

DHBC

Dental Hygiene
Board of California

March 18, 2023, Webex BOARD MEETING

Meeting Materials



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, March 18, 2023
9:00 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 dhbcinfo@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. Please see the instructions attached hereto to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

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 highlight the entire 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=m65def3fbaf61dfbf155f5b2ec7cadd20>

Webinar number: 2491 738 0056

Webinar password: DHBC03182023

Audio conference: US Toll Number: +1-415-655-0001

Access code: 249 173 80056

Passcode: 34220318

Members of the Board

President - Dr. Carmen Dones, RDH Educator Member
Vice President - Sonia "Pat" Hansen
Secretary - Denise Davis, Public Member
RDHAP Member - VACANT
RDH Member - Naleni "Lolly" Tribble-Agarwal
Dentist Member - VACANT
Public Member - Sherman King
Public Member - Justin Matthews
Public Member - Erin Yee

**The DHBC welcomes and encourages public participation in its meetings.
Please see public comment specifics at the end of this agenda.**

The DHBC may take action 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.

Open Session 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.
5. Update from the Dental Board of California (DBC).
6. Discussion and Possible Action to Approve the February 4, 2023, Full Board WebEx Teleconference Meeting Minutes.
7. Executive Officer's Report on the Following:
 - a) Personnel.
 - b) Budget.
 - c) Administration – Executive Officer's Activities and Sunset Review Status.

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

8. *Closed Session – Full Board*

- a) Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings.
- b) Pursuant to Government Code Section 11126(a)(1), Pursuant to Government Code section 11126(a)(1), the Board will Discuss the Evaluation of Performance of the Executive Officer.

<<Return to Open Session>>

- 9. Discussion and Possible Action on Executive Officer Exempt Position Request (EPR).
- 10. Discussion and Possible Action to Extend the Temporary Acceptance of the Manikin-Based Clinical Examination as Administered by CRDTS and CDCA/WREB/CITA.
- 11. Discussion and Possible Action on Carrington College's Request for Blended Evening Expansion of the Sacramento and San Jose Dental Hygiene Educational Programs.
- 12. Discussion and Possible Action on Proposed Sunset Legislation Amendments for Assembly Bill (AB) 1257.
 - a) Business and Professions Code (BPC) Section 1904: Board Meetings.
 - b) BPC Section 1909: Procedures a Dental Hygienist is Authorized to Perform Under Direct Supervision.
 - c) BPC Section 1917: Dental Hygienist, Requirements for Licensure.
 - d) BPC Section 1917.2: Temporary Licensure.
 - e) BPC Section 1926.06: Physical Dental Hygiene Facilities in a Dental Health Professional Shortage Area (DHPSA).
 - f) BPC Section 1936.1: Continuing Education.
 - g) BPC Section 1962: Use of Name by a Registered Dental Hygienist in Alternative Practice in Professional Association.
- 13. Discussion and Possible Action on the Following Legislation:
 - a) Assembly Bill (AB) 477 Waldron: Legislative review of state boards.
 - b) AB 481 Carrillo: Dentistry: dental assistants.
 - c) AB 557 Hart: Open meetings: local agencies: teleconferences.
 - d) AB 820 Reyes: State boards and commissions: seniors.
 - e) AB 883 Mathis: Business licenses: United States Department of Defense SkillBridge program.
 - f) AB 936 Wood: Dentistry: exemptions.
 - g) AB 996 Low: Department of Consumer Affairs: continuing education: conflict-of-interest policy.
 - h) AB 1257 Assembly Business & Professions: Dentistry: Dental Hygiene Board of California.

- i) AB 1395 Garcia: Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
- j) AB 1396 Garcia: Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
- k) Senate Bill (SB) 259 Seyarto: Reports submitted to legislative committees.
- l) SB 372 Menjivar: Department of Consumer Affairs: licensee and registrant records: name and gender changes.
- m) SB 820 Alvarado-Gil: Consumer complaints.
- n) 2023 Tentative Legislative Calendar.

14. Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

15. Discussion and Possible Action on RDAEF Administration of Local Anesthesia and Nitrous Oxide Analgesia.

16. Education Update:

- a) Update on Discussions by the Commission on Dental Accreditation regarding Faculty to Student Ratios (Standard 3-5).
- b) Dental Hygiene Educational Program Site Visit Update:
 - i. Diablo Valley College
 - ii. Pasadena City College
 - iii. Loma Linda University
 - iv. Moreno Valley College
 - v. Carrington College – Sacramento
 - vi. Carrington College – San Jose
- c) Dental Hygiene Educational Program Site Visit Schedule.

17. Enforcement Update: Statistical Report.

18. Licensing, Continuing Education Audits and Examination Update: Statistical Reports.

19. Future Agenda Items.

20. Adjournment.

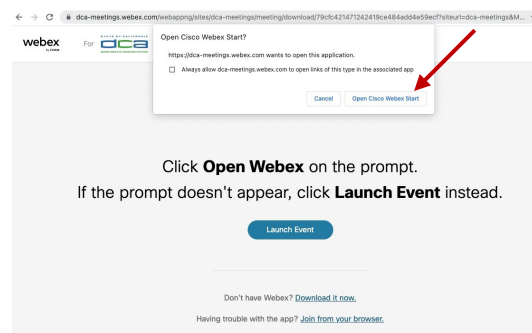
Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their 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 the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 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.

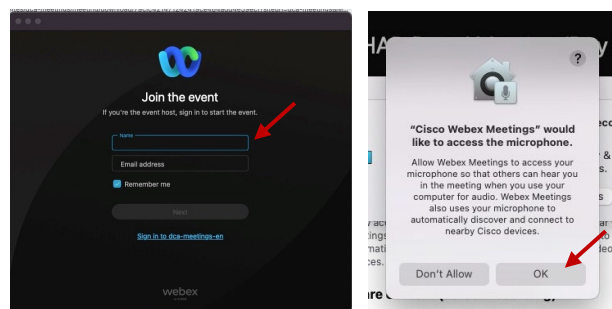
If joining using the meeting link

1 Click on the meeting link. This can be found in the meeting notice you received.

2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



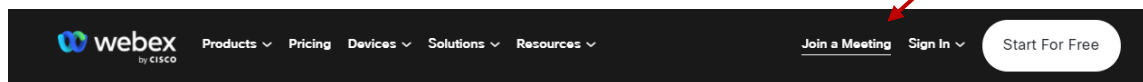
3 Enter your name and email address. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.



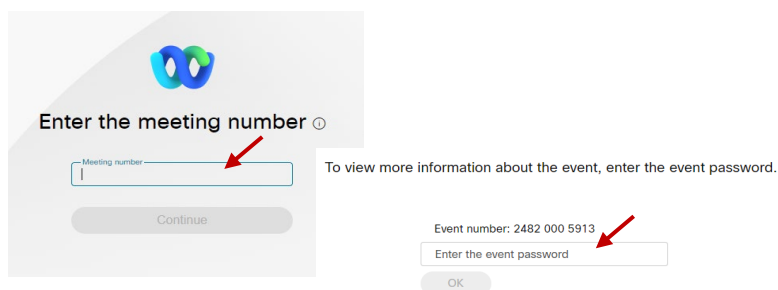
OR

If joining from Webex.com

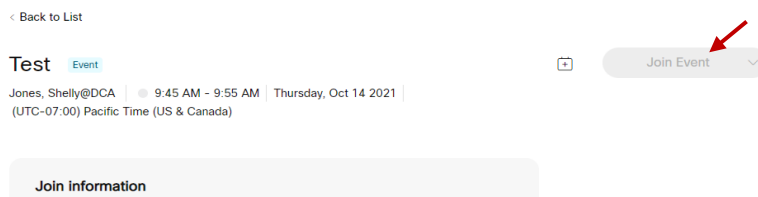
1 Click on "Join a Meeting" at the top of the Webex window.



2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



3 The meeting information will be displayed. Click "Join Event".



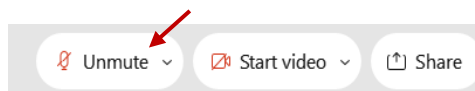
OR

Connect via telephone*:

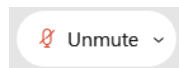
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

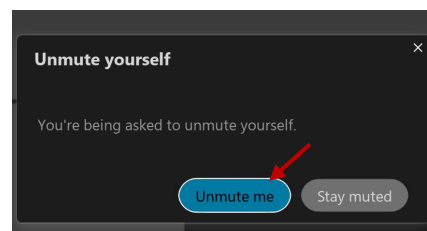


Green microphone = Unmuted: People in the meeting can hear you.



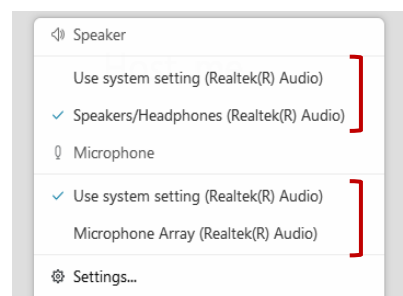
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



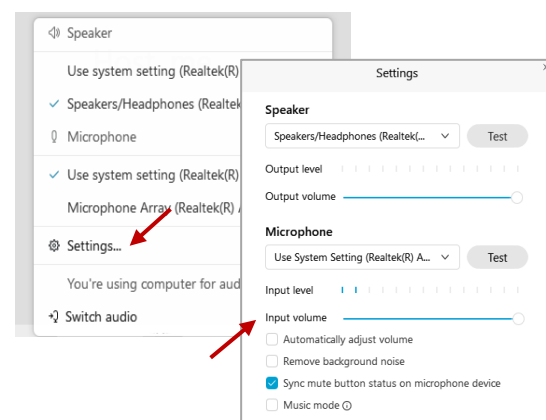
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

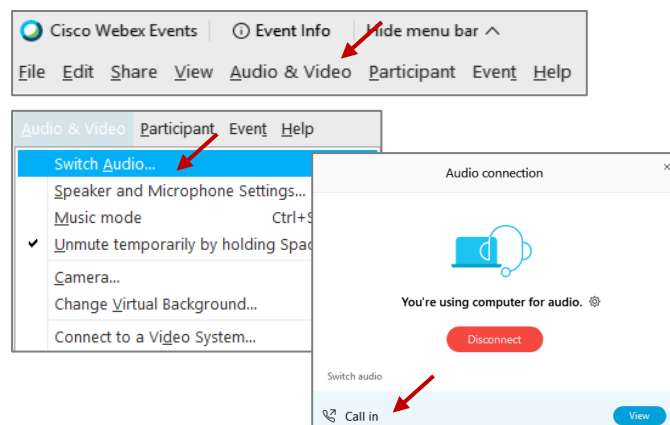
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

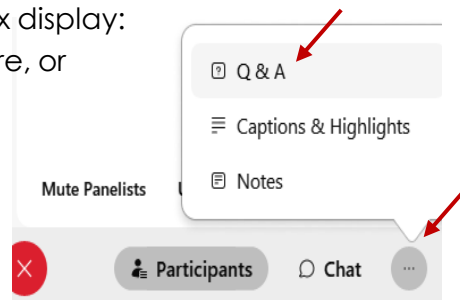
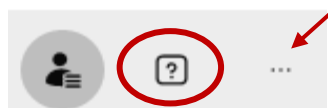
- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



The question-and-answer feature (Q&A) is utilized for questions or comments. Upon direction of the meeting facilitator, the moderator will open the Q&A panel for meeting participants to submit questions or comments. *NOTE: This feature is not accessible to those joining the meeting via telephone.*

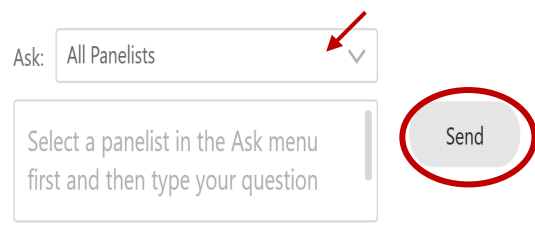
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



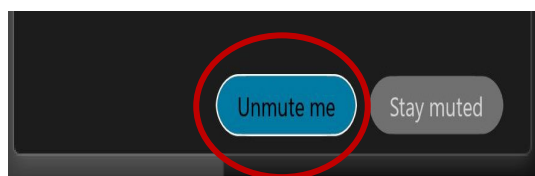
OR

If connected via telephone:

- Utilize the raise hand feature by pressing *6 to raise your hand.
- Repeat this process to lower your hand.

3 The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

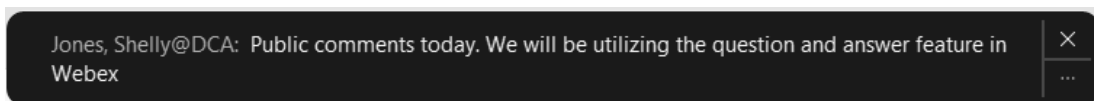


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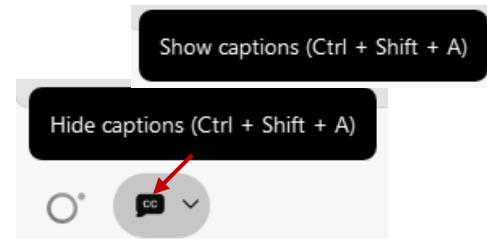
If connected via telephone:

- Press *3 to unmute your microphone.

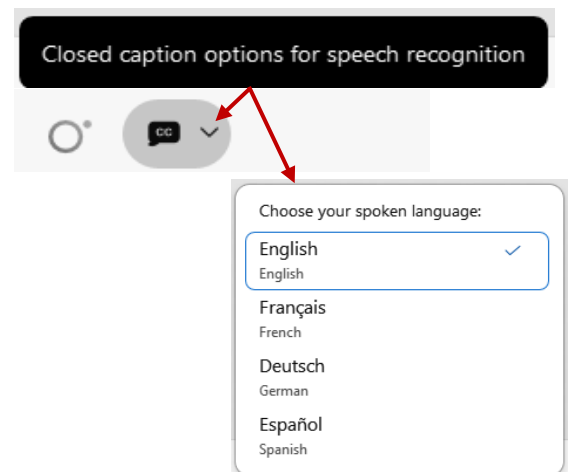
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



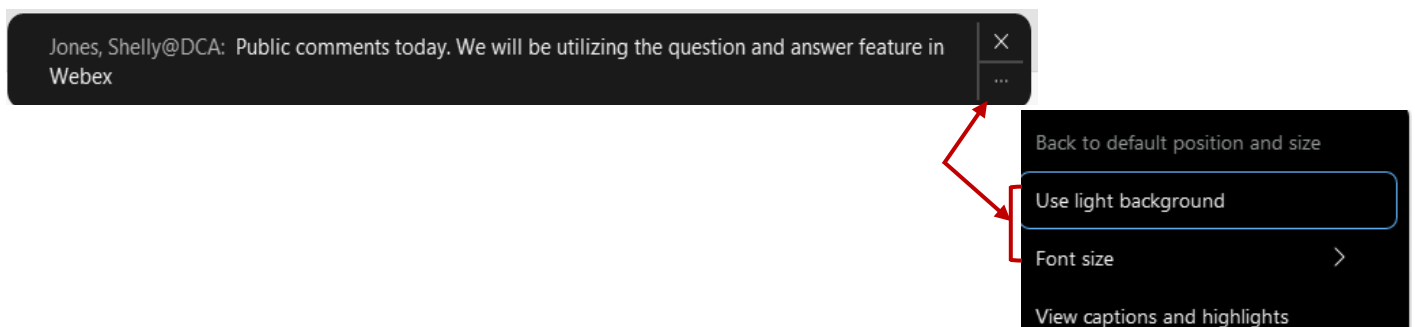
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





Member	Present	Absent
Denise Davis		
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Justin Matthews		
Naleni Tribble-Agarwal		
Erin Yee		

Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 1

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.



Saturday, March 18, 2023

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, March 18, 2023

Dental Hygiene Board of California

Agenda Item 3

President's Welcome and Report.



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 4

**Update from the Department of Consumer Affairs (DCA)
Executive Staff.**



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 5

Update from the Dental Board of California (DBC).



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 6

**Discussion and Possible Action to Approve the February 4,
2023 Full Board Webex Teleconference Meeting Minutes.**

Dental Hygiene Board of California Meeting Minutes

DRAFT

Saturday, February 4, 2023

Pursuant to the provisions of Government Code section 11133, neither a public nor teleconference location was provided. Members of the public observed and participated using the WebEx link provided in the agenda.

DHBC Members Present:

President – Dr. Carmen Dones, Registered Dental Hygienist (RDH) Educator Member
Secretary – Denise Davis, Public Member
RDH Member – Sonia “Pat” Hansen
Public Member – Sherman King
Public Member – Erin Yee

DHBC Member Absent:

Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Vacant
RDH Member – Vacant
Public Health Dentist Member – Vacant
Public Member – Vacant

DHBC Staff Present:

Anthony Lum, Executive Officer
Albert Law, Special Investigator
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Michael Kanotz, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
John Kinn, DCA Legal Counsel for the DHBC
Danielle Rogers, DCA Regulatory Unit Legal Counsel for the DHBC

1. Agenda Item 1: Roll Call and Establishment of a Quorum.

Dr. Carmen Dones, President of the Dental Hygiene Board of California (DHBC, Board), reviewed meeting guidelines and called the meeting to order at **10:00 a.m.** Board Member Denise Davis completed the roll call, and a quorum was established with five members present.

Note: Due to technical Webex connection issues, after establishing a quorum, the Board addressed Closed Session out of order so that the technical issues could be resolved to continue the meeting.

2. Agenda Item 8: CLOSED SESSION.

A closed session was held.

3. Agenda Item 2: Public Comment for Items Not on the Agenda.

None.

4. Agenda Item 3: Discussion and Possible Action to Approve the November 19, 2022, Full Board Meeting Minutes.

Motion: Denise Davis moved to approve the November 19, 2022, Full Board Meeting Minutes.

Second: Erin Yee.

Member discussion: None.

Public comment: None.

Vote: Motion for the Board to approve the November 19, 2022, Full Board Meeting Minutes. Passed 4:0:1.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Sonia "Pat" Hansen	X		
Sherman King			X
Erin Yee	X		

5. Agenda Item 4: Discussion and Possible Action to Approve Modified Text for 16 CCR Section 1104.3: Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.

Dr. Adina Petty reported that at the July 23, 2022 Full Board meeting, the Board approved substantive changes to the proposed 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 and implement the mandates in Business and Professions Code (BPC) section 1941.5. She stated that during review by the Office of Administrative Law (OAL), additional substantive changes were recommended, and that staff developed the modified text regarding 16 CCR section 1104.3 for the Board to review to implement the provisions of BPC section 1941.5.

Dr. Petty recommended that in response to comments made from the review of the regulatory language by OAL, staff recommends the Board review the proposed modified text in the attached document, determine whether additional information or language is required, complete the draft of the proposed modified text, and direct staff to submit the proposed modified text to the Director of the DCA and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to continue the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 15-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at Section 1104.3 as noticed.

Motion: Sonia “Pat” Hansen moved for the Board to approve the proposed modified text for section 1104.3 and direct staff to submit the proposed modified text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to continue the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 15-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at Section 1104.3 as noticed.

Second: Carmen Dones.

Member discussion: None.

Public comment: None.

Vote: Motion for the Board to approve the proposed modified text for section 1104.3 and direct staff to submit the proposed modified text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to continue the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 15-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at Section 1104.3 as noticed. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Sonia “Pat” Hansen	X		

Name	Aye	Nay	Abstain/Absent
Sherman King	X		
Erin Yee	X		

6. Agenda Item 5: Election of New Board Vice President.

Executive Officer (EO) Anthony Lum reported that at its November 19, 2022, Board meeting, the Board voted to maintain the slate of officers from 2022 for 2023 to maintain consistency while proceeding through the Sunset Review process. He stated that unfortunately, the Vice President and RDHAP member, Noel Kelsch, resigned from the Board at the end of November due to personal reasons. He requested the Board to nominate and vote for a new Vice President for 2023.

Motion: Denise Davis moved for the Board to nominate and vote for Sonia “Pat” Hansen as the new Vice President for 2023.

Second: Erin Yee.

Member discussion: None.

Public comment: None.

Vote: Motion for the Board to nominate and vote for Sonia “Pat” Hansen as the new Vice President for 2023. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		
Sonia “Pat” Hansen	X		
Sherman King	X		
Erin Yee	X		

7. Agenda Item 6: Discussion and Possible Action to Approve Submission of Second Exempt Position Request for Executive Officer Upgrade Exempt Level Status and Salary.

EO Anthony Lum reported that in fiscal year 2009/10, the Dental Hygiene Committee (now Board) began its operations for consumer protection. The EO position was established at a specific exempt level and salary appropriate at the time to oversee the entirety of

committee operations. Since then, there hasn't been a change or upgrade in the EO exempt level to allow for professional and program growth. He stated that over the last decade, there's 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.

EO Lum requested the Board to approve the second 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 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.

Motion: Carmen Dones moved for the Board to approve the second 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 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.

Second: Erin Yee.

Member discussion: None.

Public comment: Susan McLearn, representing the California Dental Hygienists Association (CDHA), stated the CDHA is in support of the submission of a second exempt position request for the executive officer to upgrade the position's exempt level status and salary.

Vote: Motion for the Board to approve the second 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 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. Passed 5:0:5.

Name	Aye	Nay	Abstain/Absent
Denise Davis	X		
Carmen Dones	X		

Name	Aye	Nay	Abstain/Absent
Sonia “Pat” Hansen	X		
Sherman King	X		
Erin Yee	X		

8. Agenda Item 7: Future Agenda Items.

Member discussion: None.

Public comment: Kristy Menage Bernie - Status of open position on Board.
Michael Kanotz stated that question can't be answered at this time as it was not agendized.

9. Adjournment

Meeting was adjourned at 11:23 a.m.



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 7

Executive Officer's Report on the Following:

- a) **Personnel.**
- b) **Budget.**
- c) **Administration – Executive Officer's Activities and Sunset Review Status.**

Department of Consumer Affairs

Expenditure Projection Report

Dental Hygiene Board of California

Fiscal Month: 7

Fiscal Year: 2022 - 2023

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS		\$873,000	\$784,029	\$1,023,000	\$396,312	\$757,212	\$265,788
5100 TEMPORARY POSITIONS		\$59,000	\$0	\$59,000	\$0	\$0	\$59,000
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		\$24,000	\$3,800	\$24,000	\$13,390	\$13,841	\$10,159
5150 STAFF BENEFITS		\$465,000	\$372,888	\$601,000	\$213,830	\$408,554	\$192,446
PERSONAL SERVICES		\$1,421,000	\$1,160,717	\$1,707,000	\$623,532	\$1,179,607	\$527,393

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE		\$28,000	\$5,642	\$38,000	\$8,909	\$10,013	\$27,987
5302 PRINTING		\$13,000	\$18,155	\$17,000	\$29,090	\$29,240	-\$12,240
5304 COMMUNICATIONS		\$9,000	\$4,906	\$13,000	\$1,960	\$4,147	\$8,853
5306 POSTAGE		\$18,000	\$6,617	\$20,000	\$2,437	\$9,227	\$10,773
5308 INSURANCE		\$0	\$23	\$0	\$0	\$25	-\$25
53202-204 IN STATE TRAVEL		\$14,000	\$2,053	\$20,000	\$3,767	\$4,125	\$15,875
5322 TRAINING		\$5,000	\$962	\$7,000	\$2,520	\$2,520	\$4,480
5324 FACILITIES		\$157,000	\$138,252	\$171,000	\$138,093	\$138,093	\$32,907
5326 UTILITIES		\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403 C/P SERVICES (INTERNAL)		\$74,000	\$225,360	\$74,000	\$204,431	\$292,214	-\$218,214
5340310000	Legal - Attorney General	\$47,000	\$198,186	\$47,000	\$105,063	\$192,759	-\$145,759
5340320000	Office of Adminis Hearings	\$3,000	\$27,089	\$3,000	\$99,368	\$99,368	-\$96,368
53404-53405 C/P SERVICES (EXTERNAL)		\$215,000	\$52,590	\$222,000	\$47,468	\$60,170	\$161,830
5342 DEPARTMENT PRORATA		\$514,000	\$485,946	\$528,000	\$383,250	\$528,000	\$0
5342 DEPARTMENTAL SERVICES		\$30,000	\$45,516	\$31,000	\$20,634	\$49,305	-\$18,305
5344 CONSOLIDATED DATA CENTERS		\$4,000	\$1	\$12,000	\$1	\$4,628	\$7,372
5346 INFORMATION TECHNOLOGY		\$3,000	\$3,728	\$3,000	\$0	\$3,840	-\$840
5362-5368 EQUIPMENT		\$3,000	-\$468	\$16,000	\$0	\$6,000	\$10,000
5390 OTHER ITEMS OF EXPENSE		\$8,000	\$0	\$8,000	\$0	\$0	\$8,000
54 SPECIAL ITEMS OF EXPENSE		\$0	\$1,400	\$0	\$2,573	\$2,573	-\$2,573
OPERATING EXPENSES & EQUIPMENT		\$1,096,000	\$990,685	\$1,181,000	\$845,131	\$1,144,120	\$36,880

OVERALL TOTALS		\$2,517,000	\$2,151,402	\$2,888,000	\$1,468,663	\$2,323,727	\$564,273
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19.54%

Department of Consumer Affairs

Revenue Projection Report

Fiscal Month: 7

Fiscal Year: 2022 - 2023

Revenue

Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End	Balance
Delinquent Fees	\$73,000	\$2,720	\$3,760	\$3,440	\$2,720	\$2,290	\$4,150	\$5,470	\$2,800	\$3,280	\$2,400	\$4,320	\$2,960	\$24,550	\$40,310	\$32,690
Other Regulatory Fees	\$106,000	\$10,603	\$14,380	\$7,328	\$9,492	\$4,953	\$3,989	\$7,378	\$10,867	\$17,892	\$14,817	\$11,517	\$5,717	\$58,122	\$118,932	(\$12,932)
Other Regulatory License and Permits	\$191,000	\$32,800	\$32,530	\$12,035	\$7,200	\$6,895	\$11,440	\$16,215	\$9,496	\$9,404	\$14,976	\$12,099	\$23,906	\$119,115	\$188,995	\$2,005
Other Revenue	\$28,000	\$0	\$0	\$0	\$6,447	\$50	\$500	\$11,413	\$0	\$0	\$1,568	\$0	\$0	\$18,410	\$19,979	\$8,021
Renewal Fees	\$2,980,000	\$235,320	\$289,840	\$264,620	\$261,217	\$366,373	\$205,540	\$284,900	\$201,824	\$236,368	\$176,267	\$147,696	\$42,058	\$1,907,809	\$2,712,023	\$267,977
Revenue	\$3,378,000	\$281,443	\$340,510	\$287,423	\$287,076	\$380,560	\$225,619	\$325,376	\$224,987	\$266,944	\$210,028	\$175,632	\$74,641	\$2,128,006	\$3,080,239	\$297,761

Reimbursements

Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End	Balance
Scheduled Reimbursements	\$0	\$0	\$49	\$98	\$0	\$0	\$49	\$49	\$49	\$0	\$147	\$0	\$49	\$245	\$490	
Unscheduled Reimbursements	\$0	\$1,742	\$1,129	\$6,809	\$1,296	\$3,664	\$9,939	\$9,024	\$2,124	\$5,046	\$1,251	\$2,268	\$535	\$33,604	\$44,828	
Reimbursements	\$0	\$1,742	\$1,178	\$6,907	\$1,296	\$3,664	\$9,988	\$9,073	\$2,173	\$5,046	\$1,398	\$2,268	\$584	\$33,849	\$45,318	

3140 - State Dental Hygiene Fund Analysis of Fund Condition
(Dollars in Thousands)
2023-24 Governor's Budget with FM 7 Projections

Prepared 3.6.2023

	ACTUAL 2021-22	CY 2022-23	BY 2023-24	BY +1 2024-25	BY +2 2025-26
BEGINNING BALANCE					
Prior Year Adjustment	\$ 1,939	\$ 1,511	\$ 2,105	\$ 2,412	\$ 2,639
Adjusted Beginning Balance	\$ 42	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 1,981	\$ 1,511	\$ 2,105	\$ 2,412	\$ 2,639
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 42	\$ 40	\$ 73	\$ 73	\$ 73
4127400 - Renewal fees	\$ 1,598	\$ 2,712	\$ 2,970	\$ 2,970	\$ 2,970
4129200 - Other regulatory fees	\$ 105	\$ 119	\$ 118	\$ 118	\$ 118
4129400 - Other regulatory licenses and permits	\$ 196	\$ 189	\$ 187	\$ 187	\$ 187
4143500 - Miscellaneous Services to the Public	\$ 0	\$ 1	\$ 1	\$ 1	\$ 1
4163000 - Income from surplus money investments	\$ 8	\$ 19	\$ 32	\$ 39	\$ 42
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ 0	\$ 0	\$ 0	\$ 0
4172500 - Miscellaneous revenues	\$ 1	\$ 0	\$ 0	\$ 0	\$ 0
Totals, Revenues	\$ 1,951	\$ 3,080	\$ 3,381	\$ 3,388	\$ 3,391
Operating Transfers To General Fund 0001 per EO E 21/22-276 Revised (AB 84)	\$ -106	\$ 0	\$ 0	\$ 0	\$ 0
Totals, Transfers and Other Adjustments	\$ -106	\$ 0	\$ 0	\$ 0	\$ 0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 1,845	\$ 3,080	\$ 3,381	\$ 3,388	\$ 3,391
TOTAL RESOURCES	\$ 3,826	\$ 4,591	\$ 5,486	\$ 5,800	\$ 6,030
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 2,126	\$ 2,279	\$ 2,896	\$ 2,983	\$ 3,072
9892 Supplemental Pension Payments (State Operations)	\$ 34	\$ 34	\$ 34	\$ 34	\$ 0
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 155	\$ 173	\$ 144	\$ 144	\$ 144
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 2,315	\$ 2,486	\$ 3,074	\$ 3,161	\$ 3,216
FUND BALANCE					
Reserve for economic uncertainties	\$ 1,511	\$ 2,105	\$ 2,412	\$ 2,639	\$ 2,814
Months in Reserve	7.3	8.2	9.2	9.8	10.5

NOTES:

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



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 8

Closed Session – Full Board.

**Pursuant to Government Code Section 11126(a)(1), the Board will Discuss the
Evaluation of Performance of the Board's Executive Officer.**

**Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on
Disciplinary Actions and Decisions to be Reached in Administrative Procedure
Act Proceedings.**

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 9: Discussion and Possible Action to Change and Upgrade the Executive Officer's Exempt Level Status and Salary.

ACTION

Request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III and associated salary range (Range: \$8,759 – \$9,945) commensurate of the current EO oversight responsibilities through a departmental (DCA) Exempt Position Request (EPR) to realign the managerial organizational structure for appropriate supervising oversight, maintain institutional knowledge, and provide professional and programmatic growth.

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. 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 without an increase in the EO's exempt level.

Some 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 for 29 programs throughout the state.
- 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 and increased budget to implement the above program changes.

Administratively, the data over the last decade shows the Board's budget has increased to \$2.8 million (154% increase), staff increased to 15 (200% increase), program

statistics such as licensee population increased by 55% and complaints received by the Board significantly increased by 150%. Additionally, due to HR laws, the EO must supervise subordinate manager-level staff because the AEO is currently at the same managerial level instead of a higher level. Most of the Board's program growth has occurred over the last decade without a commensurate elevation in the EO's status despite the increased responsibilities.

Appropriate program supervision oversight is vital for the Board to run its operations efficiently. By approving this EPR request, it will help to realign the management organizational structure for years to where they're at correct levels pursuant to human resources laws and guidelines to oversee subordinate management and rank and file staff. This is the second attempt to have the EPR approved, as the last submission was denied.

STAFF RECOMMENDATION:

Staff recommends approval of the request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III and associated salary range commensurate of the current EO oversight responsibilities through a DCA Exempt Position Request (EPR).

PROS: By approving this request of the EO's exempt level and salary, it allows for the realignment of management organizational structure, future professional growth, and maintain Board institutional knowledge and experience. This will also allow expansion of subordinate managerial staff for proper program oversight. The Board is a specially funded agency obtaining its revenue from the fees it charges and can afford this upgrade within its existing annual appropriation. As such, it will not impact the State's General Fund.

CONS: The Board would experience a gradual overall cost increase for the higher salary range if future increases are approved.



EXECUTIVE OFFICER EXEMPT LEVEL UPGRADE REQUEST

The Dental Hygiene Board of California (Board) is the government agency charged with oversight authority of all 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 completes 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.

ACTION REQUESTED:

The Board is requesting to work with the Department of Consumer Affairs (DCA) to submit 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 moderately 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 \$8,759 - \$9,945 to realign the organizational management structure that's vital for proper supervision, maintain institutional knowledge, and allow for professional and future program growth.

JUSTIFICATION:

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. Also, enhancement of existing programs added to the workload 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. The Board also has a manager specialist whose professional knowledge is priceless in the DHEP oversight and works to promulgate the Board's legislation and regulations.

On the administration aspect, the board's budget has increased by 154%, staff increased by 200%, and program statistics such as licensee population increased by 55% and number of complaints received has increased significantly, up 150%. 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 13 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 several 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.

DENTAL HYGIENE BOARD OF CALIFORNIA GROWTH SINCE INCEPTION			
Program Area	FY 2009/10 (Inception)	FY 2022/23 (Current)	% Change or Program Status
#Personnel/Staff Positions	8 authorized (but only 5 filled due to recession and hiring freeze).	15 authorized.	200% increase.
Expenditure Budget	\$1.1 million	\$2,800,000	154% increase.

Program Area	FY 2009/10 (Inception)	FY 2022/23 (Current)	% Change or Program Status
Board Programs: Comparison of the Number of Board Programs from Inception in 2009/10 to Current Year Programs. Note: 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 New Program (2020) New Program (2014) New Program (2020) New Program (2016). New Program (2021). New Program (2016).
Licensee Population	~24,000 Issued	Over 36,000 Issued	55% increase.

Dental Hygiene Educational Program Oversight	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. Note: Oversight is to ensure all DHEPs are compliant with the law and accreditation standards).	New Program (2016).
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Table 2.

DENTAL HYGIENE BOARD OF CALIFORNIA PROGRAM DATA			
PROGRAM	FY 2009/10 (Inception)	FY 2022/23 (Current Year)	%Change or Program Status
Probationers	0	19	Currently thru 2/28/23.
Citation and Fine	0	109	New program; currently issued in FY 2022/23 thru 2/28/23.
Investigations	89	224	150% increase.
Complaints Received	97	281	200% increase.
Continuing Education (CE) Audits	0	515	Avg of 560/year for last 3 years.
Legislative Changes	Senate Bill 853 (Ch. 31, Statutes of 2008) created the Dental Hygiene Committee of California.	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. In 2018, Legislation	Legislation approved after inception.

		<p>(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 fingerprints prior to license issuance.</p> <p>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.</p>	<p>Legislation approved after inception.</p> <p>Legislation approved after inception.</p>
Regulatory Changes	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.	<p>Regulations promulgated to address the following:</p> <ol style="list-style-type: none"> 1) Dental Hygiene Educational Program Oversight: <ol style="list-style-type: none"> a) Program Requirements**. b) Faculty Requirements*. c) Continued Approval*. 	Multiple regulations approved or in the process of approval after inception. Each number and sub-letter is a separate, individual regulation.

		<p>d) Inspections, citation and fine, and probation**.</p> <p>e) Required Curriculum**.</p> <p>2) Definitions of dental hygiene terms*.</p> <p>3) Disciplinary Guidelines*.</p> <p>4) Citation and Fine*.</p> <p>5) Expanded Functions Course requirement* (expanded functions = Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia).</p> <p>6) Remedial Education*.</p> <p>7) Examinations*.</p> <p>8) Radiographic Decision Making and Interim Therapeutic Restoration*.</p> <p>9) Retired License*.</p> <p>10) Unprofessional Conduct**.</p> <p>11) RDHAP/Licensed Dentist Relationship*.</p> <p>12) RDHAP Soft Tissue Curettage and Local Anesthesia administration*.</p> <p>13) Regulations stemming from Assembly Bill 2138 (Ch. 995, Statutes of 2018) – Conviction limitations*.</p> <p>14) Review and inspection of RDHAP Mobile Dental Hygiene Clinics, stand-alone clinics, and portable equipment*.</p>	<p>Note:</p> <p>*Approved by the Office of Administrative Law (OAL).</p> <p>**Under review and pending OAL approval.</p>
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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 (DCA) to be recognized 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 also had four other 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 multiple changes to the Board's programs creating a greater number of complex responsibilities for the EO over the years.
- 3) In 2010, the survey says that the Board had eight (8) positions when in fact, we were authorized for eight positions but only five were filled due to the recession and resulting hiring freeze, so some operations weren't being done because of a lack of staff. Additional staff were hired subsequently once the freeze was lifted to initiate those duties.
- 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 possess statutory authority to set the EO's salary.

An EPR was previously submitted; however, it was denied. 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 as illustrated in the tables above, it's imperative to approve the EPR to realign the Board's management organizational structure. The Board also works to retain its experienced staff for as long a period as possible to maintain institutional memory, program knowledge, and efficiencies to conduct its business. Smaller programs are affected by experienced staff leaving exponentially more than larger programs due to their available program redundancies. By approving the EPR request, it would alleviate the compaction problem identified in the study, allow for the realignment of management to oversee staff, maintain institutional knowledge, and provide a modest salary increase that commensurate of the level of responsibility experienced by the EO.

The general public outside of DCA is mostly 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 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 complex responsibility, a commensurate exempt level and salary equivalent to an SSM III is justified for this moderate upgrade request.

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 moderate 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.

Thank you for your time and if there are any questions, please contact me.

Sincerely,

Dr. Carmen Dones, President
Cc: Anthony Lum, DHBC Executive Officer

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 10: Discussion and Possible Action to Extend the Temporary Acceptance of the Alternative Manikin-Based Dental Hygiene Clinical Examinations Administered by CDCA/WREB/CITA and CRDTS through January 31, 2024.

BACKGROUND

At the August 29, 2020, Dental Hygiene Board of California (Board) meeting, the Board voted to temporarily accept the manikin-based clinical examinations administered by ADEX/WREB and CRDTS due to the Coronavirus Pandemic (COVID-19) environment. The temporary acceptance of this exam was extended four times at Board meetings (March 6, 2021, July 17, 2021, March 19, 2022, and July 23, 2022) and now is set to expire on July 31, 2023. Information received from dental hygiene programs administering the exams require advanced notice of exam acceptance to enable them to arrange and schedule for future dates. The manikin-based clinical exam is an alternative method to the acceptance of the in-person, patient-based clinical examinations administered by CDCA/WREB and CRDTS; however, documentation submitted from exam administrators shows this method is widely accepted nationwide for dental hygiene licensure requirements.

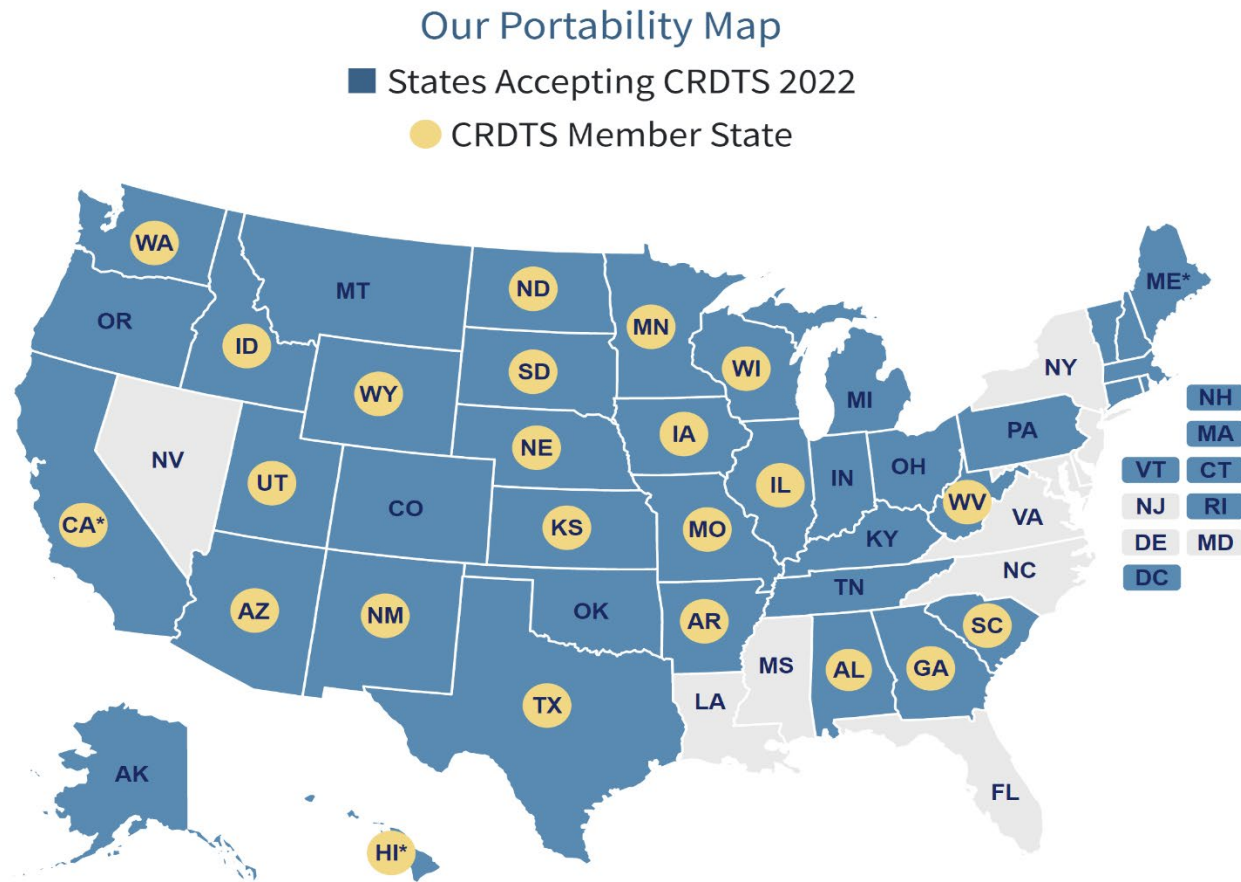
STAFF RECOMMENDATION:

Although the COVID-19 environment has eased, advanced notice to arrange and schedule the exam and some ethical issues associated with the live patient-based clinical examinations like payment for patient participation, staff recommends extending the deadline to temporarily accept the alternative manikin-based dental hygiene clinical examination until January 31, 2024.

RECOMMENDED MOTION:

Motion for the Board to extend the temporary acceptance of the alternative manikin-based clinical examinations administered by CDCA/WREB/CITA and CRDTS until January 31, 2024.

CENTRAL REGIONAL DENTAL TESTING SERVICES (CRDTS) ACCEPTANCE MAP





One agency. One mission. One national exam.

Hello,

We are pleased to provide you with an update for the CDCA-WREB-CITA ADEX Simulated Patient Examinations. Below you will find information documenting current policies of state boards as available.

Tables 1 and 2 provide information on the acceptance and performance of the CompeDont™. In Table 1, the first column notes states where the CompeDont™ is approved without restriction. Legislation is currently pending in a handful of states to permanently accept the ADEX Simulated Patient Examinations as administered by CDCA-WREB-CITA.

In the middle column are states that have fully approved the ADEX non patient licensure pathway currently but will need to reevaluate at a future point to extend this approval.

Candidate performance statistics on the 2022 examinations are also included herein. The CompeDont™ data is located in Table 2.

Tables 4 and 5 provide the acceptance and statistical information for the ADEX Dental Hygiene Simulated Patient examination utilizing the SimProDH™. Multiple enhancements have been developed and implemented over the last several years, providing an excellent tool to assess Dental Hygiene entry-level competency.

We are committed to the support of our Member State Boards by providing resources, periodic updates and scheduling any beneficial meeting appearances.

On behalf of all our staff, we hope the included items regarding the ADEX examinations administered by CDCA-WREB-CITA are helpful. Please let us know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimber Cobb'.

Kimber Cobb, RDH, BS

Director, Dental Hygiene Examinations
National Director, Licensure Acceptance and Portability
443.270.4626 | kcobb@cdcawreb.org

Table 1 The ADEX Simulated Patient examination in Dental utilizing the CompeDont™ simulated tooth is accepted for licensure as part of the ADEX Examination in Dentistry in 49 US jurisdictions plus Puerto Rico, US Virgin Islands and Jamaica.

States Accepting CompeDont™ Long Term		States Accepting CompeDont™ (Interim through 2023)	Legis/Rules Pending
Alabama	Nevada	Mississippi	Wyoming
Alaska	New Jersey		
Arizona	New Hampshire		
Arkansas	New Mexico		
California	North Carolina		
Colorado	North Dakota		
Connecticut	Ohio		
Florida	Oklahoma		
Georgia	Oregon		
Hawaii	Pennsylvania		
Idaho	Rhode Island		
Illinois	South Carolina		
Indiana	South Dakota		
Iowa	Tennessee		
Kansas	Texas		
Kentucky	Utah		
Louisiana	Vermont		
Maine	Virginia		
Maryland	Washington		
Massachusetts	Washington DC		
Michigan	Wisconsin	NON-ADEX: Nebraska	
Minnesota	West Virginia		
Missouri			

Table 2

2022 Examination Season, ADEX Dental Restorative Examinations delivered by CDCA-WREB-CITA

Procedure	Mode	Initial Pass Rate	Count	Total Attempts
Anterior	Simulated Patient	93.5%	4310	4706
Anterior	Patient	98.2%	396	
Posterior	Simulated Patient	89.2%	4304	4709
Posterior	Patient	94.3%	405	



States Accepting ADEX DH Simulated Patient Exam Long Term		States Accepting ADEX DH Simulated Patient Exam (Interim through 2023)	Legis/Rules Pending
Alabama	Nevada New	California (7/23)	Wyoming
Alaska	Jersey New	Mississippi	
Arizona	Hampshire	New York	
Arkansas	New Mexico		
Colorado	North Carolina		
Connecticut	North Dakota		
Florida	Ohio		
Georgia	Oklahoma		
Hawaii	Oregon		
Idaho	Pennsylvania		
Illinois	Rhode Island		
Indiana	South Carolina		
Iowa	South Dakota		
Kansas	Tennessee		
Kentucky	Texas		
Louisiana	Utah		
Maine	Vermont		
Maryland	Virginia		
Massachusetts	Washington		
Michigan	Washington DC		
Minnesota	West Virginia		
Missouri	Wisconsin	Non-ADEX: Nebraska	
Montana			

2022 Examination Season, ADEX Dental Hygiene Simulated Patient Examinations delivered by CDCA-WREB-CITA

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MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 11: Discussion and Possible Action on Carrington College's Request for Blended Evening Expansion of the Sacramento and San Jose Dental Hygiene Educational Programs.

BACKGROUND

On November 16, 2022, Carrington College notified the Dental Hygiene Board of California (DHBC) of their intent to add an evening cohort of the dental hygiene educational programs at both the Sacramento and San Jose campuses.

On February 20, 2023, Carrington College submitted feasibility studies (attached) for both campuses, indicating a need to serve a new demographic of students who wish to attend dental hygiene school as well as to increase services to patients in need of evening and weekend dental hygiene care.

Program Overview:

- Associates Degree in Dental Hygiene
- Instructional Modality: Blended
 - Synchronous distance education for didactic
 - On-ground for clinics and labs
- Program Length: 96 weeks (Six 16-week terms)
- Enrollment: 30 students (maximum)
- Proposed start date July 8, 2024

Carrington College requests the DHBC to review and approve their request to add an evening cohort of the dental hygiene educational programs at both the Sacramento and San Jose campuses.

RECOMMENDATION

Upon review of all documentation submitted by Carrington College and the inspection of both facilities, staff can not recommend approval of the expansion of the dental hygiene educational programs at both the Sacramento and San Jose campuses at this time.

Review of Carrington College's Request for Expansion of the Sacramento and San Jose Campuses		
	Sacramento	San Jose
Dental Clinics or College Service Locations Available	<ul style="list-style-type: none"> 15 Locations <ul style="list-style-type: none"> One offers evening and Saturday hours 	<ul style="list-style-type: none"> 10 Locations <ul style="list-style-type: none"> No locations offer evening hours One location offers Saturday hours
Survey on Interest for an Evening and Weekend Cohort	<ul style="list-style-type: none"> 69 Respondents <ul style="list-style-type: none"> 56 (81%) indicated interest 	<ul style="list-style-type: none"> 38 Respondents <ul style="list-style-type: none"> 33 (87%) indicated interest
Regional Labor Statistics	<ul style="list-style-type: none"> Sacramento-Roseville-Arden-Arcade EDD Employment Projections. <ul style="list-style-type: none"> 1,370 RDH Job openings between 2018 and 2028 	<ul style="list-style-type: none"> Santa Clara County EDD Employment Projections. <ul style="list-style-type: none"> 1,450 RDH Job openings between 2018 and 2028
LinkedIn Search Within 25 Miles	<ul style="list-style-type: none"> 25 Openings 	<ul style="list-style-type: none"> 17 Openings
Employer Survey	<ul style="list-style-type: none"> 46 Respondents <ul style="list-style-type: none"> 41 (89%) felt a need for more RDHs in area 40 (87%) expressed challenges in finding RDHs 31 (67%) have 1 or more openings 	<ul style="list-style-type: none"> 35 Respondents <ul style="list-style-type: none"> 32 (91%) felt a need for more RDHs in area 32 (91%) expressed challenges in finding RDHs 25 (78%) have 1 or more openings
Impact on Other Dental Hygiene Educational Programs	<ul style="list-style-type: none"> 2 of 3 Respondents 	<ul style="list-style-type: none"> 6 Respondents
<ul style="list-style-type: none"> Waiting List of Qualified Applicants 	<ul style="list-style-type: none"> Yes: One No: One <ul style="list-style-type: none"> One indicated a decline in qualified applicants One no response 	<ul style="list-style-type: none"> Yes: Two No: Two <ul style="list-style-type: none"> One indicated a decline in qualified applicants Intent list: One Lottery: One
<ul style="list-style-type: none"> Employment Upon Graduation 	Yes, most have employment upon graduation	Yes, most have employment upon graduation

Review of Carrington College's Request for Expansion of the Sacramento and San Jose Campuses		
	Sacramento	San Jose
Current Enrollment (Day Cohorts)	<ul style="list-style-type: none"> Two cohorts of 30 students each (60 students) simultaneously 	<ul style="list-style-type: none"> Two cohorts of 30 students each (60 students) simultaneously
Proposed Enrollment (Day and Evening Cohorts)	<ul style="list-style-type: none"> Two daytime cohorts of 30 students each (60 students) simultaneously One evening cohort of 30 students Total of 90 students utilizing the current facilities 	<ul style="list-style-type: none"> Two daytime cohorts of 30 students each (60 students) simultaneously One evening cohort of 30 students Total of 90 students utilizing the current facilities
Current Terms (Day Cohorts)	<ul style="list-style-type: none"> Four terms of 16 weeks Total: 64 weeks <ul style="list-style-type: none"> No breaks in between terms 	<ul style="list-style-type: none"> Four terms of 16 weeks Total: 64 weeks <ul style="list-style-type: none"> No breaks in between terms
<ul style="list-style-type: none"> Instructional Modality 	<ul style="list-style-type: none"> On ground 	<ul style="list-style-type: none"> On ground
Proposed Terms (Evening Cohorts)	<ul style="list-style-type: none"> Five terms of 16 weeks Total: 80 weeks <ul style="list-style-type: none"> No breaks in between terms 	<ul style="list-style-type: none"> Five terms of 16 weeks Total: 80 weeks <ul style="list-style-type: none"> No breaks in between terms
<ul style="list-style-type: none"> Instructional Modality 	<ul style="list-style-type: none"> Synchronous distance education for didactic On ground for clinics and labs 	<ul style="list-style-type: none"> Synchronous distance education for didactic On ground for clinics and labs
Proposed Evening Cohort Schedules	See attached	See attached
Facilities		
<ul style="list-style-type: none"> Laboratory Stations 	30	30
<ul style="list-style-type: none"> Preclinical/clinical treatment units 	24	24
<ul style="list-style-type: none"> Radiology Units 	<ul style="list-style-type: none"> 5 digital/analog 1 panoramic 	<ul style="list-style-type: none"> 6 digital/analog 1 panoramic
Proposed Facility Changes	<ul style="list-style-type: none"> 60 Student lockers 60 Storage lockers Industrial washer and dryer 4 Mobile sterilization carts Additional storage space 	<ul style="list-style-type: none"> 60 Student lockers 60 Storage lockers Industrial washer and dryer 4 Mobile sterilization carts Area for placement may impede egress in room

1. Total of 90 students will be utilizing the current facilities.
2. Program Director Schedule
 - a. Hiring an assistant director to oversee concerns for clinic management and emergency issues which may arise during the evening hours.
3. Evening cohort schedule (Attached)
 - a. Terms 1 and 2:
 - i. 8 hours per week scheduled for preclinical practice with optional days on Friday (Term 1) and Monday (Term 2) for preclinical practice make-up.
 1. CODA Standard 2-10 intent:
“The preclinical course should have at least six hours of clinical practice per week.”
 - b. Terms 3, 4, and 5:
 - i. 12 hours per week scheduled for clinical practice with optional days on Monday (Term 3) and Friday (Terms 4 and 5) for clinical practice make-up.
 1. CODA Standard 2-10 intent:
“As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.”

Areas of Concern

4. Schedule Dates (Attached)

a. No breaks in between terms for Day and Evening Cohorts.

- i. One term ends on a Friday, the next term begins on a Monday.
 - ii. Does not allow for rest, holidays, or religious observations.
- b. Carrington-San Jose and Carrington-Sacramento were previously cited during their November 16, 2020 and February 11, 2021 (respectively) Site Visits for similar scheduling concerns of students not provided sufficient time to devote to rest, studying and outside commitments.

c. Schedule changes (lack of breaks) began in August of 2020 and not reported to the DHBC nor CODA.

5. CODA has not approved the proposed changes to the program.

- a. Addition of an evening cohort.
- b. Increased enrollment of 30 students (additional cohort).
- c. Course schedule of the evening program.

Blended Evening Cohort Terms 1 & 2

TERM 1		Hybrid					
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
	Mon-Fri 8am-5pm DAY COHORTS					8am	DH100 Clinic 1:5 +Dentist
						9am	
						10am	
						11am	
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
6pm						1pm	DH100 Clinic 1:5 +Dentist
7pm	DH14.1 Lec 1:30	DH11 Lec 1:30	DH10 Lec 1:30	DH13 Dry Lab 1:30	Tutoring/ Clinic Make- ups As needed	2pm	
8pm						3pm	
9pm	DH13 Lec 1:30	DH110 Rad Lab 2:10	DH110 Rad Lab 2:10	DH110 Rad Lab 2:10		4pm	
10pm						5pm	

TERM 2		Hybrid					
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
	Mon-Fri 8am-5pm DAY COHORTS					8am	DH200 Clinic 1:5 +Dentist
						9am	
						10am	
						11am	
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
6pm						1pm	DH200 Clinic 1:5 +Dentist
7pm	Tutoring/ Clinic Make- ups As needed	DH21.1 Lec 1:30	DH21.1 Lab/Clinic 1:5 Including Dentist	DH15 Lec 1:30	DH23 Lec 1:30	2pm	
8pm						3pm	
9pm		DH20 Lec 1:30	Tutoring/ Retest	DH12 Lec 1:30		4pm	
10pm						5pm	

Blended Evening Cohort Terms 3 & 4

TERM 3		Hybrid					
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
Mon-Fri 8am-5pm DAY COHORTS						8am	DH301 Clinic 1:5 +Dentist +Rad Instructor
						9am	
						10am	
						11am	
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
6pm	Tutoring/ Clinic Make- ups As needed	DH29 Lec 1:30	DH22 Lec 1:30	DH301 Clinic 1:5 +Dentist +Rad Instructor	DH34 Lec 1:30	1pm	DH301 Clinic 1:5 +Dentist +Rad Instructor
7pm							
8pm		Tutoring/ Retest				3pm	
9pm			DH25 Lec 1:30			DH24 Lec 1:30	
10pm						5pm	

TERM 4		Hybrid					
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
Mon-Fri 8am-5pm DAY COHORTS						8am	DH350 Clinic 1:5 +Dentist +Rad Instructor
						9am	
						10am	
						11am	
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
6pm	DH32 Lec: 1:30	DH31 Lec: 1:30	DH33 Lec: 1:30	DH350 Clinic 1:5 +Dentist +Rad Instructor	Tutoring/ Clinic Make- ups As needed	1pm	DH350 Clinic 1:5 +Dentist +Rad Instructor
7pm		DH310 Wet Lab 1:10 3:30 Including Dentist				DH42 Lec: 1:30	
8pm			Tutoring				
9pm	Tutoring	Tutoring	DH35 Lec: 1:30			4pm	
10pm						5pm	

Blended Evening Cohort Term 5

TERM 5		Hybrid					
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
	Mon-Fri 8am-5pm DAY COHORTS					8am	DH401 Clinic 1:5 +Dentist +Rad Instructor
						9am	
						10am	
						11am	
	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday
6pm	DH43 Lec 1:30	DH401 Clinic 1:5 +Dentist +Rad Instructor	DH44 Lec 1:30	DH 41 Lec 1:30	Tutoring/ Clinic Make- ups As needed	1pm	DH401 Clinic 1:5 +Dentist +Rad Instructor
7pm						2pm	
8pm			DH40 Lec 1:30			3pm	
9pm						4pm	
10pm						5pm	

Program Director and Assistant Program Director Proposed Schedules

Current Day		Proposed Schedule for Program Director						
May vary per term								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
8	Admin	Admin	Admin		Dept meetings, PALs Meetings, Professional Development, Campus Meetings, Tutoring, Coverage			
9				DOC & DH Meeting				
10				Admin				
11								
12	Lunch	Lunch	Lunch					
1	Admin	Admin	Retention Meeting	Admin				
2			Admin					
3				Admin				
4								
5					Admin			
6								
7								
8								
9								
10								

Evening Proposed Schedule for Assistant Program Director							
May vary per term							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8						Admin/ Teaching/ Office Hours	
9							
10							
11							
12							
1	Admin		Retention Meeting	Admin	Dept meetings, PALs Meetings, Professional Development, Campus Meetings		
2			Admin				Admin
3		Lunch	Lunch	Lunch	Lunch		
4							
5							
6							
7	Admin	Admin/ Teaching/ Office Hours	Admin/ Teaching/ Office Hours	Admin/ Teaching/ Office Hours	Admin		
8	*Dependent upon term schedule				*Dependent upon term schedule		
9							
10							

Exhibit 4: Projected Start Dates

Sac - Dental Hygiene					
16 week Terms 2 Day Cohorts and 2 Evening Cohorts S					
Start Date	End Date	Cohort D1	Cohort D2	Cohort E1	Cohort E2
7/8/24	10/25/24	3	1	1	
10/28/24	2/21/25	4	2	2	
2/24/25	6/13/25	1	3	3	
6/23/25	10/10/25	2	4	4	
10/13/25	2/6/26	3	1	5	
2/9/26	5/29/26	4	2	6	1
6/8/26	9/25/26	1	3		2
9/28/26	1/22/27	2	4		3
1/25/27	5/14/27	3	1		4
5/24/27	9/10/27	4	2		5
9/13/27	1/7/28	1	3	1	6
1/10/28	4/28/28	2	4	2	
5/8/28	8/25/28	3	1	3	
8/28/28	12/2/28	4	2	4	
San Jose - Dental Hygiene					
16 week Terms 2 Day Cohorts and 2 Evening Cohorts S					
Start Date	End Date	Cohort D1	Cohort D2	Cohort E1	Cohort E2
7/8/24	10/25/24	4	2	1	
10/28/24	2/21/25	1	3	2	
2/24/25	6/13/25	2	4	3	
6/23/25	10/10/25	3	1	4	
10/13/25	2/6/26	4	2	5	
2/9/26	5/29/26	1	3	6	1
6/8/26	9/25/26	2	4		2
9/28/26	1/22/27	3	1		3
1/25/27	5/14/27	4	2		4
5/24/27	9/10/27	1	3		5
9/13/27	1/7/28	2	4	1	6
1/10/28	4/28/28	3	1	2	
5/8/28	8/25/28	4	2	3	
8/28/28	12/2/28	1	3	4	

Sac and SJ Term Start Dates/ Breaks

The students and faculty have a 10-day break every 3rd term highlighted in yellow. There is also a 1-week holiday break for terms highlighted in green.

10-day break between terms	1 week break in term
----------------------------	----------------------

Sac - Dental Hygiene					
16 week Terms 2 Day Cohorts and 2 Evening Cohorts S					
Start Date	End Date	Cohort D1	Cohort D2	Cohort E1	Cohort E2
7/8/2024	10/25/2024	3	1	1	
10/28/2024	2/21/2025	4	2	2	
2/24/2025	6/13/2025	1	3	3	
6/23/2025	10/10/2025	2	4	4	
10/13/2025	2/6/2026	3	1	5	
2/9/2026	5/29/2026	4	2		1
6/8/2026	9/25/2026	1	3		2
9/28/2026	1/22/2027	2	4		3
1/25/2027	5/14/2027	3	1		4
5/24/2027	9/10/2027	4	2		5
9/13/2027	1/7/2028	1	3	1	
1/10/2028	4/28/2028	2	4	2	
5/8/2028	8/25/2028	3	1	3	
8/28/2028	12/2/2028	4	2	4	

San Jose - Dental Hygiene					
16 week Terms 2 Day Cohorts and 2 Evening Cohorts S					
Start Date	End Date	Cohort D1	Cohort D2	Cohort E1	Cohort E2
7/8/2024	10/25/2024	4	2	1	
10/28/2024	2/21/2025	1	3	2	
2/24/2025	6/13/2025	2	4	3	
6/23/2025	10/10/2025	3	1	4	
10/13/2025	2/6/2026	4	2	5	
2/9/2026	5/29/2026	1	3		1
6/8/2026	9/25/2026	2	4		2
9/28/2026	1/22/2027	3	1		3
1/25/2027	5/14/2027	4	2		4
5/24/2027	9/10/2027	1	3		5
9/13/2027	1/7/2028	2	4	1	
1/10/2028	4/28/2028	3	1	2	
5/8/2028	8/25/2028	4	2	3	
8/28/2028	12/2/2028	1	3	4	



CARRINGTON
COLLEGE®

March 9, 2023

Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

Re: Carrington College, Sacramento: Blended Evening Cohort Feasibility Study

Dear Anthony Lum and Dr. Adina Pineschi-Petty:

Please accept this revised feasibility study for our intent to add an evening cohort at:

Carrington College, Sacramento Campus
8909 Folsom Blvd.
Sacramento, CA 95826

Program Overview:

- Associates Degree in Dental Hygiene
- Instructional Modality: Blended
 - Synchronous distance education for didactic
 - On-ground for clinic and lab
- Program Length: 80 weeks (Five 16-week terms)
- Enrollment: 30 students (maximum)
- Proposed start date July 8, 2024

Thank you for your continued support of the Carrington College Dental Hygiene Programs' students and graduates. If questions arise or any additional information is needed, please feel free to contact me at 559.214.1302 or jdoupnik@carrington.edu.

Sincerely,

Jennifer Doupnik

Jennifer Doupnik, MEd, RDH
Dean of Curriculum
Program Accreditation Administrator
Carrington College

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Rationale for the Development of New Educational Program

Carrington College is looking to serve a new demographic of students who wish to attend dental hygiene school. According to Sacramento County Public Health, there are 15 dental clinics or college service locations available in Sacramento County, **Exhibit 1: Sacramento County Dental Clinics**. The under resourced population in Sacramento County are limited to only one dental clinic that offers services in the evening or consistently on Saturdays. Adding an evening and weekend dental hygiene cohort to the Sacramento campus will allow the College to help fulfill an unmet need for complementary dental services. In addition to serving those in the community, dental hygiene students also complete their clinical practice with family and friends. We anticipate evening and weekend clinical hours will be more feasible and appealing for the patient volunteers who have professional and personal commitments during regular business hours. In a survey conducted with dental hygiene students in Sacramento, 66% percent of respondents believe their friends or family would be interested in dental services offered during the evening or weekends, **Exhibit 2: Sacramento DH Evening and Weekend Hours Feasibility**.

A. Regional labor statistics regarding projected need for this type of licensee.

The labor market data available for the Sacramento area supports the need for more dental hygienists. According to the State of California Employment Development Department (EDD), the Sacramento-Roseville-Arden-Arcade Metropolitan Statistical Area is expected to have 1,370 job openings between 2018 and 2028, **Exhibit 3: Sacramento EDD Employment Projections**. According to a recent article posted by npr.org, dental offices across the country struggle to schedule patient appointments due to a shortage of hygienists, **Exhibit 4: Shortage of Dental Hygienists**.

B. Potential local/regional industry employment statistics regarding current open positions and projected needs for additional licensees including any workforce shortage areas.

In the Sacramento market, dental offices were surveyed to identify local open positions and the need for dental hygienists, **Exhibit 5: Employer Survey Results**. When asked about recruiting dental hygienists, almost 90% of respondents in the Sacramento market confirmed they are challenged with finding dental hygienists. Eighty-nine percent of the dental offices surveyed also believe there is a need for more dental hygienists in their area. When the survey was conducted, nearly 70% of the respondents were actively recruiting for at least one dental hygienist. At the time of this report, LinkedIn reported 25 dental hygienist positions open within 25-miles of Sacramento, **Exhibit 6: LinkedIn Open Dental Hygiene Positions**.

C. Description of the characteristics of the population in the community being served by the program including oral health needs.

The city of Sacramento is located in Sacramento County. As of 2021 the estimated population base is 1,588,921 people. The racial breakdown is as follows: White 61.4%, Black 10.9%, Asian 17.8%, Hispanic/Latino 24.4%. Females comprise 50.8%. The percentage of the population between 18 and 65 years old is 56% and 14.7% is over 65 years old. The poverty rate for Sacramento County is listed at 13%. The median household income is \$71,074. (All data obtained through <https://www.census.gov/quickfacts/sacramentocountycalifornia>).

Of the 14,176 procedures performed in 2022 at Carrington College DH program Sacramento, 102 were restorative, 3,453 diagnostic, 3,233 preventative and 3,727 were pre surgical.

D. Impact on RDH educational programs within a 100 miles radius of the proposed program.

Carrington College reached out and attempted to contact all RDH educational programs within a 100-mile radius of our existing program in Sacramento. The College reached out to three RDH programs and received responses from two programs. Below is table summarizing the outcome of the survey conducted:

College	From what locale, region, or state are your students drawn?	Do you have a waiting list or more qualified applicants than are admitted annually?	What length of time do licensed graduates take to obtain gainful employment (at least three days per week) in Dental Hygiene?
Diablo Valley College	Mostly Northern California, but we have had students from all over California.	Yes	Most have jobs lined up prior to graduation.
Sacramento City College	No response received.		
University of Pacific SF	Our students are mostly from the SF North and East Bay and Central Valley (San Joaquin) regions of California. We also have students from a variety of states in each cohort.	We do not have a waiting list and the last 3 years have had a significant decline in qualified applicants for the program. We must accept all qualified applicants to fill our class.	Most of our graduates have employment offers at graduation. A recent survey for our accreditation site visit showed 82% of graduates from 2019, 2017 and 2012 are employed in dental hygiene. 100% of the 2020 and 2021 graduates have found full time employment if they have sought it. Two are currently enrolled in dental school from the 2020 and 2021 classes.

E. Description of the length of the program, type of degree(s) granted, the intended start date, projected size of the first class, and enrollment projection for the first five years and method for determining the projected enrollment.

The proposed program structure includes five (5) 16-week terms; a student will take 80 weeks to complete. Upon graduation, students will earn an Associate Degree in Dental Hygiene. The intended start date is July of 2024, and we anticipate enrolling 30 students in the first cohort. In the program's first five years, the College is projected to enroll 120 dental hygiene students. The projected enrollment is based on length of the program and maximum number of students in each cohort.

To gauge interest in the evening and weekend schedule for the proposed cohort addition, we surveyed Carrington's dental assisting students and recent graduates from the Sacramento campus, **Exhibit 7: Sacramento Student and Graduate Survey Results**. Eighty-one percent of Sacramento's respondents expressed interest in an evening and weekend DH program.

F. Plans for promoting and marketing the proposed program.

Our marketing plan will include a revised messaging on our website and digital advertising to include information about the flexibility and uniqueness of the evening and weekend learning dental hygiene academic model. The addition of this new program model will be shared through faculty testimonials, blogs, and a press release. Lastly, we will continue to depend on referrals from students, graduates, and local employers.

G. Projected timeline for planning and initiating program.

The College submitted its letter of intent to the DHBC and CODA in November 2022. The final feasibility study will be submitted to the DHBC in February 2023 for an anticipated March 2023 DHBC board meeting. The Program Change, Enrollment Increase, and Distance Education reports will

be submitted to CODA for review in May 2023. The same reports will be forwarded to the DHBC for review, upon CODA approval. During this final approval phase in Spring 2024, promoting and marketing for enrollment will begin with the anticipated cohort starting July 2024.

Structure and Governance

Description of the institution and the institution's experience providing dental hygiene or other health-related educational programs.

A. Institutional accreditation status and history such as date of initial accreditation, denials, revocations, warnings for the institution and any programs offered by the institution.

College Overview and History

Carrington College, formerly Carrington College California and before that Western Career College, was founded in 1967 as Northwest College of Medical Assistants and Dental Assistants. The College was established to meet the education and skills training needs of the local health care community, laying the foundation for what was to become Western Career College 16 years later.

The College was purchased in 1969 and changed its name to Western College of Allied Health Careers—A Bryman School. The Education Corporation of America purchased the College in 1983 and changed its name to Western Career College. Western Career College opened a second campus located at the Bayfair Mall in San Leandro, CA, and in 1986, opened a third campus in Pleasant Hill, CA in 1997. The College earned initial ACCJC/WASC accreditation in June 2001. ACCJC/WASC approved a change of ownership in January 2003. In February 2004, the purchase of the College by U.S. Education Corporation was finalized. After submitting a substantive change report to ACCJC/WASC, the College opened two additional campuses: one in Citrus Heights, CA and one in Stockton, CA.

The College expanded in August 2005 by merging the operations and programs of Silicon Valley College with Western Career College. Silicon Valley College, owned by U.S. Education Corporation, was nationally accredited by the Accrediting Commission of Career Schools and Colleges of Technology. This merger expanded college locations in California to Antioch (originally in Walnut Creek), Emeryville, and San Jose. The Fremont location of Silicon Valley College was merged with the Western Career College in San Jose.

The ACCJC/WASC re-accreditation process was completed in March 2007, and accreditation was reaffirmed in June 2008 after Western Career College was removed from warning status. On September 15, 2008, the ACCJC Committee on Substantive Change approved the request for change of ownership of the College's parent corporation, U.S. Education Corporation, to DeVry Inc. This transaction was subsequently finalized on September 18, 2008. Please note that DeVry Inc. changed their name to DeVry Education Group in August 2013 to better identify as a global provider of educational services. The College's former parent company, Adtalem Global Education, made the decision to sell Carrington College in late 2017, and the preparation for this sale was planned and implemented. The process of finding a new owner continued until December 4, 2018, when the sale of Carrington College to San Joaquin Valley College, Incorporated was finalized. Successful transition to the new owner and aligning with their culture, strategies, processes, approaches, and recommendations has been the critical focus since the finalization of sale. The transition to new ownership has been a very positive experience for the Carrington College community.

Carrington College has a rich portfolio of career-focused associate degree and certificate programs. There are 25 associate degree and certificate programs, and these programs are offered at 15 main campuses operating in seven states and to a broad community online.

Institutional Accreditation

Carrington College is accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC), an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. The College received full accreditation status at the most recent re-affirmation of accreditation in January 2020. The College is in the process in completing the mid-term report due Fall 2023. Subsequently reaffirmation will take place in 2026.

Programmatic Accreditation

The Associate Degree in Nursing programs at the Albuquerque, Mesa, Phoenix, Reno, and Tucson campuses are accredited by the Accreditation Commission for Education in Nursing (ACEN). ACEN also accredits the following: Boise Nursing Bridge, and the Albuquerque and Boise Practical Nursing programs. The Dental Hygiene programs at the Boise, Mesa, Sacramento, and San Jose campuses are accredited by the Commission on Dental Accreditation (CODA). The Physical Therapist Assistant programs at the Boise, Las Vegas, Mesa, and Pleasant Hill campuses are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The Respiratory Care Associate of Science degree programs at the Las Vegas, Phoenix, and Pleasant Hill campuses are accredited by the Commission on Accreditation for Respiratory Care (CoARC). The Veterinary Technology program at the Pleasant Hill, Sacramento, San Jose, San Leandro, and Stockton campuses are accredited by the American Veterinary Medical Association as a program for educating veterinary technicians. The most current information on accreditation and approvals can be found on Carrington College's website.

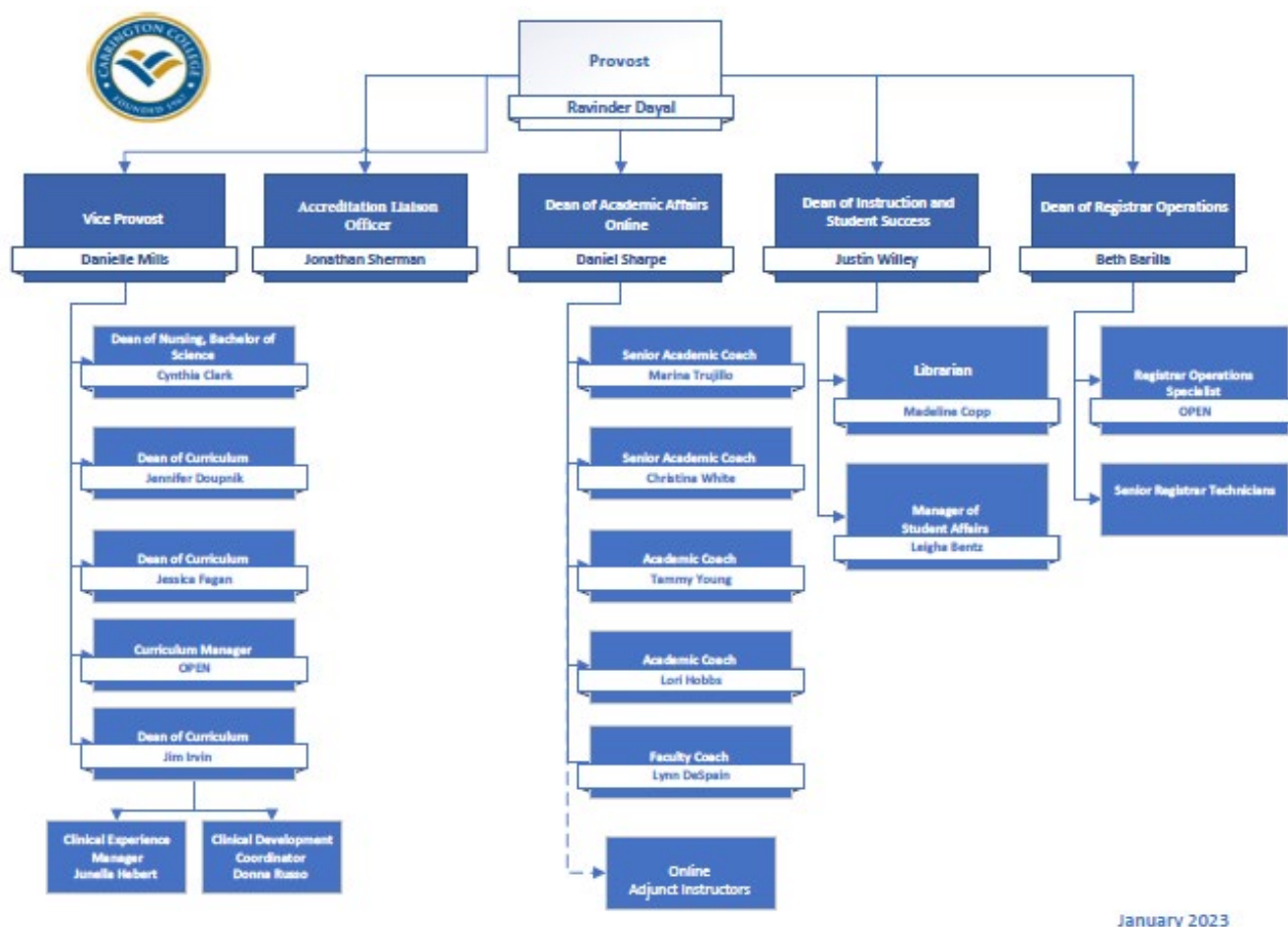
B. History, Organizational Structure and Programs (attach an organization chart). Dental Hygiene Program Accreditation

Carrington College, Sacramento's dental hygiene program was initiated in 2004 as Western Career College. Information on the Commission's previous accreditation of the program follows:

Date	Basis of Action	Action
July 2005	Site Visit	Initial Accreditation
July 2006	Report of Major Change	Initial Accreditation
January 2007	Site Visit	Approval <u>with</u> Reporting Requirements
July 2007	Progress Report	Approval <u>with</u> Reporting Requirements
February 2008	Progress Report	Approval <u>with</u> Reporting Requirements
July 2008	Progress Report	Approval <u>without</u> Reporting Requirements
August 2012	Program Change	Approval <u>without</u> Reporting Requirements
January 2014	Site Visit	Approval <u>with</u> Reporting Requirements
July 2014	Progress Report	Approval <u>without</u> Reporting Requirements
August 2015	Program Change	Approval <u>without</u> Reporting Requirements
August 2017	Program Change	Approval <u>without</u> Reporting Requirements
February 2018	Program Change	Approval <u>without</u> Reporting Requirements
July 2020	Program Change	Approval <u>without</u> Reporting Requirements

February 2021	Program Change	Approval <u>without</u> Reporting Requirements
April 2021	Program Change	Approval <u>without</u> Reporting Requirements
August 2021	Program Change	Approval <u>without</u> Reporting Requirements
February 2022	Site Visit	Approval <u>Done</u> Reporting Requirements

Organizational Chart



C. Geographic area (community) served by the institution and a description of the community and its population.

The city of Sacramento is located in Sacramento County. As of 2021 the estimated population base is 1,588,921 people. The racial breakdown is as follows: White 61.4%, Black 10.9%, Asian 17.8%, Hispanic/Latino 24.4%. Females comprise 50.8%. The percentage of the population between 18 and 65 years old is 56% and 14.7% is over 65 years old. The poverty rate for Sacramento County is listed at 13%. The median household income is \$71,074. (All data obtained through <https://www.census.gov/quickfacts/sacramentocountycalifornia>).

D. Institution's Strategic Plan

Strategic Plan and Stretch Goals are found in the College's Educational Master Plan.

Carrington College has performed a detailed assessment to determine appropriate threshold and stretch goals for the identified strategic objectives. Below are the institutional strategic objectives with goals for the 2022-2023 academic year.

Objectives	Threshold	Stretch Threshold
1. Our Success		
1.A. Grow Student Population: Through existing programs, new programs and partnerships	7000	7600
1.B. Ensure Financial Health: Effective planning, communication and decision making to support the Mission and promote equitable achievement of student success.	18%	24%
2. Student Success		
2.A.1. Develop Professional Graduates: Develop a network of externship sites that are interested in hiring qualified graduates and achieve a baseline externship to hire rate	40%	50%
2.A.2. Develop Professional Graduates: Achieve an aggregate annual placement rate	55%	70%
2.B.1. Strengthen Financial Accountability: Ensure completion of student exit counseling	35%	50%
2.B.2. Strengthen Financial Accountability: Achieve on-time packaging demonstrated by % packaged quarterly	95%	100%
2.C. Ensure Service Excellence: Achieve a minimum student satisfaction overall.	3.75	5
3. Quality Education		
3.A.1. Ensure Proficient Faculty: Achieve minimum end-of-course survey ratings	3.5/5	3.75/5
3.A.2. Ensure Proficient Faculty: Conduct Faculty Observations	3 Observations	5 Observations
3.B. Course Success: Support faculty in achieving a minimum course completion rate	80%	85%
3.C.1. Program Success: Achieve minimum credentialing exam pass rate	50%	55%
3.C.2. Program Success: Pre-Graduation Survey Results	3.5	3.75
4. Faculty and Staff Success		
4.A.1 Develop and Engage Faculty and Staff: Deliver robust onboarding for all faculty and service areas and achieve a minimum employee participation rate	50%	70%
4.A.2. Develop and Engage Faculty and Staff: Faculty Professional Development	4 Documented Activities	6 Documented Activities

4.A.3. Develop and Engage Faculty and Staff: Staff Professional Development	4 Documented Activities	6 Documented Activities
4.A.3. Develop and Engage Faculty and Staff: Faculty and Staff Engagement Survey Results	< 15% Not Engaged	< 10% Not Engaged
4.B.1. Attract and Retain Faculty and Staff: Time to fill	< 40 days	< 30 days
4.B.2. Attract and Retain Faculty and Staff: Average length of service \geq 2 years.	40%	50%

E. Type of RDH or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency.

We have updated the process of gathering the data for third-party licensure or certification and currently have three years of data.

Program	Number of Students Currently Enrolled	Graduates for 2022	Third-Party Pass Rate Licensure or Certification 2022	Program Status State, Regional or Federal
Dental Assisting	119	83	Not required	Dental Board of California- Approved
Dental Assisting Degree	80	57	Not required	ACCJC
Dental Hygiene	59	29	92%	Commission on Dental Accreditation - Approval without reporting requirements
Medical Assisting	157	143	Not required	ACCJC
Pharmacy Technology	45	28	90%	ACCJC
Veterinary Technology	104	35	55%	American Veterinary Medical Association
Vocational Nursing	83	69	83%	Board of Vocational Nurse and Psychiatric Technician Examiners, State of California
Medical Billing & Coding	26	16	100%	ACCJC
Associates Degree in Nursing	75	84	79%	Commission on Accreditation of Allied Health Education Programs

Facilities and Resources

Describe physical location of proposed RDH program.

A. Describe space committed to the program and provide copies of floor plans to include faculty and staff offices, classrooms, laboratories, clinical facilities, and storage areas.

The Sacramento campus occupies approximately 41,000 square feet of space in two buildings, with ample space dedicated to the Dental Hygiene facilities. The campus has well-equipped lecture and laboratory classrooms, faculty offices, a learning resource center, and administrative offices, **Exhibit 8a: Sacramento Campus Floorplan.**

There will be no significant facility changes at this campus. Currently, the campus does not offer dental hygiene courses during evening or weekend hours. Therefore, the additional cohort will continue to use existing facilities, classroom, and labs. Supplies will be purchased as needed to support the additional cohort.

The college will add 30 lockers to accommodate the additional cohorts. The college will also purchase an industrial washer and dryer to accommodate the increased use of gowns during evening/weekend clinic sessions. Additional storage space will be built for the increased usage of disposable supplies. **(See Exhibit 8a: Sacramento Campus Floor plan).**

To accommodate the storage of the additional sterilized instrument kits, Carrington College Sacramento will purchase 2 mobile sterilization carts to be stored in the new storage area. **(See Exhibit 8b: Instrument Sterilization Storage Carts)**

B. Provide status report on construction or renovation of physical facilities.

Upon approval of program expansion for the Sacramento campus, all purchases and facility updates will be completed prior to the acceptance of the initial evening/weekend cohort.

C. List educational resources, equipment, supplies purchased or to be purchased for the program.

There will be no changes to the established educational resources and equipment. Upon enrollment, students are provided with an iPad to access the Learning Management System (LMS), student email, textbooks, and the Virtual Library. The Virtual Library includes access to several databases and resources, including Anatomy.tv, EBSCOhost, Lexicomp for Dentistry and Pharmacology World. Additionally, students have access to the campus student success center, open until 10pm, as well as tutor access through Tutor.com. The evening program will continue to utilize the classroom, lab, and clinic spaces currently used during the day program. The program will not utilize any off-site locations or share the facilities with another program. Lab and clinic supplies will be ordered regularly to maintain a fully operational clinic.

The program will continue using existing clinical equipment and technologies to support student learning. This includes items such as patient and operator chairs, Tal-eval computer software, x-ray units and digital software, autoclaves, teeth models, human skull models, anesthesia mannequin heads, and Dentrix Ascend.

Cost-Revenue Projections

Start-up Budget and Funding Sources

Carrington's revenue is derived from student tuition and ongoing operating expenses will be satisfied through tuition-generated revenue. Carrington College will incur minimal expenses to start-up the evening and weekend dental hygiene cohort in Sacramento. This is primarily due to the availability of existing program equipment and resources. The budget attached includes a five-year projection for revenue and costs associated for the program expansion. These costs include faculty and staff salaries and payroll taxes, allocation of costs for capital expenditures, and operational expenses (textbooks, eBooks, iPads). See below for projections.

Sacramento - Dental Hygiene						
	2024	2025	2026	2027	2028	Total
Revenue	\$593,931.69	\$1,219,074.45	\$1,536,943.65	\$1,585,084.71	\$1,278,271.83	\$6,213,306.33
Faculty & Staff Salaries/Benefit	\$253,962.13	\$690,213.23	\$699,449.38	\$735,712.64	\$674,102.99	\$3,053,440.37
Text & Instructional Materials	\$144,880.00	\$6,000.00	\$147,880.00	\$147,880.00	\$6,000.00	\$452,640.00
Lab Supplies	\$29,697.00	\$60,955.00	\$76,849.00	\$79,256.00	\$86,284.00	\$333,041.00
Cert./Licenses Exams			\$5,800.00		\$5,800.00	\$11,600.00
Capital Equipment	\$95,661.00					\$95,661.00
Total Expense	\$524,200.13	\$757,168.23	\$929,978.38	\$962,848.64	\$772,186.99	\$3,946,382.37

Students and Student Services

Admission and Progression Criteria

A. Admission Criteria

Institutional Policies

Carrington College Academic Catalog pages 213-220 include the following Institutional Admission Criteria: <https://docs.carrington.edu/catalog/carrington-college.pdf> **Exhibit 9: CC Academic Catalog**

Proof of High School Graduation

Each student must attest to the completion of high school or high school equivalency examination on their Application for Admission and must submit their proof of an approved high school graduation or attainment of a high school equivalency diploma.

Documentation is due upon enrollment or no later than six weeks from the start date. If the student has not submitted proof of graduation by the end of the sixth week of class, the enrollment will be cancelled.

Admission Testing

Applicants must pass the Wonderlic Scholastic Level Exam (SLE) for admission as administered by the College. Any additional admission requirements are noted on the program page. A minimum Wonderlic SLE score of 15 is required for admission to the following programs: Dental Hygiene Degree, Surgical Technology Degree, Veterinary Technology Degree, Vocational Nursing Certificate.

Educational Program Selection Policies

Admission Requirements (Carrington College Academic Catalog page 51)

In addition to meeting the College's standard admission requirements, prior to starting the program, candidates must:

- Obtain a Basic Life Support (BLS) health care provider completion card
- Complete a dental hygiene observation: 3 hours of prophylaxis and 3 hours of scaling and root planing
- Attend a dental hygiene program information seminar with the program and enrollment services
- Physician clearance for working in a dental clinical environment
- Provide proof of current immunizations or titers showing immunity as follows
 - MMR (Measles Mumps and Rubella) 2 dose series
 - Varicella zoster 2 dose series
 - Negative TB test results, negative chest x-ray, or the alternate QuantiFERON-TB Gold (QFT-G) blood test within 6 months from the program's start date
 - If applicants have a history of a positive TB test, they must receive a TB symptom screening from their healthcare provider
 - Tetanus, diphtheria, pertussis within ten years
 - Hepatitis B series vaccination or signed declination
 - COVID-19 first dose of a one-dose regimen or second dose of a two-dose regimen by the program's start date
- Complete the following prerequisite courses at an accredited post-secondary institution, with a minimum grade of C in each course and a cumulative GPA of 2.75. This GPA will be calculated based off the prerequisite courses only.
 - * Science courses with wet lab must have been completed within the previous five years.
 - * Science courses with wet lab awarded transfer credit for the Carrington Dental Assisting degree program must have been completed within the previous seven years.

General Education	Science*
Oral Communication	Anatomy with wet lab
Written Communication	Physiology with wet lab
Psychology	Inorganic chemistry with wet lab
Sociology	Biochemistry or Organic Chemistry with Biochemistry with wet lab
Mathematics	Microbiology with wet lab
	Nutrition

Applicants meeting all the program requirements are selected using points from the following criteria:

Description	Possible Points
GPA on all prerequisite courses	75
GPA bonus points (based on GPA)	5
Supplemental Educational Factors	15
Dental Work Experience	5
Total Possible Points	100

Candidates who apply to the program are evaluated utilizing an objective scoring system that assigns points for the cumulative grade point average (CGPA) for the eleven pre-requisite courses, GPA bonus points, supplemental educational factors, and dental work experience, RDA, DA.

- The CGPA score is multiplied by 18.75
- GPA bonus points are factored as:

GPA Range	Points
2.75-3.00	1
3.01-3.25	2
3.26-3.50	3
3.51-3.75	4
3.76-4.00	4

The criteria are weighted with the grade point average assigned a weight of 75% of the overall score. The intent of assigning the Grade Point Average (GPA) is to ensure that candidates who apply to the program are well prepared to be successful in meeting the academic and clinical requirements. One point will be deducted for each course that is repeated. Repeated courses are counted as those taken over to receive a higher grade, not retaken if it has expired.

To acknowledge academic achievements, a maximum of 15 points may be awarded to candidates who have earned educational degrees beyond the 11 pre-requisite courses through Supplemental Education factors. Supplemental Educational points are awarded to candidates who have earned a Certificate from an Accredited Dental Assisting program (4 points), an Associate degree (5 points), a Baccalaureate degree (10 points), or a Master's degree (15 points).

An applicant may also be awarded a maximum of five points for dental work experience; RDA or DA. The points awarded for related work experience are awarded based on a full-time equivalent formula:

- hours worked per week * 4.3 = number of hours worked per month
- months worked*number of hours worked per month = total hours worked.
- total hours worked /2080 = points awarded

Example:

Hours Worked per Week	Weeks per Month 4.3	Number of Hours Worked per Month	Months Worked	Total Hours Divided 2080	Number of Credits
8	4.3	34.4	32	1101	0.5

A four-point scale is used to determine academic standing.

Grade	Quantitative Assessment	Qualitative Assessment	Grade Point
A	90-100%	Excellent	4
B	80-89%	Very Good	3
C	70-79%	Satisfactory	2
D	60-69%		1
F	Below 60%	Failing	0

B. Progression and Graduation Criteria:

Institutional Criteria for Progression and Graduation

Course Repeats and Satisfactory Academic Progress (Academic Catalog page 229)

Failed courses must be repeated and students must achieve a passing grade to be eligible for progression and graduation requirements. Students may be required to repeat a course to meet the minimum cumulative grade point average (CGPA) graduation requirement. When a course is repeated, all attempted course grades remain on the student's permanent academic record but is designated as a repeated course. All repeated courses count as credit hours attempted in the timeframe evaluation for Satisfactory Academic Progress (see quantitative evaluation). The highest grade earned for the repeated course is counted as credit hours completed and is used in the CGPA calculation. Failing any course may delay a student's graduation date. Students who fail a course or need to repeat a course to meet the minimum CGPA graduation requirement may be required to take a Leave of Absence if eligible, or audit previously successfully completed courses due to course availability.

For programs that do not have a maximum number of attempted failed courses policy, students may repeat a failed course for a total of three times including the original failed course. Should the student fail the third attempt of the course, the student will be academically withdrawn. Students who are eligible for reinstatement who were academically withdrawn due to the third failed attempt may take the failed course at another institution and seek transfer credit for the course. Please see the Transfer Credit Policies for specific guidelines on the requirements for transfer course eligibility.

Repeated coursework may affect a student's eligibility for Title IV funding. Students required to repeat courses are encouraged to meet with a financial aid advisor to discuss the impact on their financial obligations, program length and academic progress.

Graduation (Carrington College Academic Catalog page 233)

Certificate program and Veterinary Technology students must have a minimum GPA of 2.0 and meet each of their program competencies to be eligible for graduation. Students enrolled in

other degree programs or certificate programs in nursing must have a minimum GPA of 2.0 (2.5 in Medical Radiography), meet each of their program competencies, and complete their program technical courses with a minimum grade of C in each course to be eligible for graduation.

Educational program's criteria for progression and graduation, including grading policies.

Progression Requirements (Carrington College Academic Catalog page 52)

Dental Hygiene students cannot progress to the next semester until they successfully complete all required courses for the previous semester.

For Dental Hygiene courses that have a clinical competency requirement, students must achieve a satisfactory (passing) final clinical evaluation and a satisfactory theory grade to pass the course. Students who do not earn sufficient points to pass the theory component or do not achieve a satisfactory final clinical evaluation are issued a failing (F) grade; such students must repeat both the theory and clinical components of the class.

Students who must repeat a course are subject to space availability in the classroom and/or the clinical setting.

Students who fail two courses, receive W designators equivalent to two failed courses or any equivalent combination of failed or W designators are withdrawn for a minimum time period of one semester. After that period, such students may petition for re-entry to the program. Spaces in Carrington Dental Hygiene programs are assigned by ranking prospective re-entry students by GPA; students with the highest GPAs receive preference for available seats. If accepted for re-entry, any future course failures or W designators result in academic termination and withdrawal from the Dental Hygiene program.

A minimum requirement of 70% must be obtained in all technical courses in order to pass a course.

Student Policies

A. Provisions for student health and housing

Student Health Insurance (page 258)

Students may be required by clinical sites to provide proof of health insurance coverage for the duration of clinical assignments.

Housing (page 254)

Carrington does not have dormitory facilities under its control, nor does it assist a student with finding housing. The cost of housing differs considerably from campus to campus throughout Carrington College due to the cost of real estate. The approximate range is for \$750 for a room and \$953 for an apartment (\$3500 for a 2-bedroom apartment) near Sacramento, \$750 for a room and \$953 for an apartment near Citrus Heights, and \$750 for a room and \$953 for an apartment near Stockton, while the cost to rent a room in Ontario is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. The cost to rent a room in San Leandro is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. The cost to rent a room in Pleasant Hill is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. The cost to rent a room in San Jose is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. These costs are approximate and vary depending on proximity to campus and overall quality of the facilities.

B. Provisions for counseling and guidance

Carrington College provides all students with ACI Specialty Benefits, an all-inclusive student assistance Program. ACI provides with assistance for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier, services are free to use, confidential, and available to the student and their family members. <http://myassistanceprogram.com/aci/students/> **Exhibit 10: ACI Benefits Flyer**

C. Financial aid policies, scholarship and grant opportunities

Financial Aid (Carrington College Academic Catalog page 243-253)

Carrington College applicants are encouraged to meet with a Financial Services Advisor prior to enrollment so that eligibility for financial assistance may be determined. This practice enables applicants to evaluate their options for financing. “Funding Your Education,” which explains each of the federal financial aid programs and is published by the U.S. Department of Education and is available from the Financial Services Department.

Carrington is an eligible institution approved by the Department of Education to participate in the following programs:

- Federal Pell Grant
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Federal Direct Student Loan
- Federal Parental Loan for Undergraduate Students (FPLUS)
- Federal Work Study Program (campus participation varies)

In addition to participating in federal and state financial aid programs, Carrington students may qualify for private loans from third-party lenders or Carrington's institutional loan program. More information on these loan programs is available from the Financial Services department. Carrington College helps students develop plans for financing their education through a combination of financial assistance programs (if eligible), family contributions, employer tuition reimbursement (when available), and Carrington's payment options (see Payment Options).

Scholarships (page 248)

Carrington Scholarships and Grants

Applicants may apply for Carrington College scholarships or grants during the admissions process and should work with their admissions advisor/representative to do so.

Carrington High School Scholarship

Graduating high school seniors or those who have graduated high school during the most recent academic year may be eligible for the Carrington High School Scholarship of \$1,000 to apply toward program cost. Scholarship applicants must meet the following criteria to qualify:

- Satisfy Carrington admission requirements
- Submit high school transcripts evidencing a CGPA of 2.0 or better on a 4.0 scale
- Maintain a CGPA of 2.0 or better on a 4.0 scale for continued eligibility
- Begin classes by April 30
- Submit the following by the published deadline:
- Completed scholarship application
- 50-150-word essay about why the student is interested in a career in the chosen field
- Two letters of recommendation

Scholarship awards cannot exceed their program cost and will be applied directly to those charges. In the event that a student's program cost is less than the scheduled scholarship award, the scholarship will be reduced to the amount of the program cost. In the event of early withdrawal, the scholarship award will be limited to the same percentage of tuition earned in accordance with the college's refund policy. The deadline for submission of scholarship applications and accompanying materials is December 31 of the graduation year. Additional information is available at <http://carrington.edu/financial-aid/scholarships>.

Federal Pell Grants (page 244)

Federal Pell Grants help fund post-secondary education for undergraduate students who have not previously earned bachelor's degrees. Grants are need-based and do not require repayment if the student remains in school during that term. For many students, these grants provide a foundation of financial aid to which aid from other sources may be added. The maximum grant for the 2022-2023 award year is \$6,895.

The actual amount of the grant is based on the cost of attendance, number of hours enrolled, Federal Pell Grant regulations, and your Expected Family Contribution (EFC) found on the FAFSA®

In accordance with the Higher Education Act, Carrington College allows all students to purchase books and supplies from the College's online bookstore and charge the expenses to their student accounts.

Federal Pell Grant recipients who do not wish to purchase books and supplies from Carrington's online bookstore may qualify for a stipend to assist with these expenses. To determine stipend eligibility, students must complete a request prior to the start of the term. More information is available from a Carrington Financial Services Advisor.

Federal Supplemental Educational Opportunity Grants (page 245)

FSEOGs provide supplemental funds to Federal Pell Grant-eligible undergraduate students who demonstrate exceptional need. Exceptional need is defined as the lowest expected family contribution per federal need analysis methodology. Because FSEOG funds are limited, students should apply for these grants as early as possible.

D. Appeals Provisions

Complaint and Grievance Procedures (Academic Catalog, page 260)

A comprehensive information regarding academic grade appeals, please see the section titled Grade Appeals in the Student Handbook <https://docs.carrington.edu/forms/hand-books/Carrington-College-Student-Handbook.pdf>

Exhibit 11: CC Student Handbook

Academic complaints should first be addressed to the faculty. Academic problems remaining unresolved should start with the Program Director or Dean of Nursing. If the student is not satisfied with these efforts, the student may pursue a formal review by submitting a formal complaint. Nonacademic complaints should also follow the student complaint procedures listed below. For comprehensive information regarding the formal complaint process, please see the section titled Complaint and Grievance Procedures in the student handbook.

Academic and Employability Probation (Academic Catalog, page 224)

Students must meet academic requirements and employability standards defined for their program of study. Academic requirements are covered in this catalog and include, but are not limited to, Satisfactory Academic Progress, attendance requirements. Academic requirements also address maintaining a high degree of academic integrity as defined by the Academic Integrity policy in the Student Handbook. Employability standards are consistent with adhering to the Student Code of Conduct as described in the Student Handbook. These standards are also described in Programmatic Handbooks and relate to maintaining safe clinical practices which are designed to protect patient health. When students are experiencing minor difficulties with academic performance, student conduct, or clinical skills, the student may meet with the Campus Academic Dean or a faculty member to develop a Student Success Plan. This plan may be initiated by the student or by Carrington College. The Student Success Plan is intended to assist the student in setting goals to remediate any issues which interfere with their career goals. Once approved, the student will be expected to fulfill the requirements of the plan. When Carrington determines that a student has failed to meet these academic requirements and employability standards, the student is referred to the appropriate review process. The student's adherence to the Student Success Plan will be taken into consideration when reviewing continued student code of conduct violations or academic appeals.

Exhibit List

Exhibit Number	Title
1	Sacramento County Dental Clinics
2	Sacramento DH Evening and Weekend Hours Feasibility
3	Sacramento County EDD Projections
4	Shortage of Dental Hygienists
5	Employer Survey Results
6	LinkedIn Open Dental Hygienist positions
7	Sacramento Student and Graduate Survey Results
8a	Sacramento Campus Floorplan
8b	Instrument Sterilization Storage Carts
9	CC Academic Catalog – See Attachment
10	ACI Benefits Flyer
11	CC Student Handbook- See Attachment

Exhibits

Exhibit 1: Sacramento County Dental Clinics PDF

SACRAMENTO COUNTY DENTAL RESOURCE INFORMATION

AGENCY/ORGANIZATION/WEBSITE	PHONE NUMBER	SERVICES
ACCESS TO CARE		
MEDI-CAL MANAGED CARE HEALTH CARE OPTIONS	800.430.4263 TTY: 800.735.2922	Call to find a dental plan or change dental plans.
SACRAMENTO COVERED SacramentoCovered.org	866.850.4321	Assistance in locating free or low-cost health insurance for children and adults.
SACRAMENTO DISTRICT DENTAL SOCIETY SDDS.org	916.446.1211	Dental referrals for children and adults.
SMILE, CALIFORNIA SmileCalifornia.org	800.322.6384	Learn more about free or low-cost dental services.
MEDI-CAL DENTAL PLANS		
Access Dental Plan	877.821.3234	
Health Net Dental Plan	877.550.3868	
Liberty Dental Plan	877.550.3875	Text TALK to 22925 for more information.
CONSUMER ASSISTANCE CENTERS		
Beneficiary Dental Exception (BDE)	855.347.3310	Call if having trouble making an appointment.
Department of Managed Health Care	888.466.2219	Call with complaints or unresolved grievances.
DENTAL CLINICS – Fees based on income. Medi-Cal Dental accepted.		
ELICA HEALTH CENTERS ElicaHealth.org	855.354.2242	1) 1750 Wright Street, Sacramento, CA 95825 2) 3701 J Street, Suite 201, Sacramento, CA 95816
ONE COMMUNITY HEALTH OneCommunityHealth.com	916.443.3299	1) 1500 21 st Street, Sacramento, CA 95811 2) 1442 Ethan Way, Sacramento, CA 95825
SACRAMENTO COMMUNITY CLINIC (HALO) HaloCares.org	916.642.1867	1) 5524 Assembly Court, Sacramento, CA 95823 2) 2138 Del Paso Blvd., Sacramento, CA 95815 3) 7275 E. Southgate Dr., #204-206, Sacramento, CA 95823 4) 3030 Explorer Dr., Sacramento, CA 95827
SACRAMENTO NATIVE AMERICAN HEALTH CENTER SNAHC.org	916.341.0575	2020 J Street, Sacramento, CA 95811
WELLSPACE HEALTH WellSpaceHealth.org	916.822.8958 Follow prompts for desired location	1) 8233 E. Stockton Blvd., Suite D, Sacramento, CA 95828 2) 216 North Lincoln Way, Galt, CA 95632 3) 3415 MLK Jr. Blvd., Sacramento, CA 95817 4) 3535 65 th Street, Building C, Sacramento, CA 95820 5) 10423 Old Placerville Rd., Rancho Cordova, CA 95627 6) 6015 Watt Ave., Suite 2, North Highlands, CA 95660
DENTAL SERVICES ON COLLEGE CAMPUSES		
CARRINGTON COLLEGE DENTAL HYGIENE CLINIC	916.361.5168	Free dental cleanings, fluoride applications, pit and fissure sealants, x-rays and oral hygiene instruction.
SACRAMENTO CITY COLLEGE DENTAL HYGIENE CLINIC scc.sacramento.edu/dentalhealthclinic	916.558.2303	Low-cost dental cleanings, fluoride applications, pit and fissure sealants, x-rays and oral hygiene instruction.
SACRAMENTO COUNTY PROGRAMS		
CALIFORNIA CHILDREN'S SERVICES (CCS)	916.875.9900	Support for dental services under general anesthesia for clients that meet CCS criteria.
CHILD HEALTH & DISABILITY PREVENTION (CHDP) dhs.sacounty.net/PUB/CHDP	916.875.7151	Free health program committed to helping babies, children and teens receive preventive health care.

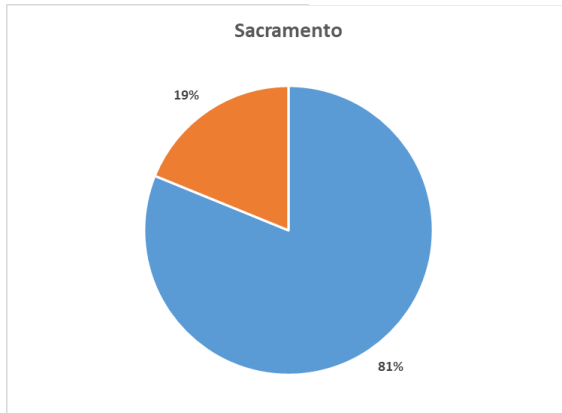
Sacramento County Oral Health Program
916.875.5869
SacCountyOralHealth.net



Exhibit 2: Sacramento DH Evening and Weekend Hours Survey

1. Are you interested in a Dental Hygiene AS Degree program that would be offered during the evening or weekends?

■ Yes, I am Interested ■ No, I am Not Interested



Row Labels	Respondents	% of Total
Yes, I am Interested	56	81%
No, I am Not Interested	13	19%
Grand Total	69	100%

Exhibit 3: Sacramento County EDD Projections

2018-2028 Occupational Employment Projections														
Sacramento--Roseville--Arden-Arcade Metropolitan Statistical Area														
(El Dorado, Placer, Sacramento, and Yolo Counties)														
SOC Level ^[1]	SOC Code ^[2]	Occupational Title	Base Year Employment Estimate 2018 ^{[3][4]}	Projected Year Employment Estimate 2028	Numeric Change 2018-2028 ^[5]	Percent age Change 2018-2028	Exits ^[6]	Transfers ^[7]	Total Job Openings ^[8]	Median Hourly Wages ^[9]	Median Annual Wages ^[9]	Entry Level Education ^{[10][11]}	Work Experience ^{[10][11]}	On-the Job Training ^{[10][11]}
4	29-2021	Dental Hygienists	1,690	1,870	180	10.7%	740	450	1,370	\$0.00	\$0	Associate's degree	None	None
Employment Development Department														
Labor Market Information Division														
Published: April 2021														
^[1] The occupations in the Standard Occupational Classification (SOC) are classified at four levels of aggregation to suit the needs of various data users: major group, minor group, broad occupation, and detailed occupation. Each lower level of detail identifies a more specific group of occupations.														
^[2] The Standard Occupational Classification (SOC) system is a federal statistical standard used by federal and state agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data.														
^[3] Data sources: U.S. Bureau of Labor Statistics' Current Employment Statistics (CES) March 2019 benchmark, Quarterly Census of Employment and Wages (QCEW) industry employment, and Occupational Employment Statistics (OES) data.														
^[4] Occupational employment projections include self-employed, private household workers, farm, and nonfarm employment. Occupations with employment below 100 in 2018 are excluded. Occupation subtotals may not add to the totals due to rounding and the suppression of data.														
^[5] Numeric change measures the projected number of job gains or losses in an occupation for the projection period.														
^[6] Exits are the projected number of workers leaving an occupation and exiting the labor force entirely.														
^[7] Transfers are the projected number of workers leaving an occupation and transferring to a different occupation.														
^[8] Total job openings is the sum of exits, transfers, and numeric change.														
^[9] Median wages are the estimated 50th percentile of the distribution of 2020 first quarter wages. 50 percent of workers in an occupation earn wages below, and 50 percent earn wages above the median wage. Wages do not include self-employed or unpaid family workers. An estimate could not be provided for wages listed as \$0.														
^[10] The Bureau of Labor Statistics develops and assigns education and training categories to each occupation. For more information please see https://www.bls.gov/documentation/education-training-system.htm														
^[11] N/A - Information is not available.														
Projections for previous periods are not always comparable to the latest projections, due to changes in industry, occupational, and geographical classifications; historical data revision; and changes in data collection and projections procedures.														
For more information please see the EDD Data Library: https://data.edd.ca.gov/														

Exhibit 4: Shortage of Dental Hygienists

12/2/22, 1:33 PM

A dental hygienist shortage has dentist offices struggling to schedule patients : NPR



[DONATE](#)

HEALTH

A dental hygienist shortage has dentist offices struggling to schedule patients

September 12, 2022 · 5:10 PM ET

Heard on All Things Considered

CRAIG LEMOULT

[3-Minute Listen](#)

[PLAYLIST](#)

[Download](#)

[Transcript](#)

Across the country, dentists are having a hard time scheduling all their patients because they don't have enough help from dental hygienists. Many hygienists left the field over the last few years.

MARY LOUISE KELLY, HOST:

Across the country, employers are still struggling to fill certain jobs. That is especially true for dentists trying to hire hygienists and other support staff. Meanwhile, many patients are just now returning to the dentist after a long pandemic break, and they're finding it tough to schedule an appointment. Craig LeMoult of member station GBH reports.

TINA WANG: OK, just going to feel a little pressure here.

CRAIG LEMOULT, BYLINE: Dr. Tina Wang scrapes the plaque from a patient's teeth.

(SOUNDBITE OF SCRAPING ON TEETH)

LEMOULT: And then, after a rinse, it's time to polish.

<https://www.npr.org/2022/09/12/1122482181/a-dental-hygienist-shortage-has-dentist-offices-struggling-to-schedule-patients>

1/14

(SOUNDBITE OF POLISHING TEETH)

LEMOULT: Usually, a dental hygienist does the cleanings here. But a full-time hygienist in this office moved away in January. And Wang says she hasn't been able to fully staff back up since then.

WANG: So what's been happening is the doctors - myself included - have been doing the cleanings just to be able to take care of everybody.

LEMOULT: And that means less time for her and the other dentists in her practice to see other patients. Wang says they've been posting the position on job sites and asking colleagues, hygienist schools and vendors if they know anyone qualified who's looking for a job. She describes the search as emotional.

WANG: It's emotional because my team that's here are facing challenges and struggles, and it's a day-to-day grind for them. And I want to help them.

LEMOULT: A couple of months ago, Wang says she was thrilled to finally hire a new hygienist.

WANG: But the next day, she said she got another good offer. So it was between the two of us. And she took another job.

LEMOULT: It's a competitive market right now. A poll last month by the American Dental Association shows nearly 40% of dentists are trying to recruit hygienists. Of those, 95% say it's been extremely or very difficult to hire someone. In the 20 largest U.S. cities, the ADA's polling says only half of hygienist positions are reported as filled.

RACHEL MORRISSEY: We just hear over and over again, what can we do to get more dental hygienists?

LEMOULT: That's Rachel Morrissey, a senior research analyst at the American Dental Association. Their monthly poll of private dental practices shows dental assistants are in high demand, too. And Morrissey says dentists are trying to sweeten the pot to attract candidates.

MORRISSEY: More than 80% of dentists that are recruiting dental hygienists are raising salaries. They're also offering more flexible working hours.

LEMOULT: The U.S. Bureau of Labor Statistics reports the average dental hygienist salary was just under \$78,000 last year, or more than \$37 an hour. Morrissey was a co-author of a study last year that estimated 8% of dental hygienists left the workforce in 2020. A year later, some had returned. But hygienist Sarah Crow, who's the president of the Massachusetts Dental Hygienist Association, says many of her older colleagues aren't coming back.

SARAH CROW: If there was a question in your mind, pre-pandemic, whether or not you were ready to retire or you were thinking about, you know, just not practicing clinically anymore, the pandemic made up your mind. And so there were a lot of hygienists in that boat.

LEMOULT: Crow says the pandemic pushed people out of the field for all kinds of reasons, including childcare challenges and personal health concerns in a job that requires close contact. But Dr. JoAnn Gurenlian of the American Dental Hygienist Association says, even before the pandemic, hygienists reported growing dissatisfaction.

JOANN GURENLIAN: There was concern about lack of respect in their workplace setting. They were having to clock out if a patient canceled their appointment. They felt that they just weren't appreciated, and there were some that were thinking maybe it was time for them to leave.

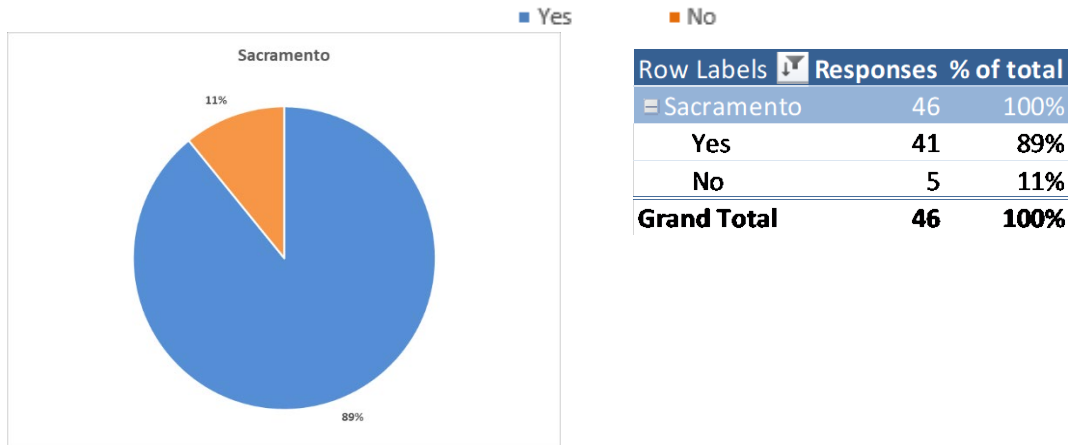
LEMOULT: But now, for many dental hygienists and assistants, staffing shortages could bring greater appreciation from their employers - and a boost in pay and benefits to go along with that. For NPR News, I'm Craig LeMoult in Boston.

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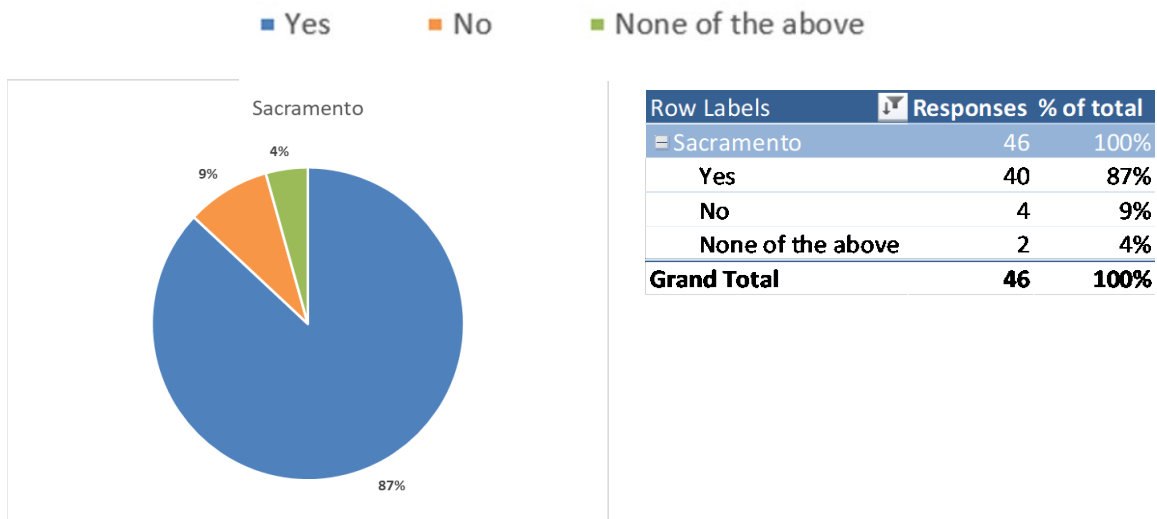
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Exhibit 5: Employer Survey Results

1. Do you feel there is a need for more dental hygienists in your area?



2. Do you have challenges finding dental hygienists in your area?



3. How many dental hygienist openings does your company currently have?

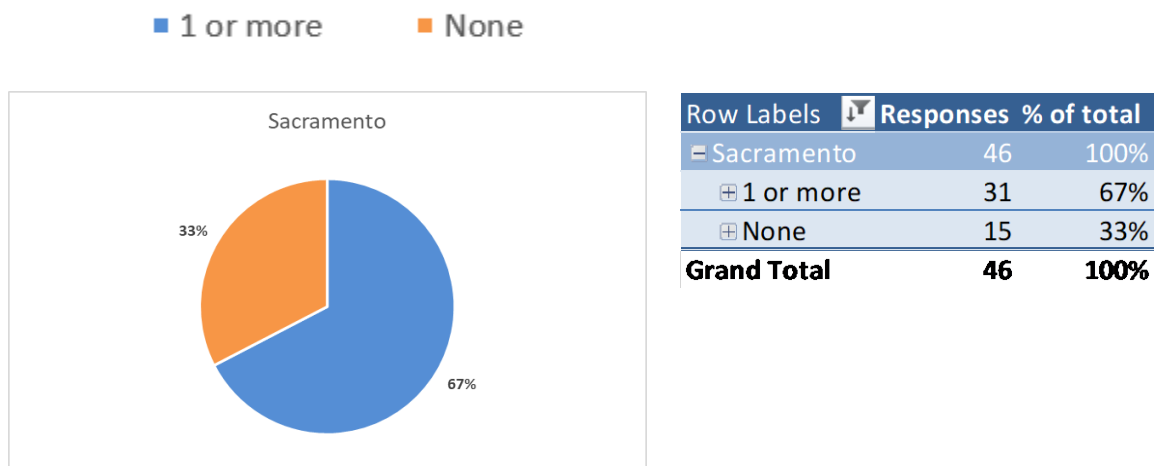


Exhibit 6: LinkedIn Open Dental Hygienist Positions

Registered Dental Hygienist (RDH)
One Community Health Sacramento • Sacramento, CA (On-site) 2 days ago

Full-time • Entry level
201-500 employees • Hospitals and Health Care
1 school alumni
See recent hiring trends for One Community Health Sacramento. [Betty Premium Free](#)

[Apply](#) [Save](#)

Provide quality dental care and associated services to patients under the Direct/ General Supervision of a dentist and using established dental hygiene procedures. Assist other staff in a variety of patient care duties.

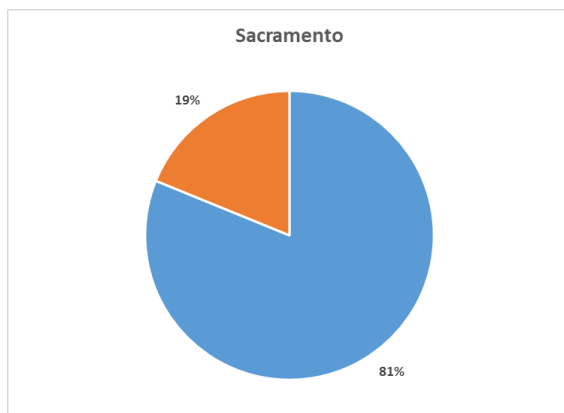
Duties And Responsibilities

- Provide direct patient care and dental services as trained, licensed, and assigned as permitted by the California Dental Practice Act.
- Assess dental condition and needs of patient using approved patient screening procedures, including taking vitals, medical history review, document chief complaint, dental charting, periodontal charting as needed, taking X-rays as needed.
- Evaluate overall health, examining oral cavity for signs of periodontal disease and oral cancer.
- Follow through with oral hygiene procedures in accordance with treatment plans prescribed by the dentist. Procedures may include prophylaxis, periodontal scaling, root planning, debridement, supra and sub gingival scaling, application of fluoride treatments and application of protective sealants.
- Help patients feel comfortable before, during and after dental treatment. Ensure all patients enjoy a positive experience, and are treated with care and compassion.
- Educate patients in oral hygiene and dental care, including proper tooth brushing, flossing, nutrition and need for professional care.
- Ensure all patient records and related documentation are managed and maintained timely, accurately, and are consistent with all regulations and requirements.
- Demonstrate knowledge and understanding of dentistry procedures, clinic infection control procedures, cleaning and sterilization of instruments, tray setup.

Exhibit 7: Sacramento Student and Graduate Survey Results

- Are you interested in a Dental Hygiene AS Degree program that would be offered during the evening or weekends?

■ Yes, I am Interested ■ No, I am Not Interested



Row Labels	Respondents	% of Total
Yes, I am Interested	56	81%
No, I am Not Interested	13	19%
Grand Total	69	100%

Exhibit 8a: Sacramento Campus Floorplan

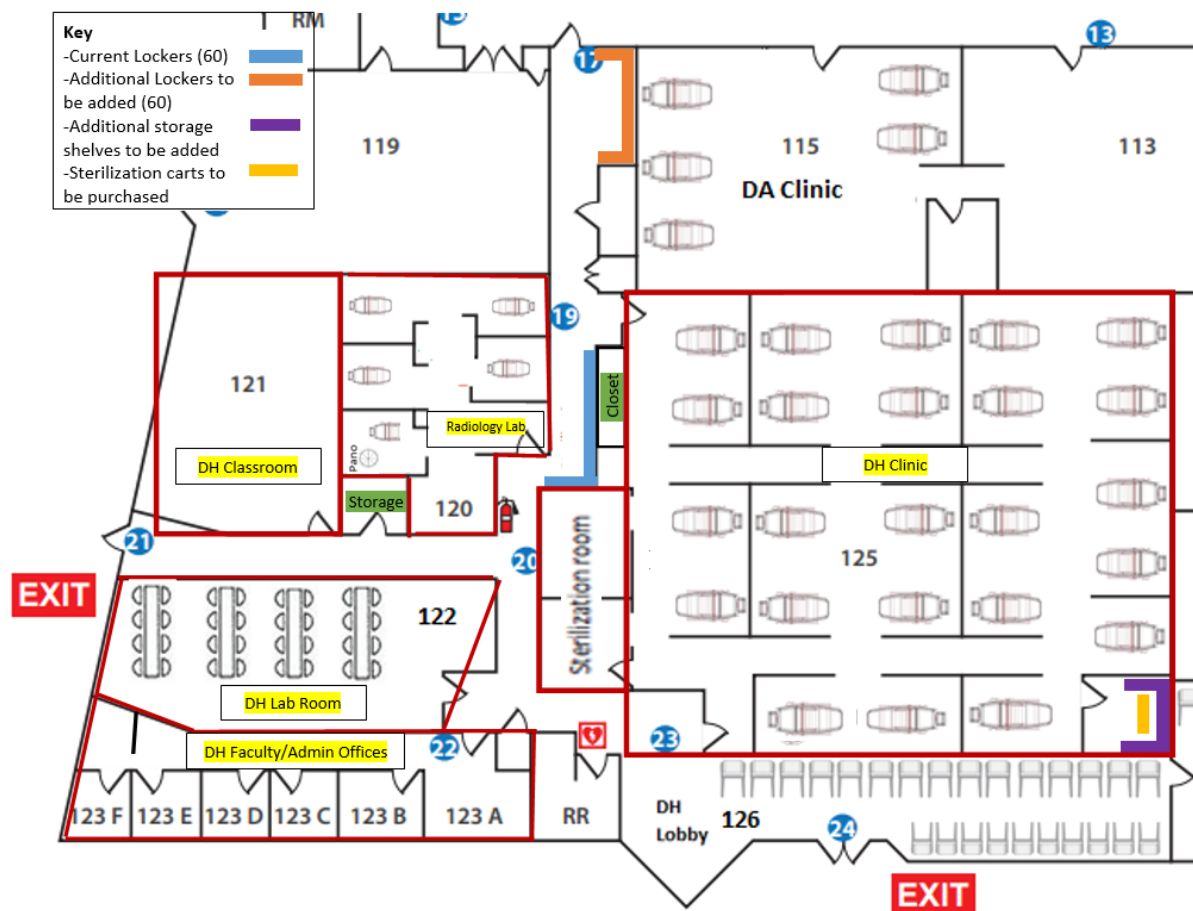



Exhibit 8b: Instrument Sterilization Storage Carts



Sterisystem® closed Stericart - High

Article number	Runners	Weight	Ext. Dimensions
19031 00038	Equipped with 9 pair of nylon runners	172 lbs	28 ^{11/16} x 28 ^{11/16} x 62 ^{43/64} inch

Exhibit 9: CC Academic Catalog - See attachment

Exhibit 10: ACI Benefits Flyer

Life comes with challenges. **Your Assistance Program is here to help.**

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

Mental Health Sessions

To help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.

Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

Member Portal and App

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.



Contact ACI Specialty Benefits

800.977.7728

<http://myassistanceprogram.com/aci/students>

Company Code: carrcoll



Exhibit 11: CC Student Handbook – See attachment



CARRINGTON
COLLEGE®

March 9, 2023

Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

Re: Carrington College, San Jose: Blended Evening Cohort Feasibility Study

Dear Anthony Lum and Dr. Adina Pineschi-Petty:

Please accept this revised feasibility study for our intent to add an evening cohort at:

Carrington College, San Jose Campus
5883 Rue Ferrari
Suite 125
San Jose, CA 95138

Program Overview:

- Associates Degree in Dental Hygiene
- Instructional Modality: Blended
 - Synchronous distance education for didactic
 - On-ground for clinic and lab
- Program Length: 80weeks (Five 16-week terms)
- Enrollment: 30 students (maximum)
- Proposed start date July 8, 2024

Thank you for your continued support of the Carrington College Dental Hygiene Programs' students and graduates. If questions arise or any additional information is needed, please feel free to contact me at 559.214.1302 or jdoupnik@carrington.edu.

Sincerely,

Jennifer Doupnik

Jennifer Doupnik, MEd, RDH
Dean of Curriculum
Program Accreditation Administrator
Carrington College

Table of Contents

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Rationale for Development of New Educational Program	2
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Rationale for the Development of New Educational Program

Carrington College is looking to serve a new demographic of students who wish to attend dental hygiene school. Currently, no dental clinics or college service providers listed on Santa Clara County Dental Society's website offer evening hours in Santa Clara County. There is only one location with services available on Saturdays, **Exhibit 1: Santa Clara County Dental Clinics**. Adding an evening and weekend dental hygiene cohort to the San Jose campus will allow Carrington College to fulfill an unmet need for complementary dental hygiene services. We anticipate evening and weekend clinical hours will be more feasible and appealing for patients with professional and personal commitments during regular business hours. In a survey conducted with dental hygiene students in San Jose, nearly 75% percent of respondents believe their friends or family would be interested in dental services offered during the evening or weekends, **Exhibit 2: San Jose DH Evening and Weekend Hours Survey**.

A. Regional labor statistics regarding projected need for this type of licensee

The labor market data available for the San Jose area supports the need for more dental hygienists. According to the State of California Employment Development Department (EDD), the San Jose-Sunnyvale-Santa Clara Metropolitan Statistical Area is expected to have 1,450 job openings between 2018 and 2028, **Exhibit 3: Santa Clara County EDD Employment Projections**. According to a recent article posted by npr.org, dental offices across the country struggle to schedule patient appointments due to a shortage of hygienists, **Exhibit 4: Shortage of Dental Hygienists**.

B. Potential local/regional industry employment statistics regarding current open positions and projected needs for additional licensees including any workforce shortage areas

In the San Jose market, dental offices were surveyed to identify local open positions and the need for dental hygienists, **Exhibit 5: Employer Survey Results**. When asked about recruiting dental hygienists, a little over 90% of respondents in the San Jose market confirmed they are challenged with finding dental hygienists. Ninety-one percent of the dental offices surveyed also believe there is a need for more dental hygienists in their area. When the survey was conducted, nearly 80% of the respondents were actively recruiting for at least one dental hygienist. At the time of this report, LinkedIn reported 17 dental hygienist positions open within 25 miles of San Jose, **Exhibit 6: LinkedIn Open Dental Hygiene Positions**.

C. Description of the characteristics of the population in the community being served by the program, including oral health needs.

The city of San Jose is located in Santa Clara County. As of 2021, the estimated population base is 983,489 people. The racial breakdown is as follows: White 34%, Black 3%, Asian 36%, Hispanic/Latino 31%. Females comprise 49.1%. The percentage of the population between 18 and 65 years old is 59.2%, and 13.2% is over 65 years old. The median household income is \$125,075. The city of San Jose in 2022 has an official poverty rate of 7.7%. (All data collected from <https://www.census.gov/quickfacts/fact/table/sanjosecitycalifornia/RHI125221>)

Of the 12,428 procedures performed in 2022 at Carrington College DH program San Jose 3,654 were diagnostic, 2,176 preventative, 1,491 presurgical, and 538 restorative.

D. Impact on RDH educational programs within a 100 miles radius of the proposed program

Carrington College reached out and attempted to contact all RDH educational programs within a 100-mile radius of our existing program in San Jose. The College reached out to six RDH programs and received responses from six RDH programs. Below is table summarizing the outcome of the survey conducted:

College	From what locale, region, or state are your students drawn?	Do you have a waiting list or more qualified applicants than are admitted annually?	What length of time do licensed graduates to take to obtain gainful employment (at least three days per week) in Dental Hygiene?
Chabot College	Alameda County, Contra Costa County, county of San Francisco, Small number of students come from San Joaquin County, California	Yes	For those students who wish to enter into the field immediately after licensure, most students have been able to find employment fairly quickly. We have regular contact with DDSs who are looking for an RDH.
Foothill College	All areas of the State.	No	Depends on when the grad submits their applications to the DHBC and get through the licensing process with the state.
Diablo Valley College	Mostly Northern California, but we have had students from all over California.	Yes	Most have jobs lined up prior to graduation.
Santa Rosa College	Mostly California	Yes, we have more qualified applicants than are admitted. We don't have a waiting list, we are lottery.	The last 2 cohorts(Class of 2021 & 2022) have been very quickly, within a few weeks of getting licensed.
University of Pacific SF	Our students are mostly from the SF North and East Bay and Central Valley (San Joaquin) regions of California. We also have students from a variety of states in each cohort.	We do not have a waiting list and the last 3 years have had a significant decline in qualified applicants for the program. We must accept all qualified applicants to fill our class.	Most of our graduates have employment offers at graduation. A recent survey for our accreditation site visit showed 82% of graduates from 2019, 2017 and 2012 are employed in dental hygiene. 100% of the 2020 and 2021 graduates have found full time employment if they have sought it. Two are currently enrolled in dental school from the 2020 and 2021 classes.
Cabrillo College	Cabrillo draws students primarily from the counties of Santa Cruz, Santa Clara, Monterey, San Benito, and the far western regions of Stanislaus and Merced counties. Occasionally we attract a student from San Mateo or San Francisco.	Cabrillo has an intent list, not a waitlist. Students apply to the list before they have completed most of the required prerequisites. Being on the list does not mean students are waiting or ready to enter the program.	Due to Covid and technical problems Cabrillo did not have a graduating class this year. The information you seek is unknown regarding the current dental workforce environment for the Cabrillo locale.

E. Description of the length of the program, type of degree(s) granted, the intended start date, projected size of the first class, and enrollment projection for the first five years, and method for determining the projected enrollment.

The proposed program structure includes five (5) 16-week terms; a student will take 80 weeks to complete. Upon graduation, students will earn an Associate Degree in Dental Hygiene. The intended start date is July 2024, and we anticipate enrolling 30 students in the first cohort. In the program's first five years, the College is projected to enroll 120 dental hygiene students. The projected enrollment is based on length of the program and maximum number of students enrolled in each cohort.

To gauge interest in the evening and weekend schedule for the proposed cohort addition, we surveyed Carrington's dental assisting students and recent graduates from the San Jose campus, **Exhibit 7: San Jose Student and Graduate Survey Results**. Nearly 90% of respondents from the San Jose campus conveyed interest in an evening and weekend program model.

F. Plans for promoting and marketing the proposed program

Our marketing plan will include a revised messaging on our website and digital advertising to include information about the flexibility and uniqueness of the evening and weekend learning dental hygiene

academic model. The addition of this new program model will be shared through faculty testimonials, blogs, and a press release. Lastly, we will continue to depend on referrals from students, graduates, and local employers.

G. Projected timeline for planning and initiating program

The College submitted its letter of intent to the DHBC and CODA in November 2022. The final feasibility study will be submitted to the DHBC in February 2023 for an anticipated March 2023 DHBC board meeting. The Program Change, Enrollment Increase, and Distance Education reports will be submitted to CODA for review in May 2023. The same reports will be forwarded to the DHBC for review upon CODA approval. During this final approval phase in Spring 2024, promoting and marketing for enrollment will begin with the anticipated cohort starting July 2024.

Structure and Governance

Description of the institution and the institution's experience providing dental hygiene or other health-related educational programs.

A. Institutional accreditation status and history such as date of initial accreditation, denials, revocations, warnings for the institution and any programs offered by the institution.

College Overview and History

Carrington College, formerly Carrington College California and before that Western Career College, was founded in 1967 as Northwest College of Medical Assistants and Dental Assistants. The College was established to meet the education and skills training needs of the local health care community, laying the foundation for what was to become Western Career College 16 years later.

The College was purchased in 1969 and changed its name to Western College of Allied Health Careers– A Bryman School. The Education Corporation of America purchased the College in 1983 and changed its name to Western Career College. Western Career College opened a second campus located at the Bayfair Mall in San Leandro, CA, and in 1986, opened a third campus in Pleasant Hill, CA in 1997. The College earned initial ACCJC/WASC accreditation in June 2001. ACCJC/WASC approved a change of ownership in January 2003. In February 2004, the purchase of the College by U.S. Education Corporation was finalized. After submitting a substantive change report to ACCJC/WASC, the College opened two additional campuses: one in Citrus Heights, CA and one in Stockton, CA.

The College expanded in August 2005 by merging the operations and programs of Silicon Valley College with Western Career College. Silicon Valley College, owned by U.S. Education Corporation, was nationally accredited by the Accrediting Commission of Career Schools and Colleges of Technology. This merger expanded college locations in California to Antioch (originally in Walnut Creek), Emeryville, and San Jose. The Fremont location of Silicon Valley College was merged with the Western Career College in San Jose.

The ACCJC/WASC re-accreditation process was completed in March 2007, and accreditation was reaffirmed in June 2008 after Western Career College was removed from warning status. On September 15, 2008, the ACCJC Committee on Substantive Change approved the request for change of ownership of the College's parent corporation, U.S. Education Corporation, to DeVry Inc. This transaction was subsequently finalized on September 18, 2008. Please note that DeVry Inc. changed their name to DeVry Education Group in August 2013 to better identify as a global provider of

educational services. The College's former parent company, Adtalem Global Education, made the decision to sell Carrington College in late 2017, and the preparation for this sale was planned and implemented. The process of finding a new owner continued until December 4, 2018, when the sale of Carrington College to San Joaquin Valley College, Incorporated was finalized. Successful transition to the new owner and aligning with their culture, strategies, processes, approaches, and recommendations has been the critical focus since the finalization of sale. The transition to new ownership has been a very positive experience for the Carrington College community.

Carrington College has a rich portfolio of career-focused associate degree and certificate programs. There are 25 associate degree and certificate programs, and these programs are offered at 15 main campuses operating in seven states and to a broad community online.

Institutional Accreditation

Carrington College is accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC), an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. The College received full accreditation status at the most recent re-affirmation of accreditation in January 2020. The College is in the process in completing the mid-term report due Fall 2023. Subsequently reaffirmation will take place in 2026.

Programmatic Accreditation

The Associate Degree in Nursing programs at the Albuquerque, Mesa, Phoenix, Reno, and Tucson campuses are accredited by the Accreditation Commission for Education in Nursing (ACEN). ACEN also accredits the following: Boise Nursing Bridge, and the Albuquerque and Boise Practical Nursing programs. The Dental Hygiene programs at the Boise, Mesa, Sacramento, and San Jose campuses are accredited by the Commission on Dental Accreditation (CODA). The Physical Therapist Assistant programs at the Boise, Las Vegas, Mesa, and Pleasant Hill campuses are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The Respiratory Care Associate of Science degree programs at the Las Vegas, Phoenix, and Pleasant Hill campuses are accredited by the Commission on Accreditation for Respiratory Care (CoARC). The Veterinary Technology program at the Pleasant Hill, Sacramento, San Jose, San Leandro, and Stockton campuses are accredited by the American Veterinary Medical Association as a program for educating veterinary technicians. The most current information on accreditation and approvals can be found on Carrington College's website.

B. History, Organizational Structure and Programs (attach an organization chart).

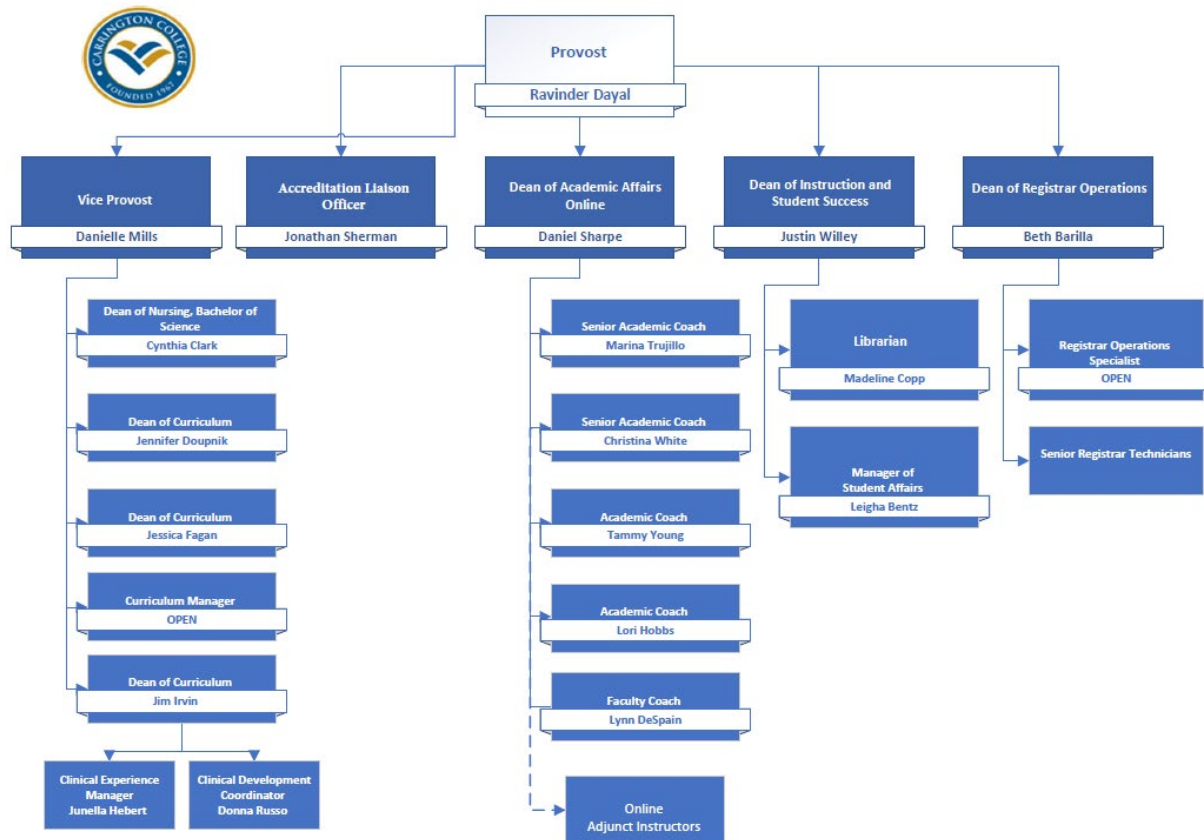
Dental Hygiene Program Accreditation

Carrington College, San Jose's dental hygiene program was initiated in 2004 as Western Career College. Information on the Commission's previous accreditation of the program follows:

Date	Basis of Action	Action
July 2005	Site Visit	Initial Accreditation
January 2006	Progress Report	Initial Accreditation
July 2006	Progress Report	Initial Accreditation
January 2007	Site Visit	Approval <u>with</u> Reporting Requirements
July 2007	Progress Report	Approval <u>with</u> Reporting Requirements
July 2007	Major Change	Approval <u>with</u> Reporting Requirements
February 2008	Progress Report	Approval <u>with</u> Reporting Requirements

July 2008	Progress Report	Approval <u>without</u> Reporting Requirements
January 2014	Site Visit	Approval <u>without</u> Reporting Requirements
February 2015	Program Change	Approval <u>without</u> Reporting Requirements
August 2015	Program Change	Approval <u>without</u> Reporting Requirements
August 2017	Program Change	Approval <u>without</u> Reporting Requirements
August 2017	Formal Complaint	Approval <u>without</u> Reporting Requirements
January 2020	Program Change	Approval <u>without</u> Reporting Requirements
July 2020	Program Change	Approval <u>without</u> Reporting Requirements
April 2021	Program Change	Approval <u>without</u> Reporting Requirements
February 2022	Site Visit	Approval <u>with</u> Reporting Requirements

Organizational Chart



January 2023

C. Geographic area (community) served by the institution and a description of the community and its population.

The city of San Jose is in Santa Clara County. As of 2021, the estimated population base is 983,489 people. The racial breakdown is as follows: White 34%, Black 3%, Asian 36%, Hispanic/Latino 31%. Females comprise 49.1%. The percentage of the population between 18 and 65 years old is 59.2%, and 13.2% is over 65 years old. The median household income is \$125,075. The city of San Jose in 2022 has an official poverty rate of 7.7%. (All data collected from <https://www.census.gov/quickfacts/fact/table/sanjosecitycalifornia/RHI125221>)

D. Institution's Strategic Plan

Strategic Plan and Stretch Goals are found in the College's Educational Master Plan.

Carrington College has performed a detailed assessment to determine appropriate threshold and stretch goals for the identified strategic objectives. Below are the institutional strategic objectives with goals for the 2022-2023 academic year.

Objectives	Threshold	Stretch Threshold
1. Our Success		
1.A. Grow Student Population: Through existing programs, new programs and partnerships	7000	7600
1.B. Ensure Financial Health: Effective planning, communication and decision making to support the Mission and promote equitable achievement of student success.	18%	24%
2. Student Success		
2.A.1. Develop Professional Graduates: Develop a network of externship sites that are interested in hiring qualified graduates and achieve a baseline externship to hire rate	40%	50%
2.A.2. Develop Professional Graduates: Achieve an aggregate annual placement rate	55%	70%
2.B.1. Strengthen Financial Accountability: Ensure completion of student exit counseling	35%	50%
2.B.2. Strengthen Financial Accountability: Achieve on-time packaging demonstrated by % packaged quarterly	95%	100%
2.C. Ensure Service Excellence: Achieve a minimum student satisfaction overall.	3.75	5
3. Quality Education		
3.A.1. Ensure Proficient Faculty: Achieve minimum end-of-course survey ratings	3.5/5	3.75/5
3.A.2. Ensure Proficient Faculty: Conduct Faculty Observations	3 Observations	5 Observations
3.B. Course Success: Support faculty in achieving a minimum course completion rate	80%	85%
3.C.1. Program Success: Achieve minimum credentialing exam pass rate	50%	55%

3.C.2. Program Success: Pre-Graduation Survey Results	3.5	3.75
4. Faculty and Staff Success		
4.A.1 Develop and Engage Faculty and Staff: Deliver robust onboarding for all faculty and service areas and achieve a minimum employee participation rate	50%	70%
4.A.2. Develop and Engage Faculty and Staff: Faculty Professional Development	4 Documented Activities	6 Documented Activities
4.A.3. Develop and Engage Faculty and Staff: Staff Professional Development	4 Documented Activities	6 Documented Activities
4.A.3. Develop and Engage Faculty and Staff: Faculty and Staff Engagement Survey Results	< 15% Not Engaged	< 10% Not Engaged
4.B.1. Attract and Retain Faculty and Staff: Time to fill	< 40 days	< 30 days
4.B.2. Attract and Retain Faculty and Staff: Average length of service \geq 2 years.	40%	50%

E. Type of RDH or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency.

We have updated the process of gathering the data for third-party licensure or certification and currently have three years of data.

Program	Number of Students Currently Enrolled	Graduates for 2022	Third-Party Pass Rate Licensure or Certification 2022	Program Status State, Regional or Federal
Dental Assisting	67	74	Not Required	Dental Board of California-Approved
Dental Assisting Degree	82	42	Not Required	ACCJC
Dental Hygiene	56	55	82%	Commission on Dental Accreditation - Approval with reporting requirements
Medical Assisting	126	111	Not required	ACCJC
Medical Billing & Coding	11	11	100%	ACCJC
Pharmacy Technology	16	9	89%	ACCJC
Surgical Technology	41	40	43%	Commission on Accreditation of Allied Health Education Programs
Veterinary Technology	78	29	55%	American Veterinary Medical Association

Vocational Nursing Degree	5	3	Not Required	Board of Vocational Nurse and Psychiatric Technician Examiners, State of California
Vocational Nursing	35	34	78%	ACCJC

Facilities and Resources

Describe physical location of proposed RDH program.

A. Describe space committed to the program and provide copies of floor plans to include faculty and staff offices, classrooms, laboratories, clinical facilities, and storage areas.

The San Jose campus occupies approximately 48,800 square feet in one building, with ample space dedicated to dental hygiene facilities. The campus has well-equipped lecture and laboratory classrooms, faculty offices, a learning resource center, and administrative offices, **Exhibit 8: San Jose Campus Floorplan.**

There will be no significant facility changes at this campus. Currently, the campus does not offer dental hygiene courses during evening or weekend hours. Therefore, the additional cohort will use the existing facilities, classrooms, and labs. Supplies will be purchased as needed to support the additional cohort.

The college will add 30 lockers accommodate the additional cohort. Additional storage has been identified, **Exhibit 8: San Jose Campus Floor plan.**

To accommodate the storage of the additional sterilized instrument kits, Carrington College Sacramento will purchase 2 mobile sterilization carts to be stored in sterilization.

B. Provide status report on construction or renovation of physical facilities.

Upon approval the program expansion for the San Jose Campus all purchases and installation of student lockers and rolling sterilized instrument carts will be completed prior to the acceptance of the initial evening/weekend cohort.

C. List educational resources, equipment, supplies purchased or to be purchased for the program.

Supportive Technologies

There will be no changes to the established educational resources and equipment. Upon enrollment, students are provided with an iPad to access the Learning Management System (LMS), student email, textbooks, and the Virtual Library. The Virtual Library includes access to several databases and resources, including Anatomy.tv, EBSCOhost, Lexicomp for Dentistry and Pharmacology World. Additionally, students have access to campus student success center, open until 10 pm, and tutor access through Tutor.com. The evening program will continue to utilize the classrooms, lab, and clinic spaces currently used during the day program. The program will not utilize any off-site locations or share the facilities with another program. Lab and clinic supplies will be ordered regularly to maintain a fully operational clinic.

Equipment list

The program will continue using existing clinical equipment and technologies to support student learning. This includes such items patient and operator chairs, Tal-eval computer software, x-ray unit and digital software, autoclaves, teeth models, human skull models, anesthesia manikin heads, and Dentrax Ascend. The number of treatment areas for preclinical and clinical experiences includes 24 patient operatories and six radiograph rooms (6 digital/analog units and one panoramic unit) for 30 patient care operatories.

Cost-Revenue Projections

Start-up Budget and Funding Sources

Carrington's revenue is derived from student tuition and ongoing operating expenses will be satisfied through tuition-generated revenue. Carrington College will incur minimal expenses to start-up the evening and weekend dental hygiene cohort in San Jose. This is primarily due to the availability of existing program equipment and resources. The budget attached includes a five-year projection for revenue and costs associated for the program expansion. These costs include faculty and staff salaries and payroll taxes, allocation of costs for capital expenditures, and operational expenses (textbooks, eBooks, iPads).

San Jose - Dental Hygiene						
	2024	2025	2026	2027	2028	Total
Revenue	\$600,957.06	\$1,183,832.43	\$1,460,701.11	\$1,472,793.96	\$1,160,683.26	\$5,878,967.82
Faculty & Staff Salaries/Benefits	\$263,755.83	\$718,717.15	\$728,246.38	\$766,094.32	\$701,633.57	\$3,178,447.25
Text & Instructional Materials	\$144,880.00	\$6,000.00	\$147,880.00	\$147,880.00	\$6,000.00	\$452,640.00
Lab Supplies	\$30,048.00	\$59,191.00	\$73,034.00	\$73,638.00	\$78,347.00	\$314,258.00
Capital Equipment	\$95,661.00					\$95,661.00
Cert./Licenses Exams			\$5,400.00		\$5,400.00	\$10,800.00
Total Expense	\$534,344.83	\$783,908.15	\$954,560.38	\$987,612.32	\$791,380.57	\$4,051,806.25

Students and Student Services

Admission and Progression Criteria

A. Admission Criteria

Institutional Policies

[Carrington College Academic Catalog](#) pages 213-220 include the following Institutional Admission Criteria: <https://docs.carrington.edu/catalog/carrington-college.pdf> **Exhibit 9: CC Academic Catalog**

Proof of High School Graduation

Each student must attest to the completion of high school or high school equivalency examination on their Application for Admission and must submit their proof of an approved high school graduation or attainment of a high school equivalency diploma.

Documentation is due upon enrollment or no later than six weeks from the start date. If the student has not submitted proof of graduation by the end of the sixth week of class, the enrollment will be cancelled.

Admission Testing

Applicants must pass the Wonderlic Scholastic Level Exam (SLE) for admission as administered by the College. Any additional admission requirements are noted on the program page. A minimum Wonderlic SLE score of 15 is required for admission to the following programs: Dental Hygiene Degree, Surgical Technology Degree, Veterinary Technology Degree, Vocational Nursing Certificate.

Educational Program Selection Policies

Admission Requirements (Carrington College Academic Catalog, page 51)

In addition to meeting the College's standard admission requirements, prior to starting the program, candidates must:

- Obtain a Basic Life Support (BLS) health care provider completion card
- Complete a dental hygiene observation: 3 hours of prophylaxis and 3 hours of scaling and root planing
- Attend a dental hygiene program information seminar with the program and enrollment services
- Physician clearance for working in a dental clinical environment
 - Provide proof of current immunizations or titers showing immunity as follows
 - MMR (Measles Mumps and Rubella) 2 dose series
 - Varicella zoster 2 dose series
 - Negative TB test results, negative chest x-ray, or the alternate QuantiFERON-TB Gold (QFT-G) blood test within 6 months from the program's start date
 - If applicants have a history of a positive TB test, they must receive a TB symptom screening from their healthcare provider
 - Tetanus, diphtheria, pertussis within ten years
 - Hepatitis B series vaccination or signed declination
 - COVID-19 first dose of a one-dose regimen or second dose of a two-dose regimen by the program's start date
- Complete the following prerequisite courses at an accredited post-secondary institution, with a minimum grade of C in each course and a cumulative GPA of 2.75. This GPA will be calculated based off the prerequisite courses only.
 - * Science courses with wet lab must have been completed within the previous five years.
 - * Science courses with wet lab awarded transfer credit for the Carrington Dental Assisting degree program must have been completed within the previous seven years.

General Education	Science*
Oral Communication	Anatomy with wet lab
Written Communication	Physiology with wet lab
Psychology	Inorganic chemistry with wet lab
Sociology	Biochemistry or Organic Chemistry with Biochemistry with wet lab
Mathematics	Microbiology with wet lab
	Nutrition

Applicants meeting all the program requirements are selected using points from the following criteria:

Description	Possible Points
GPA on all prerequisite courses	75
GPA bonus points (based on GPA)	5
Supplemental Educational Factors	15
Dental Work Experience	5
Total Possible Points	100

Candidates who apply to the program are evaluated utilizing an objective scoring system that assigns points for the cumulative grade point average (CGPA) for the eleven pre-requisite courses, GPA bonus points, supplemental educational factors, and dental work experience, RDA, DA.

- The CGPA score is multiplied by 18.75
- GPA bonus points are factored as:

GPA Range	Points
2.75-3.00	1
3.01-3.25	2
3.26-3.50	3
3.51-3.75	4
3.76-4.00	4

The criteria are weighted with the grade point average assigned a weight of 75% of the overall score. The intent of assigning the Grade Point Average (GPA) is to ensure that candidates who apply to the program are well prepared to be successful in meeting the academic and clinical requirements. One point will be deducted for each course that is repeated. Repeated courses are counted as those taken over to receive a higher grade, not retaken if it has expired.

To acknowledge academic achievements, a maximum of 15 points may be awarded to candidates who have earned educational degrees beyond the 11 pre-requisite courses through Supplemental Education factors. Supplemental Educational points are awarded to candidates who have earned a Certificate from an Accredited Dental Assisting program (4 points), an Associate degree (5 points), a Baccalaureate degree (10 points), or a Master's degree (15 points).

An applicant may also be awarded a maximum of five points for dental work experience; RDA or DA. The points awarded for related work experience are awarded based on a full-time equivalent formula:

- $\text{hours worked per week} \times 4.3 = \text{number of hours worked per month}$
- $\text{months worked} \times \text{number of hours worked per month} = \text{total hours worked}$
- $\text{total hours worked} / 2080 = \text{points awarded}$

Example:

Hours Worked per Week	Weeks per Month 4.3	Number of Hours Worked per Month	Months Worked	Total Hours Divided 2080	Number of Credits
8	4.3	34.4	32	1101	0.5

A four-point scale is used to determine academic standing.

Grade	Quantitative Assessment	Qualitative Assessment	Grade Point
A	90-100%	Excellent	4
B	80-89%	Very Good	3
C	70-79%	Satisfactory	2
D	60-69%		1
F	Below 60%	Failing	0

B. Progression and Graduation Criteria:

Institutional Criteria for Progression and Graduation

Course Repeats and Satisfactory Academic Progress (Academic Catalog, page 229)

Failed courses must be repeated and students must achieve a passing grade to be eligible for progression and graduation requirements. Students may be required to repeat a course to meet the minimum cumulative grade point average (CGPA) graduation requirement. When a course is repeated, all attempted course grades remain on the student's permanent academic record but is designated as a repeated course. All repeated courses count as credit hours attempted in the timeframe evaluation for Satisfactory Academic Progress (see quantitative evaluation). The highest grade earned for the repeated course is counted as credit hours completed and is used in the CGPA calculation. Failing any course may delay a student's graduation date. Students who fail a course or need to repeat a course to meet the minimum CGPA graduation requirement may be required to take a Leave of Absence if eligible, or audit previously successfully completed courses due to course availability.

For programs that do not have a maximum number of attempted failed courses policy, students may repeat a failed course for a total of three times including the original failed course. Should the student fail the third attempt of the course, the student will be academically withdrawn. Students who are eligible for reinstatement who were academically withdrawn due to the third failed attempt may take the failed course at another institution and seek transfer credit for the course. Please see the Transfer Credit Policies for specific guidelines on the requirements for transfer course eligibility.

Repeated coursework may affect a student's eligibility for Title IV funding. Students required to repeat courses are encouraged to meet with a financial aid advisor to discuss the impact on their financial obligations, program length and academic progress.

Graduation (Carrington College Academic Catalog, Page 233)

Certificate program and Veterinary Technology students must have a minimum GPA of 2.0 and meet each of their program competencies to be eligible for graduation. Students enrolled in other degree programs or certificate programs in nursing must have a minimum GPA of 2.0 (2.5 in Medical Radiography), meet each of their program competencies, and complete their program technical courses with a minimum grade of C in each course to be eligible for graduation

Educational program's criteria for progression and graduation, including grading policies.

Progression Requirements (Carrington College Academic Catalog, page 52)

Dental Hygiene students cannot progress to the next semester until they successfully complete all required courses for the previous semester.

For Dental Hygiene courses that have a clinical competency requirement, students must achieve a satisfactory (passing) final clinical evaluation and a satisfactory theory grade to pass the course. Students who do not earn sufficient points to pass the theory component or do not achieve a satisfactory final clinical evaluation are issued a failing (F) grade; such students must repeat both the theory and clinical components of the class.

Students who must repeat a course are subject to space availability in the classroom and/or the clinical setting.

Students who fail two courses, receive W designators equivalent to two failed courses or any equivalent combination of failed or W designators are withdrawn for a minimum time period of one semester. After that period, such students may petition for re-entry to the program. Spaces in Carrington Dental Hygiene programs are assigned by ranking prospective re-entry students by GPA; students with the highest GPAs receive preference for available seats. If accepted for re-entry, any future course failures or W designators result in academic termination and withdrawal from the Dental Hygiene program.

A minimum requirement of 70% must be obtained in all technical courses in order to pass a course.

Student Policies

A. Provisions for student health and housing

Student Health Insurance (Carrington College Academic Catalog, page 258)

Students may be required by clinical sites to provide proof of health insurance coverage for the duration of clinical assignments.

Housing (Carrington College Academic Catalog, page 254)

Carrington does not have dormitory facilities under its control, nor does it assist a student with finding housing. The cost of housing differs considerably from campus to campus throughout Carrington College due to the cost of real estate. The approximate range is for \$750 for a room and \$953 for an apartment (\$3500 for a 2-bedroom apartment) near Sacramento, \$750 for a room and \$953 for an apartment near Citrus Heights, and \$750 for a room and \$953 for an apartment near Stockton, while the cost to rent a room in Ontario is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. The cost to rent a room in San Leandro is closer to \$1000 per month or \$1800

for a 2-bedroom apartment. The cost to rent a room in Pleasant Hill is closer to \$1000 per month or \$1800 for a 2- bedroom apartment. The cost to rent a room in San Jose is closer to \$1000 per month or \$1800 for a 2-bedroom apartment. These costs are approximate and vary depending on proximity to campus and overall quality of the facilities.

B. Provisions for counseling and guidance

Carrington College provides all students with ACI Specialty Benefits, an all-inclusive student assistance Program. ACI provides with assistance for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier, services are free to use, confidential, and available to the student and their family members. <http://myassistanceprogram.com/aci/students/> **Exhibit 10: ACI Benefits Flyer**

C. Financial aid policies, scholarship and grant opportunities

Financial Aid (Carrington College Academic Catalog, page 243-253)

Carrington College applicants are encouraged to meet with a Financial Services Advisor prior to enrollment so that eligibility for financial assistance may be determined. This practice enables applicants to evaluate their options for financing. "Funding Your Education," which explains each of the federal financial aid programs and is published by the U.S. Department of Education is available from the Financial Services Department. Carrington is an eligible institution approved by the Department of Education to participate in the following programs:

- Federal Pell Grant
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Federal Direct Student Loan
- Federal Parental Loan for Undergraduate Students (FPLUS)
- Federal Work Study Program (campus participation varies)

In addition to participating in federal and state financial aid programs, Carrington students may qualify for private loans from third-party lenders or Carrington's institutional loan program. More information on these loan programs is available from the Financial Services department. Carrington College helps students develop plans for financing their education through a combination of financial assistance programs (if eligible), family contributions, employer tuition reimbursement (when available), and Carrington's payment options (see Payment Options).

Scholarships (Carrington College Academic Catalog, page 248)

Carrington Scholarships and Grants

Applicants may apply for Carrington College scholarships or grants during the admissions process and should work with their admissions advisor/representative to do so.

Carrington High School Scholarship

Graduating high school seniors or those who have graduated high school during the most recent academic year may be eligible for the Carrington High School Scholarship of \$1,000 to apply toward program cost. Scholarship applicants must meet the following criteria to qualify:

- Satisfy Carrington admission requirements
- Submit high school transcripts evidencing a CGPA of 2.0 or better on a 4.0 scale
- Maintain a CGPA of 2.0 or better on a 4.0 scale for continued eligibility
- Begin classes by April 30
- Submit the following by the published deadline:
- Completed scholarship application
- 50-150-word essay about why the student is interested in a career in the chosen field

- Two letters of recommendation

Scholarship awards cannot exceed their program cost and will be applied directly to those charges. In the event that a student's program cost is less than the scheduled scholarship award, the scholarship will be reduced to the amount of the program cost. In the event of early withdrawal, the scholarship award will be limited to the same percentage of tuition earned in accordance with the College's refund policy. The deadline for submission of scholarship applications and accompanying materials is December 31 of the graduation year. Additional information is available at <http://carrington.edu/financial-aid/scholarships>.

Federal Pell Grants (Carrington College Academic Catalog, page 244)

Federal Pell Grants help fund post-secondary education for undergraduate students who have not previously earned bachelor's degrees. Grants are need-based and do not require repayment if the student remains in school during that term. For many students, these grants provide a foundation of financial aid to which aid from other sources may be added. The maximum grant for the 2022-2023 award year is \$6,895.

The actual amount of the grant is based on the cost of attendance, number of hours enrolled, Federal Pell Grant regulations, and your Expected Family Contribution (EFC) found on the FAFSA®

In accordance with the Higher Education Act, Carrington College allows all students to purchase books and supplies from the College's online bookstore and charge the expenses to their student accounts.

Federal Pell Grant recipients who do not wish to purchase books and supplies from Carrington's online bookstore may qualify for a stipend to assist with these expenses. To determine stipend eligibility, students must complete a request prior to the start of the term. More information is available from a Carrington Financial Services Advisor.

Federal Supplemental Educational Opportunity Grants (Carrington College Academic Catalog, page 245)

FSEOGs provide supplemental funds to Federal Pell Grant-eligible undergraduate students who demonstrate exceptional need. Exceptional need is defined as the lowest expected family contribution per federal need analysis methodology. Because FSEOG funds are limited, students should apply for these grants as early as possible.

D. Appeals Provisions

Complaint and Grievance Procedures (Academic Catalog, page 260)

A comprehensive information regarding academic grade appeals, please see the section titled Grade Appeals in the <https://docs.carrington.edu/forms/hand-books/Carrington-College-Student-Handbook.pdf>

Exhibit 11: Carrington College Student Handbook

Academic complaints should first be addressed to the faculty. Academic problems remaining unresolved should start with the Program Director or Dean of Nursing. If the student is not satisfied with these efforts, the student may pursue a formal review by submitting a formal complaint. Nonacademic complaints should also follow the student complaint procedures listed below. For comprehensive information regarding the formal complaint process, please see the section titled Complaint and Grievance Procedures in the student handbook.

Academic and Employability Probation (Academic Catalog, page 224)


Students must meet academic requirements and employability standards defined for their program of study. Academic requirements are covered in this catalog and include, but are not limited to, Satisfactory Academic Progress, attendance requirements. Academic requirements also address maintaining a high degree of academic integrity as defined by the Academic Integrity policy in the Student Handbook. Employability standards are consistent with adhering to the Student Code of Conduct as described in the Student Handbook. These standards are also described in Programmatic Handbooks and relate to maintaining safe clinical practices which are designed to protect patient health. When students are experiencing minor difficulties with academic performance, student conduct, or clinical skills, the student may meet with the Campus Academic Dean or a faculty member to develop a Student Success Plan. This plan may be initiated by the student or by Carrington College. The Student Success Plan is intended to assist the student in setting goals to remediate any issues which interfere with their career goals. Once approved, the student will be expected to fulfill the requirements of the plan. When Carrington determines that a student has failed to meet these academic requirements and employability standards, the student is referred to the appropriate review process. The student's adherence to the Student Success Plan will be taken into consideration when reviewing continued student code of conduct violations or academic appeals.

Exhibit List

Exhibit Number	Title
1	Santa Clara County Dental Clinics
2	San Jose DH Evening and Weekend Hours Survey
3	Santa Clara County EDD Employment Projections
4	Shortage of Dental Hygienists
5	Employer Survey Results
6	LinkedIn Open Dental Hygienist Positions
7	San Jose Student and Graduate Survey Results
8a	San Jose Campus Floorplan
8b	Instrument Sterilization Storage Cart
9	CC Academic Catalog- see attached
10	ACI Benefits Flyer
11	CC Student Handbook – see attached

Exhibits

Exhibit 1: Santa Clara County Dental Clinics



Santa Clara County Dental Society

[about](#) [events & courses](#) [jobs](#) [resources](#) [Sign In](#) [Sign Up](#)

Dental Clinics

The following are LOW COST clinics. There are no continuously-operating FREE clinics available locally, although there are one-day free dental services offered periodically.

[Santa Clara County](#) [Alameda County](#) [San Francisco County](#)

CompreCare Health Center
(408) 272-6300
3030 Alum Rock Drive.
San Jose, CA 95127

Gardner South County Dental
(408) 848-9400
7526 Monterey Street
Gilroy, CA 95020

St. James Health Center
(408) 918-2600
55 E. Julian Street
San Jose, CA 95112

Valley Health Center @ Tully
(408) 808 – 6102 – new patients
(408) 817-1480 – patients on record
500 Tully Road
San Jose, CA 95111

Foothill Community Health Center
(408) 254-1800
2380 Montpelier Drive, Suite 200
San Jose, CA 95116

Indian Health Center
(408) 445-3400
1333 Meridian Avenue
San Jose, CA 95125

Valley Health Center @East Valley
(408) 817-1460
1993 McKee Road
San Jose, CA 95116

Valley Medical Center Ability To Pay Program
(408) 885-7470
2325 Enborg Lane
San Jose, CA 95128

Recent News

October 6, 2022 SCCDS Board of Directors Meeting

Volunteer for Give Kids A Smile 2023

SCCDS Welcomes New Executive Director

September 1, 2022 SCCDS Board of Directors Meeting

You can't afford to be out of compliance.

In-House Compliance Consulting, Training and Support Services:

- Dental Board Education
- Federal & Cal-OSHA
- Human Resources
- HIPAA

COVID Compliance for Dental Offices

The following are dental hygiene schools that offer free or low cost cleanings performed by hygiene students. These facilities offer *CLEANINGS ONLY*. No dental treatment is provided.

Foothill College Dental Hygiene Program

(650) 949-7335
12345 El Monte Road
Los Altos, CA 94022

Carrington College Dental Hygiene Program

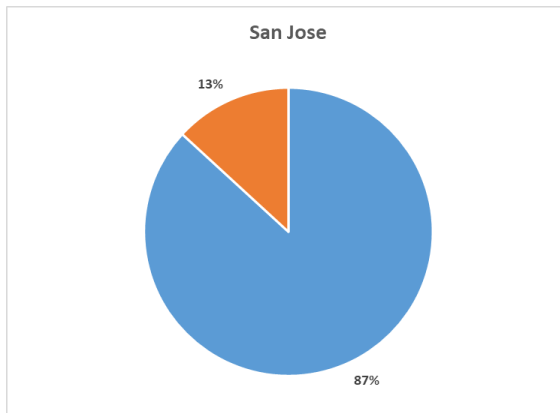
5883 Rue Ferrari, Suite 125
San Jose CA 95138
(408) 960-0181
Dental Clinic Hours: Mon-Thu 8:00 AM – 4:30 PM*
[Click to visit website](#)

**Appointment times may vary, please contact the clinic for more information.*

Exhibit 2: San Jose DH Evening and Weekend Hours Survey

- Are you interested in a Dental Hygiene AS Degree program that would be offered during the evening or weekends?

■ Yes, I am Interested ■ No, I am Not Interested



Row Labels	Respondents	% of Total
Yes, I am Interested	33	87%
No, I am Not Interested	5	13%
Grand Total	38	100%

Exhibit 3: Santa Clara County EDD Projections

2018-2028 Occupational Employment Projections														
San Jose-Sunnyvale-Santa Clara Metropolitan Statistical Area														
(San Benito and Santa Clara Counties)														
SOC Level ^[1]	SOC Code ^[2]	Occupational Title	Base Year Employment Estimate 2018 ^{[3][4]}	Projected Year Employment Estimate 2028	Numeric Change 2018-2028 ^[5]	Percent age Change 2018-2028	Exits ^[6]	Transfers ^[7]	Total Job Openings ^[8]	Median Hourly Wages ^[9]	Median Annual Wages ^[9]	Entry Level Education ^{[10][11]}	Work Experience ^{[10][11]}	On-the Job Training ^{[10][11]}
4	29-2021	Dental Hygienists	1,720	1,950	230	13.4%	760	460	1,450	\$0.00	\$0	Associate's	None	None

Employment Development Department

Labor Market Information Division

Published: April 2021

^[1] The occupations in the Standard Occupational Classification (SOC) are classified at four levels of aggregation to suit the needs of various data users: major group, minor group, broad occupation, and detailed occupation. Each lower level of detail identifies a more specific group of occupations.

^[2] The Standard Occupational Classification (SOC) system is a federal statistical standard used by federal and state agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data.

^[3] Data sources: U.S. Bureau of Labor Statistics' Current Employment Statistics (CES) March 2019 benchmark, Quarterly Census of Employment and Wages (QCEW) industry employment, and Occupational Employment Statistics (OES) data.

^[4] Occupational employment projections include self-employed, private household workers, farm, and nonfarm employment. Occupations with employment below 100 in 2018 are excluded. Occupation subtotals may not add to the totals due to rounding and the suppression of data.

^[5] Numeric change measures the projected number of job gains or losses in an occupation for the projection period.

^[6] Exits are the projected number of workers leaving an occupation and exiting the labor force entirely.

^[7] Transfers are the projected number of workers leaving an occupation and transferring to a different occupation.

^[8] Total job openings is the sum of exits, transfers, and numeric change.

^[9] Median wages are the estimated 50th percentile of the distribution of 2020 first quarter wages. 50 percent of workers in an occupation earn wages below, and 50 percent earn wages above the median wage. Wages do not include self-employed or unpaid family workers. An estimate could not be provided for wages listed as \$0.

^[10] The Bureau of Labor Statistics develops and assigns education and training categories to each occupation. For more information please see <https://www.bls.gov/emp/documentation/education-training-system.htm>

^[11] N/A - Information is not available.

Projections for previous periods are not always comparable to the latest projections, due to changes in industry, occupational, and geographical classifications; historical data revision; and changes in data collection and projections procedures.

For more information please see the EDD Data Library: <https://data.edd.ca.gov/>

Exhibit 4: Shortage of Dental Hygienists

12/2/22, 1:33 PM

A dental hygienist shortage has dentist offices struggling to schedule patients : NPR



npr

kypr

DONATE

HEALTH

A dental hygienist shortage has dentist offices struggling to schedule patients

September 12, 2022 · 5:10 PM ET

Heard on All Things Considered

CRAIG LEMOULT

3-Minute Listen

PLAYLIST

Download

Transcript

Across the country, dentists are having a hard time scheduling all their patients because they don't have enough help from dental hygienists. Many hygienists left the field over the last few years.

MARY LOUISE KELLY, HOST:

Across the country, employers are still struggling to fill certain jobs. That is especially true for dentists trying to hire hygienists and other support staff. Meanwhile, many patients are just now returning to the dentist after a long pandemic break, and they're finding it tough to schedule an appointment. Craig LeMoult of member station GBH reports.

TINA WANG: OK, just going to feel a little pressure here.

CRAIG LEMOULT, BYLINE: Dr. Tina Wang scrapes the plaque from a patient's teeth.

(SOUNDBITE OF SCRAPING ON TEETH)

LEMOULT: And then, after a rinse, it's time to polish.

<https://www.npr.org/2022/09/12/1122482181/a-dental-hygienist-shortage-has-dentist-offices-struggling-to-schedule-patients>

1/14

(SOUNDBITE OF POLISHING TEETH)

LEMOULT: Usually, a dental hygienist does the cleanings here. But a full-time hygienist in this office moved away in January. And Wang says she hasn't been able to fully staff back up since then.

WANG: So what's been happening is the doctors - myself included - have been doing the cleanings just to be able to take care of everybody.

LEMOULT: And that means less time for her and the other dentists in her practice to see other patients. Wang says they've been posting the position on job sites and asking colleagues, hygienist schools and vendors if they know anyone qualified who's looking for a job. She describes the search as emotional.

WANG: It's emotional because my team that's here are facing challenges and struggles, and it's a day-to-day grind for them. And I want to help them.

LEMOULT: A couple of months ago, Wang says she was thrilled to finally hire a new hygienist.

WANG: But the next day, she said she got another good offer. So it was between the two of us. And she took another job.

LEMOULT: It's a competitive market right now. A poll last month by the American Dental Association shows nearly 40% of dentists are trying to recruit hygienists. Of those, 95% say it's been extremely or very difficult to hire someone. In the 20 largest U.S. cities, the ADA's polling says only half of hygienist positions are reported as filled.

RACHEL MORRISSEY: We just hear over and over again, what can we do to get more dental hygienists?

LEMOULT: That's Rachel Morrissey, a senior research analyst at the American Dental Association. Their monthly poll of private dental practices shows dental assistants are in high demand, too. And Morrissey says dentists are trying to sweeten the pot to attract candidates.

MORRISSEY: More than 80% of dentists that are recruiting dental hygienists are raising salaries. They're also offering more flexible working hours.

LEMOULT: The U.S. Bureau of Labor Statistics reports the average dental hygienist salary was just under \$78,000 last year, or more than \$37 an hour. Morrissey was a co-author of a study last year that estimated 8% of dental hygienists left the workforce in 2020. A year later, some had returned. But hygienist Sarah Crow, who's the president of the Massachusetts Dental Hygienist Association, says many of her older colleagues aren't coming back.

SARAH CROW: If there was a question in your mind, pre-pandemic, whether or not you were ready to retire or you were thinking about, you know, just not practicing clinically anymore, the pandemic made up your mind. And so there were a lot of hygienists in that boat.

LEMOULT: Crow says the pandemic pushed people out of the field for all kinds of reasons, including childcare challenges and personal health concerns in a job that requires close contact. But Dr. JoAnn Gurenlian of the American Dental Hygienist Association says, even before the pandemic, hygienists reported growing dissatisfaction.

JOANN GURENLIAN: There was concern about lack of respect in their workplace setting. They were having to clock out if a patient canceled their appointment. They felt that they just weren't appreciated, and there were some that were thinking maybe it was time for them to leave.

LEMOULT: But now, for many dental hygienists and assistants, staffing shortages could bring greater appreciation from their employers - and a boost in pay and benefits to go along with that. For NPR News, I'm Craig LeMoult in Boston.

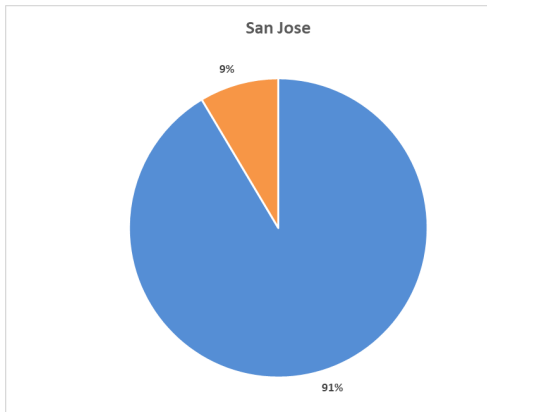
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Exhibit 5: Employer Survey Results

1. Do you feel there is a need for more dental hygienists in your area?

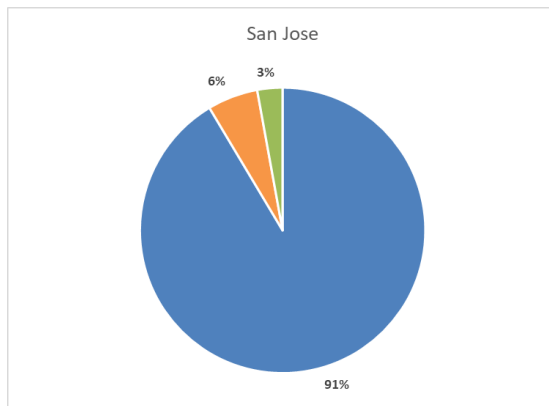
■ Yes ■ No



Row Labels	Responses	% of total
San Jose	35	100%
Yes	32	91%
No	3	9%
Grand Total	35	100%

2. Do you have challenges finding dental hygienists in your area?

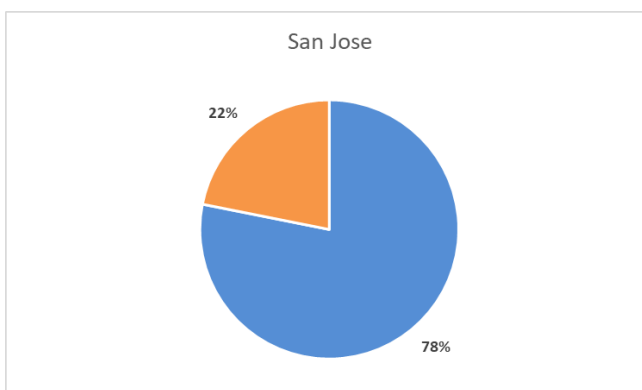
■ Yes ■ No ■ None of the above



Row Labels	Responses	% of total
San Jose	35	100%
Yes	32	91%
No	2	6%
None of the above	1	3%
Grand Total	35	100%

3. How many dental hygienist openings does your company currently have?

■ 1 or more ■ None



Row Labels	Responses	% of total
San Jose	32	100%
1 or more	25	78%
None	7	22%
Grand Total	32	100%

Exhibit 6: LinkedIn Open Dental Hygienist Positions

linkedin.com/jobs/search/?currentJobId=3377664171&f_T=7869%2C15174%2C2349&geoid=106233382&keywords=dental%20hygienist&location=San%20Jose, California, United States

SJVCi InfoZone - Home Fresno State Mail O365 Project Web App MeetingKing

in dental hygienist San Jose, California, United States Search

Jobs 25 mi Title 3 Date Posted Experience Level Company Job Type All filters Reset

Dental hygienist in San Jose, California, United States 17 results Set alert

Registered Dental Hygienist
Menlo Park Family Dental - Menlo Park, CA (On-site) 2 hours ago
Part-time
Samantha Mohan is hiring for this job
See how you compare to 4 applicants. [Retry Premium Free](#)
Your profile matches this job
[Easy Apply](#) [Save](#)

Volunteer: Dental Hygienist
CareerVillage.org
Fremont, CA (Remote)
Promoted

Dental Hygienist
Claire Myers Consulting
San Mateo County, CA (On-site)
Actively recruiting
Promoted • 0 applicants • [Easy Apply](#)

Volunteer: Dental Hygienist
CareerVillage.org
San Jose, CA (Remote)
Promoted

Dental Hygienist
Smile Brands Inc.
Mountain View, CA (On-site)
Medical, Vision, Dental, 401(k)
1 alum works here
6 days ago • 0 applicants

Dental Hygienist
kounsel
San Jose, CA (On-site)
3 weeks ago • 0 applicants

Dental Hygienist
iHire

Meet the hiring team
Samantha Mohan - 3rd
General & Cosmetic Dentist
Job poster - LinkedIn member since 2008
[Message](#)

We are expanding our team! We have flexible hours and are looking for someone for Mondays and Tuesdays. We are open to half days 7:30am-12:30 or 7:30am -4:30 pm, 1 hour per patient and 90 min for SRPs. Laser certified is a BONUS. We have sterilization help with floater assistants as well. Its a great place to work.

To be considered for our Registered Dental Hygienist position, you must:

- Have a Registered Dental Hygienist's license
- Have a valid CPR card
- Be Laser certified
- Be meticulous about oral health and the health of your patients.

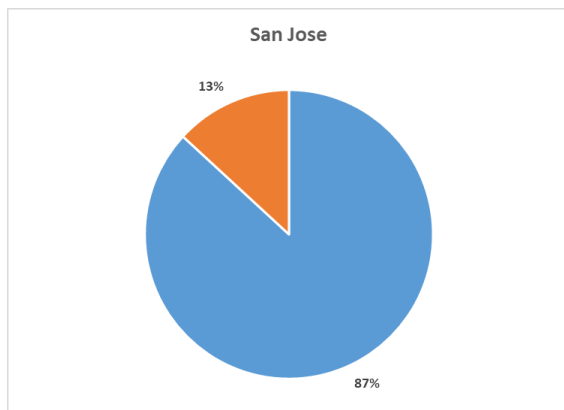
We are following all guidelines with proper use of PPE to keep our patients and team safe.

We are looking to fill this position immediately. Apply today!

Exhibit 7: San Jose Student and Graduate Survey Results

- Are you interested in a Dental Hygiene AS Degree program that would be offered during the evening or weekends?

■ Yes, I am Interested ■ No, I am Not Interested



Row Labels	Respondents	% of Total
Yes, I am Interested	33	87%
No, I am Not Interested	5	13%
Grand Total	38	100%

Exhibit 8a: San Jose Campus Floor Plan



Exhibit 8b: Instrument Sterilization Storage


	Sterisystem® closed Stericart - High			
	Article number	Runners	Weight	Ext. Dimensions
	19031 00038	Equipped with 9 pair of nylon runners	172 lbs	28 ^{11/16} x 28 ^{11/16} x 62 ^{43/64} inch

Exhibit 9: Carrington College Academic Catalog - See attached

Exhibit 10: ACI Benefits (flyer will be full size in final draft)

Life comes with challenges.

Your Assistance Program is here to help.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

- Mental Health Sessions**
To help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.
- Life Coaching**
To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.
- Financial Consultation**
To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.
- Legal Consultation**
To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.
- Life Management**
To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.
- Personal Assistant**
To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.
- Medical Advocacy**
To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.
- Member Portal and App**
Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.



Contact ACI Specialty Benefits
800.977.7728
<http://myassistanceprogram.com/aci/students>



Exhibit 11: Carrington College Student Handbook - See attached

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 12: Discussion and Possible Action on Proposed Sunset Legislation Amendments.

BACKGROUND

Sunset Review is the process where the Legislature has an opportunity to review a board program to determine whether to continue it or not. Board programs must complete this process every 4-5 years as a method to inform the Legislature how the program is doing, update on prior issues and their progress, whether there are any new issues for the program to address and is an opportunity for the Board to request additional resources for Board's needs, if necessary.

On October 8, 2022, the Board reviewed and approved proposed Sunset legislation amendments for Business and Professions Code (BPC) sections 1917, 1926.06, and 1962.

After further review, additional BPC amendments were identified for BPC sections 1904, 1909, 1917.2, and 1936.1.

RECOMMENDATION

Staff recommends for the Board to review and approve the attached draft proposed Sunset legislation amendments.

Requested Sunset Amendments to the Business and Professions Code

Section 1904: Board Meetings.

- (a) The dental hygiene board shall meet at least two times each calendar year and shall conduct additional meetings in appropriate locations that are necessary to transact its business.
- (b) Notwithstanding the requirements of Section 11123 of the Government Code, the board may conduct a teleconference without identifying each teleconference location in the notice and agenda of the meeting or proceeding, and each teleconference location need not be accessible to the public, nor must the board provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 of the Government Code at each teleconference location.

Section 1909: Procedures a Dental Hygienist is Authorized to Perform Under Direct Supervision.

- (a) A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the dental hygiene board evidence of satisfactory completion of a course of instruction, approved by the dental hygiene board, in the procedures:
- ~~(a)~~ (1) Soft-tissue curettage.
- ~~(b)~~ (2) Administration of local anesthesia.
- ~~(c)~~ (3) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.
- (b) The licensed, supervising dentist shall determine the level of supervision, general or direct, required for the registered dental hygienist to administer local anesthesia as provided for in subdivision (a)(2).

Section 1917: Dental Hygienist, Requirements for Licensure.

The dental hygiene board shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

~~(a) Completion of an educational program for registered dental hygienists, approved by the dental hygiene board, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.~~

~~(b) Within the preceding three years, satisfactory completion of 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.~~

(a) Satisfactory completion of either of the following within the preceding three years of application for licensure from the dental hygiene board:

(1) Satisfactory completion of a California educational program for registered dental hygienists, approved by the dental hygiene board, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.

(2) Satisfactory completion of an educational program for registered dental hygienists, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution, and satisfactory completion of a clinical dental hygiene licensure examination approved by the dental hygiene board.

~~(e)~~(b) Satisfactory completion of the National Board Dental Hygiene Examination.

~~(d)~~(c) Satisfactory completion of the examination in California law and ethics as prescribed by the dental hygiene board.

~~(e)~~(d) Submission of a completed application form and all fees required by the dental hygiene board.

~~(f)~~(e) Satisfactory completion of dental hygiene board-approved instruction in gingival soft-tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

Section 1917.2: Temporary Licensure.

- (a) For purposes of issuing a temporary license under Section 115.6, in addition to the requirements of that section an applicant shall also successfully complete a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.
- (b) If an applicant has not completed a dental hygiene board-approved course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia, the board may issue a limited temporary license in dental hygiene that restricts the applicant from performing these functions.

Section 1926.06: Physical Dental Hygiene Facilities in a Dental Health Professional Shortage Area.

- (a) Notwithstanding any other provision of law except the provisions of 1926.4, a registered dental hygienist in alternative practice may operate a physical dental hygiene facility in a dental health professional shortage area as certified by the Department of Health Care Access and Information, in accordance with existing office guidelines.
- (b) Once a registered dental hygienist in alternative practice establishes an independent practice in a dental health professional shortage area as certified by the Department of Health Care Access and Information, the registered dental hygienist in alternative practice shall be authorized to continue to personally operate the practice notwithstanding any subsequent removal of the dental health professional shortage area designation by the Department of Health Care Access and Information.

Section 1936.1: Continuing Education.

- (a) The dental hygiene board shall require, as a condition of license renewal, that licensees submit assurances satisfactory to the dental hygiene board that they had, during the preceding two-year period, informed themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the dental hygiene board, or by other means deemed equivalent by the dental hygiene board. The dental hygiene board shall adopt, amend, and revoke regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished. The dental hygiene board shall conduct random audits of at least 5 percent of the licensee population each year to ensure compliance of the continuing education requirement.

- (b) The dental hygiene board shall also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the dental hygiene board. The dental hygiene board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the dental hygiene board shall not exceed ~~seven and one-half~~ ten hours per renewal period. Any mandatory coursework required by the dental hygiene board shall be credited toward the continuing education requirements established by the dental hygiene board pursuant to subdivision (a).
- (c) The providers of courses referred to in this section shall be approved by the dental hygiene board. Providers approved by the dental board shall be deemed approved by the dental hygiene board.

Section 1962: Use of Name by a Registered Dental Hygienist in Alternative Practice in Professional Association.

- (a) An association, partnership, corporation, or group of three or more registered dental hygienists in alternative practice engaging in practice under a name that would otherwise be in violation of Section 1960 may practice under that name if the association, partnership, corporation, or group holds an unexpired, unsuspended, and unrevoked permit issued by the dental hygiene board under this section.
- (b) An individual registered dental hygienist in alternative practice or a pair of registered dental hygienists in alternative practice who practice dental hygiene under a name that would otherwise violate Section 1960 may practice under that name if the licensees hold a valid permit issued by the dental hygiene board under this section. The dental hygiene board shall issue a written permit authorizing the holder to use a name specified in the permit in connection with the holder's practice if the dental hygiene board finds all of the following:
 - (1) The applicant or applicants are duly licensed registered dental hygienists in alternative practice.
 - (2) The place where the applicant or applicants practice is owned or leased by the applicant or applicants, and the practice conducted at the place is wholly owned and entirely controlled by the applicant or applicants and is an approved area or practice setting pursuant to Section 1926.
 - (3) The name under which the applicant or applicants propose to operate contains at least one of the following designations: "dental hygiene group," "dental hygiene practice," ~~or~~ "dental hygiene office," or "mobile dental hygiene clinic," contains the family name of one or more of the past, present, or prospective associates,

partners, shareholders, or members of the group, and is in conformity with Section 651 and not in violation of subdivisions (i) and (l) of Section 1950.5.

- (4) All licensed persons practicing at the location designated in the application hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location.
- (c) A permit issued under this section shall expire and become invalid unless renewed in the manner provided for in this article for the renewal of permits issued under this article.
- (d) A permit issued under this section may be revoked or suspended if the dental hygiene board finds that any requirement for original issuance of a permit is no longer being fulfilled by the permitholder. Proceedings for revocation or suspension shall be governed by the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).
- (e) If charges of unprofessional conduct are filed against the holder of a permit issued under this section, or a member of an association, partnership, group, or corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit until a final determination of the charges of unprofessional conduct, unless the charges have resulted in revocation or suspension of a license.

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 13: Update on Current Legislation as of March 10, 2023

Legislation	Topic	Status	Recommended DHBC Position
AB 477 Waldron	Legislative review of state boards. This bill would require the report prepared by the committee to be made available to the public online.	2.17.23 Assembly Business & Professions	Watch
AB 481 Carrillo	Dentistry: dental assistants. Existing law, the Dental Practice Act, establishes the Dental Board of California for the licensure and regulation of dentists and dental assistants. Existing law creates the Dental Assisting Council of the Dental Board of California, which is required to consider all matters relating to dental assistants in the state and make appropriate recommendations to the Dental Board of California, as specified. Existing law expresses the intention of the Legislature, among other things, that the classifications of dental assistants established by law permit the continual advancement of persons to successively higher levels of licensure with additional education and training. This bill would make a nonsubstantive change to that expression of intention.	Introduced 2.7.23 May be heard in committee March 10	Watch
AB 557 Hart	Open meetings: local agencies: teleconferences. This bill would, until January 1, 2026, extend the time required to make specified findings related to teleconferenced meetings being held by legislative bodies operating under the Ralph M. Brown Act during declared states of emergency.	2.17.23 Assembly Local Government	Watch

Legislation	Topic	Status	Recommended DHBC Position
AB 820 Reyes	State boards and commissions: seniors. This bill would state the intent of the legislature to enact legislation that would increase representation for older adults on state boards and commissions.	Introduced 2.13.23 May be heard in committee March 16	Watch
AB 883 Mathis	Business licenses: United States Department of Defense SkillBridge program. This bill would require boards to expedite application processing for members of the military and honorably discharged veterans enrolled in the Department of Defense's SkillBridge program.	2.23.23 Assembly Business & Professions	Watch
AB 936 Wood	Dentistry: exemptions. Current law prohibits the practice of dentistry by any person without a valid license, except in certain circumstances, including a final year student, as defined, practicing dentistry at a sponsored event, without compensation or expectation of compensation and under the supervision of a licensed dentist with a clinical faculty appointment, if specified conditions are met. Current law defines a final year student, for this purpose, to mean a student of dentistry in the student's final year of completion at a dental school approved by the board, including a student enrolled in an advanced dental program. This bill would instead apply the above-described exception to a dental student. The bill would define "dental student" as a person who has begun clinical training at a dental school approved by the board, and would make conforming changes.	2.23.23 Assembly Business & Professions	Watch
AB 996 Low	Department of Consumer Affairs: continuing education: conflict-of-interest policy. Current law provides for the licensure and regulation of professions and vocations by entities within the Department of Consumer Affairs. Under Current law, several of these entities may require licensees to satisfy continuing education course requirements, including, among others, licensed physicians and	2.23.23 Assembly Business & Professions	Watch

Legislation	Topic	Status	Recommended DHBC Position
	surgeons licensed by the Medical Board of California and certified public accountants and public accountants licensed by the California Board of Accountancy. This bill would require those entities to develop and maintain a conflict-of-interest policy that, at minimum, discourages the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.		
AB 1257 B & P	Dentistry: Dental Hygiene Board of California. SUNSET BILL Current law requires the Dental Hygiene Board of California to consist of 9 members, and requires 7 members to be appointed by the governor, one to be appointed by the Senate Committee on Rules, and one to be appointed by the Speaker of the Assembly. Current law authorizes the governor to remove any member of the board, as specified. This bill would instead authorize an appointing authority to remove a member of the board appointed by that appointing authority, as specified.	3.2.23 Assembly Business & Professions	Support
AB 1395 Garcia	Licensed Physicians and Dentists from Mexico Pilot Program: requirements. The Licensed Physicians and Dentists from Mexico Pilot Program allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified. This bill would, for purposes of the pilot program, notwithstanding the specified-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Pursuant to these conditions, the applicant would be	3.2.23 Assembly Business & Professions	Watch

Legislation	Topic	Status	Recommended DHBC Position
	<p>required to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the medical board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions.</p>		
<p>AB 1396 Garcia</p>	<p>Licensed Physicians and Dentists from Mexico Pilot Program: requirements.</p> <p>Current law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Current law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Current law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application. The Licensed Physicians and Dentists from Mexico Pilot Program allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified. This bill would, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions.</p>	<p>Introduced: 2.17.23</p> <p>May be heard in committee March 20.</p>	<p>Watch</p>

Legislation	Topic	Status	Recommended DHBC Position
SB 259 Seyarto	Reports submitted to legislative committees. This bill would require a state agency to post on its internet website any report, as defined, that the state agency submits to a committee of the Legislature.	2.9.23 Senate Governmental Organization Set for hearing March 14	Watch
SB 372 Menjivar	Department of Consumer Affairs: licensee and registrant records: name and gender changes. This bill would require a board to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed.	2.22.23 Senate Business, Professions & Economic Development Set for hearing March 27	Watch
SB 820 Alvarado-Gil	Consumer complaints. The Consumer Affairs Act requires the Director of the Department of Consumer Affairs to administer and enforce that act to protect and promote the interests of consumers regarding the purchase of goods or services. The director, upon receipt of a consumer complaint relating to specified violations, is required to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure the relief. The act requires the director to advise the consumer of the action taken on the complaint, as appropriate, and of any other means that may be available to the consumer to secure relief. This bill would make nonsubstantive changes to those consumer complaint provisions.	3.1.23 Senate Rules	Watch

Upcoming Legislative Calendar Highlights:

- **March 30** – Spring recess.
- **March 31** – Cesar Chavez Day.
- **April 10** – Legislature reconvenes from Spring recess.
- **April 28** – Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house.
- **May 5** – Last day for policy committees to hear and report to the floor non-fiscal bills introduced in their house.
- **May 12** – Last day for policy committees to meet prior to June 5.
- **May 19** – Last day for fiscal committees to hear and report to the Floor bills introduced in their house. Last day for fiscal committees to meet prior to June 5.
- **May 29** – Memorial Day.
- **May 30 – June 2** – Floor session only. No committees, other than conference or Rules committees, may meet for any purpose.
- **June 2** – Last day for each house to pass bills introduced in that house.
- **June 5** - Committee meetings may resume.
- **June 15** – Budget must be passed by midnight.

ASSEMBLY BILL

No. 477

Introduced by Assembly Member Waldron

February 7, 2023

An act to amend Section 9148.52 of the Government Code, relating to the Legislature.

LEGISLATIVE COUNSEL'S DIGEST

AB 477, as introduced, Waldron. Legislative review of state boards.

Existing law requires the Joint Sunset Review Committee to review eligible agencies and prepare a report that is made available to the public and the Legislature on whether the agency should be terminated, or continued, or whether its functions should be revised or consolidated with those of another agency, as specified.

This bill would require the report prepared by the committee to be made available to the public online.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 9148.52 of the Government Code is
- 2 amended to read:
- 3 9148.52. (a) The Joint Sunset Review Committee established
- 4 pursuant to Section 9147.7 shall review all eligible agencies.
- 5 (b) The committee shall evaluate and make determinations
- 6 pursuant to Article 7.5 (commencing with Section 9147.7).
- 7 (c) Pursuant to an evaluation made as specified in this section,
- 8 the committee shall make a report ~~which~~ *that* shall be available to

1 ~~the public and~~ the Legislature *and to the public, including by*
2 *posting the report online*, on whether an agency should be
3 terminated, or continued, or whether its functions should be revised
4 or consolidated with those of another agency, and include any
5 other recommendations as necessary to improve the effectiveness
6 and efficiency of the agency. If the committee deems it advisable,
7 the report may include proposed legislative proposals that would
8 carry out its recommendations.

O

ASSEMBLY BILL

No. 481

Introduced by Assembly Member Wendy Carrillo

February 7, 2023

An act to amend Section 1740 of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 481, as introduced, Wendy Carrillo. Dentistry: dental assistants. Existing law, the Dental Practice Act, establishes the Dental Board of California for the licensure and regulation of dentists and dental assistants. Existing law creates the Dental Assisting Council of the Dental Board of California, which is required to consider all matters relating to dental assistants in the state and make appropriate recommendations to the Dental Board of California, as specified. Existing law expresses the intention of the Legislature, among other things, that the classifications of dental assistants established by law permit the continual advancement of persons to successively higher levels of licensure with additional education and training.

This bill would make a nonsubstantive change to that expression of intention.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1740 of the Business and Professions
- 2 Code is amended to read:

1 1740. It is the intention of the Legislature by enactment of this
2 article to permit the full utilization of dental assistants in order to
3 meet the dental care needs of all the state's citizens. The Legislature
4 further intends that the classifications of dental assistants
5 established ~~pursuant to~~ *by* this article permit the continual
6 advancement of persons to successively higher levels of licensure
7 with additional education and training. The Legislature further
8 intends that the Dental Board of California, in implementing this
9 article, give specific consideration to the recommendations of the
10 Dental Assisting Council, established pursuant to Section 1742.

O

ASSEMBLY BILL

No. 557

Introduced by Assembly Member Hart

February 8, 2023

An act to amend and repeal Section 54953 of the Government Code, relating to local government.

LEGISLATIVE COUNSEL'S DIGEST

AB 557, as introduced, Hart. Open meetings: local agencies: teleconferences.

(1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.

Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a

declared state of emergency is in effect, or in other situations related to public health, as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.

Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time.

This bill would extend the above-described abbreviated teleconferencing provisions when a declared state of emergency is in effect, or in other situations related to public health, as specified, indefinitely. The bill would also extend the period for a legislative body to make the above-described findings related to a continuing state of emergency and social distancing to not later than 45 days after the first teleconferenced meeting, and every 45 days thereafter, in order to continue to meet under the abbreviated teleconferencing procedures.

The bill would additionally make nonsubstantive changes to those provisions and correct erroneous cross references .

(2) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 54953 of the Government Code, as
2 amended by Section 1 of Chapter 285 of the Statutes of 2022, is
3 amended to read:

4 54953. (a) All meetings of the legislative body of a local
5 agency shall be open and public, and all persons shall be permitted
6 to attend any meeting of the legislative body of a local agency,
7 except as otherwise provided in this chapter.

8 (b) (1) Notwithstanding any other provision of law, the
9 legislative body of a local agency may use teleconferencing for
10 the benefit of the public and the legislative body of a local agency
11 in connection with any meeting or proceeding authorized by law.
12 The teleconferenced meeting or proceeding shall comply with all
13 otherwise applicable requirements of this chapter and all otherwise
14 applicable provisions of law relating to a specific type of meeting
15 or proceeding.

16 (2) Teleconferencing, as authorized by this section, may be used
17 for all purposes in connection with any meeting within the subject
18 matter jurisdiction of the legislative body. If the legislative body
19 of a local agency elects to use teleconferencing, the legislative
20 body of a local agency shall comply with all of the following:

21 (A) All votes taken during a teleconferenced meeting shall be
22 by rollcall.

23 (B) The teleconferenced meetings shall be conducted in a
24 manner that protects the statutory and constitutional rights of the
25 parties or the public appearing before the legislative body of a
26 local agency.

27 (C) The legislative body shall give notice of the meeting and
28 post agendas as otherwise required by this chapter.

29 (D) The legislative body shall allow members of the public to
30 access the meeting and the agenda shall provide an opportunity
31 for members of the public to address the legislative body directly
32 pursuant to Section 54954.3.

33 (3) If the legislative body of a local agency elects to use
34 teleconferencing, it shall post agendas at all teleconference
35 locations. Each teleconference location shall be identified in the
36 notice and agenda of the meeting or proceeding, and each
37 teleconference location shall be accessible to the public. During
38 the teleconference, at least a quorum of the members of the

1 legislative body shall participate from locations within the
2 boundaries of the territory over which the local agency exercises
3 jurisdiction, except as provided in subdivisions (d) and (e).

4 (c) (1) No legislative body shall take action by secret ballot,
5 whether preliminary or final.

6 (2) The legislative body of a local agency shall publicly report
7 any action taken and the vote or abstention on that action of each
8 member present for the action.

9 (3) Prior to taking final action, the legislative body shall orally
10 report a summary of a recommendation for a final action on the
11 salaries, salary schedules, or compensation paid in the form of
12 fringe benefits of a local agency executive, as defined in
13 subdivision (d) of Section 3511.1, during the open meeting in
14 which the final action is to be taken. This paragraph shall not affect
15 the public's right under the California Public Records Act (Division
16 10 (commencing with Section 7920.000) of Title 1) to inspect or
17 copy records created or received in the process of developing the
18 recommendation.

19 (d) (1) Notwithstanding the provisions relating to a quorum in
20 paragraph (3) of subdivision (b), if a health authority conducts a
21 teleconference meeting, members who are outside the jurisdiction
22 of the authority may be counted toward the establishment of a
23 quorum when participating in the teleconference if at least 50
24 percent of the number of members that would establish a quorum
25 are present within the boundaries of the territory over which the
26 authority exercises jurisdiction, and the health authority provides
27 a teleconference number, and associated access codes, if any, that
28 allows any person to call in to participate in the meeting and the
29 number and access codes are identified in the notice and agenda
30 of the meeting.

31 (2) Nothing in this subdivision shall be construed as
32 discouraging health authority members from regularly meeting at
33 a common physical site within the jurisdiction of the authority or
34 from using teleconference locations within or near the jurisdiction
35 of the authority. A teleconference meeting for which a quorum is
36 established pursuant to this subdivision shall be subject to all other
37 requirements of this section.

38 (3) For purposes of this subdivision, a health authority means
39 any entity created pursuant to Sections 14018.7, 14087.31,
40 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare

1 and Institutions Code, any joint powers authority created pursuant
2 to Article 1 (commencing with Section 6500) of Chapter 5 of
3 Division 7 for the purpose of contracting pursuant to Section
4 14087.3 of the Welfare and Institutions Code, and any advisory
5 committee to a county-sponsored health plan licensed pursuant to
6 Chapter 2.2 (commencing with Section 1340) of Division 2 of the
7 Health and Safety Code if the advisory committee has 12 or more
8 members.

9 (e) (1) The legislative body of a local agency may use
10 teleconferencing without complying with the requirements of
11 paragraph (3) of subdivision (b) if the legislative body complies
12 with the requirements of paragraph (2) of this subdivision in any
13 of the following circumstances:

14 (A) The legislative body holds a meeting during a proclaimed
15 state of emergency, and state or local officials have imposed or
16 recommended measures to promote social distancing.

17 (B) The legislative body holds a meeting during a proclaimed
18 state of emergency for the purpose of determining, by majority
19 vote, whether as a result of the emergency, meeting in person
20 would present imminent risks to the health or safety of attendees.

21 (C) The legislative body holds a meeting during a proclaimed
22 state of emergency and has determined, by majority vote, pursuant
23 to subparagraph (B), that, as a result of the emergency, meeting
24 in person would present imminent risks to the health or safety of
25 attendees.

26 (2) A legislative body that holds a meeting pursuant to this
27 subdivision shall do all of the following:

28 (A) In each instance in which notice of the time of the
29 teleconferenced meeting is otherwise given or the agenda for the
30 meeting is otherwise posted, the legislative body shall also give
31 notice of the means by which members of the public may access
32 the meeting and offer public comment. The agenda shall identify
33 and include an opportunity for all persons to attend via a call-in
34 option or an internet-based service option.

35 (B) In the event of a disruption that prevents the legislative body
36 from broadcasting the meeting to members of the public using the
37 call-in option or internet-based service option, or in the event of
38 a disruption within the local agency's control that prevents
39 members of the public from offering public comments using the
40 call-in option or internet-based service option, the legislative body

1 shall take no further action on items appearing on the meeting
2 agenda until public access to the meeting via the call-in option or
3 internet-based service option is restored. Actions taken on agenda
4 items during a disruption that prevents the legislative body from
5 broadcasting the meeting may be challenged pursuant to Section
6 54960.1.

7 (C) The legislative body shall not require public comments to
8 be submitted in advance of the meeting and must provide an
9 opportunity for the public to address the legislative body and offer
10 comment in real time.

11 (D) Notwithstanding Section 54953.3, an individual desiring to
12 provide public comment through the use of an internet website, or
13 other online platform, not under the control of the local legislative
14 body, that requires registration to log in to a teleconference may
15 be required to register as required by the third-party internet
16 website or online platform to participate.

17 (E) (i) A legislative body that provides a timed public comment
18 period for each agenda item shall not close the public comment
19 period for the agenda item, or the opportunity to register, pursuant
20 to subparagraph ~~(F)~~, (D), to provide public comment until that
21 timed public comment period has elapsed.

22 (ii) A legislative body that does not provide a timed public
23 comment period, but takes public comment separately on each
24 agenda item, shall allow a reasonable amount of time per agenda
25 item to allow public members the opportunity to provide public
26 comment, including time for members of the public to register
27 pursuant to subparagraph ~~(F)~~, (D), or otherwise be recognized for
28 the purpose of providing public comment.

29 (iii) A legislative body that provides a timed general public
30 comment period that does not correspond to a specific agenda item
31 shall not close the public comment period or the opportunity to
32 register, pursuant to subparagraph ~~(F)~~, (D), until the timed general
33 public comment period has elapsed.

34 (3) If a state of emergency remains active, or state or local
35 officials have imposed or recommended measures to promote
36 social distancing, in order to continue to teleconference without
37 compliance with paragraph (3) of subdivision (b), the legislative
38 body shall, not later than ~~30~~ 45 days after teleconferencing for the
39 first time pursuant to subparagraph (A), (B), or (C) of paragraph

(1), and every ~~30~~ 45 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) This subdivision shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(f) (1) The legislative body of a local agency may use teleconferencing without complying with paragraph (3) of subdivision (b) if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction and the legislative body complies with all of the following:

(A) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(i) A two-way audiovisual platform.

(ii) A two-way telephonic service and a live webcasting of the meeting.

(B) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment.

(C) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly pursuant to Section 54954.3 via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(D) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of

1 a disruption within the local agency's control that prevents
2 members of the public from offering public comments using the
3 call-in option or internet-based service option, the legislative body
4 shall take no further action on items appearing on the meeting
5 agenda until public access to the meeting via the call-in option or
6 internet-based service option is restored. Actions taken on agenda
7 items during a disruption that prevents the legislative body from
8 broadcasting the meeting may be challenged pursuant to Section
9 54960.1.

10 (E) The legislative body shall not require public comments to
11 be submitted in advance of the meeting and must provide an
12 opportunity for the public to address the legislative body and offer
13 comment in real time.

14 (F) Notwithstanding Section 54953.3, an individual desiring to
15 provide public comment through the use of an internet website, or
16 other online platform, not under the control of the local legislative
17 body, that requires registration to log in to a teleconference may
18 be required to register as required by the third-party internet
19 website or online platform to participate.

20 (2) A member of the legislative body shall only participate in
21 the meeting remotely pursuant to this subdivision, if all of the
22 following requirements are met:

23 (A) One of the following circumstances applies:

24 (i) The member notifies the legislative body at the earliest
25 opportunity possible, including at the start of a regular meeting,
26 of their need to participate remotely for just cause, including a
27 general description of the circumstances relating to their need to
28 appear remotely at the given meeting. The provisions of this clause
29 shall not be used by any member of the legislative body for more
30 than two meetings per calendar year.

31 (ii) The member requests the legislative body to allow them to
32 participate in the meeting remotely due to emergency circumstances
33 and the legislative body takes action to approve the request. The
34 legislative body shall request a general description of the
35 circumstances relating to their need to appear remotely at the given
36 meeting. A general description of an item generally need not exceed
37 20 words and shall not require the member to disclose any medical
38 diagnosis or disability, or any personal medical information that
39 is already exempt under existing law, such as the Confidentiality
40 of Medical Information Act (Chapter 1 (commencing with Section

56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(I) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(II) The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting in accordance with paragraph (4) of subdivision (b) of Section 54954.2.

(B) The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.

(C) The member shall participate through both audio and visual technology.

(3) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

(g) The legislative body shall have and implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and resolving any doubt in favor of accessibility. In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the procedure for receiving and resolving requests for accommodation.

(h) The legislative body shall conduct meetings subject to this chapter consistent with applicable civil rights and nondiscrimination laws.

1 (i) (1) Nothing in this section shall prohibit a legislative body
2 from providing the public with additional teleconference locations.

3 (2) Nothing in this section shall prohibit a legislative body from
4 providing ~~members of~~ the public with additional physical locations
5 in which the public may observe and address the legislative body
6 by electronic means.

7 (j) For the purposes of this section, the following definitions
8 shall apply:

9 (1) “Emergency circumstances” means a physical or family
10 medical emergency that prevents a member from attending in
11 person.

12 (2) “Just cause” means any of the following:

13 (A) A childcare or caregiving need of a child, parent,
14 grandparent, grandchild, sibling, spouse, or domestic partner that
15 requires them to participate remotely. “Child,” “parent,”
16 “grandparent,” “grandchild,” and “sibling” have the same meaning
17 as those terms do in Section 12945.2.

18 (B) A contagious illness that prevents a member from attending
19 in person.

20 (C) A need related to a physical or mental disability as defined
21 in Sections 12926 and 12926.1 not otherwise accommodated by
22 subdivision (g).

23 (D) Travel while on official business of the legislative body or
24 another state or local agency.

25 (3) “Remote location” means a location from which a member
26 of a legislative body participates in a meeting pursuant to
27 subdivision (f), other than any physical meeting location designated
28 in the notice of the meeting. Remote locations need not be
29 accessible to the public.

30 (4) “Remote participation” means participation in a meeting by
31 teleconference at a location other than any physical meeting
32 location designated in the notice of the meeting. Watching or
33 listening to a meeting via webcasting or another similar electronic
34 medium that does not permit members to interactively hear,
35 discuss, or deliberate on matters, does not constitute remote
36 participation.

37 (5) “State of emergency” means a state of emergency proclaimed
38 pursuant to Section 8625 of the California Emergency Services
39 Act (Article 1 (commencing with Section 8550) of Chapter 7 of
40 Division 1 of Title 2).

(6) “Teleconference” means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(7) “Two-way audiovisual platform” means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic function.

(8) “Two-way telephonic service” means a telephone service that does not require internet access, is not provided as part of a two-way audiovisual platform, and allows participants to dial a telephone number to listen and verbally participate.

(9) “Webcasting” means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

(k) This section shall remain in effect only until January 1, ~~2024~~, 2026, and as of that date is repealed.

SEC. 2. Section 54953 of the Government Code, as amended by Section 2 of Chapter 285 of the Statutes of 2022, is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If the legislative body of a local agency elects to use teleconferencing, the legislative body of a local agency shall comply with all of the following:

(A) All votes taken during a teleconferenced meeting shall be by rollcall.

(B) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the

1 parties or the public appearing before the legislative body of a
2 local agency.

3 (C) The legislative body shall give notice of the meeting and
4 post agendas as otherwise required by this chapter.

5 (D) The legislative body shall allow members of the public to
6 access the meeting and the agenda shall provide an opportunity
7 for members of the public to address the legislative body directly
8 pursuant to Section 54954.3.

9 (3) If the legislative body of a local agency elects to use
10 teleconferencing, it shall post agendas at all teleconference
11 locations. Each teleconference location shall be identified in the
12 notice and agenda of the meeting or proceeding, and each
13 teleconference location shall be accessible to the public. During
14 the teleconference, at least a quorum of the members of the
15 legislative body shall participate from locations within the
16 boundaries of the territory over which the local agency exercises
17 jurisdiction, except as provided in ~~subdivision (d)~~. *subdivisions*
18 *(d) and (e)*.

19 (c) (1) No legislative body shall take action by secret ballot,
20 whether preliminary or final.

21 (2) The legislative body of a local agency shall publicly report
22 any action taken and the vote or abstention on that action of each
23 member present for the action.

24 (3) Prior to taking final action, the legislative body shall orally
25 report a summary of a recommendation for a final action on the
26 salaries, salary schedules, or compensation paid in the form of
27 fringe benefits of a local agency executive, as defined in
28 subdivision (d) of Section 3511.1, during the open meeting in
29 which the final action is to be taken. This paragraph shall not affect
30 the public's right under the California Public Records Act (Division
31 10 (commencing with Section 7920.000) of Title 1) to inspect or
32 copy records created or received in the process of developing the
33 recommendation.

34 (d) (1) Notwithstanding the provisions relating to a quorum in
35 paragraph (3) of subdivision (b), if a health authority conducts a
36 teleconference meeting, members who are outside the jurisdiction
37 of the authority may be counted toward the establishment of a
38 quorum when participating in the teleconference if at least 50
39 percent of the number of members that would establish a quorum
40 are present within the boundaries of the territory over which the

1 authority exercises jurisdiction, and the health authority provides
2 a teleconference number, and associated access codes, if any, that
3 allows any person to call in to participate in the meeting and the
4 number and access codes are identified in the notice and agenda
5 of the meeting.

6 (2) Nothing in this subdivision shall be construed as
7 discouraging health authority members from regularly meeting at
8 a common physical site within the jurisdiction of the authority or
9 from using teleconference locations within or near the jurisdiction
10 of the authority. A teleconference meeting for which a quorum is
11 established pursuant to this subdivision shall be subject to all other
12 requirements of this section.

13 (3) For purposes of this subdivision, a health authority means
14 any entity created pursuant to Sections 14018.7, 14087.31,
15 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare
16 and Institutions Code, any joint powers authority created pursuant
17 to Article 1 (commencing with Section 6500) of Chapter 5 of
18 Division 7 for the purpose of contracting pursuant to Section
19 14087.3 of the Welfare and Institutions Code, and any advisory
20 committee to a county-sponsored health plan licensed pursuant to
21 Chapter 2.2 (commencing with Section 1340) of Division 2 of the
22 Health and Safety Code if the advisory committee has 12 or more
23 members.

24 (e) (1) The legislative body of a local agency may use
25 teleconferencing without complying with *the requirements of*
26 paragraph (3) of subdivision (b) if, ~~during the teleconference~~
27 ~~meeting, at least a quorum of the members of the legislative body~~
28 ~~participates in person from a singular physical location clearly~~
29 ~~identified on the agenda, which location shall be open to the public~~
30 ~~and situated within the boundaries of the territory over which the~~
31 ~~local agency exercises jurisdiction and the legislative body~~
32 ~~complies with all of the following:~~

33 ~~(A) The legislative body shall provide at least one of the~~
34 ~~following as a means by which the public may remotely hear and~~
35 ~~visually observe the meeting, and remotely address the legislative~~
36 ~~body:~~

37 ~~(i) A two-way audiovisual platform.~~

38 ~~(ii) A two-way telephonic service and a live webcasting of the~~
39 ~~meeting.~~

1 if the legislative body complies with the requirements of
2 paragraph (2) of this subdivision in any of the following
3 circumstances:

4 (A) The legislative body holds a meeting during a proclaimed
5 state of emergency, and state or local officials have imposed or
6 recommended measures to promote social distancing.

7 (B) The legislative body holds a meeting during a proclaimed
8 state of emergency for the purpose of determining, by majority
9 vote, whether as a result of the emergency, meeting in person
10 would present imminent risks to the health or safety of attendees.

11 (C) The legislative body holds a meeting during a proclaimed
12 state of emergency and has determined, by majority vote, pursuant
13 to subparagraph (B), that, as a result of the emergency, meeting
14 in person would present imminent risks to the health or safety of
15 attendees.

16 (2) A legislative body that holds a meeting pursuant to this
17 subdivision shall do all of the following:

18 ~~(B)~~

19 (A) In each instance in which notice of the time of the
20 teleconferenced meeting is otherwise given or the agenda for the
21 meeting is otherwise posted, the legislative body shall also give
22 notice of the means by which members of the public may access
23 the meeting and offer public comment. *The agenda shall identify*
24 *and include an opportunity for all persons to attend via a call-in*
25 *option or an internet-based service option.*

26 ~~(C) The agenda shall identify and include an opportunity for all~~
27 ~~persons to attend and address the legislative body directly pursuant~~
28 ~~to Section 54954.3 via a call-in option, via an internet-based service~~
29 ~~option, and at the in-person location of the meeting.~~

30 ~~(D)~~

31 (B) In the event of a disruption that prevents the legislative body
32 from broadcasting the meeting to members of the public using the
33 call-in option or internet-based service option, or in the event of
34 a disruption within the local agency's control that prevents
35 members of the public from offering public comments using the
36 call-in option or internet-based service option, the legislative body
37 shall take no further action on items appearing on the meeting
38 agenda until public access to the meeting via the call-in option or
39 internet-based service option is restored. Actions taken on agenda
40 items during a disruption that prevents the legislative body from

1 broadcasting the meeting may be challenged pursuant to Section
2 54960.1.

3 ~~(E)~~

4 (C) The legislative body shall not require public comments to
5 be submitted in advance of the meeting and must provide an
6 opportunity for the public to address the legislative body and offer
7 comment in real time.

8 ~~(F)~~

9 (D) Notwithstanding Section 54953.3, an individual desiring to
10 provide public comment through the use of an internet website, or
11 other online platform, not under the control of the local legislative
12 body, that requires registration to log in to a teleconference may
13 be required to register as required by the third-party internet
14 website or online platform to participate.

15 ~~(2) A member of the legislative body shall only participate in~~
16 ~~the meeting remotely pursuant to this subdivision, if all of the~~
17 ~~following requirements are met:~~

18 ~~(A) One of the following circumstances applies:~~

19 ~~(i) The member notifies the legislative body at the earliest~~
20 ~~opportunity possible, including at the start of a regular meeting,~~
21 ~~of their need to participate remotely for just cause, including a~~
22 ~~general description of the circumstances relating to their need to~~
23 ~~appear remotely at the given meeting. The provisions of this clause~~
24 ~~shall not be used by any member of the legislative body for more~~
25 ~~than two meetings per calendar year.~~

26 ~~(ii) The member requests the legislative body to allow them to~~
27 ~~participate in the meeting remotely due to emergency circumstances~~
28 ~~and the legislative body takes action to approve the request. The~~
29 ~~legislative body shall request a general description of the~~
30 ~~circumstances relating to their need to appear remotely at the given~~
31 ~~meeting. A general description of an item generally need not exceed~~
32 ~~20 words and shall not require the member to disclose any medical~~
33 ~~diagnosis or disability, or any personal medical information that~~
34 ~~is already exempt under existing law, such as the Confidentiality~~
35 ~~of Medical Information Act (Chapter 1 (commencing with Section~~
36 ~~56) of Part 2.6 of Division 1 of the Civil Code). For the purposes~~
37 ~~of this clause, the following requirements apply:~~

38 ~~(I) A member shall make a request to participate remotely at a~~
39 ~~meeting pursuant to this clause as soon as possible. The member~~

1 shall make a separate request for each meeting in which they seek
2 to participate remotely.

3 ~~(H) The legislative body may take action on a request to~~
4 ~~participate remotely at the earliest opportunity. If the request does~~
5 ~~not allow sufficient time to place proposed action on such a request~~
6 ~~on the posted agenda for the meeting for which the request is made,~~
7 ~~the legislative body may take action at the beginning of the meeting~~
8 ~~in accordance with paragraph (4) of subdivision (b) of Section~~
9 ~~54954.2.~~

10 ~~(B) The member shall publicly disclose at the meeting before~~
11 ~~any action is taken whether any other individuals 18 years of age~~
12 ~~or older are present in the room at the remote location with the~~
13 ~~member, and the general nature of the member's relationship with~~
14 ~~any such individuals.~~

15 ~~(C) The member shall participate through both audio and visual~~
16 ~~technology.~~

17 ~~(3) The provisions of this subdivision shall not serve as a means~~
18 ~~for any member of a legislative body to participate in meetings of~~
19 ~~the legislative body solely by teleconference from a remote location~~
20 ~~for a period of more than three consecutive months or 20 percent~~
21 ~~of the regular meetings for the local agency within a calendar year,~~
22 ~~or more than two meetings if the legislative body regularly meets~~
23 ~~fewer than 10 times per calendar year.~~

24 *(E) (i) A legislative body that provides a timed public comment*
25 *period for each agenda item shall not close the public comment*
26 *period for the agenda item, or the opportunity to register, pursuant*
27 *to subparagraph (D), to provide public comment until that timed*
28 *public comment period has elapsed.*

29 *(ii) A legislative body that does not provide a timed public*
30 *comment period, but takes public comment separately on each*
31 *agenda item, shall allow a reasonable amount of time per agenda*
32 *item to allow public members the opportunity to provide public*
33 *comment, including time for members of the public to register*
34 *pursuant to subparagraph (D), or otherwise be recognized for the*
35 *purpose of providing public comment.*

36 *(iii) A legislative body that provides a timed general public*
37 *comment period that does not correspond to a specific agenda*
38 *item shall not close the public comment period or the opportunity*
39 *to register, pursuant to subparagraph (D), until the timed general*
40 *public comment period has elapsed.*

1 (3) *If a state of emergency remains active, or state or local*
2 *officials have imposed or recommended measures to promote*
3 *social distancing, in order to continue to teleconference without*
4 *compliance with paragraph (3) of subdivision (b), the legislative*
5 *body shall, not later than 45 days after teleconferencing for the*
6 *first time pursuant to subparagraph (A), (B), or (C) of paragraph*
7 *(1), and every 45 days thereafter, make the following findings by*
8 *majority vote:*

9 (A) *The legislative body has reconsidered the circumstances of*
10 *the state of emergency.*

11 (B) *Any of the following circumstances exist:*

12 (i) *The state of emergency continues to directly impact the ability*
13 *of the members to meet safely in person.*

14 (ii) *State or local officials continue to impose or recommend*
15 *measures to promote social distancing.*

16 (4) *This subdivision shall not be construed to require the*
17 *legislative body to provide a physical location from which the*
18 *public may attend or comment.*

19 (f) *The legislative body shall have and implement a procedure*
20 *for receiving and swiftly resolving requests for reasonable*
21 *accommodation for individuals with disabilities, consistent with*
22 *the federal Americans with Disabilities Act of 1990 (42 U.S.C.*
23 *Sec. 12132), and resolving any doubt in favor of accessibility. In*
24 *each instance in which notice of the time of the meeting is*
25 *otherwise given or the agenda for the meeting is otherwise posted,*
26 *the legislative body shall also give notice of the procedure for*
27 *receiving and resolving requests for accommodation.*

28 (g) *The legislative body shall conduct meetings subject to this*
29 *chapter consistent with applicable civil rights and*
30 *nondiscrimination laws.*

31 (h) (1) *Nothing in this section shall prohibit a legislative body*
32 *from providing the public with additional teleconference locations.*

33 (2) *Nothing in this section shall prohibit a legislative body from*
34 *providing ~~members of~~ the public with additional physical locations*
35 *in which the public may observe and address the legislative body*
36 *by electronic means.*

37 (i) *For the purposes of this section, the following definitions*
38 *shall apply:*

1 ~~(1) “Emergency circumstances” means a physical or family~~
2 ~~medical emergency that prevents a member from attending in~~
3 ~~person.~~

4 ~~(2) “Just cause” means any of the following:~~

5 ~~(A) A childcare or caregiving need of a child, parent,~~
6 ~~grandparent, grandchild, sibling, spouse, or domestic partner that~~
7 ~~requires them to participate remotely. “Child,” “parent,”~~
8 ~~“grandparent,” “grandchild,” and “sibling” have the same meaning~~
9 ~~as those terms do in Section 12945.2.~~

10 ~~(B) A contagious illness that prevents a member from attending~~
11 ~~in person.~~

12 ~~(C) A need related to a physical or mental disability as defined~~
13 ~~in Sections 12926 and 12926.1 not otherwise accommodated by~~
14 ~~subdivision (f).~~

15 ~~(D) Travel while on official business of the legislative body or~~
16 ~~another state or local agency.~~

17 ~~(3) “Remote location” means a location from which a member~~
18 ~~of a legislative body participates in a meeting pursuant to~~
19 ~~subdivision (e), other than any physical meeting location designated~~
20 ~~in the notice of the meeting. Remote locations need not be~~
21 ~~accessible to the public.~~

22 ~~(4) “Remote participation” means participation in a meeting by~~
23 ~~teleconference at a location other than any physical meeting~~
24 ~~location designated in the notice of the meeting. Watching or~~
25 ~~listening to a meeting via webcasting or another similar electronic~~
26 ~~medium that does not permit members to interactively hear,~~
27 ~~discuss, or deliberate on matters, does not constitute remote~~
28 ~~participation.~~

29 ~~(1) “State of emergency” means a state of emergency~~
30 ~~proclaimed pursuant to Section 8625 of the California Emergency~~
31 ~~Services Act (Article 1 (commencing with Section 8550) of Chapter~~
32 ~~7 of Division 1 of Title 2).~~

33 ~~(5)~~

34 ~~(2) “Teleconference” means a meeting of a legislative body,~~
35 ~~the members of which are in different locations, connected by~~
36 ~~electronic means, through either audio or video, or both.~~

37 ~~(6) “Two-way audiovisual platform” means an online platform~~
38 ~~that provides participants with the ability to participate in a meeting~~
39 ~~via both an interactive video conference and a two-way telephonic~~
40 ~~function.~~

1 ~~(7) “Two-way telephonic service” means a telephone service~~
2 ~~that does not require internet access, is not provided as part of a~~
3 ~~two-way audiovisual platform, and allows participants to dial a~~
4 ~~telephone number to listen and verbally participate.~~

5 ~~(8) “Webeasting” means a streaming video broadcast online or~~
6 ~~on television, using streaming media technology to distribute a~~
7 ~~single content source to many simultaneous listeners and viewers.~~

8 ~~(j) This section shall become operative January 1, 2024, shall~~
9 ~~remain in effect only until January 1, 2026, and as of that date is~~
10 ~~repealed.~~

11 ~~(j) This section shall become operative January 1, 2026.~~

12 SEC. 3. Section 54953 of the Government Code, as added by
13 Section 3 of Chapter 285 of the Statutes of 2022, is repealed.

14 ~~54953. (a) All meetings of the legislative body of a local~~
15 ~~agency shall be open and public, and all persons shall be permitted~~
16 ~~to attend any meeting of the legislative body of a local agency,~~
17 ~~except as otherwise provided in this chapter.~~

18 ~~(b) (1) Notwithstanding any other provision of law, the~~
19 ~~legislative body of a local agency may use teleconferencing for~~
20 ~~the benefit of the public and the legislative body of a local agency~~
21 ~~in connection with any meeting or proceeding authorized by law.~~
22 ~~The teleconferenced meeting or proceeding shall comply with all~~
23 ~~requirements of this chapter and all otherwise applicable provisions~~
24 ~~of law relating to a specific type of meeting or proceeding.~~

25 ~~(2) Teleconferencing, as authorized by this section, may be used~~
26 ~~for all purposes in connection with any meeting within the subject~~
27 ~~matter jurisdiction of the legislative body. All votes taken during~~
28 ~~a teleconferenced meeting shall be by rolleall.~~

29 ~~(3) If the legislative body of a local agency elects to use~~
30 ~~teleconferencing, it shall post agendas at all teleconference~~
31 ~~locations and conduct teleconference meetings in a manner that~~
32 ~~protects the statutory and constitutional rights of the parties or the~~
33 ~~public appearing before the legislative body of a local agency.~~
34 ~~Each teleconference location shall be identified in the notice and~~
35 ~~agenda of the meeting or proceeding, and each teleconference~~
36 ~~location shall be accessible to the public. During the teleconference,~~
37 ~~at least a quorum of the members of the legislative body shall~~
38 ~~participate from locations within the boundaries of the territory~~
39 ~~over which the local agency exercises jurisdiction, except as~~
40 ~~provided in subdivision (d). The agenda shall provide an~~

~~1 opportunity for members of the public to address the legislative
2 body directly pursuant to Section 54954.3 at each teleconference
3 location.~~

~~4 (4) For the purposes of this section, “teleconference” means a
5 meeting of a legislative body, the members of which are in different
6 locations, connected by electronic means, through either audio or
7 video, or both. Nothing in this section shall prohibit a local agency
8 from providing the public with additional teleconference locations.~~

~~9 (e) (1) No legislative body shall take action by secret ballot,
10 whether preliminary or final.~~

~~11 (2) The legislative body of a local agency shall publicly report
12 any action taken and the vote or abstention on that action of each
13 member present for the action.~~

~~14 (3) Prior to taking final action, the legislative body shall orally
15 report a summary of a recommendation for a final action on the
16 salaries, salary schedules, or compensation paid in the form of
17 fringe benefits of a local agency executive, as defined in
18 subdivision (d) of Section 3511.1, during the open meeting in
19 which the final action is to be taken. This paragraph shall not affect
20 the public’s right under the California Public Records Act (Chapter
21 3.5 (commencing with Section 6250) of Division 7 of Title 1) to
22 inspect or copy records created or received in the process of
23 developing the recommendation.~~

~~24 (d) (1) Notwithstanding the provisions relating to a quorum in
25 paragraph (3) of subdivision (b), if a health authority conducts a
26 teleconference meeting, members who are outside the jurisdiction
27 of the authority may be counted toward the establishment of a
28 quorum when participating in the teleconference if at least 50
29 percent of the number of members that would establish a quorum
30 are present within the boundaries of the territory over which the
31 authority exercises jurisdiction, and the health authority provides
32 a teleconference number, and associated access codes, if any, that
33 allows any person to call in to participate in the meeting and the
34 number and access codes are identified in the notice and agenda
35 of the meeting.~~

~~36 (2) Nothing in this subdivision shall be construed as
37 discouraging health authority members from regularly meeting at
38 a common physical site within the jurisdiction of the authority or
39 from using teleconference locations within or near the jurisdiction
40 of the authority. A teleconference meeting for which a quorum is~~

1 established pursuant to this subdivision shall be subject to all other
2 requirements of this section.

3 ~~(3) For purposes of this subdivision, a health authority means~~
4 ~~any entity created pursuant to Sections 14018.7, 14087.31,~~
5 ~~14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare~~
6 ~~and Institutions Code, any joint powers authority created pursuant~~
7 ~~to Article 1 (commencing with Section 6500) of Chapter 5 of~~
8 ~~Division 7 for the purpose of contracting pursuant to Section~~
9 ~~14087.3 of the Welfare and Institutions Code, and any advisory~~
10 ~~committee to a county-sponsored health plan licensed pursuant to~~
11 ~~Chapter 2.2 (commencing with Section 1340) of Division 2 of the~~
12 ~~Health and Safety Code if the advisory committee has 12 or more~~
13 ~~members.~~

14 ~~(e) This section shall become operative January 1, 2026.~~

15 SEC. 4. The Legislature finds and declares that Sections 1 and
16 2 of this act, which amend Section 54953 of the Government Code,
17 furthers, within the meaning of paragraph (7) of subdivision (b)
18 of Section 3 of Article I of the California Constitution, the purposes
19 of that constitutional section as it relates to the right of public
20 access to the meetings of local public bodies or the writings of
21 local public officials and local agencies. Pursuant to paragraph (7)
22 of subdivision (b) of Section 3 of Article I of the California
23 Constitution, the Legislature makes the following findings:

24 This act is necessary to ensure minimum standards for public
25 participation and notice requirements allowing for greater public
26 participation in teleconference meetings.

O

ASSEMBLY BILL

No. 820

Introduced by Assembly Member Reyes

February 13, 2023

An act relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

AB 820, as introduced, Reyes. State boards and commissions: seniors.

Existing law requires the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women.

This bill would state the intent of the Legislature to enact legislation that would increase representation for older adults on state boards and commissions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation that would increase representation for older adults on
- 3 state boards and commissions.

O

ASSEMBLY BILL

No. 883

Introduced by Assembly Member Mathis

February 14, 2023

An act to amend Section 115.4 of the Business and Professions Code, relating to business licenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 883, as introduced, Mathis. Business licenses: United States Department of Defense SkillBridge program.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations.

Existing law requires a board to expedite, and authorizes a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. Existing law authorizes a board to adopt regulations necessary to administer those provisions.

This bill would additionally require a board to expedite, and authorize a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is enrolled in the United States Department of Defense SkillBridge program, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 115.4 of the Business and Professions
2 Code is amended to read:
3 115.4. (a) Notwithstanding any other law, on and after July 1,
4 2016, a board within the department shall expedite, and may assist,
5 the initial licensure process for an applicant who supplies
6 satisfactory evidence to the board that the applicant *is enrolled in*
7 *the United States Department of Defense SkillBridge program as*
8 *authorized under Section 1143(e) of Title 10 of the United States*
9 *Code* or has served as an active duty member of the Armed Forces
10 of the United States and was honorably discharged.
11 (b) A board may adopt regulations necessary to administer this
12 section.

O

ASSEMBLY BILL

No. 936

Introduced by Assembly Member Wood

February 14, 2023

An act to amend Section 1626.6 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

AB 936, as introduced, Wood. Dentistry: exemptions.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. Existing law prohibits the practice of dentistry by any person without a valid license, except in certain circumstances, including a final year student, as defined, practicing dentistry at a sponsored event, without compensation or expectation of compensation and under the supervision of a licensed dentist with a clinical faculty appointment, if specified conditions are met. Existing law defines a final year student, for this purpose, to mean a student of dentistry in the student’s final year of completion at a dental school approved by the board, including a student enrolled in an advanced dental program.

This bill would instead apply the above-described exception to a dental student. The bill would define “dental student” as a person who has begun clinical training at a dental school approved by the board, and would make conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1626.6 of the Business and Professions Code is amended to read:

1626.6. (a) (1) In addition to the exemptions set forth in Section 1626, the practice of dentistry by a ~~final-year~~ *dental* student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dentist with a clinical faculty appointment at a sponsored event, is exempt from the operation of this chapter.

(2) The practice of dentistry exempted by paragraph (1) only includes those operations, approved by the board, that are rendered or performed under the same conditions as operations exempt under subdivision (b) of Section 1626.

(b) For purposes of this section, all of the following shall apply:

(1) ~~“Final year-“Dental student” means a student of dentistry in the student’s final year of completion~~ *person who has begun clinical training* at a dental school approved by the board. ~~“Final year student” also includes a dental student enrolled in an advanced dental program.~~

(2) “Licensed dentist” means a dentist licensed pursuant to this chapter.

(3) “Patient” means a dental patient or, in the case of a minor, the patient’s representative.

(4) “Sponsored event” means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without ~~compensation~~; *compensation* or expectation of compensation.

(5) “Sponsoring dental school” means a dental school that sanctions student and clinical faculty participation at a sponsored event.

(6) “Sponsoring entity” means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

(c) The volunteer practice of dentistry by students pursuant to this section shall comply with all of the following requirements:

(1) Each patient shall be sufficiently informed that a dental student may be providing some of the treatment that the patient will be receiving.

1 (2) Any information provided to the patient to give informed
2 consent shall offer the patient the option to decline to be treated
3 by the student.

4 (3) The volunteer practice of a student shall be supervised by
5 clinical faculty from the dental school in which the student is
6 enrolled.

7 (4) Each volunteer student shall wear an identification badge
8 that clearly identifies the student as a dental student. The
9 identification badge shall display the student's name, the name of
10 the student's dental school, and the name and the telephone number
11 of the Dental Board of California. That information shall be
12 displayed in 14-point font, at minimum.

13 (5) Supervision ratios and student oversight shall be at least as
14 stringent as the standards set for the procedure being performed
15 by the student and the age of the patient, in accordance with the
16 standards at the sponsoring dental school's clinical department,
17 laboratory, or dental extension program operated pursuant to
18 subdivision (b) of Section 1626.

19 (6) The student shall perform only those procedures in which
20 the student is credentialed or those procedures the student is
21 permitted to perform in the school's clinical department, laboratory,
22 or dental extension program operated pursuant to subdivision (b)
23 of Section 1626.

24 (d) The student or the student's sponsoring dental school shall
25 ensure liability insurance coverage is obtained that covers all
26 services provided by the student, including diagnosis, treatment,
27 and evaluation.

28 (e) The sponsoring entity of the sponsored event shall provide
29 the Dental Board of California with a list of the names of the
30 students practicing dentistry exempted by this section at the
31 sponsored event, the name of the school of enrollment of those
32 students, and the name and license number of the supervising
33 licensed dentist.

O

ASSEMBLY BILL

No. 1257

Introduced by Committee on Business and Professions

February 16, 2023

An act to amend Section 1903 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1257, as introduced, Committee on Business and Professions. Dentistry: Dental Hygiene Board of California.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dental hygienists by the Dental Hygiene Board of California. Existing law requires the board to consist of 9 members, and requires 7 members to be appointed by the governor, one to be appointed by the Senate Committee on Rules, and one to be appointed by the Speaker of the Assembly. Existing law authorizes the governor to remove any member of the board, as specified.

This bill would instead authorize an appointing authority to remove a member of the board appointed by that appointing authority, as specified.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1903 of the Business and Professions
- 2 Code is amended to read:
- 3 1903. (a) (1) The dental hygiene board shall consist of nine
- 4 members as follows:

1 (A) Seven members appointed by the Governor as follows:

2 (i) Two members shall be public members.

3 (ii) One member shall be a practicing general or public health
4 dentist who holds a current license in California.

5 (iii) Four members shall be registered dental hygienists who
6 hold current licenses in California. Of the registered dental
7 hygienist members, one shall be licensed either in alternative
8 practice or in extended functions, one shall be a dental hygiene
9 educator, and two shall be registered dental hygienists. No public
10 member shall have been licensed under this chapter within five
11 years of the date of their appointment or have any current financial
12 interest in a dental-related business.

13 (B) One public member appointed by the Senate Committee on
14 Rules.

15 (C) One public member appointed by the Speaker of the
16 Assembly.

17 (2) (A) The first appointment by the Senate Committee on
18 Rules or the Speaker of the Assembly pursuant to this subdivision
19 shall be made upon the expiration of the term of a public member
20 that is scheduled to occur, or otherwise occurs, on or after January
21 1, 2019.

22 (B) It is the intent of the Legislature that committee members
23 appointed prior to January 1, 2019, remain as hygiene board
24 members until their term expires or except as otherwise provided
25 in law, whichever occurs first.

26 (3) For purposes of this subdivision, a public health dentist is
27 a dentist whose primary employer or place of employment is in
28 any of the following:

29 (A) A primary care clinic licensed under subdivision (a) of
30 Section 1204 of the Health and Safety Code.

31 (B) A primary care clinic exempt from licensure pursuant to
32 subdivision (c) of Section 1206 of the Health and Safety Code.

33 (C) A clinic owned or operated by a public hospital or health
34 system.

35 (D) A clinic owned and operated by a hospital that maintains
36 the primary contract with a county government to fill the county's
37 role under Section 17000 of the Welfare and Institutions Code.

38 (b) (1) Except as specified in paragraph (2), members of the
39 dental hygiene board shall be appointed for a term of four years.
40 Each member shall hold office until the appointment and

1 qualification of the member's successor or until one year shall
2 have lapsed since the expiration of the term for which the member
3 was appointed, whichever comes first.

4 (2) For the term commencing on January 1, 2012, two of the
5 public members, the general or public health dentist member, and
6 two of the registered dental hygienist members, other than the
7 dental hygiene educator member or the registered dental hygienist
8 member licensed in alternative practice or in extended functions,
9 shall each serve a term of two years, expiring January 1, 2014.

10 (c) Notwithstanding any other provision of law and subject to
11 subdivision (e), the Governor may appoint to the dental hygiene
12 board a person who previously served as a member of the former
13 committee or hygiene board even if the person's previous term
14 expired.

15 (d) The dental hygiene board shall elect a president, a vice
16 president, and a secretary from its membership.

17 (e) No person shall serve as a member of the dental hygiene
18 board for more than two consecutive terms.

19 (f) A vacancy in the dental hygiene board shall be filled by
20 appointment to the unexpired term.

21 (g) Each member of the dental hygiene board shall receive a
22 per diem and expenses as provided in Section 103.

23 (h) ~~The Governor shall have the power to remove any member~~
24 ~~from the dental hygiene board for neglect of a duty required by~~
25 ~~law, for incompetence, or for unprofessional or dishonorable~~
26 ~~conduct.~~ *Each appointing authority shall have the power to remove*
27 *from office at any time any member of the board appointed by that*
28 *authority pursuant to Section 106.*

29 (i) The dental hygiene board, with the approval of the director,
30 may appoint a person exempt from civil service who shall be
31 designated as an executive officer and who shall exercise the
32 powers and perform the duties delegated by the dental hygiene
33 board and vested in the executive officer by this article.

34 (j) This section shall remain in effect only until January 1, 2024,
35 and as of that date is repealed.

O

ASSEMBLY BILL

No. 1395

Introduced by Assembly Member Garcia

February 17, 2023

An act to amend Section 853 of the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 1395, as introduced, Garcia. Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application.

Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified.

This bill would, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year

nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Pursuant to these conditions, the applicant would be required to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the medical board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 853 of the Business and Professions Code
- 2 is amended to read:
- 3 853. (a) The Licensed Physicians and Dentists from Mexico
- 4 Pilot Program is hereby created. This program shall allow up to
- 5 30 licensed physicians specializing in family practice, internal
- 6 medicine, pediatrics, and obstetrics and gynecology, and up to 30
- 7 licensed dentists from Mexico to practice medicine or dentistry in
- 8 California for a period not to exceed ~~three years~~. *years, in*
- 9 *accordance with this section*. The program shall also maintain an
- 10 alternate list of program participants.
- 11 (b) The Medical Board of California shall issue three-year
- 12 nonrenewable licenses to practice medicine to licensed Mexican
- 13 physicians and the Dental Board of California shall issue three-year
- 14 nonrenewable permits to practice dentistry to licensed Mexican
- 15 dentists.
- 16 (c) Physicians from Mexico eligible to participate in this
- 17 program shall comply with the following:
- 18 (1) Be licensed, certified or recertified, and in good standing in
- 19 their medical specialty in Mexico. This certification or
- 20 recertification shall be performed, as appropriate, by the Consejo
- 21 Mexicano de Ginecología y Obstetricia, A.C., the Consejo

1 Mexicano de Certificación en Medicina Familiar, A.C., the Consejo
2 Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de
3 Certificación en Pediatría, A.C.

4 (2) Prior to leaving Mexico, each physician shall have completed
5 the following requirements:

6 (A) Passed the board review course with a score equivalent to
7 that registered by United States applicants when passing a board
8 review course for the United States certification examination in
9 each of ~~his or her~~ *the physician's* specialty areas and passed an
10 interview examination developed by the National Autonomous
11 University of Mexico (UNAM) for each specialty area. Family
12 practitioners who ~~shall~~ include obstetrics and gynecology in their
13 practice shall also be required to have appropriately documented,
14 as specified by United States standards, 50 live births. Mexican
15 obstetricians and gynecologists shall be fellows in good standing
16 of the American College of Obstetricians and Gynecologists.

17 (B) (i) Satisfactorily completed a six-month orientation program
18 that addressed medical protocol, community clinic history and
19 operations, medical administration, hospital operations and
20 protocol, medical ethics, the California medical delivery system,
21 health maintenance organizations and managed care practices, and
22 pharmacology differences. This orientation program shall be
23 approved by the Medical Board of California to ensure that it
24 contains the requisite subject matter and meets appropriate
25 California law and medical standards where applicable.

26 (ii) Additionally, Mexican physicians participating in the
27 program shall be required to be enrolled in adult
28 English-as-a-second-language (ESL) classes that focus on both
29 verbal and written subject matter. Each physician participating in
30 the program shall have transcripts sent to the Medical Board of
31 California from the appropriate Mexican university showing
32 enrollment and satisfactory completion of these classes.

33 (C) Representatives from the UNAM in Mexico and a medical
34 school in good standing or a facility conducting an approved
35 medical residency training program in California shall confer to
36 develop a mutually agreed upon distant learning program for the
37 six-month orientation program required pursuant to subparagraph
38 (B).

39 (3) Upon satisfactory completion of the requirements in
40 paragraphs (1) and (2), and after having received their three-year

1 nonrenewable medical license, the Mexican physicians shall be
2 required to obtain continuing education pursuant to Section 2190.
3 Each physician shall obtain an average of 25 continuing education
4 units per year for a total of 75 units for a full three years of program
5 participation.

6 (4) Upon satisfactory completion of the requirements in
7 paragraphs (1) and (2), the applicant shall receive a three-year
8 nonrenewable license to work in nonprofit community health
9 centers and shall also be required to participate in a six-month
10 externship at ~~his or her~~ *the applicant's* place of employment. This
11 externship shall be undertaken after the participant has received a
12 license and is able to practice medicine. The externship shall ensure
13 that the participant is complying with the established standards for
14 quality assurance of nonprofit community health centers and
15 medical practices. The externship shall be affiliated with a medical
16 school in good standing in California. Complaints against program
17 participants shall follow the same procedures contained in the
18 Medical Practice Act (Chapter 5 (commencing with Section 2000)).

19 (5) After arriving in California, Mexican physicians participating
20 in the program shall be required to be enrolled in adult ESL classes
21 at institutions approved by the Bureau of Private Post Secondary
22 and Vocational Education or accredited by the Western Association
23 of Schools and Colleges. These classes shall focus on verbal and
24 written subject matter to assist a physician in obtaining a level of
25 proficiency in English that is commensurate with the level of
26 English spoken at community clinics where ~~he or she~~ *the physician*
27 will practice. The community clinic employing a physician shall
28 submit documentation confirming approval of an ESL program to
29 the board for verification. Transcripts of satisfactory completion
30 of the ESL classes shall be submitted to the Medical Board of
31 California as proof of compliance with this provision.

32 (6) (A) Nonprofit community health centers employing Mexican
33 physicians in the program shall be required to have medical quality
34 assurance protocols and either be accredited by the Joint
35 Commission on Accreditation of Health Care Organizations or
36 have protocols similar to those required by the Joint Commission
37 on Accreditation of Health Care Organizations. These protocols
38 shall be submitted to the Medical Board of California prior to the
39 hiring of Mexican physicians.

1 (B) In addition, after the program participant successfully
2 completes the six-month externship program, a free standing health
3 care organization that has authority to provide medical quality
4 certification, including, but not limited to, health plans, hospitals,
5 and the Integrated Physician Association, is responsible for
6 ensuring and overseeing the compliance of nonprofit community
7 health centers medical quality assurance protocols, conducting site
8 visits when necessary, and developing any additional protocols,
9 surveys, or assessment tools to ensure that quality of care standards
10 through quality assurance protocols are being appropriately
11 followed by physicians participating in the program.

12 (7) Participating hospitals shall have the authority to establish
13 criteria necessary to allow individuals participating in this
14 three-year pilot program to be granted hospital privileges in their
15 facilities.

16 (8) The Medical Board of California shall provide oversight
17 review of both the implementation of this program and the
18 evaluation required pursuant to subdivision ~~(j)~~ *(k)*. The board shall
19 consult with the medical schools applying for funding to implement
20 and evaluate this program, executive and medical directors of
21 nonprofit community health centers wanting to employ program
22 participants, and hospital administrators who will have these
23 participants practicing in their hospital, as it conducts its oversight
24 responsibilities of this program and evaluation. Any funding
25 necessary for the implementation of this program, including the
26 evaluation and oversight functions, shall be secured from nonprofit
27 philanthropic entities. Implementation of this program may not
28 proceed unless appropriate funding is secured from nonprofit
29 philanthropic entities. The board shall report to the Legislature
30 every January during which the program is operational regarding
31 the status of the program and the ability of the program to secure
32 the funding necessary to carry out its required provisions.
33 Notwithstanding Section 11005 of the Government Code, the board
34 may accept funds from nonprofit philanthropic entities. The board
35 shall, upon appropriation in the annual Budget Act, expend funds
36 received from nonprofit philanthropic entities for this program.

37 (d) (1) Dentists from Mexico eligible to participate in this
38 program shall comply with the following requirements or the
39 requirements contained in paragraph (2):

- 1 (A) Be graduates from the National Autonomous University of
2 Mexico School of Faculty Dentistry (Facultad de Odontología).
- 3 (B) Meet all criteria required for licensure in Mexico that is
4 required and being applied by the National Autonomous University
5 of Mexico School of Faculty Dentistry (Facultad de Odontología),
6 including, but not limited to:
- 7 (i) A minimum grade point average.
- 8 (ii) A specified English language comprehension and
9 conversational level.
- 10 (iii) Passage of a general examination.
- 11 (iv) Passage of an oral interview.
- 12 (C) Enroll and complete an orientation program that focuses on
13 the following:
- 14 (i) Practical issues in pharmacology that shall be taught by an
15 instructor who is affiliated with a California dental school approved
16 by the Dental Board of California.
- 17 (ii) Practical issues and diagnosis in oral pathology that shall
18 be taught by an instructor who is affiliated with a California dental
19 school approved by the Dental Board of California.
- 20 (iii) Clinical applications that shall be taught by an instructor
21 who is affiliated with a California dental school approved by the
22 Dental Board of California.
- 23 (iv) Biomedical sciences that shall be taught by an instructor
24 who is affiliated with a California dental school approved by the
25 Dental Board of California.
- 26 (v) Clinical history management that shall be taught by an
27 instructor who is affiliated with a California dental school approved
28 by the Dental Board of California.
- 29 (vi) Special patient care that shall be taught by an instructor
30 who is affiliated with a California dental school approved by the
31 Dental Board of California.
- 32 (vii) Sedation techniques that shall be taught by an instructor
33 who is affiliated with a California dental school approved by the
34 Dental Board of California.
- 35 (viii) Infection control guidelines ~~which~~ *that* shall be taught by
36 an instructor who is affiliated with a California dental school
37 approved by the Dental Board of California.
- 38 (ix) Introduction to health care systems in California.
- 39 (x) Introduction to community clinic operations.

1 (2) (A) Graduate within the three-year period prior to enrollment
2 in the program, from a foreign dental school that has received
3 provisional approval or certification by November of 2003 from
4 the Dental Board of California under the Foreign Dental School
5 Approval Program.

6 (B) Enroll and satisfactorily complete an orientation program
7 that focuses on the health care system and community clinic
8 operations in California.

9 (C) Enroll and satisfactorily complete a course taught by an
10 approved foreign dental school on infection control approved by
11 the Dental Board of California.

12 (3) Upon satisfactory completion to a competency level of the
13 requirements in paragraph (1) or (2), dentists participating in the
14 program shall be eligible to obtain employment in a nonprofit
15 community health center pursuant to subdivision (f) within the
16 structure of an extramural dental program for a period not to exceed
17 three years.

18 (4) Dentists participating in the program shall be required to
19 complete the necessary continuing education units required by the
20 Dental Practice Act (Chapter 4 (commencing with Section 1600)).

21 (5) The program shall accept 30 participating dentists. The
22 program shall also maintain an alternate list of program applicants.
23 If an active program participant leaves the program for any reason,
24 a participating dentist from the alternate list shall be chosen to fill
25 the vacancy. Only active program participants shall be required to
26 complete the orientation program specified in subparagraph (C)
27 of paragraph (1).

28 (6) (A) Additionally, an extramural dental facility may be
29 identified, qualified, and approved by the board as an adjunct to,
30 and an extension of, the clinical and laboratory departments of an
31 approved dental school.

32 (B) As used in this subdivision, "extramural dental facility"
33 includes, but is not limited to, any clinical facility linked to an
34 approved dental school for the purposes of monitoring or
35 overseeing the work of a dentist licensed in Mexico participating
36 in this program and that is employed by an approved dental school
37 for instruction in dentistry that exists outside or beyond the walls,
38 boundaries, or precincts of the primary campus of the approved
39 dental school, and in which dental services are rendered. These
40 facilities shall include nonprofit community health centers.

1 (C) Dental services provided to the public in these facilities
2 shall constitute a part of the dental education program.

3 (D) Approved dental schools shall register extramural dental
4 facilities with the board. This registration shall be accompanied
5 by information supplied by the dental school pertaining to faculty
6 supervision, scope of treatment to be rendered, arrangements for
7 postoperative care, the name and location of the facility, the date
8 operations shall commence at the facility, and a description of the
9 equipment and facilities available. This information shall be
10 supplemented with a copy of the agreement between the approved
11 dental school and the affiliated institution establishing the
12 contractual relationship. Any change in the information initially
13 provided to the board shall be communicated to the board.

14 (7) The program shall also include issues dealing with program
15 operations, and shall be developed in consultation by
16 representatives of community clinics, approved dental schools, or
17 the National Autonomous University of Mexico School of Faculty
18 Dentistry (Facultad de Odontología).

19 (8) The Dental Board of California shall provide oversight
20 review of the implementation of this program and the evaluation
21 required pursuant to subdivision ~~(j)~~ *(k)*. The board shall consult
22 with dental schools in California that have applied for funding to
23 implement and evaluate this program and executive and dental
24 directors of nonprofit community health centers wanting to employ
25 program participants, as it conducts its oversight responsibilities
26 of this program and evaluation. Implementation of this program
27 may not proceed unless appropriate funding is secured from
28 nonprofit philanthropic entities. The board shall report to the
29 Legislature every January during which the program is operational
30 regarding the status of the program and the ability of the program
31 to secure the funding necessary to carry out its required provisions.
32 Notwithstanding Section 11005 of the Government Code, the board
33 may accept funds from nonprofit philanthropic entities.

34 (e) Nonprofit community health centers that employ participants
35 shall be responsible for ensuring that participants are enrolled in
36 local English-language instruction programs and that the
37 participants attain English-language fluency at a level that would
38 allow the participants to serve the English-speaking patient
39 population when necessary and have the literacy level to
40 communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable license to practice medicine shall be nine hundred dollars (\$900) and the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars (\$548). A licensee or permitholder shall practice only in the nonprofit community health center that offered ~~him or her~~ *the licensee or permitholder* employment and the corresponding hospital. This three-year nonrenewable license or permit shall be deemed to be a license or permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(h) The three-year nonrenewable license or permit shall terminate upon notice by certified mail, return receipt requested, to the licensee's or permitholder's address of record, if, in the Medical Board of California or Dental Board of California's sole discretion, it has determined that either:

1 (1) The license or permit was issued by mistake.

2 (2) A complaint has been received by either board against the
3 licensee or permitholder that warrants terminating the license or
4 permit pending an investigation and resolution of the complaint.

5 (i) (1) *Notwithstanding subdivisions (a) to (d), inclusive, of*
6 *Section 30, the Medical Board of California shall issue a three-year*
7 *nonrenewable license pursuant to this section to an applicant who*
8 *has not provided an individual taxpayer identification number or*
9 *social security number if the board staff determines the applicant*
10 *is otherwise eligible for a license only under the Licensed*
11 *Physicians from Mexico Pilot Program pursuant to this section,*
12 *subject to the following conditions:*

13 (A) *The applicant shall immediately seek both an appropriate*
14 *three-year visa and the accompanying social security number from*
15 *the United States government within 14 days of being issued a*
16 *medical license under this section.*

17 (B) *The applicant shall immediately provide to the Medical*
18 *Board of California a social security number obtained in*
19 *accordance with subparagraph (A) within 10 days of the federal*
20 *government issuing the social security card related to the issued*
21 *visa.*

22 (C) *The applicant shall not engage in the practice of medicine*
23 *pursuant to this section until the Medical Board of California*
24 *determines that the conditions in subparagraphs (A) and (B) have*
25 *been met.*

26 (2) *The Medical Board of California, if it determines that an*
27 *applicant has met the conditions in paragraph (1), shall notify the*
28 *applicant that the applicant may engage in the practice of medicine*
29 *under the license in accordance with this section.*

30 (j)

31 (j) All applicable employment benefits, salary, and policies
32 provided by nonprofit community health centers to their current
33 employees shall be provided to medical and dental practitioners
34 from Mexico participating in this pilot program. This shall include
35 nonprofit community health centers providing malpractice
36 insurance coverage.

37 (k)

38 (k) Beginning 12 months after this pilot program has
39 commenced, an evaluation of the program shall be undertaken
40 with funds provided from philanthropic foundations. The evaluation

1 shall be conducted jointly by one medical school and one dental
2 school in California and either UNAM or a foreign dental school
3 approved by the Dental Board of California, in consultation with
4 the Medical Board of California. If the evaluation required pursuant
5 to this section does not begin within 15 months after the pilot
6 project has commenced, the evaluation may be performed by an
7 independent consultant selected by the Director of the Department
8 of Consumer Affairs. This evaluation shall include, but not be
9 limited to, the following issues and concerns:

10 (1) Quality of care provided by doctors and dentists licensed
11 under this pilot program.

12 (2) Adaptability of these licensed practitioners to California
13 medical and dental standards.

14 (3) Impact on working and administrative environment in
15 nonprofit community health centers and impact on interpersonal
16 relations with medical licensed counterparts in health centers.

17 (4) Response and approval by patients.

18 (5) Impact on cultural and linguistic services.

19 (6) Increases in medical encounters provided by participating
20 practitioners to limited-English-speaking patient populations and
21 increases in the number of limited-English-speaking patients
22 seeking health care services from nonprofit community health
23 centers.

24 (7) Recommendations on whether the program should be
25 continued, expanded, altered, or terminated.

26 (8) Progress reports on available data listed shall be provided
27 to the Legislature on achievable time intervals beginning the second
28 year of implementation of this pilot program. An interim final
29 report shall be issued three months before termination of this pilot
30 program. A final report shall be submitted to the Legislature at the
31 time of termination of this pilot program on all of the above data.
32 The final report shall reflect and include how other initiatives
33 concerning the development of culturally and linguistically
34 competent medical and dental providers within California and the
35 United States are impacting communities in need of these health
36 care providers.

37 ~~(k)~~

38 (l) Costs for administering this pilot program shall be secured
39 from philanthropic entities.

40 ~~(t)~~

1 (m) Program applicants shall be responsible for working with
2 the governments of Mexico and the United States in order to obtain
3 the necessary three-year visa required for program participation.

4 SEC. 2. This act is an urgency statute necessary for the
5 immediate preservation of the public peace, health, or safety within
6 the meaning of Article IV of the California Constitution and shall
7 go into immediate effect. The facts constituting the necessity are:

8 In order to allow licensed physicians from Mexico to be issued
9 a license by the Medical Board of California pursuant to Section
10 853 of the Business and Professions Code as soon as possible, and
11 to ensure that those physicians are able to provide vital medical
12 services throughout the timeframe of their license, thereby
13 preserving the health of Californians, it is necessary for this act to
14 take effect immediately.

O

ASSEMBLY BILL

No. 1396

Introduced by Assembly Member Garcia

February 17, 2023

An act to amend Section 853 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1396, as introduced, Garcia. Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application.

Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified.

This bill would, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual

taxpayer identification number or social security number if the applicant meets specified conditions.

This bill would require the applicant, pursuant to these conditions, to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the medical board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions.

This bill would also authorize the Medical Board of California to extend the 3-year nonrenewable license period under specified circumstances, including during the timeframe in which a licensee is unable to work due to an ongoing medical condition or due to a delay in the visa application process, subject to providing sufficient documentation to the board for the extension. The bill would require the board, upon receipt of documentation from the licensee, to grant an extension for the timeframe in which the licensee was unable to work if that board determines that the licensee has satisfied the requirements for an extension. The bill would authorize the medical board, upon appropriation by the Legislature, to expend funds to cover staffing costs of monitoring the extensions, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 853 of the Business and Professions Code
2 is amended to read:
3 853. (a) The Licensed Physicians and Dentists from Mexico
4 Pilot Program is hereby created. This program shall allow up to
5 30 licensed physicians specializing in family practice, internal
6 medicine, pediatrics, and obstetrics and gynecology, and up to 30
7 licensed dentists from Mexico to practice medicine or dentistry in
8 California for a period not to exceed three~~years~~. *years, in*
9 *accordance with this section.* The program shall also maintain an
10 alternate list of program participants.

1 (b) The Medical Board of California shall issue three-year
2 nonrenewable licenses to practice medicine to licensed Mexican
3 physicians and the Dental Board of California shall issue three-year
4 nonrenewable permits to practice dentistry to licensed Mexican
5 dentists.

6 (c) Physicians from Mexico eligible to participate in this
7 program shall comply with the following:

8 (1) Be licensed, certified or recertified, and in good standing in
9 their medical specialty in Mexico. This certification or
10 recertification shall be performed, as appropriate, by the Consejo
11 Mexicano de Ginecología y Obstetricia, A.C., the Consejo
12 Mexicano de Certificación en Medicina Familiar, A.C., the Consejo
13 Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de
14 Certificación en Pediatría, A.C.

15 (2) Prior to leaving Mexico, each physician shall have completed
16 the following requirements:

17 (A) Passed the board review course with a score equivalent to
18 that registered by United States applicants when passing a board
19 review course for the United States certification examination in
20 each of ~~his or her~~ *the physician's* specialty areas and passed an
21 interview examination developed by the National Autonomous
22 University of Mexico (UNAM) for each specialty area. Family
23 practitioners who ~~shall~~ include obstetrics and gynecology in their
24 practice shall also be required to have appropriately documented,
25 as specified by United States standards, 50 live births. Mexican
26 obstetricians and gynecologists shall be fellows in good standing
27 of the American College of Obstetricians and Gynecologists.

28 (B) (i) Satisfactorily completed a six-month orientation program
29 that addressed medical protocol, community clinic history and
30 operations, medical administration, hospital operations and
31 protocol, medical ethics, the California medical delivery system,
32 health maintenance organizations and managed care practices, and
33 pharmacology differences. This orientation program shall be
34 approved by the Medical Board of California to ensure that it
35 contains the requisite subject matter and meets appropriate
36 California law and medical standards where applicable.

37 (ii) Additionally, Mexican physicians participating in the
38 program shall be required to be enrolled in adult
39 English-as-a-second-language (ESL) classes that focus on both
40 verbal and written subject matter. Each physician participating in

1 the program shall have transcripts sent to the Medical Board of
2 California from the appropriate Mexican university showing
3 enrollment and satisfactory completion of these classes.

4 (C) Representatives from the UNAM in Mexico and a medical
5 school in good standing or a facility conducting an approved
6 medical residency training program in California shall confer to
7 develop a mutually agreed upon distant learning program for the
8 six-month orientation program required pursuant to subparagraph
9 (B).

10 (3) Upon satisfactory completion of the requirements in
11 paragraphs (1) and (2), and after having received their three-year
12 nonrenewable medical license, the Mexican physicians shall be
13 required to obtain continuing education pursuant to Section 2190.
14 Each physician shall obtain an average of 25 continuing education
15 units per year for a total of 75 units for a full three years of program
16 participation.

17 (4) Upon satisfactory completion of the requirements in
18 paragraphs (1) and (2), the applicant shall receive a three-year
19 nonrenewable license to work in nonprofit community health
20 centers and shall also be required to participate in a six-month
21 externship ~~at his or her~~ *the applicant's* place of employment. This
22 externship shall be undertaken after the participant has received a
23 license and is able to practice medicine. The externship shall ensure
24 that the participant is complying with the established standards for
25 quality assurance of nonprofit community health centers and
26 medical practices. The externship shall be affiliated with a medical
27 school in good standing in California. Complaints against program
28 participants shall follow the same procedures contained in the
29 Medical Practice Act (Chapter 5 (commencing with Section 2000)).

30 (5) After arriving in California, Mexican physicians participating
31 in the program shall be required to be enrolled in adult ESL classes
32 at institutions approved by the Bureau of Private Post Secondary
33 and Vocational Education or accredited by the Western Association
34 of Schools and Colleges. These classes shall focus on verbal and
35 written subject matter to assist a physician in obtaining a level of
36 proficiency in English that is commensurate with the level of
37 English spoken at community clinics where ~~he or she~~ *the physician*
38 will practice. The community clinic employing a physician shall
39 submit documentation confirming approval of an ESL program to
40 the board for verification. Transcripts of satisfactory completion

1 of the ESL classes shall be submitted to the Medical Board of
2 California as proof of compliance with this provision.

3 (6) (A) Nonprofit community health centers employing Mexican
4 physicians in the program shall be required to have medical quality
5 assurance protocols and either be accredited by the Joint
6 Commission on Accreditation of Health Care Organizations or
7 have protocols similar to those required by the Joint Commission
8 on Accreditation of Health Care Organizations. These protocols
9 shall be submitted to the Medical Board of California prior to the
10 hiring of Mexican physicians.

11 (B) In addition, after the program participant successfully
12 completes the six-month externship program, a free standing health
13 care organization that has authority to provide medical quality
14 certification, including, but not limited to, health plans, hospitals,
15 and the Integrated Physician Association, is responsible for
16 ensuring and overseeing the compliance of nonprofit community
17 health centers medical quality assurance protocols, conducting site
18 visits when necessary, and developing any additional protocols,
19 surveys, or assessment tools to ensure that quality of care standards
20 through quality assurance protocols are being appropriately
21 followed by physicians participating in the program.

22 (7) Participating hospitals shall have the authority to establish
23 criteria necessary to allow individuals participating in this
24 three-year pilot program to be granted hospital privileges in their
25 facilities.

26 (8) The Medical Board of California shall provide oversight
27 review of both the implementation of this program and the
28 evaluation required pursuant to subdivision ~~(j)~~: (l). The board shall
29 consult with the medical schools applying for funding to implement
30 and evaluate this program, executive and medical directors of
31 nonprofit community health centers wanting to employ program
32 participants, and hospital administrators who will have these
33 participants practicing in their hospital, as it conducts its oversight
34 responsibilities of this program and evaluation. Any funding
35 necessary for the implementation of this program, including the
36 evaluation and oversight functions, shall be secured from nonprofit
37 philanthropic entities. Implementation of this program may not
38 proceed unless appropriate funding is secured from nonprofit
39 philanthropic entities. The board shall report to the Legislature
40 every January during which the program is operational regarding

1 the status of the program and the ability of the program to secure
2 the funding necessary to carry out its required provisions.
3 Notwithstanding Section 11005 of the Government Code, the board
4 may accept funds from nonprofit philanthropic entities. The board
5 shall, upon appropriation in the annual Budget Act, expend funds
6 received from nonprofit philanthropic entities for this program.

7 (d) (1) Dentists from Mexico eligible to participate in this
8 program shall comply with the following requirements or the
9 requirements contained in paragraph (2):

10 (A) Be graduates from the National Autonomous University of
11 Mexico School of Faculty Dentistry (Facultad de Odontología).

12 (B) Meet all criteria required for licensure in Mexico that is
13 required and being applied by the National Autonomous University
14 of Mexico School of Faculty Dentistry (Facultad de Odontología),
15 including, but not limited to:

16 (i) A minimum grade point average.

17 (ii) A specified English language comprehension and
18 conversational level.

19 (iii) Passage of a general examination.

20 (iv) Passage of an oral interview.

21 (C) Enroll and complete an orientation program that focuses on
22 the following:

23 (i) Practical issues in pharmacology that shall be taught by an
24 instructor who is affiliated with a California dental school approved
25 by the Dental Board of California.

26 (ii) Practical issues and diagnosis in oral pathology that shall
27 be taught by an instructor who is affiliated with a California dental
28 school approved by the Dental Board of California.

29 (iii) Clinical applications that shall be taught by an instructor
30 who is affiliated with a California dental school approved by the
31 Dental Board of California.

32 (iv) Biomedical sciences that shall be taught by an instructor
33 who is affiliated with a California dental school approved by the
34 Dental Board of California.

35 (v) Clinical history management that shall be taught by an
36 instructor who is affiliated with a California dental school approved
37 by the Dental Board of California.

38 (vi) Special patient care that shall be taught by an instructor
39 who is affiliated with a California dental school approved by the
40 Dental Board of California.

1 (vii) Sedation techniques that shall be taught by an instructor
2 who is affiliated with a California dental school approved by the
3 Dental Board of California.

4 (viii) Infection control guidelines~~which~~ *that* shall be taught by
5 an instructor who is affiliated with a California dental school
6 approved by the Dental Board of California.

7 (ix) Introduction to health care systems in California.

8 (x) Introduction to community clinic operations.

9 (2) (A) Graduate within the three-year period prior to enrollment
10 in the program, from a foreign dental school that has received
11 provisional approval or certification by November of 2003 from
12 the Dental Board of California under the Foreign Dental School
13 Approval Program.

14 (B) Enroll and satisfactorily complete an orientation program
15 that focuses on the health care system and community clinic
16 operations in California.

17 (C) Enroll and satisfactorily complete a course taught by an
18 approved foreign dental school on infection control approved by
19 the Dental Board of California.

20 (3) Upon satisfactory completion to a competency level of the
21 requirements in paragraph (1) or (2), dentists participating in the
22 program shall be eligible to obtain employment in a nonprofit
23 community health center pursuant to subdivision (f) within the
24 structure of an extramural dental program for a period not to exceed
25 three years.

26 (4) Dentists participating in the program shall be required to
27 complete the necessary continuing education units required by the
28 Dental Practice Act (Chapter 4 (commencing with Section 1600)).

29 (5) The program shall accept 30 participating dentists. The
30 program shall also maintain an alternate list of program applicants.
31 If an active program participant leaves the program for any reason,
32 a participating dentist from the alternate list shall be chosen to fill
33 the vacancy. Only active program participants shall be required to
34 complete the orientation program specified in subparagraph (C)
35 of paragraph (1).

36 (6) (A) Additionally, an extramural dental facility may be
37 identified, qualified, and approved by the board as an adjunct to,
38 and an extension of, the clinical and laboratory departments of an
39 approved dental school.

1 (B) As used in this subdivision, “extramural dental facility”
2 includes, but is not limited to, any clinical facility linked to an
3 approved dental school for the purposes of monitoring or
4 overseeing the work of a dentist licensed in Mexico participating
5 in this program and that is employed by an approved dental school
6 for instruction in dentistry that exists outside or beyond the walls,
7 boundaries, or precincts of the primary campus of the approved
8 dental school, and in which dental services are rendered. These
9 facilities shall include nonprofit community health centers.

10 (C) Dental services provided to the public in these facilities
11 shall constitute a part of the dental education program.

12 (D) Approved dental schools shall register extramural dental
13 facilities with the board. This registration shall be accompanied
14 by information supplied by the dental school pertaining to faculty
15 supervision, scope of treatment to be rendered, arrangements for
16 postoperative care, the name and location of the facility, the date
17 operations shall commence at the facility, and a description of the
18 equipment and facilities available. This information shall be
19 supplemented with a copy of the agreement between the approved
20 dental school and the affiliated institution establishing the
21 contractual relationship. Any change in the information initially
22 provided to the board shall be communicated to the board.

23 (7) The program shall also include issues dealing with program
24 operations, and shall be developed in consultation by
25 representatives of community clinics, approved dental schools, or
26 the National Autonomous University of Mexico School of Faculty
27 Dentistry (Facultad de Odontología).

28 (8) The Dental Board of California shall provide oversight
29 review of the implementation of this program and the evaluation
30 required pursuant to subdivision ~~(j)~~. *(l)*. The board shall consult
31 with dental schools in California that have applied for funding to
32 implement and evaluate this program and executive and dental
33 directors of nonprofit community health centers wanting to employ
34 program participants, as it conducts its oversight responsibilities
35 of this program and evaluation. Implementation of this program
36 may not proceed unless appropriate funding is secured from
37 nonprofit philanthropic entities. The board shall report to the
38 Legislature every January during which the program is operational
39 regarding the status of the program and the ability of the program
40 to secure the funding necessary to carry out its required provisions.

1 Notwithstanding Section 11005 of the Government Code, the board
2 may accept funds from nonprofit philanthropic entities.

3 (e) Nonprofit community health centers that employ participants
4 shall be responsible for ensuring that participants are enrolled in
5 local English-language instruction programs and that the
6 participants attain English-language fluency at a level that would
7 allow the participants to serve the English-speaking patient
8 population when necessary and have the literacy level to
9 communicate with appropriate hospital staff when necessary.

10 (f) Physicians and dentists from Mexico having met the
11 applicable requirements set forth in subdivisions (c) and (d) shall
12 be placed in a pool of candidates who are eligible to be recruited
13 for employment by nonprofit community health centers in
14 California, including, but not limited to, those located in the
15 Counties of Ventura, Los Angeles, San Bernardino, Imperial,
16 Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz,
17 Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno,
18 Stanislaus, San Luis Obispo, and San Diego. The Medical Board
19 of California shall ensure that all Mexican physicians participating
20 in this program have satisfactorily met the requirements set forth
21 in subdivision (c) prior to placement at a nonprofit community
22 health center.

23 (g) Nonprofit community health centers in the counties listed
24 in subdivision (f) shall apply to the Medical Board of California
25 and the Dental Board of California to hire eligible applicants who
26 shall then be required to complete a six-month externship that
27 includes working in the nonprofit community health center and a
28 corresponding hospital. Once enrolled in this externship, and upon
29 payment of the required fees, the Medical Board of California shall
30 issue a three-year nonrenewable license to practice medicine and
31 the Dental Board of California shall issue a three-year
32 nonrenewable dental special permit to practice dentistry. For
33 purposes of this program, the fee for a three-year nonrenewable
34 license to practice medicine shall be nine hundred dollars (\$900)
35 and the fee for a three-year nonrenewable dental permit shall be
36 five hundred forty-eight dollars (\$548). A licensee or permitholder
37 shall practice only in the nonprofit community health center that
38 offered ~~him or her~~ *the licensee or permitholder* employment and
39 the corresponding hospital. This three-year nonrenewable license
40 or permit shall be deemed to be a license or permit in good standing

1 pursuant to the provisions of this chapter for the purpose of
2 participation and reimbursement in all federal, state, and local
3 health programs, including managed care organizations and health
4 maintenance organizations.

5 (h) The three-year nonrenewable license or permit shall
6 terminate upon notice by certified mail, return receipt requested,
7 to the licensee's or permitholder's address of record, if, in the
8 Medical Board of California or Dental Board of California's sole
9 discretion, it has determined that either:

10 (1) The license or permit was issued by mistake.

11 (2) A complaint has been received by either board against the
12 licensee or permitholder that warrants terminating the license or
13 permit pending an investigation and resolution of the complaint.

14 (i) *(1) Notwithstanding subdivisions (a) to (d), inclusive, of*
15 *Section 30, the Medical Board of California shall issue a three-year*
16 *nonrenewable license pursuant to this section to an applicant who*
17 *has not provided an individual taxpayer identification number or*
18 *social security number if the board staff determines the applicant*
19 *is otherwise eligible for a license only under the Licensed*
20 *Physicians from Mexico Pilot Program pursuant to this section,*
21 *subject to the following conditions:*

22 (A) *The applicant shall immediately seek both an appropriate*
23 *three-year visa and the accompanying social security number from*
24 *the United States government within 14 days of being issued a*
25 *medical license under this section.*

26 (B) *The applicant shall immediately provide to the Medical*
27 *Board of California a social security number obtained in*
28 *accordance with subparagraph (A) within 10 days of the federal*
29 *government issuing the social security card related to the issued*
30 *visa.*

31 (C) *The applicant shall not engage in the practice of medicine*
32 *pursuant to this section until the Medical Board of California*
33 *determines that the conditions in subparagraphs (A) and (B) have*
34 *been met.*

35 (2) *The Medical Board of California, if it determines that an*
36 *applicant has met the conditions in paragraph (1), shall notify the*
37 *applicant that the applicant may engage in the practice of medicine*
38 *under the license in accordance with this section.*

1 (j) (1) *The three-year nonrenewable license period may*
2 *nonetheless be extended by the Medical Board of California under*
3 *the following circumstances:*

4 (A) *During the timeframe in which a licensee is unable to treat*
5 *patients and provide medical services for more than 30 days of*
6 *work due to an ongoing condition, including, but not limited to,*
7 *pregnancy, serious illness, credentialing by health plans, or serious*
8 *injury that renders the licensee incapable of serving patients.*

9 (B) *During the timeframe in which a licensee is unable to work*
10 *due to a delay in the visa application process beyond the*
11 *established time line by the United States Customs and Immigration*
12 *Services.*

13 (2) *To be eligible for an extension under this subdivision, the*
14 *licensee shall provide sufficient documentation to the Medical*
15 *Board of California demonstrating that the licensee meets the*
16 *requirements of this subdivision.*

17 (3) *Upon receipt of documentation from the licensee, the*
18 *Medical Board of California shall grant an extension for the*
19 *timeframe in which the licensee was unable to work if that board*
20 *determines that the licensee has satisfied the requirements for an*
21 *extension under this subdivision.*

22 (4) *If the license extensions require staff of the Medical Board*
23 *of California to monitor licensees under the program, the board*
24 *may, upon appropriation by the Legislature, expend special fund*
25 *monies to cover those costs.*

26 ~~(j)~~

27 (k) *All applicable employment benefits, salary, and policies*
28 *provided by nonprofit community health centers to their current*
29 *employees shall be provided to medical and dental practitioners*
30 *from Mexico participating in this pilot program. This shall include*
31 *nonprofit community health centers providing malpractice*
32 *insurance coverage.*

33 ~~(j)~~

34 (l) *Beginning 12 months after this pilot program has*
35 *commenced, an evaluation of the program shall be undertaken*
36 *with funds provided from philanthropic foundations. The evaluation*
37 *shall be conducted jointly by one medical school and one dental*
38 *school in California and either UNAM or a foreign dental school*
39 *approved by the Dental Board of California, in consultation with*
40 *the Medical Board of California. If the evaluation required pursuant*

1 to this section does not begin within 15 months after the pilot
2 project has commenced, the evaluation may be performed by an
3 independent consultant selected by the Director of the Department
4 of Consumer Affairs. This evaluation shall include, but not be
5 limited to, the following issues and concerns:

6 (1) Quality of care provided by doctors and dentists licensed
7 under this pilot program.

8 (2) Adaptability of these licensed practitioners to California
9 medical and dental standards.

10 (3) Impact on working and administrative environment in
11 nonprofit community health centers and impact on interpersonal
12 relations with medical licensed counterparts in health centers.

13 (4) Response and approval by patients.

14 (5) Impact on cultural and linguistic services.

15 (6) Increases in medical encounters provided by participating
16 practitioners to limited-English-speaking patient populations and
17 increases in the number of limited-English-speaking patients
18 seeking health care services from nonprofit community health
19 centers.

20 (7) Recommendations on whether the program should be
21 continued, expanded, altered, or terminated.

22 (8) Progress reports on available data listed shall be provided
23 to the Legislature on achievable time intervals beginning the second
24 year of implementation of this pilot program. An interim final
25 report shall be issued three months before termination of this pilot
26 program. A final report shall be submitted to the Legislature at the
27 time of termination of this pilot program on all of the above data.
28 The final report shall reflect and include how other initiatives
29 concerning the development of culturally and linguistically
30 competent medical and dental providers within California and the
31 United States are impacting communities in need of these health
32 care providers.

33 ~~(k)~~

34 (m) Costs for administering this pilot program shall be secured
35 from philanthropic entities.

36 ~~(t)~~

- 1 (n) Program applicants shall be responsible for working with
- 2 the governments of Mexico and the United States in order to obtain
- 3 the necessary three-year visa required for program participation.

O

Introduced by Senator Seyarto

(Principal coauthor: Assembly Member Alanis)

(Coauthor: Senator Niello)

(Coauthors: Assembly Members Chen, Megan Dahle, and Mathis)

January 30, 2023

An act to add Section 9796 to the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 259, as introduced, Seyarto. Reports submitted to legislative committees.

Existing law requires a state agency that is required or requested by law to submit a report to the Members of either house of the Legislature generally to submit the report in a specified manner and to post the report on the state agency's internet website.

This bill would additionally require a state agency to post on its internet website any report, as defined, that the state agency submits to a committee of the Legislature.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 9796 is added to the Government Code,
- 2 to read:
- 3 9796. (a) A state agency shall post on its internet website any
- 4 report that the state agency submits to a committee of the
- 5 Legislature.

- 1 (b) For purposes of this section, “report” includes a study, audit,
- 2 or any report identified in the Legislative Analyst’s Supplemental
- 3 Report of the Budget Act.

O

Introduced by Senator Menjivar
(Coauthor: Senator Wiener)
(Coauthor: Assembly Member Pellerin)

February 9, 2023

An act to add Section 27.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 372, as introduced, Menjivar. Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs. Under existing law, the department is composed of various boards, bureaus, committees, and commissions. Existing law establishes various boards within the department for the licensure, regulation, and discipline of various professions and vocations. Existing law defines "board" for purposes of the Business and Professions Code to include bureau, commission, committee, department, division, examining committee, program, and agency, unless otherwise expressly provided.

This bill would require a board to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed. The bill would require the board, if requested by a licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender. The bill would prohibit a board from charging a higher fee for reissuing a document

with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 27.5 is added to the Business and
2 Professions Code, to read:

3 27.5. (a) (1) Notwithstanding any other law, if a board receives
4 government-issued documentation, as described in subdivision
5 (b), from a licensee or registrant demonstrating that the licensee
6 or registrant's legal name or gender has been changed, the board
7 shall update their records, including any records contained within
8 an online license verification system, to include the updated legal
9 name or gender. If requested by the licensee or registrant, the board
10 shall reissue any documents conferred upon the licensee or
11 registrant with the licensee or registrant's updated legal name or
12 gender.

13 (2) A board shall not charge a higher fee for reissuing a
14 document with a corrected or updated legal name or gender than
15 the fee it charges for reissuing a document with other corrected or
16 updated information.

17 (b) The documentation of a licensee or registrant sufficient to
18 demonstrate a legal name or gender change includes, but is not
19 limited to, any of the following:

20 (1) State-issued driver's license or identification card.

21 (2) Birth certificate.

22 (3) Passport.

23 (4) Social security card.

24 (5) Court order indicating a name change or a gender change.

25 (c) This section does not require a board to modify records that
26 the licensee or registrant has not requested for modification or
27 reissuance.

O

Introduced by Senator Alvarado-Gil

February 17, 2023

An act to amend Section 326 of the Business and Professions Code, relating to consumer complaints.

LEGISLATIVE COUNSEL'S DIGEST

SB 820, as introduced, Alvarado-Gil. Consumer complaints.

The Consumer Affairs Act requires the Director of the Department of Consumer Affairs to administer and enforce that act to protect and promote the interests of consumers regarding the purchase of goods or services. The director, upon receipt of a consumer complaint relating to specified violations, is required to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure the relief. The act requires the director to advise the consumer of the action taken on the complaint, as appropriate, and of any other means that may be available to the consumer to secure relief.

This bill would make nonsubstantive changes to those consumer complaint provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 326 of the Business and Professions Code
- 2 is amended to read:
- 3 326. (a) Upon receipt of ~~any~~ a complaint pursuant to Section
- 4 325, the director may notify the person against whom the complaint

1 is made of the nature of the complaint and may request appropriate
2 relief for the consumer.

3 (b) (1) The director shall also transmit any valid complaint to
4 the local, ~~state~~ *state*, or federal agency whose authority provides
5 the most effective means to secure the relief.

6 ~~The~~

7 (2) *The* director shall, if appropriate, advise the consumer of
8 the action taken on the complaint and of any other means ~~which~~
9 *that* may be available to the consumer to secure relief.

10 (c) If the director receives a complaint or receives information
11 from any source indicating a probable violation of any law, rule,
12 or order of any regulatory agency of the state, or if a pattern of
13 complaints from consumers develops, the director shall transmit
14 any complaint ~~he or she~~ *the director* considers to be valid to any
15 appropriate law enforcement or regulatory agency and any evidence
16 or information ~~he or she~~ *the director* may have concerning the
17 probable violation or pattern of complaints or request the Attorney
18 General to undertake appropriate legal action. It shall be the
19 continuing duty of the director to discern patterns of complaints
20 and to ascertain the nature and extent of action taken with respect
21 to the probable violations or pattern of complaints.

O



MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 14: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	11.16.22/ 1.1.23
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20 modified text 7.23.22 modified text 2.4.23	X	X	X	X	9.6.22/ 9.16.22	11.22.22 15-Day MT Notice ended 3.2.23	

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20 Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22 Due to SB 534	X	X	X	X	10.10.22 10.21.22	12.16.22	2.1.23/ 4.1.23
1114 Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107	X	X					
1116 Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534	In process						
1116.5 RDHAP Practice Registration	11.19.22 Due to SB 534	In process						

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	X	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (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:

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

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 15: Discussion and Possible Action to RDAEF Administration of Local Anesthesia and Nitrous Oxide-Oxygen Analgesia.

BACKGROUND

At its November 2018 meeting, the Dental Board of California's Dental Assistant Council (DAC, Council) heard a presentation from Joan Greenfield, RDAEF representative, regarding a proposal to expand the scope of practice of registered dental assistants in extended functions (RDAEFs) licensed on or after January 1, 2010. Ms. Greenfield requested to add the administration of local anesthesia and nitrous oxide as an optional post-licensure permit with conditions determined by the Board. The Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed their concern for public protection. They directed Council staff to survey both dentists and a larger sample of RDAEFs to solicit their judgments on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the Council directed the formation of a working group, consisting of dentists, hygienists, RDAEFs, and other interested stakeholders, to research and evaluate the proposal.

Working with the Department of Consumer Affairs' Office of Professional Examination Services in 2022, the Council approved a survey of dentists and RDAEF licensees to gather data for the Dental Board to consider when determining whether the RDAEF scope of practice should be expanded to include the administration of local anesthesia and nitrous oxide. At its February 9, 2023, meeting, the Council announced that the overall results from the survey indicated the following:

- 1) Local Anesthesia was required for a significant proportion of procedures performed by RDAEFs.
- 2) Dentists and RDAEFs indicate that frequent additional administration of local anesthesia is required for these procedures.
- 3) The majority of dentists who supervise RDAEFs and RDAEFs support expansion of the scope of practice to include administration of local anesthesia and nitrous oxide-oxygen analgesia.

At several meetings where this proposal has been addressed, there have been numerous public comments against the RDAEF scope of practice expansion to include local anesthesia administration and nitrous oxide. Many of the comments have been from dental hygiene educators who indicate that the safety of the consumer is at risk due to the lack of education and training RDAEFs have in comparison to dental hygienists and dentists who are legally allowed to administer these services. Additionally, there were several dentist comments against the survey, suggesting it may have been biased in surveying only RDAEFs and many dentists that supervise them. They suggested to survey more of the general dental population instead of those with a vested interest.

Letters of opposition to this proposal from the California Dental Hygiene Association (CDHA), California Dental Hygiene Educator's Association (CDHEA), and California Dental Association (CDA) are included in the meeting materials for your review.

STAFF RECOMMENDATION:

Staff recommends continuing to monitor the situation by attending Council and Dental Board meetings and provide updated periodic reports to the Board at its future meetings.

September 23, 2022

November 11, 2022

To: The Dental Assisting Committee
The Dental Board of California

On behalf of California Dental Hygienists' Association and the California Dental Hygiene Educators' Association, we strongly oppose allowing Registered Dental Assistants in Extended Functions (RDAEFs) the additional duty to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide-oxygen sedation, the following education is required by the Commission on Dental Accreditation and the Dental Hygiene Board of California for a Registered Dental Hygienist to complete in a California Dental Hygiene program:

Pre-requisite Courses: Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before acceptance in a dental hygiene program.

Required DH Courses: Head and Neck Anatomy, Pharmacology, and Pain Management courses with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.

The Dental Hygiene Board of California (DHBC) requires local anesthesia and nitrous oxide-oxygen administration coursework require at least 38 hours of didactic and clinical coursework, with practice on student partners and non-student patients. For local anesthesia, this entails fifteen didactic hours along with fifteen hours of pre-clinical and clinical experiences. For nitrous oxide, this entails eight hours for nitrous oxide didactic instruction followed by four preclinical and four clinical hours.

Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration/supraperiosteal, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior alveolar (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, inferior alveolar (IA), lingual, buccal, nasopalatine, mental, and incisive injections. Total, there are at least 72 injections that dental hygiene students must deliver during their coursework.

- A minimum of two preclinical (2) experiences per injection, which may be on another student.
- Four (4) clinical experiences per injection, which includes 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.



California Dental Hygienists' Association
The Voice of Dental Hygiene

- The administration of nitrous oxide-oxygen analgesia includes 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 have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes 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.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covers how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

Additionally, dental hygiene students continue to practice injections and nitrous oxide-oxygen sedation for at least two semesters after completion of the pain management course. Courses are reviewed and revised by faculty in dental hygiene programs with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous-oxide oxygen sedation.

All courses are delivered at a college-level education and students receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs are not required to have a college education to become licensed. Allowing auxiliaries with only technical training but no college-level science education to provide a procedure that can be potentially life-threatening and does not protect consumers.

The out of state (SNL) course is meant to provide RDHs from outside of California a required Pain Management course for California licensure. They have already taken Pharmacology and Head and Neck Anatomy and are licensed and practicing clinicians.

An RDAEF does not have the education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation. For the sake of consumer safety, we strongly recommend that the Dental Board of California do not allow RDAEFs to deliver local anesthesia and nitrous oxide-oxygen sedation.

A handwritten signature in black ink that reads "Kathy Kane". The script is fluid and cursive.

Kathy Kane, BS, RDHA
President, California Dental Hygienists Association

A handwritten signature in black ink that reads "Judy Yamamoto". The script is fluid and cursive.

Judy Yamamoto, RDH, MS
Executive Director, California Dental Hygiene Educators' Association



January 30, 2023

Alan Felsenfeld, DDS, Board President
Tracy Montez, Ph.D., Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: RDAEF Anesthesia Proposal

Dear Dr. Felsenfeld and Ms. Montez:

The recently reviewed proposal to expand the Registered Dental Assistants in Extended Functions (RDAEF) scope of practice to include local anesthesia and nitrous oxide-oxygen to patients. The California Dental Association supports the safe and effective delivery of care within the scope of practice of one's foundational training. As such, the CDA has significant concerns with the proposal to allow RDAEFs the scope of administering additional local anesthesia and nitrous oxide-oxygen to patients. The eligible dental team members who currently provide this level of sedation have the appropriate level of foundational knowledge in anatomy, pharmacology and anesthesia. Expanding RDAEF scope of practice to include local anesthesia and nitrous oxide-oxygen to patients would not facilitate better access to health care, could potentially create barriers to RDAEF licensure and compromise patient safety.

Access to Care

The proposal for RDAEFs to offer local anesthesia and nitrous oxide-oxygen sedation does not facilitate better access to care, as the patient will already be in the presence of a registered dental hygienist or dentist to perform the rest of the procedure. The current proposal fails to show a need for expanded scope of practice by RDAEFs to deliver local anesthesia and nitrous oxide-oxygen sedation, and patient safety can be compromised if this scope is expanded.

If RDAEF training were to include the foundational education and training to work at this scope, both the cost of training and time to complete competencies would create new barriers to obtaining licensure for no measurable return in patient care accessibility. This proposal could potentially impede access to care if fewer RDAEFs complete their training due to the new foundational education necessary for local anesthesia and nitrous oxide sedation training.

Foundational Knowledge

RDAEF courses do not include the in-depth anatomy and physiology foundational coursework that dentists and registered dental hygienists complete to safely administer local anesthesia. To provide safe and effective local anesthesia and nitrous oxide-oxygen sedation, both registered dental hygienists and licensed dentists are required to take prerequisite courses to set a foundation for their scope of practice and appropriate delivery of sedation:

1. Prerequisite courses for dental and dental hygiene school include chemistry, organic chemistry, biochemistry, anatomy, physiology and microbiology.
2. Required dental hygiene courses include head and neck anatomy, pharmacology and pain management courses with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners. In total, there are at least 72 injections that dental hygiene students must deliver during their coursework.
3. Required dental school courses include oral anatomy, oral pathology and oral histology.
4. Licensed dentists participate in continuing education in local anesthesia with continuing education in local anesthesia available for license renewal. The Commission of Dental Accreditation (CODA) [Standard 2-24](#) part e requires local anesthesia as a competency of general dentistry graduation for doctoral licensure eligibility.

Patient Safety

Although local anesthesia is regarded as a relatively safe procedure, similarly to the provision of any level of anesthesia, it is not without risk. According to a 2016 [Pediatric Dental Anesthesia Report](#) from the Dental Board of California, between 2010-2015, three deaths and nine hospitalizations occurred for pediatric patients who were provided local anesthesia under the care of a licensed dentist. This report is limited to pediatric report statistics; adverse event statistics are currently unknown for adult patients. Patient safety is optimized when the most highly trained members of the dental team are providing care.

Conclusion

An RDAEF does not have the foundational knowledge to safely provide local anesthesia and nitrous oxide-oxygen sedation. Adding foundational knowledge coursework will increase the time and costs to obtain licensure with no measurable benefit to care access. Both dentists and registered dental hygienists have

demonstrated mastery of both foundational knowledge and practice of local anesthesia and nitrous oxide-oxygen sedation for licensure. In a setting where local anesthesia and nitrous oxide-oxygen would be offered to a patient, a dentist or registered dental hygienist would be present for the procedure, and therefore, the most appropriate provider. For the sake of patient safety and care access, we strongly recommend that DBC does not permit RDAEFs to perform sedation duties.

Should you have any questions about CDA's concerns, please contact Mary McCune, Policy Director at mary.mccune@cda.org.

Sincerely,

A handwritten signature in black ink that reads "Mary McCune". The signature is written in a cursive, flowing style.

Mary McCune
Policy Director
California Dental Association

MEMORANDUM

DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 16a: Update on Discussions by the Commission on Dental Accreditation regarding Faculty to Student Ratios (Standard 3-5).

BACKGROUND

It was brought to the Board's attention that at the open session of the February 10, 2023 meeting of the Commission on Dental Accreditation of the American Dental Association (CODA), there was discussion concerning increasing the student to instructor ratio. In the February 10, 2023 meeting materials, CODA provided background materials (attached) stating that on January 16, 2023, CODA received a letter from 17 state dental associations related to workforce shortages in dental hygiene, and requested CODA:

"Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) (Sic) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6."

CODA took no action on the request and is currently investigating the suggestion.

Current CODA Standard 3-5 (renumbered from "3-6" to "3-5" and effective July 1, 2022) states:

"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."

Prior to the revision of July 1, 2022, CODA Standards were as follows:

1. CODA Standard 3-6 (adopted and implemented on February 6, 2015):

“The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.”

2. CODA Standard 3-6 (adopted August 5, 2016 and implemented July 1, 2017):

“The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every five students. In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.”

Additionally, California Code of Regulations, Title 16, section 1105(a)(4) states:

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

RECOMMENDATION

The intention of Board staff in bringing this information to the Board is to advise of a possible future change to CODA Standard 3-5 which may affect the health and safety of the public. No action is required at this time.

CONSIDERATION OF A LETTER FROM STATE DENTAL ASSOCIATIONS RELATED TO ALLIED DENTAL EDUCATION STANDARDS

Background: On January 16, 2023, the Commission on Dental Accreditation (CODA) received a letter from 17 state dental associations (**Appendix 1**), related to workforce shortages in dental assisting and dental hygiene, and requesting that the Commission:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
 - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
 - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
 - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
 - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Summary: The Commission on Dental Accreditation is requested to consider the letter from 17 state dental associations (**Appendix 1**). In considering the letter, the Commission may direct this matter to one (1) or more of its Review Committees or Standing Committees, establish an Ad Hoc Committee to consider the request, or take no further action.

Recommendation:

Prepared by: Dr. Sherin Tookes

January 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's

purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooko met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a higher ratio than dental hygiene, Dr. Tooko responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
- At what ratio is ensuring appropriate technical instruction and evaluation compromised?
- Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond “long-standing history”, many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienistsⁱⁱⁱ. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less^{iv}. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

- c: Dr. Sherin Took, director, Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlma, executive director, American Dental Association
American Society of Constituent Dental Executives

ⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

ⁱⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

ⁱⁱⁱ Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

^{iv} Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D



MEMORANDUM

DATE	March 4, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 16b: Dental Hygiene Educational Program Site Visit Update and Schedule.

1. Diablo Valley College (DVC)

- a. On September 6, 2022, the Dental Hygiene Board of California (DHBC) was notified of a change in clinical staffing and infection control oversight for DVC.
- b. Current Status
 - i. In temporary compliance.
 - ii. See DVC reports.

2. Pasadena City College (PCC)

- a. Site visit generated due to a change in administration for PCC as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 12, 2022, a site visit was conducted at the PCC campus.
- c. Current Status:
 - i. Not in compliance.
 - ii. See PCC reports.

3. Loma Linda University (LLU)

- a. Site visit generated due to a change in administration for LLU as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 13, 2022, a site visit was conducted at the LLU campus.
- c. Current Status:
 - i. Review in progress.

4. Moreno Valley College Dental Hygiene Education Program (MVC)

- a. On October 28, 2022, the DHBC was notified by MVC of a change in administration for the Dental Hygiene Educational Program (DHEP).

- b. Current Status:
 - i. In compliance.
 - ii. See MVC reports.

5. Carrington College-Sacramento (Carrington-Sacramento)

- a. After reviewing documentation and discussions with Carrington-Sacramento regarding their expansion request, it was discovered that Carrington-Sacramento did not provide their final CODA report to the DHBC.
- b. On February 24, 2023, the DHBC received formal notification from Carrington-Sacramento as to the CODA status of Carrington-Sacramento as “approval without reporting requirements,” two years post mandatory submittal to the DHBC.
- c. On March 8, 2023, a site visit was conducted to review facilities regarding their expansion request.
- d. Current Status:
 - i. In compliance.
 - ii. See Carrington-Sacramento reports.

6. Carrington College-San Jose

- a. After reviewing documentation and discussions with Carrington-San Jose regarding their expansion request, it was discovered that Carrington-San Jose’s current CODA accreditation status was “approval with reporting requirements.”
- b. On February 24, 2023, the DHBC received formal notification from Carrington-San Jose as to the CODA status of Carrington-San Jose as “approval with reporting requirements” along with their final report, two years post mandatory submittal to the DHBC.
- c. On March 1, 2023, a site visit was conducted to review facilities regarding their expansion request.
- d. Current Status:
 - i. Not in compliance.
 - ii. See Carrington-San Jose reports.

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Cabrillo College	2019 / 2027	November 7, 2019 TBD / New Program Director
Carrington - Sacramento	2021 / 2028	February 10, 2021 TBD/Program Expansion

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Carrington - San Jose	2021 / May 2, 2023	October 25, 2017 November 16, 2020 TBD / New Program Director/Program Expansion
Cerritos College	2016 / 2024	February 15, 2017 TBD / New Program Director
Chabot College	2015 / April 25-26, 2023	September 8, 2021 TBD / New Program Director
Concorde Career College-Garden Grove	2019 / 2027	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 June 29, 2022 TBD / New Program Director
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022
Concorde Career College-San Diego	2021/ April 4, 2023	December 19, 2016 May 27, 2021 TBD / New Program Director and follow-up due to remodel
Cypress College	2015 / September 27-29, 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	2021 / February 23, 2023	October 27, 2021
Loma Linda University	2016 / February 20-21, 2024	October 13, 2022 TBD / New Program Director
Moreno Valley College	2019 / 2027	May 30, 2017 TBD / New Program Director
Oxnard College	2021 / 2028	November 4, 2021
Pasadena City College	2016 / March 26-27, 2024	October 12, 2022
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 / October 18-19, 2023	September 16, 2021
Shasta College	2015 / February 15-16, 2023	March 12, 2018 March 23, 2021
Southwestern College	2015 / March 8-9, 2023	September 22, 2021
Taft College	2016 / 2024	May 8, 2017 May 15, 2017 June 9, 2017 July 24, 2017

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
University of the Pacific	2021 / 2028	February 13, 2020
West Coast University	2017 / 2025	September 15, 2022
West Los Angeles College	2017 / 2025	October 30, 2018

November 29, 2022

Tonette Steeb CDA, RDH, MSED
Director of Dental Programs
Diablo Valley College
321 Golf Club Road
Pleasant Hill, CA 94523

Dear Ms. Steeb,

On September 6, 2022, the Dental Hygiene Board of California (DHBC) received a "Report of Program Change" on for the Diablo Valley College Dental Hygiene Educational Program (DVC). Based on the review of the report, it was noted that evidence of program compliance with the minimum dental hygiene educational program standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On November 17, 2022, the DHBC received an email with a document dated November 14, 2022, updating the DHBC on the permanent compliance on clinical staffing and infection control oversight for DVC.

On November 28, 2022, DVC responded to an email from the DHBC dated November 18, 2022, regarding a request for further information/clarification on clinical staffing and infection control oversight for DVC.

The following determination of minimum DHEP standards are as follows:

1. Deficiency – Clinical Staffing and Infection Control Oversight

a. Documentation provided on September 6, 2022:

i. DVC stated:

1. "I am sending this letter to report that our fulltime Senior Lab Coordinator has resigned just prior to the beginning of our Fall semester on August 22, 2022. The job posting to fill this position has been sent to our district human resources office for posting."
2. "In the interim our part time office assistant will be extending her hours from 25 to 30 per week. We also have an intern scheduled at 20 hours per week who will be helping with clerical work and monitoring inventory."
3. "We have been actively seeking a qualified candidate to fill in on a part time temporary basis at 12 to 20 hours per week to oversee our infection control and purchasing procedures. Today we offered the position Lauren Card, RDA. Her information has been forwarded to our human resources office to process. We are hoping Lauren will be able to begin work next week. Lauren earned her AS Degree in Dental Assisting."

from Diablo Valley College which includes a Dental Board of California approved course in Infection Control, and her Basic Life Support certification is current.”

b. Documentation provided on November 17, 2022:

i. DVC stated:

“I am not yet able to provide evidence of permanent compliance to our deficiency in support staff. The job posting for the position is active, and we have at least 2 candidates interested. Our semester is over on December 9, 2022 and we resume instruction on January 23, 2022. We are hoping to complete the interview process between now and January 23 to have the position filled when we resume instruction.”

c. Documentation provided on November 28, 2022:

i. DVC stated:

Lauren Card is still employed with us in the interim as we look for a permanent replacement for our Senior Laboratory Coordinator. Faculty also continue to oversee infection control and hazardous waste during each clinic session as we always have, with our dentists assigned to sterilization in Senior Clinic, and faculty based on the rotation sent on September 14 in Junior clinic.

d. DHBC Review:

i. Reduction in staff for the DVC of 50% since August 22, 2022.

1. DHBC notified on September 6, 2022, **five days post mandatory reporting requirements** pursuant to 16 CCR section 1105.3(a)(2)(D).

2. DHBC notified on November 17, 2022, **three days post the November 14, 2022, deadline for permanent compliance** set by the September 7, 2022, notification.

ii. No assigned staff overseeing the management of sterilization, infection control, and hazardous waste in violation of 16 CCR section 1105, subdivisions (i) and (k), in addition to CODA Standard 3-11.

e. 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.

f. Determination:

i. **Not in compliance.**

ii. DVC shall provide evidence of permanent staff oversight of sterilization, infection control processes, and hazardous waste management pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to CODA Standard 3-11.

iii. Evidence of permanent compliance to include:

1. Name of qualified staff assigned to provide oversight of sterilization, infection control processes, and hazardous waste management.
2. Curriculum Vitae or resume.
3. Copy of Basic Life Support certification.
4. If the hire is an RDA please provide an RDA license number.
5. If the hire is not an RDA, please provide evidence of:
 - a. A Dental Board of California (DBC)-approved two-hour course in the Dental Practice Act.
 - b. A DBC-approved eight-hour course in infection control.

DVC shall provide evidence of permanent compliance to the above deficiency no later than **January 23, 2023**, as your dental hygiene program is operating outside the structured parameters of the law and CODA Standards with these deficiencies which are putting students, faculty, and the public at risk. **Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action.** DVC has had ample opportunity to comply with the law as notified by the Board by correcting its deficiencies as noted above.

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 DVC does not correct the above deficiencies by the above dates, DVC risks the DHBC's approval of the DVC Dental Hygiene Educational Program and for DVC 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.

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
Susan Lamb, President, Diablo Valley College
Joseph Gorga, Vice President of Equity and Instruction, Diablo Valley College
Charles Ramos, Dean of Physical and Biological Sciences, Diablo Valley College

January 31, 2023

Tonette Steeb CDA, RDH, MSED
Director of Dental Programs
Diablo Valley College
321 Golf Club Road
Pleasant Hill, CA 94523

Dear Ms. Steeb,

On September 6, 2022, the Dental Hygiene Board of California (DHBC) received a "Report of Program Change" on for the Diablo Valley College Dental Hygiene Educational Program (DVC). Based on the review of the report, it was noted that evidence of program compliance with the minimum dental hygiene educational program standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

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On January 25, 2023, the DHBC received an email with a document dated January 23, 2023, updating the DHBC on the permanent compliance on clinical staffing and infection control oversight for DVC.

The following determination of minimum DHEP standards are as follows:

1. Deficiency – Clinical Staffing and Infection Control Oversight

a. Documentation provided on January 23, 2023:

i. DVC stated:

1. "The search completed in Fall 2022 was unsuccessful. We will be updating the job description and reposting the position. We are happy to report that we will be in compliance for the Spring 2023 term."
2. "Adjunct faculty Angeline Yambao, RDH has agreed to cover the position at 20 hours per week. Her responsibilities will include overseeing Infection Control and Sterilization in Senior Clinic on Tuesdays and Thursdays. A copy of Angeline's license is provided as Exhibit A."
3. "We also have Andrea Cortez, RDA covering the position at 20 hours per week. Her responsibilities will include overseeing Infection Control and Sterilization in Junior Clinic on Wednesdays and Fridays. Andrea completed the DVC Dental Assisting

Program in 2021 and just recently took the DBC RDA Exam. A physical copy of her license is not yet available, so a screenshot showing verification of licensure is provided as Exhibit B and a copy of the letter sent to the DBC verifying completion of Infection Control and CA Law is provided as Exhibit C.”

4. “Clinical faculty will continue to oversee infection control and hazardous waste during each clinic session as we always have, with our dentists assigned to sterilization in Senior Clinic, and faculty in Junior Clinic based on the rotation schedule provided as Exhibit D.”

ii. DVC Provided:

1. Exhibit A: License for Angeline Yambao, RDH.
2. Exhibit B: License for Andrea Cortez, RDA.
3. Exhibit C: DVC letter sent to the DBC verifying completion of Infection Control and CA Law for Andrea Cortez, RDA.
4. Exhibit D: Clinical Faculty Schedule.

b. DHBC Review:

- i. Temporarily assigned staff currently overseeing the management of sterilization, infection control, and hazardous waste in temporary compliance with 16 CCR section 1105, subdivisions (i) and (k), in addition to CODA Standard 3-11.

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. 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. **In temporary compliance.**

- ii. DVC shall provide evidence of permanent staff oversight of sterilization, infection control processes, and hazardous waste management pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.

iii. Evidence of permanent compliance to include:

1. Name of qualified staff assigned to provide oversight of sterilization, infection control processes, and hazardous waste management.
2. Curriculum Vitae or resume.
3. Copy of Basic Life Support certification.
4. If the hire is an RDA please provide an RDA license number.
5. If the hire is not an RDA, please provide evidence of:
 - a. A Dental Board of California (DBC)-approved two-hour course in the Dental Practice Act.
 - b. A DBC-approved eight-hour course in infection control.

DVC shall provide evidence of permanent compliance to the above deficiency no later than **August 1, 2023**, as your dental hygiene program is operating outside the structured parameters of the law and CODA Standards with these deficiencies which are 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 meet the same educational standards in preparing their graduates for the profession. If DVC does not correct the above deficiencies by the above dates, DVC risks the DHBC's approval of the DVC Dental Hygiene Educational Program and for DVC 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.

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
Susan Lamb, President, Diablo Valley College
Joseph Gorga, Vice President of Equity and Instruction, Diablo Valley College
Charles Ramos, Dean of Physical and Biological Sciences, Diablo Valley College

December 19, 2022

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). 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 December 15, 2022, PCC provided the following narrative and documentation to the DHBC, and the results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

a. Insufficient clinic space provided to the DHEP to safely provide patient care.

i. Operatory chairs - less than three feet head-to-head between chairs.

1. PCC Response and Documentation:

"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections

- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*
- *minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)*
- *each junior student is in 3 clinic sessions (10.8 hours)*
 - *See Document #1 Spring Schedule)*
- *To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).*
 - *Senior DH Class has 13 students*
 - *M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.*
 - *Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will*

be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."

2. DHBC Determination:

- a. **In temporary compliance.**
- b. PCC does not provide plans for ongoing compliance past Spring 2023.
- c. PCC to provide plans for **permanent facility compliance** for future classes **by January 16, 2023.**

ii. Operatory chairs - one chair inoperable for two weeks.

1. PCC Response and Documentation:

"All non-operational dental chairs have been repaired. The program director and classified professional have reviewed communication plan and are aware that they can report any malfunctions to the Dean for an immediate attention. In addition to recording the need for repair into the Clinic Repair Log. All equipment is assessed on an on-going basis, the division and the college maintain sufficient operational budget to address the maintenance and repair of essential equipment in support of all educational programs. In the event that additional funds are needed to support essential equipment/supplies to support the educational program, the DH Program Director works with the Dean and Senior College Leadership to identify funding to support the program operations in a timely manner."

2. DHBC Determination:

- a. **In compliance.**

iii. Mobile Barriers:

1. PCC Response and Documentation:

"With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."

2. DHBC Determination:

- a. **In temporary compliance.**
- b. PCC does not provide plans for ongoing compliance past Spring 2023.

- c. PCC to provide plans for **permanent facility compliance** for future classes **by January 16, 2023**.

iv. Central Sterilization Facilities - Barriers.

1. PCC Response and Documentation:

"A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"

2. "Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."

3. DHBC Determination:

- a. **Not in compliance.**

- b. PCC to provide evidence of compliance by **January 16, 2023**.

v. Central Sterilization Facilities - Storage of contaminated and sterilized instruments and equipment.

1. PCC Response and Documentation:

"There are 2 cabinets in the "clean" area of the clinic where instruments are stored after the sterilization cycle, and at the end of each clinic session students empty the cabinet and store the sterile cassettes in a specifically designated boxes in their locker rooms. Contaminated instruments are placed into the instrument washer immediately after they are moved from the operatories, to be processed, then they are wrapped and sterilized immediately. If not possible to sterilize that day, the wrapped/packaged contaminated are stored in a specific cabinet for that purpose, above the instrument washer, in the "contaminated" area. (Document 3. picture)."

2. DHBC Determination:

- a. **In compliance.**

vi. Radiology Facilities - Panoramic radiology unit.

1. PCC Response and Documentation:

"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH

reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)”

2. DHBC Determination:

- a. **Not in compliance.**
- b. PCC to provide Los Angeles County Public Health, Radiation Safety Division report to DHBC.
- c. PCC to provide evidence of compliance by **January 16, 2023**.

vii. Radiology Facilities - Radiology equipment maintenance.

1. PCC Response and Documentation:

“Both x-ray units have been fixed and are operational. Additionally, a portable unit has been purchased for unforeseen radiology unit malfunctions. The Unit has been registered with Los Angeles County Department of Public Health. All faculty have been trained on the safe use of this newly acquired equipment. A special order of command has been established to communicate any malfunctions to the Dean for an immediate attention in addition to recording the need for repair into the Clinic Repair Log. The program is aware that the college maintains sufficient budget to support the repair and maintenance of essential equipment needed to support student education and clinical operations.”

2. DHBC Determination:

- a. **In compliance.**

viii. Emergency supplies - Location.

1. PCC Response and Documentation:

“All emergency supplies have been centrally located together to allow for ease of access by clinic personnel. All students, staff and faculty working within the dental clinic have been notified of the change in location of the emergency supplies. Oxygen tank has been moved next to the AED, both across the Emergency Cart have central location for all emergency equipment/medications. (Document #5 Emergency Equipment)”

2. DHBC Determination:

a. **In compliance.**

b. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

1. PCC does not provide plans for ongoing compliance past Spring 2023.

ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent compliance due January 16, 2023.**

2. Deficiency 2 - Program Director Assignment

a. Program director (PD) - assignment.

i. Insufficient time devoted to DHEP administration.

1. PCC Response and Documentation:

a. *“PD Assignment hours have been calculated to reflect the 51% Administrative hours for, currently 54.9% for Spring 2023 Semester. (See Document #6a). Additionally, the college is assessing the adequacy of reassigned time for program administration related duties, balancing honoring the collective bargaining agreement with the faculty union and the right to work under California employment law.”*

b. PCC provided a “Program Director Load Sheet” demonstrating a load of 61.45 hours per week for the PD, with 33.75 hours (54.92%) devoted to DHEP Administration and 27.7 hours (45.07%) devoted to teaching, class preparation and student counseling.

2. DHBC Determination:

a. Insufficient documentation provided to the DHBC.

b. **Not in compliance.**

- c. Evidence of compliance shall include, but not limited to:
 - i. Faculty weekly assignment schedule.
 - ii. Course Assignment Contract(s) demonstrating assignments and overload assignments.
 - ii. No evidence of PD providing input into the admissions process.
 - 1. PCC Response and Documentation:

“The DH Program Director regularly meets with PCC counselors and course evaluators to help resolve questions regarding course eligibility to meet DHBC Standards. Additionally, DH Program Director will review all applicant documentation to verify for accuracy and ensure compliance with DHBC required admissions standards. Each admitted students file will contain verification A written statement has been added to the Program Handbook. See Document 7.”
 - 2. DHBC Determination:
 - a. **In compliance.**
 - iii. No evidence of PD providing input into clinic maintenance decisions.
 - 1. PCC Response and Documentation:

“Program Director will work closely with the Dean of Health Sciences to prioritize clinic maintenance and provide periodic updates on needs of clinic to ensure clinic operates in accordance with DHBC and Public Health Standards.”
 - 2. DHBC Determination:
 - a. **In compliance.**
- b. Overall DHBC Determination:
 - i. **Not in compliance.**
 - ii. The PCC DHEP director must have the authority and responsibility to administer the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.
 - iii. PCC shall provide a narrative and evidence of a PD assignment in compliance with 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4 by **January 16, 2023**.

3. Deficiency 3 - Clinic Infection Control Staffing

a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation:

"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation. District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."

b. DHBC Determination:

i. No evidence of staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

ii. **Not in compliance.**

iii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11 by **January 16, 2023**.

4. Deficiency 4 - Policies and Procedures

a. PCC Policies

i. Lack of formal Curriculum Management Plan.

1. PCC Response and Documentation:

"A Curriculum Management Plan has been created and is attached (Document #8 CMP). The program faculty will meet on a scheduled basis each year to review various aspects of the program curriculum, to review student performance with curricular outcomes and plan appropriate modifications to the curriculum to ensure students meet program outcomes."

ii. Lack of formal Patient Care Quality Assurance Plan.

1. PCC Response and Documentation:

"PCC has an established process for Patient Care Quality Assurance Plan. Each semester students provide direct patient care, each student has to give a Patient

Satisfaction Survey to at least 3 patients, and additional Survey forms are available in the reception area for interested patients to complete. Surveys then were reviewed for comments by Program Director/Faculty and addresses accordingly (Document #9 Patient Survey) Towards the end of each semester random chart audits were performed (3 charts/student) for correct and complete documentation (Document #10 Chart Audit) CPP DH Program has moved to mostly digital record keeping utilizing EagleSoft Software. The process has been reviewed and new forms have been created for the future (Documents #11, 12, 13). Moving forward we will also look to collect this information electronically using a QR code to help increase the number of responses received for evaluative and improvement processes.”

b. DHBC Determination:

i. **In compliance**

- ii. PCC shall continue to provide formal Curriculum Management and Patient Care Quality Assurance Plans pursuant to 16 CCR section 1105(d), in addition to CODA Standards 2-24 and 6-2.

5. Deficiency 5 - Admissions and DHBC Prerequisites

a. Admissions and DHBC Prerequisites:

i. Missing DHBC prerequisites.

1. PCC Response and Documentation:

“Program prerequisites have been corrected to reflect the CHEM 002A and CHEM 002B only. Website has been updated, and these criteria will be used starting with the cohort applying for Fall 2023 to stay consistent with the DHBC standards. Document 13a”

ii. Lack of evidence ensuring accepted students meet all DHBC requirements.

1. PCC Response and Documentation:

“Each admitted student file now contains a Check list of items that will be within enclosure containing student records. All contents of each student file were updated and now appear in a uniform fashion to facilitate Program Director and office staff review and to ensure full compliance with all required documentation. All files have been updated to include all necessary documents (File Folders 6 and 6a)”

- iii. No evidence of an “Admissions Committee”, in addition to lack of evidence of PD providing admissions input ensuring accepted students meet all DHBC requirements.

- 1. PCC Response and Documentation:

- “After the end of Application submission period, an Application Review Committee consisting of DH Program Director and FT faculty will review applicants selected in accordance with the published admissions guidelines created by the program faculty. The committee will maintain written records of the meeting. The process added to the DH Program Handbook Admissions Policy. Document 14 Excerpt from DH Program Handbook”*

- b. DHBC Determination:

- i. **In compliance**

- ii. PCC shall continue to require prerequisites and maintain an “Admissions Committee” for the DHEP program pursuant to 16 CCR Section 1105(f) in addition to CODA Standard 2-3.

6. Deficiency 6 - Required Program Curriculum

- a. Program Curriculum:

- i. Radiology curriculum out of sequence.

- 1. PCC Response and Documentation:

- “The program acknowledges that previous course sequence did not support student achieving full competency prior to working with patients, as student activities were fully supervised by licensed staff the program continually ensured the safety of patients. Starting with the next admitted cohort the program has changed the course sequence to ensure all students will be demonstrate competency with radiologic skills prior to allowing them to work with clinical patients. These curricular changes will be effective with the new cohort starting Fall 2023. (See Document 15).
Report of Course Sequence Changes has been submitted to CODA”*

- ii. Special Needs Competency.

- 1. PCC Response and Documentation::

- “The program has created a Special Patient Competency, to address “Special Needs Patients” and this created competency will be completed by all students during the senior year of the program. This competency will be assessed and evaluated in the same manner as all other required program competencies. (Documents 16, 17)”*

iii. Patient Requirements

1. PCC Response and Documentation:

“The program has established the following Periodontal Competencies to address the variety and scope of patients that program students are expected be able to demonstrate an ability to provide appropriate care for by the end of the program. These competencies will be recorded as part of our developed student competency tracking tool to ensure that each student has demonstrated minimal competency with a minimum number of patients in all areas as required by the program. (Document 15a)

The program director and faculty have created a universal competency tracking tool which will be available to all faculty and students through CANVAS. Furthermore, students will continue to be informed of all competencies and patient completion requirements via the Tracking tool and these will be published in the student handbook. See attached. Meanwhile, the college is working with the program director and faculty to find an alternate Competency Tracking Platform for future use. Documents 18, 19.”

b. DHBC Determination:

i. **In compliance.**

- ii. PCC shall continue to provide compliance with required program curriculum pursuant to 16 CCR sections 1105(c), 1105.2(b), 1105.2(c), 1105.2(e), and 1105.2(f), in addition to CODA Standards 2-9, 2-12, and 2-14.

7. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation:

“All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”

b. Determination:

- i. Five faculty still missing DHBC requisites.

ii. **Not in compliance.**

- iii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **January 16, 2023.**

- iv. PCC's evidence shall include, but not limited to:
 1. List of current faculty.
 2. Current DHBC Biosketches for all faculty.
 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above deficiencies **no later than January 16, 2023**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's 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 within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

February 10, 2023

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). 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 December 15, 2022, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance.

On January 20, 2023, and January 24, 2023, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance for the outstanding deficiencies. The results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

a. Insufficient clinic space provided to the DHEP to safely provide patient care.

i. PCC Response and Documentation on December 15, 2022:

1. Operatory chairs - less than three feet head-to-head between chairs.

- a. *"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections*
- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*
 - *minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)*
 - *each junior student is in 3 clinic sessions (10.8 hours)*
 - *See Document #1 Spring Schedule)*
 - *To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).*
 - *Senior DH Class has 13 students*

- *M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.*
- *Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."*

2. Mobile Barriers:

- a. *"With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."*

3. Central Sterilization Facilities – Barriers.

- a. *"A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"*
- b. *"Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"The above outlined plan is a long-term temporary solution until the school designates or builds a new Dental Hygiene Clinic. Summer and Fall Semesters will be addressed similarly as the Spring Semester, utilizing dental operatories in Dental Assisting section, with 1:4 faulty to student ratio."*
2. *"For the near future, there are 2 new building constructions planned to expand the instructional space at Pasadena City College. The administration and the Board of Trustees are aware of the need for Dental Hygiene clinic limitations and DHBC recommendations. There are several possibilities that are being considered to stay compliant with room occupancy, patient/student safety in accordance with State and Federal Laws and regulations, and DHBC recommendations."*
3. *"Please see tentative schedules attached (Tentative Summer 2023 schedule, Tentative Fall 2023 Schedule)"*

4. *"The order on vinyl curtains had been out for delivery since early December, but due to supply chain interruptions and delays, the shipment was received yesterday, on January 17, 2023. The facilities is installing it currently."*
5. *"Please see Pictures 1 and 2 for partial installation. The installation will be completed today after patients are dismissed for today and there are no more clinic sessions scheduled. The Program Director will send to the Board a picture of the final product."*

iii. PCC Response and Documentation on January 24, 2023:

1. *"I uploaded a picture of completed work on the vinyl barrier that separates the Clinic from the Sterilization are in the BOX (Vinyl Barrier Installed)."*

iv. DHBC Determination:

1. **In temporary compliance.**
2. PCC to provide an update on plans for **permanent facility compliance** for future classes **by September 1, 2023.**

b. Radiology Facilities - Panoramic radiology unit.

i. PCC Response and Documentation on December 15, 2022:

1. *"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)"*

ii. PCC Response and Documentation on January 24, 2023:

1. *"Wendy Fregosa, Radiation Protection Specialist form Los Angeles County Public Health conducted an investigation on 01/23/2023. Ms. Fregosa measured the scatter radiation around the panoramic x-ray unit and detected no exposure to clinicians. She deemed the process of our clinic using the Panoramic x-ray unit safe. I will forward the written report as soon as we receive it."*

iii. DHBC Determination:

1. **Not in compliance.**

2. PCC to provide Los Angeles County Public Health, Radiation Safety Division report to DHBC **by March 1, 2023.**

c. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

- ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent facility compliance due September 1, 2023.**

2. Deficiency 2 - Program Director Assignment

a. Insufficient time devoted to DHEP administration.

i. PCC Response and Documentation on December 15, 2022:

1. *“PD Assignment hours have been calculated to reflect the 51% Administrative hours for, currently 54.9% for Spring 2023 Semester. (See Document #6a). Additionally, the college is assessing the adequacy of reassigned time for program administration related duties, balancing honoring the collective bargaining agreement with the faculty union and the right to work under California employment law.”*
2. PCC provided a “Program Director Load Sheet” demonstrating a load of 61.45 hours per week for the PD, with 33.75 hours (54.92%) devoted to DHEP Administration and 27.7 hours (45.07%) devoted to teaching, class preparation and student counseling.

ii. PCC Response and Documentation on January 20, 2023:

1. “Please see the documents attached, reflecting PD loads for Summer, Fall 2022, and Spring 2023.”
2. PCC provided a “Program Director Load Sheet” for Spring 2023 demonstrating a load of 57.95 hours per week for the PD, with 33.75 hours (58.24%) devoted to DHEP

Administration and 24.2 hours (41.7%) devoted to teaching, class preparation and student counseling.

b. DHBC Determination:

i. In compliance.

- ii. The PCC DHEP director shall continue to have the primary assignment, authority, and responsibility to administer the DHEP 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 - Clinic Infection Control Staffing

a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation on December 15, 2022:

1. *"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation."*
2. *"District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"Currently DH clinic has a part-time (20hrs/week) professional expert (RDA) working in the sterilization area. There is a job announcement that has been running for the last year, and there have not been any applicants for the position. School administration has funds allocated for a new full-time position as a DH Clinic Assistant and the Human Resources is finalizing the job descriptions for the position to be posted by the end of January. DH faculty or Supervising DDS are supervising students and professional experts any time they are in the sterilization area during each clinic session."*

b. DHBC Determination:

- i. **In temporary compliance.**
- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11.
- iii. PCC shall provide evidence of **permanent compliance** by **May 1, 2023**.

4. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation on December 15, 2022:

1. *“All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”*

ii. PCC Documentation on January 20, 2023:

1. PCC submitted faculty documents for four of the five faculty still missing DHBC requisites.

b. Determination:

- i. Two faculty still missing DHBC requisites.
- ii. **Not in compliance.**
- iii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **March 1, 2023**.
- iv. PCC's evidence shall include, but not limited to:
 1. List of current faculty.
 2. Current DHBC Biosketches for all faculty.
 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above remaining deficiencies **no later than the above stated dates**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance**

of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's 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 within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC

Micah Young, M.D., Dean, PCC

Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

March 3, 2023

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). 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 December 15, 2022, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance.

On January 20, 2023, January 24, 2023, and March 1, 2023, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance for the outstanding deficiencies. The results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

a. Insufficient clinic space provided to the DHEP to safely provide patient care.

i. PCC Response and Documentation on December 15, 2022:

1. Operatory chairs - less than three feet head-to-head between chairs.

a. *"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections*

- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*

- minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)
- each junior student is in 3 clinic sessions (10.8 hours)
 - See Document #1 Spring Schedule)
- To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).
 - Senior DH Class has 13 students
 - M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.
 - Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."

2. Mobile Barriers:

- a. "With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."

3. Central Sterilization Facilities – Barriers.

- a. "A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"
- b. "Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."

ii. PCC Response and Documentation on January 20, 2023:

1. *"The above outlined plan is a long-term temporary solution until the school designates or builds a new Dental Hygiene Clinic. Summer and Fall Semesters will be addressed similarly as the Spring Semester, utilizing dental operatories in Dental Assisting section, with 1:4 faculty to student ratio."*
2. *"For the near future, there are 2 new building constructions planned to expand the instructional space at Pasadena City College. The administration and the Board of Trustees are aware of the need for Dental Hygiene clinic limitations and DHBC recommendations. There are several possibilities that are being considered to stay compliant with room occupancy, patient/student safety in accordance with State and Federal Laws and regulations, and DHBC recommendations."*
3. *"Please see tentative schedules attached (Tentative Summer 2023 schedule, Tentative Fall 2023 Schedule)"*
4. *"The order on vinyl curtains had been out for delivery since early December, but due to supply chain interruptions and delays, the shipment was received yesterday, on January 17, 2023. The facilities is installing it currently."*
5. *"Please see Pictures 1 and 2 for partial installation. The installation will be completed today after patients are dismissed for today and there are no more clinic sessions scheduled. The Program Director will send to the Board a picture of the final product."*

iii. PCC Response and Documentation on January 24, 2023:

1. *"I uploaded a picture of completed work on the vinyl barrier that separates the Clinic from the Sterilization area in the BOX (Vinyl Barrier Installed)."*

iv. DHBC Determination:

1. **In temporary compliance.**

2. PCC to provide an update on plans for **permanent facility compliance** for future classes **by September 1, 2023**.

b. Radiology Facilities - Panoramic radiology unit.

i. PCC Response and Documentation on December 15, 2022:

1. *"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)"*

ii. PCC Response and Documentation on January 24, 2023:

1. *"Wendy Fregosa, Radiation Protection Specialist from Los Angeles County Public Health conducted an investigation on 01/23/2023. Ms. Fregosa measured the scatter radiation around the panoramic x-ray unit and detected no exposure to clinicians. She deemed the process of our clinic using the Panoramic x-ray unit safe. I will forward the written report as soon as we receive it."*

iii. PCC Response and Documentation on March 1, 2023:

1. *"Please see the attached document from LAPH Radiation Safety Division."*
2. PCC provided the report from the LAPH Radiation Safety Division.
 - a. Report stated: *"The investigation determined that minimal scatter radiation was recorded in all regions surrounding the Hygiene Panoramic X-ray room."*
 - b. **Report stated: "The following violation of a Los Angeles County Ordinance requires a response within thirty-five days: Los Angeles County Ordinance Number 11.22.620 requires the shielding design for all new or substantially**

modified radiation facilities be submitted to this office for review and approval prior to installation. As of this date, no plans have been filed with this office for the X-ray facility noted above. A Radiation shielding application form was left at the time of inspection and must be completed and returned to this office for evaluation within 35 days from the date of this letter."

iv. DHBC Determination:

1. **Not in compliance.**

2. PCC to provide a copy of all responses, plans, and replies to and from the Los Angeles County Public Health, Radiation Safety Division to the DHBC **by September 1, 2023.**

c. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

- ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent facility compliance due September 1, 2023.**

2. Deficiency 3 - Clinic Infection Control Staffing

- a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation on December 15, 2022:

1. *"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has*

been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation."

2. *"District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"Currently DH clinic has a part-time (20hrs/week) professional expert (RDA) working in the sterilization area. There is a job announcement that has been running for the last year, and there have not been any applicants for the position. School administration has funds allocated for a new full-time position as a DH Clinic Assistant and the Human Resources is finalizing the job descriptions for the position to be posted by the end of January. DH faculty or Supervising DDS are supervising students and professional experts any time they are in the sterilization area during each clinic session."*

b. DHBC Determination:

i. **In temporary compliance.**

- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11.

- iii. PCC shall provide evidence of **permanent compliance** by **May 1, 2023**.

3. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation on December 15, 2022:

1. *"All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of*

Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”

ii. PCC Documentation on January 20, 2023:

1. PCC submitted faculty documents for four of the five faculty still missing DHBC requisites.

iii. PCC Response and Documentation on March 1, 2023:

1. *“As reported previously through and email regarding 2 Supervising DDS with incomplete biosketches (Methodology CE):*
 - *one of the DDS has retired as of January 1, 2023*
 - *Supervising DDS with the incomplete Biosketch,*
 - o **A contract for supervising DDS is unavailable, because as per Yuri Perez, Human Resources Assistant Director at PCC Human Resources, the supervising dentists do not have contracts. They are hired as Professional Experts and get paid \$51.50 per hour for 3 hours.**
 - *The DDS chose to complete the required Methodology CE course. The updated biosketch will be uploaded in the Box as soon as confirmation for the link is verified.”*

b. 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.

c. Determination:

i. DHBC requisites **in compliance.**

- ii. Faculty assignments **not in compliance.**
- iii. PCC shall provide a narrative and evidence of compliance with required faculty assignments pursuant to 16 CCR sections 1105.1(b) by **September 1, 2023.**
- iv. PCC's evidence shall include, but not limited to:
 - 1. List of current faculty.
 - 2. Current contracts for all faculty demonstrating a full or part-time agreement with PCC.

You will be required to provide evidence of compliance to the above remaining deficiencies **no later than the above stated dates.** As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with these deadlines could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's 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 within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

November 7, 2022

Robin Steinback, Ph.D.
President
Moreno Valley College
16130 Lasselle St.
Moreno Valley, CA 92551

Dear Dr. Steinback,

The Dental Hygiene Board of California (DHBC) has reviewed documentation provided by Moreno Valley College (MVC) for the appointment of Nicole Snitker as interim program director of MVC's Dental Hygiene Educational Program. The DHBC has determined that evidence of program compliance with the minimum dental hygiene educational program standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) is deficient.

Deficiency 1: Major Change Notification - Staffing Change

1. Documentation:
 - a. On Friday, October 28, 2022, the DHBC received notification from MVC experienced a change in administration.
 - i. Program director Debbie Moon resigned her position on August 19, 2022.
 - ii. Nicole Snitker assumed the interim program director position as of August 20, 2022.
2. Refer to:
 - a. 16 CCR section 1105.3(a)(2)(B):
 - (a) Each dental hygiene program holding a certificate of approval shall:
 - (2) Notify the Dental Hygiene Board within ten (10) days of any:
 - (B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.
3. Determination:
 - a. **Not in Compliance.**
 - b. MVC shall notify the DHBC of any changes pursuant to 16 CCR section 1105.3 within ten (10) days.

Deficiency 2: Major Change Notification – Program Director Assignment

1. Documentation:
 - a. Fall 2022 Teaching Contact Hours/Fall 2022 Current Supplemental Responsibilities
 - i. Teaching contact hours: 19.5 hours

- ii. Administration: 18 hours
- iii. Class Preparation: 2 hours
- iv. Student Counseling: 7 hours
- v. Committee Activity: 1 hour
- vi. Admissions and Recruitment: 2 hours
- vii. Total: 49.5 hours

b. Weekly Assignment Schedule provided the following:

- i. Monday:
 - 1. Teaching Responsibilities: 6 hours
 - 2. Office Hours: 2 hours
- ii. Tuesday:
 - 1. Teaching Responsibilities: 4 hours
 - 2. Office Hours: 1 hour
- iii. Wednesday:
 - 1. Teaching Responsibilities: 6 hours
 - 2. Office Hours: 2 hours
- iv. Thursday:
 - 1. Teaching Responsibilities: 3.75 hours
 - 2. Office Hours: 1 hour
- v. Friday:
 - 1. No assignments

2. Refer to:

- a. 16 CCR section 1105(j):

(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.
- b. 16 CCR section 1105.1(a)

(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.

- c. 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.
- d. 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.

3. Determination:

- a. **Not in Compliance.**
- b. MVC shall provide evidence of a program director pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to CODA Standards 3-2 and 3-4.

As MVC did not notify the DHBC of the change in program director within ten (10) days, MVC is in violation of 16 CCR section 1105.3, subdivisions (a)(2)(B). Additionally, the schedules provided for Ms. Snitker **do not demonstrate that her primary responsibility is for the operation, supervision, evaluation and revision of the program** pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), and CODA Standards 3-2 and 3-4.

MVC shall provide evidence of compliance by **November 21, 2022**. If MVC does not provide evidence of compliance by **November 21, 2022**, MVC may be subject to fines, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for MVC Dental Hygiene Educational Program 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 notification, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Kevin L. Stewart Jr., Dean of Instruction, STEM/CTE, Moreno Valley College
Nicole Snitker, RDH, M.S., Dental Hygiene Program Director, Moreno Valley College

November 23, 2022

Robin Steinback, Ph.D.
President
Moreno Valley College
16130 Lasselle St.
Moreno Valley, CA 92551

Dear Dr. Steinback,

On Friday, October 28, 2022, the Dental Hygiene Board of California (DHBC) received notification that Moreno Valley College (MVC) experienced a change in administration of their dental hygiene educational program. At that time, the DHBC determined that evidence of program compliance with the minimum dental hygiene educational program standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On November 17, 2022, MVC provided evidence of compliance for deficiencies reported in the November 7, 2022 Deficiency report. The determination is as follows:

Deficiency 1: Major Change Notification - Staffing Change

1. Documentation:

- a. In a letter dated November 17, 2022, MVC stated:
"First, in response to Deficiency 1, please accept my sincere apologies for the tardiness of notification. In good faith, coupled with internal policies and procedures surrounding faculty contracts, the intent is and was to always keep the Dental Hygiene Board of California informed timely. Because of this, and to ensure proper documentation, the delay in notification was rooted in ensuring all supporting information was appropriately signed and approved before doing so. Moving forward, this will not happen again."

2. Refer to:

- a. 16 CCR section 1105.3(a)(2)(B):
 - (a) Each dental hygiene program holding a certificate of approval shall:
 - (2) Notify the Dental Hygiene Board within ten (10) days of any:
 - (B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.

3. Determination:

- a. **In Compliance.**
- b. In the future, MVC shall notify the DHBC of any changes pursuant to 16 CCR section 1105.3 within ten (10) days.

Deficiency 2: Major Change Notification – Program Director Assignment

1. Documentation:

- a. In a letter dated November 17, 2022, MVC stated:
“Following the feedback provided specific to Deficiency 2, we've made the following changes to Professor Snitker's teaching assignment (see attachment). The changes are effective November 17th, 2022. As a result, Professor Snitker's new 22FAL teaching assignment includes an overall reduction in FTE by 0.0831. This equates to a total reduction of teaching contact hours assignment of 30 hours for the remainder of the term. Furthermore, to ensure compliance with 16 CCR section 1105(j), 16 CCR section 116 CCR section 1105.1(a), CODA Standards 3-2, and CODA Standards 3-4, we have initiated the hiring process for an additional full-time faculty member specific to the Dental Hygiene program. The hiring process will end following final local approval.”
- b. MVC provided an updated “Fall 2022 Teaching Contact Hours and Current Supplemental Responsibilities” and a “Weekly Assignment Schedule-Fall 2022”.

2. Refer to:

- a. 16 CCR section 1105(j):
(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.
- b. 16 CCR section 1105.1(a)
(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.
- c. 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.

- d. 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.

3. Determination:

- a. **In Compliance.**
- b. MVC shall continue to maintain a program director pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to 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 notification, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Kevin L. Stewart Jr., Dean of Instruction, STEM/CTE, Moreno Valley College
Nicole Snitker, RDH, M.S., Dental Hygiene Program Director, Moreno Valley College



February 27, 2023

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

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) has discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient for the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento).

Violation: CODA Accreditation Status Notification

1. Documentation:

- a. In a letter dated March 4, 2022, Carrington-Sacramento was notified as to their accreditation status as “approval without reporting requirements” along with their final report.
- b. After reviewing documentation and discussions with Carrington-Sacramento regarding their expansion request, it was discovered that Carrington-Sacramento did not provide their final CODA report to the DHBC.
- c. On Friday, February 24, 2023, the DHBC received formal notification from Carrington-Sacramento as to the CODA status of Carrington-Sacramento as “approval without reporting requirements,” two years post mandatory submittal to the DHBC. Carrington-Sacramento stated:

“Please accept this late submittal of the Carrington College San Jose CODA Site Visit response from February 2022. CODA will also have a ½ day follow-up visit to complete our virtual site visit on May 2, 2023.

We realized that our processes at the time were not working, and we have since made changes to the management of programmatic accreditation and had not realized this report had never been sent. I have also attached the Sacramento CODA letter.”

2. Refer to:

a. 16 CCR sections 1104(b)(1)

(b) The Dental 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 Dental Hygiene Board. In the event that an equivalent body has not been established by the Dental Hygiene Board, the standards shall be set by CODA.

(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, shall submit to the Dental Hygiene Board after each accreditation site visit an electronic copy of the Self-Study Report prepared for CODA (<https://www.ada.org/en/coda>), or the equivalent accrediting body, as determined by the Dental Hygiene Board, and a copy of the final report of the findings within thirty (30) days of the final report issuance.

3. Determination:

Not in Compliance.

As Carrington-Sacramento did not timely provide Carrington-Sacramento's final report from CODA, Carrington-Sacramento is in violation of 16 CCR section 1104, subdivision (b)(1).

Carrington-Sacramento shall provide Carrington-Sacramento's final report from CODA, as well as provide any and all correspondence received from or submitted to CODA, **by April 3, 2023.**

As Carrington-Sacramento is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington-Sacramento is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington-Sacramento and for Carrington-Sacramento's 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 within the state meet the same educational standards in preparing their graduates for the profession. If you

have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington-Sacramento



February 27, 2023

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

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient for the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento).

Violation: CODA Accreditation Status Notification

1. Documentation:

- a. In a letter dated March 4, 2022, Carrington-Sacramento was notified as to their accreditation status as “approval without reporting requirements” along with their final report.
- b. After reviewing documentation and discussions with Carrington-Sacramento regarding their expansion request, it was discovered that Carrington-Sacramento did not provide their final CODA report to the DHBC.
- c. On Friday, February 24, 2023, the DHBC received formal notification from Carrington-Sacramento as to the CODA status of Carrington-Sacramento as “approval without reporting requirements,” two years post mandatory submittal to the DHBC. Carrington-Sacramento stated:

“Please accept this late submittal of the Carrington College San Jose CODA Site Visit response from February 2022. CODA will also have a ½ day follow-up visit to complete our virtual site visit on May 2, 2023.

We realized that our processes at the time were not working, and we have since made changes to the management of programmatic accreditation and had not realized this report had never been sent. I have also attached the Sacramento CODA letter.”

- d. On Tuesday, February 28, 2023, the DHBC received CODA's Final Site Visit Report confirming the status of Carrington-Sacramento as "approval without reporting requirements."

2. Determination:

a. **In compliance.**

- b. Carrington-Sacramento shall continue to timely provide all correspondence received from or submitted to CODA to the DHBC in compliance with 16 CCR section 1104, subdivision (b)(1).

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

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Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington-Sacramento



February 27, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

The Dental Hygiene Board of California (DHBC) has discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient for the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-SJ).

Violation: CODA Accreditation Status Notification

1. Documentation:

- a. In a letter dated March 7, 2022, Carrington-SJ was notified as to their accreditation status as “approval with reporting requirements” along with their final report.
- b. After reviewing documentation and discussions with Carrington-SJ regarding their expansion request, it was discovered that Carrington-SJ's current CODA accreditation status is “approval with reporting requirements.”
- c. On Friday, February 24, 2023, the DHBC received formal notification from Carrington-SJ as to the CODA status of Carrington-SJ as “approval with reporting requirements” along with their final report, two years post mandatory submittal to the DHBC. Carrington-SJ stated:

“Please accept this late submittal of the Carrington College San Jose CODA Site Visit response from February 2022.
CODA will also have a ½ day follow-up visit to complete our virtual site visit on May 2, 2023.

We realized that our processes at the time were not working, and we have since made changes to the management of programmatic accreditation and had not realized this report had never been sent.”

2. Refer to:

a. 16 CCR sections 1104(b)(1)-(2)

(b) The Dental 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 Dental Hygiene Board. In the event that an equivalent body has not been established by the Dental Hygiene Board, the standards shall be set by CODA.

(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, shall submit to the Dental Hygiene Board after each accreditation site visit an electronic copy of the Self-Study Report prepared for CODA (<https://www.ada.org/en/coda>), or the equivalent accrediting body, as determined by the Dental Hygiene Board, and a copy of the final report of the findings within thirty (30) days of the final report issuance.

(2) If the educational program is granted CODA's, or an equivalent accrediting body's, as determined by the Dental Hygiene Board, status of "Approval with Reporting Requirements", the program shall submit to the Dental Hygiene Board copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, until such time as the status of "Approval without Reporting Requirements" is granted.

3. Determination:

Not in Compliance.

As Carrington-SJ did not timely notify the DHBC as to the CODA status of Carrington-SJ as "approval with reporting requirements," nor provide Carrington-SJ's final report, Carrington-SJ is in violation of 16 CCR section 1104, subdivisions (b)(1) and (b)(2).

Carrington-SJ shall provide evidence of compliance to the above violation, as well as provide any and all correspondence received from or submitted to CODA **by April 3, 2023.**

As Carrington-SJ is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington-SJ is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action,

including risking the DHBC's approval of Carrington-SJ and for Carrington-SJ's 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 within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-SJ



March 2, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

On February 27, 2023, the Dental Hygiene Board of California (DHBC) notified the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-SJ) that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient.

Violation: CODA Accreditation Status Notification

1. Initial Documentation:

- a. In a letter dated March 7, 2022, Carrington-SJ was notified as to their accreditation status as “approval with reporting requirements” along with their final report.
- b. After reviewing documentation and discussions with Carrington-SJ regarding their expansion request, it was discovered that Carrington-SJ's current CODA accreditation status is “approval with reporting requirements.”
- c. On Friday, February 24, 2023, the DHBC received formal notification from Carrington-SJ as to the CODA status of Carrington-SJ as “approval with reporting requirements” along with their final report, two years post mandatory submittal to the DHBC. Carrington-SJ stated:

“Please accept this late submittal of the Carrington College San Jose CODA Site Visit response from February 2022.
CODA will also have a ½ day follow-up visit to complete our virtual site visit on May 2, 2023.

We realized that our processes at the time were not working, and we have since made changes to the management of programmatic accreditation and had not realized this report had never been sent.”

2. Response Documentation Received on February 27, 2023:

- a. On Monday, February 27, 2023 the DHBC received formal notification from Carrington-SJ as to the CODA status of Carrington-SJ as "approval without reporting requirements," as well as CODA's notification letter dated February 27, 2023.
- b. Carrington-SJ stated: "Thank you for your communication. CODA sent the attached letter regarding our accreditation status "approval without reporting requirements" this morning."

3. Determination:

a. **In Compliance.**

- b. Carrington-SJ shall continue to timely notify the DHBC as to the CODA status of Carrington-SJ in compliance with 16 CCR section 1104(b).

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
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Jennifer Doupnik, Dean of Curriculum, Carrington College
Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-SJ



March 2, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

On Wednesday, March 1, 2023, the Dental Hygiene Board of California (DHBC) conducted a limited facility site visit for the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-SJ). The DHBC discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the visit are as follows:

Violation: Infection Control and Environmental Infection Control

1. Site Visit:

- a. No ventilation nor room exhaust ventilation present in the central sterilization facilities for the sterilization section of the processing area.
- b. Floors visibly dirty.

2. Refer to:

- a. BPC Section 1941.5(a)
The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.
- b. 16 CCR Section 1105.2(d)(3)(C)
An educational program shall comply with local, state, and federal health and safety laws and regulations.

c. Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003

- Pages 22 through 23
 - i. "The sterilization section of the processing area should include the sterilizers and related supplies, with adequate space for loading, unloading, and cool down. The area can also include incubators for analyzing spore tests and enclosed storage for sterile items and disposable (single-use) items (260). Manufacturer and local building code specifications will determine placement and room ventilation requirements."
 - ii. "Other factors might apply (e.g., room exhaust ventilation or 10 air exchanges/hour) to ensure DHCP safety (266,271)."
- Page 44
 - i. Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or an EPA registered hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled (IB) (243,244).

3. Determination:

a. **Not in Compliance.**

- b. Carrington-SJ is in violation of BPC Section 1941.5(a), 16 CCR Section 1105.2(d)(3)(C), and the Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003.
- c. Carrington-SJ shall provide evidence of compliance to the above violations **by June 1, 2023.**

As Carrington-SJ is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington-SJ is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington-SJ and for Carrington-SJ's 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 within the state meet the

same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

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Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-SJ



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Items 17 & 18

**Program Statistics: Enforcement, Licensing, Continuing
Education.**

Dental Hygiene Board of California Enforcement Statistics

FY 2022/23

Report data as of 2/28/2023

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	TOTAL
-------	------	------	------	-------	-------	-------	------	------	------	------	------	------	-------

Complaints Received

Consumer Complaints	4	10	5	10	6	7	12	6					60
Board Initiated Complaints	0	1	1	20	22	37	25	44					150
Arrests/Convictions	3	0	7	5	2	7	9	7					40
Applicants	4	8	2	8	0	3	2	4					31
Totals	11	19	15	43	30	54	48	61	0	0	0	0	281

Complaint Case Type Received

Criminal Charges/Convictions	7	7	9	13	2	10	11	11					70
Incompetence/Negligence	0	1	1	2	1	0	3	0					8
Non-Jurisdictional	2	4	3	4	4	4	3	5					29
Sexual Misconduct	0	0	0	0	0	0	0	0					0
Substance Abuse - No criminal charges	0	0	1	0	0	0	1	0					2
Unprofessional Conduct	2	1	0	22	23	38	25	44					155
Unlicensed	0	3	0	1	0	0	3	1					8
Unsafe/Unsanitary Conditions	0	0	0	1	0	0	2	0					3
Other	0	3	1	0	0	2	0	0					6

Complaint Closures w/no additional Disciplinary or Administrative Action

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	TOTAL
Application Approved	6	6	3	9	0	3	3	3					33
Insufficient Evidence	0	1	0	0	1	0	0	0					2
No Violation	0	6	1	9	0	2	3	3					24
No Jurisdiction	7	4	4	5	3	4	0	0					27
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)	0	0	4	2	3	0	1	0					10
Totals	13	17	12	25	7	9	7	6	0	0	0	0	96

Investigations

Open Investigations

Desk Investigations	83	77	71	78	99	142	110	161				
Field Investigations	28	32	30	34	35	35	36	36				
Totals	111	109	101	112	134	177	146	197	0	0	0	0

Closed Investigations

Desk Investigations	16	30	25	26	8	11	38	43				
Field Investigations	2	4	4	4	2	3	5	3				
Totals	18	34	29	30	10	14	43	46	0	0	0	0

Case Aging for Investigations (Open Cases)

Desk Investigations

0-6 months	55	43	39	45	64	100	69	121				
7-12 months	15	19	16	16	14	19	17	17				
>1 yr - 1.5 years	10	9	8	10	13	14	10	10				
>1.5 years - 2 years	3	5	6	4	5	6	9	9				
>2 years	1	2	2	3	3	3	5	4				

Field Investigations

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
<i>0-6 months</i>	14	17	17	21	19	19	19	20				
<i>7-12 months</i>	13	12	10	11	13	14	15	14				
<i>>1 yr - 1.5 years</i>	1	3	3	2	3	2	2	2				
<i>>1.5 years - 2 years</i>	0	0	0	0	0	0	0	0				
<i>>2 years</i>	0	0	0	0	0	0	0	0				

TOTAL

Attorney General's Office (AG)

Discipline

Cases Transmitted to AG	0	0	0	0	3	2	0	0				
Statement of Issues Filed	0	0	0	0	0	0	3	0				
Accusations Filed	0	0	0	1	0	0	0	0				
Accusations Withdrawn	0	0	0	0	0	0	0	0				
Revocation	0	0	0	0	0	0	0	0				
Surrender	0	0	0	0	0	0	0	0				
Probation	0	0	0	0	3	0	0	0				

Probation Subsequent

Discipline

Subsequent Case Transmitted to AG	0	0	0	0	1	0	1	0				
Petition to Revoke Probation Filed	0	0	1	0	0	0	0	1				
Accusation/Petition to Revoked Probation Filed	0	2	0	1	0	0	0	0				
Revoked	0	0	1	0	0	0	0	0				
Surrendered	0	0	0	0	0	0	0	0				
Probation Extended	0	0	0	0	0	0	0	0				

All AG Cases Pending Disciplinary Action

Totals	20	19	18	19	18	17	18	16				
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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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TOTAL

Case Aging for Pending AG Cases From Time of Transmittal

0-6 months	13	12	12	5	8	7	8	8				
7-12 months	6	6	5	14	10	7	7	5				
>1 yr - 1.5 years	0	0	0	0	0	3	3	3				
>1.5 years - 2 years	1	1	1	0	0	0	0	0				
>2 years	0	0	0	0	0	0	0	0				

Citation/Fine

Citations Issued	18	4	20	7	2	0	28	30				
Citations Modified	1	0	0	0	0	0	2	0				
Citation Affirmed	2	1	0	1	0	0	2	0				
Citations Dismissed	2	0	0	1	0	0	1	0				
Total Amount Ordered FY 22/23	\$45,300.00											

Probation

Active Probationers	20	18	17	17	18	21	20	19				
Tolled Probationers	3	3	3	3	3	3	3	3				
Biological Testing Probationers	14	13	13	13	14	14	13	13				
Positive Drug Screen for Banned Substances	0	0	0	0	0	0	0	0				
Violations of Probation Addressed	0	2	0	0	1	0	0	1				

Attachment 2: Application Received and Licenses Issued Statistics

APPLICATIONS RECEIVED: FY 2022/23															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
Initial Licensure Applications															
RDH Application by Exam	149	128	40	32	27	39	23	13	0	0	0	0	451		
RDH Application by Credential	1	9	2	4	3	1	5	2	0	0	0	0	27		
RDHAP Application	8	11	4	4	4	6	14	11	0	0	0	0	62		
Fictitious Name Permit Application	0	5	4	2	4	1	0	1	0	0	0	0	17		
License Renewal Applications															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
RDH Renewal Application	1,270	1,461	1,506	1,653	864	1,216	1,610	1,528	0	0	0	0	11,108		
RDHAP Renewal Application	54	51	59	50	31	39	45	111	0	0	0	0	440		
RDHEF Renewal Application	1	0	2	0	2	2	1	1	0	0	0	0	9		
Fictitious Name Permit Renewal Application	7	8	6	11	9	6	8	24	0	0	0	0	79		
LICENSES AND PERMITS ISSUED															
Type of License	Prior Years		Current Year FY 2022/23												
	FY 2019/20	FY 2020/21	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD
RDH License	659	802	55	112	129	126	42	44	35	33	0	0	0	0	2,037
RDHAP License	31	71	2	14	10	2	1	5	8	9	0	0	0	0	153
Fictitious Name Permit	13	14	1	4	2	1	3	1	0	2	0	0	0	0	41

Attachment 2 Law and Ethics Examination

License Type	Registered Dental Hygienist (RDH)								
Exam Title	RDH Law & Ethics Exam								
	Tested	Passed	%	Failed	%	1st Attempt to Pass Exam	%	Multiple Attempts to Pass Exam	%
FY 2020/21	917	815	89%	102	11%	726	89%	89	11%
Out of State	22	20	91%	2	9%	20	100%	0	0%
FY 2021/22	895	764	85%	131	15%	634	83%	130	17%
Out of State	17	15	88%	2	12%	14	93%	1	7%
FY 2022/23	734	571	78%	163	22%	447	78%	124	22%
Out of State	21	10	48%	11	48%	9	91%	1	9%

License Type	Registered Dental Hygienist in Alternative Practice (RDHAP)								
Exam Title	RDHAP Law and Ethics Exam								
	Tested	Passed	%	Failed	%	1st Attempt to Pass Exam	%	Multiple Attempts to Pass Exam	%
FY 2020/21	97	79	81%	18	19%	60	76%	19	23%
FY 2021/22	95	63	66%	32	34%	45	71%	18	29%
FY 2022/23	70	50	71%	20	29%	35	70%	15	30%
Out of State	0	0	0%	0	0%	0	0%	0	0%

Attachment 3: Licensing Population

Dental Hygiene License Population as of March 2, 2023		
License Type	License Status	Total
Registered Dental Hygienist (RDH)	Active (4 licenses have been reactivated due to *COVID-19)	17,799
	Inactive	1,765
	*Delinquent	4,200
	*Cancelled	10,568
	*Revoked	43
	*Surrendered	35
	*Other (Deceased)	220
	Retired	160
Registered Dental Hygienist in Alternative Practice (RDHAP)	Active	722
	Inactive	46
	*Delinquent	115
	*Cancelled	70
	*Revoked	1
	*Surrendered	3
	*Other (Deceased)	2
	Retired	8
Registered Dental Hygienist in Extended Functions (RDHEF)	Active	21
	Inactive	2
	*Delinquent	3
	*Cancelled	6
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Fictitious Name Permit (FNP)	Active	138
	Inactive	0
	*Delinquent	68
	*Cancelled	92
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Licensed Subtotal (Active, Inactive)		20,493
*Non-Licensed Subtotal (Delinquent, Cancelled, Revoked, Surrendered, Other)		15,585
Total		36,081

License Status Definitions	
Active	Current and updated license and allowed to practice in CA. Continuing Education (CE) hours completed within the preceding 24 months (biennially) is required to renew the license.
Inactive	Current license but cannot practice in CA. CE hours are not required for the biennial license renewal (exempt).

Attachment 3: Licensing Population

Delinquent	Biennial license renewal not completed after expiration date. May not practice in CA unless proof of renewal is received and in processing (BPC 121).
Cancelled	License not renewed for 60 months after the last expiration and may not be renewed, restored, reissued, or reinstated (BPC 1939). May not practice in CA.
Retired	Cannot practice in CA and not renewable unless licensee re-activates the retired license and pays a one-time fee to re-activate and meet other requirements
Revoked	Disciplinary action taken; may not practice in CA.
Surrendered	Disciplinary action taken; may not practice in CA.

***Non-Licensed includes -Delinquent, Cancelled, Revoked, Surrendered and other.**



MEMORANDUM

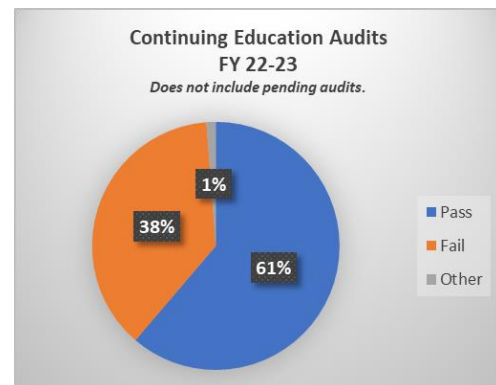
DATE	March 18, 2023
TO	Dental Hygiene Board of California
FROM	Sabra D'Ambrosio Continuing Education Audit Analyst
SUBJECT	FULL 18: Continuing Education Update Attachment 4

Continuing Education Update

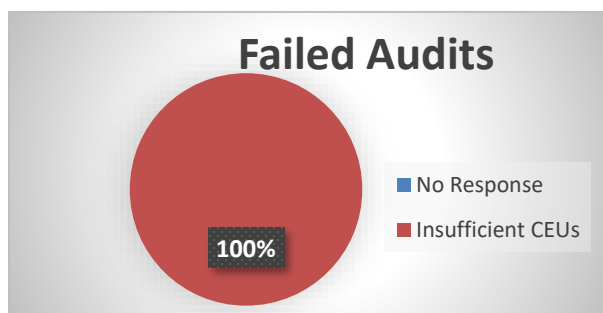
When initiating a CE audit, licensees are selected at random by the computer for staff to conduct the audit. The selected licensees have already completed their prior license renewals where they've attested under the penalty of perjury on the License Renewal Application that the number of required continuing education (CE) hours required by law to renew the license have been completed for the renewal.

In FY 2022/23, the Board initiated 515 Continuing Education (CE) audits through 2/28/2023. From the audits, there continues to be similar trends in the pass and fail rate of audited licensees.

Continuing Education Audits			
	FY 20/21	FY 21/22	FY 22/23
Pass	296	399	302
Fail	191	258	185
Other (Waived per 16 CCR 1017(m))	8	10	6
Pending	0	3	22
Total	495	670	515



The Board has received many reasons from licensees for failure to comply with the CE Audit. Frequently, licensees have expressed they have misplaced, destroyed, or lost their records. Pursuant to [Title 16 CCR 1017\(m\)](#), licensees shall retain for a period of three renewal cycles (6 years) the certificates of CE course completion issued to licensees and shall forward to the Board only upon request for an audit. A licensee who fails to retain the certification shall contact the CE provider to obtain a duplicate certification for submission to the Board and the licensee's record.



Failed audits are broken into two categories, No Response and Insufficient CEUs. Of those with insufficient CEUs, 21% failed to complete at least one mandatory CE course and 1% submitted a certificate with an invalid provider. The invalid provider may have had an expired permit, may not have been approved to teach a mandatory course, or may have had an invalid provider number.

Once a licensee has failed a CE audit, the file is forwarded to the Board's Enforcement Unit to work through them in issuing citation and fines with or without orders of abatement to address the CE deficiency. Pursuant to [Title 16 CCR 1139](#), the Board's Executive Officer or designee has the authority to issue a citation containing an order to pay a fine not to exceed \$5,000, and an order of abatement against a licensee for violation of the laws that govern the practice of dental hygiene. For failed CE audits, the Board has issued citation and fines in varying amounts ranging from \$250 - \$1,500 depending on the egregiousness of the failed audit. When issuing a citation, the Board considers many factors including but not limited to 1) The number of CE hours and type the licensee is deficient; 2) The licensee's reason for failing the audit; and 3) Whether the licensee completed mandatory CE hours in the required coursework of Infection Control, the Dental Practice Act, and Basic Life Support. Additionally, as with any citation that is issued, the Board references [Title 16 CCR 1140 Criteria to be Considered](#) when issuing a citation.

To communicate to licensees and the public, the Board has posted a link on the homepage of the website (www.dhbc.ca.gov) that opens directly to important continuing education information. Also, under the Licensee tab on the website, the open selection has a CE link to the same information. In addition, Board staff sent an email blast to all licensees and email subscribers about the CE Audit program and where to find CE information on our website.



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 19

Future Agenda Items.



Saturday, March 18, 2023

Dental Hygiene Board of California

Agenda Item 20

Adjournment.