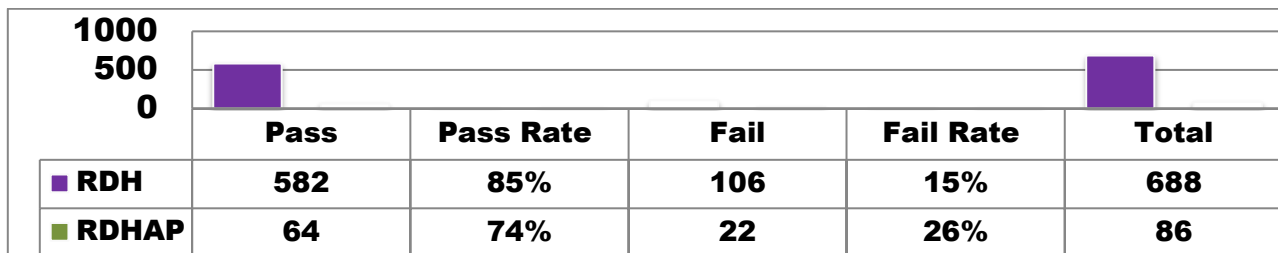
### Probation

Active Probationers	22	21	21	21								
Tolled Probationers	4	4	4	4								
Biological Testing Probationers	14	13	14	15								
Positive Drug Screen for Banned Substances	1	0	2	0								
Violations of Probation Issued	2	5	6	1								

# MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Presented by Traci Napper, Licensing Program Analyst
<b>SUBJECT</b>	<b>FULL 20: Written Examination Statistics</b>

## RDH AND RDHAP WRITTEN LAW AND ETHICS EXAM (FEBRUARY 11, 2021 – OCTOBER 18, 2021)



RDH WRITTEN LAW & ETHICS EXAMINATION						
Date Range	RDH Candidates Tested		Pass		Fail	
02/11/2021 – 10/18/2021	688		582	85%	106	15%
11/05/2020 – 02/10/2021	318		290	91%	28	9%
04/01/2020- 11/04/2020	359		323	90%	36	10%
RDHAP WRITTEN LAW & ETHICS EXAMINATION						
Date Range	RDHAP Tested		Pass		Fail	
02/11/2021 – 10/18/2021	86		64	74%	22	26%
11/05/2020 – 02/10/2021	12		11	92%	1	8%
04/01/2020 – 11/04/2020	27		22	81%	5	19%
NUMBER OF ATTEMPTS FOR PASSAGE OF THE RDH OR RDHAP WRITTEN EXAMINATION						
02/11/2021 - 10/18/2021	1 <sup>st</sup> Attempt		Multiple Attempts		Total	
<ul style="list-style-type: none"><li>RDH</li><li>RDHAP</li></ul>	490		92		582	
	50		14		64	
Total	540		106		646	
NUMBER OF OUT-OF-STATE WRITTEN LAW & ETHICS EXAMINATION PARTICIPANTS						
02/11/2021 – 10/18/2021	Pass		Fail		Total	
<ul style="list-style-type: none"><li>RDH</li><li>RDHAP</li></ul>	16	80%	4	20%	20	
	0	0%	0	0%	0	
OUT OF STATE ATTEMPTS	1 <sup>st</sup> Attempt		Multiple Attempts		Total	
02/11/2021 10/18/2021						
RDH	12		4		16	



## MEMORANDUM

<b>DATE</b>	November 20, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Presented by Traci Napper, Program Analyst
<b>SUBJECT</b>	<b>FULL 20 - Licensure Statistics</b>

### Overall DHBC Licensure Statistics (as of October 19, 2021)

LICENSE STATUS	LICENSE TYPE				
	RDH	RDHAP	RDHEF	FNP	TOTAL
<b>ACTIVE</b>	18,112	659	22	132	18,925
<b>INACTIVE</b>	1,740	42	1	0	1,783
<b>DELINQUENT</b>	3,814	115	5	74	4,008
<b>LICENSED SUBTOTAL</b>	23,666	816	28	206	24,716
<b>REVOKED</b>	40	1	0	0	41
<b>DENIED</b>	0	0	0	0	0
<b>VOLUNTARY SURRENDERED</b>	16	2	0	0	18
<b>CANCELLED</b>	9,791	45	4	67	9,907
<b>DECEASED</b>	220	2	0	0	222
<b>RETIRED</b>	41	1	0	0	42
<b>*COVID-19</b>	4	0	0	0	4
<b>NON-LICENSED SUBTOTAL</b>	10,112	51	4	67	10,234
<b>TOTAL POPULATION</b> (Licensed Subtotal plus Non-licensed Subtotal)	33,778	867	32	273	34,950

#### LICENSE TYPES

Registered Dental Hygienist - **RDH**  
Registered Dental Hygienist in Alternative Practice - **RDHAP**  
Registered Dental Hygienist in Extended Function - **RDHEF**  
Fictitious Name Permit - **FNP**

#### LICENSE STATUS

**Active** – A license that has completed all renewal requirements.  
**Inactive** – Renewal fees paid and license placed on Inactive status.  
(Reasons include: not practicing, live scan or CE incomplete)  
**Delinquent** – Fees have not been paid for one or more renewal periods.  
**Revoked** – Disciplinary action taken; not licensed to practice in CA.  
**Denied** – License or application denied due to disciplinary action.  
**Voluntary Surrendered** – Surrendered license voluntarily due to disciplinary action.  
**Cancelled** – Result from nonpayment of renewal fees for five years after expiration.  
**\*COVID-19** – Corona Virus Pandemic



## MEMORANDUM

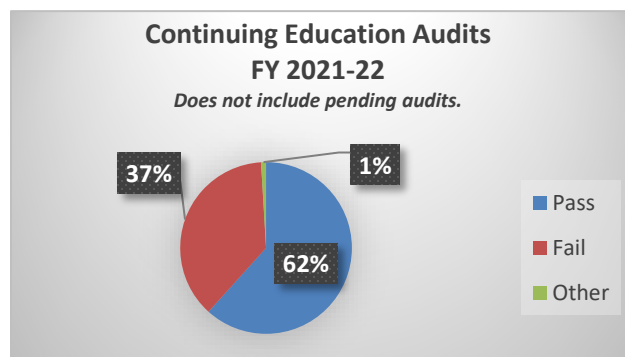
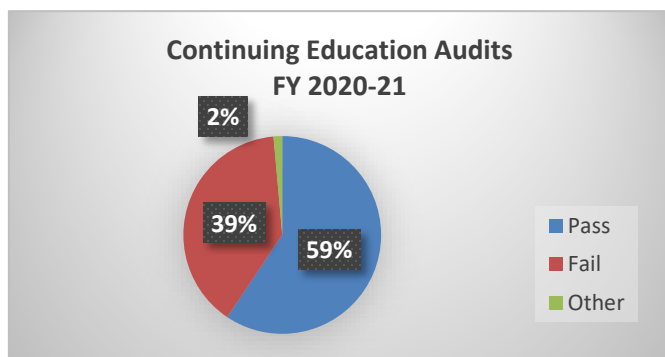
<b>DATE</b>	November 6, 2021
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Elizabeth Elias Assistant Executive Officer
<b>SUBJECT</b>	<b>FULL 20: Continuing Education Update</b>

### Continuing Education Update

The Board continues to conduct continuing education (CE) audits to verify licensee's completion of the CE requirements for license renewal with the goal of consumer protection. The Board established its CE desk in August of 2020. As demonstrated in the corresponding chart, the Board completed 495 audits in FY 2020-21.

At present, the Board is on track to surpass the number of audits completed in FY 2020-21. In the new fiscal year, the Board has initiated 299 CE audits. The Board continues to see similar trends in the pass and fail rate. The majority of failed CE audits are due to licensees not providing the Board adequate CE documentation to demonstrate they have fulfilled the renewal requirements. Frequently, licensees have expressed life circumstances, lost records, and destroyed records as reasons for the failed audit, but those licensees are also unable to provide proof of having completed mandatory CEs. The following figures identify the pass and fail rates of FY 2020-21 and 2021-22.

Continuing Education Audits		
	FY 2020-21	FY 2021-22
Pass	294	132
Fail	194	80
Other	7	2
Pending	0	85
Total	495	299



The Board's Enforcement Unit has begun to address the failed CE audits. Licensees who have failed the CE audit will be issued a citation and fine with an order of abatement to correct the CE deficiency. In some egregious cases, a licensee may be subject to disciplinary action which can include but is not limited to revocation of licensure.

The Board would like to remind licensees that they are required to fulfill all the CE requirements for license renewal, to be organized in the maintaining of CE records for three license renewal periods before purging their records, and to verify approval of CE providers prior to registering for CE courses to ensure the coursework will be credited in case of an audit.



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 21**

**Future Agenda Items**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 22**

**Closed Session – Full Board**

**The Board will meet in Closed Session pursuant to Government Code Section 11126(a)(1) to conduct its annual evaluation of its Executive Officer.**

**The Board may meet in closed session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3).**



**Saturday, November 20, 2021**

**Dental Hygiene Board of California**

**Agenda Item 29**

**Adjournment.**

**Due to technological limitations, adjournment will not be broadcast via WebEx. Adjournment will immediately follow Closed Session, and there will be no other items of business discussed.**