

# DHBC

Dental Hygiene  
Board of California

**Friday, July 19, 2024**  
**DHBC Board Meeting Materials**





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

### **DHBC MEETING AGENDA**

The DHBC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard.

#### **Meeting Date and Time**

Friday, July 19, 2024  
9:00 am until Adjournment

**The DHBC will conduct the meeting in person in accordance with Government Code section 11123, subdivision (a), via WebEx teleconference for interaction, and Webcast viewing through the DCA portal listed below.**

#### **In Person Meeting Location**

Department of Consumer Affairs  
1625 North Market Blvd.  
HQ1 Hearing Room, 1st Fl.  
Sacramento, CA 95834

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

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 here 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:  
XXXXXX@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=ma359aa02631214c53b0d90c148389975>

**If joining using the link above:**

Webinar number: 2494 215 8187

Webinar password: DHBC719

**If joining by phone:**

+1-415-655-0001 US Toll

Access code: 2494 215 8187

Passcode: 23422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [Live Webcasts – Department of Consumer Affairs \(thedcapage.blog\)](#). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

**Members of the Board**

President - Dr. Carmen Dones, RDH Educator Member

Vice President - Sonia "Pat" Hansen, RDH Member

Secretary - Naleni "Lolly" Tribble-Agarwal, RDH Member

RDHAP Member – Michael Long

Dentist Member – Dr. Sridevi Ponnala

Public Member - Sherman King

Public Member – Dr. Justin Matthews

Public Member - VACANT

Public Member - VACANT

**The DHBC welcomes and encourages public participation in its meetings.**

**Please see public comment specifics at the end of this agenda.**

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

## **Agenda**

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.  
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action for Finalization of the DHBC 2024-2028 Strategic Plan.
4. DCA Office of Professional Examination Services (OPES) DHBC Law and Ethics Examination Presentation.
5. Adjournment to Committee Meetings.
6. Education Committee Meeting.
7. Legislation and Regulatory Committee Meeting.
8. Roll Call and Re-Establishment of a Quorum.
9. Future Agenda Items.
10. Adjournment.

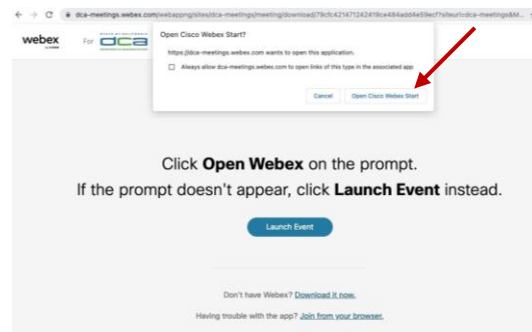
Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of 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](mailto: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.

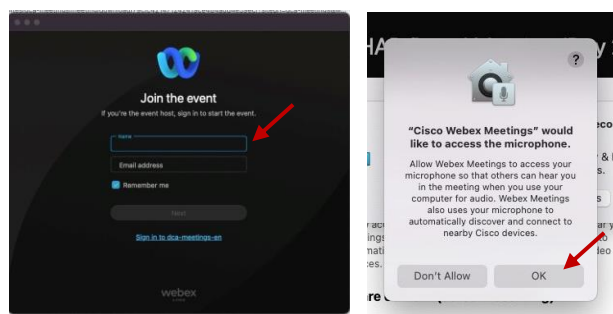
### If joining using the meeting link

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.

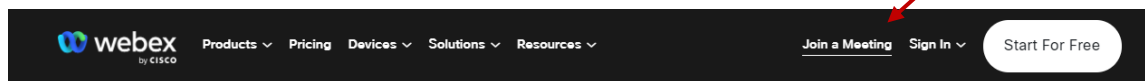


\* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

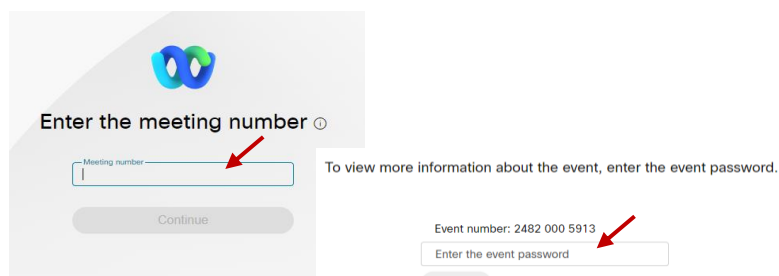
OR

### If joining from Webex.com

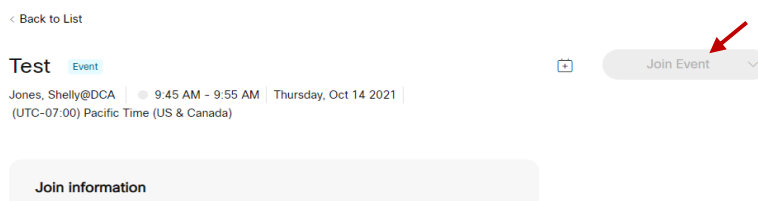
1 Click on "Join a Meeting" at the top of the Webex window.



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".



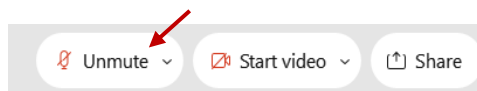
OR

### 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.

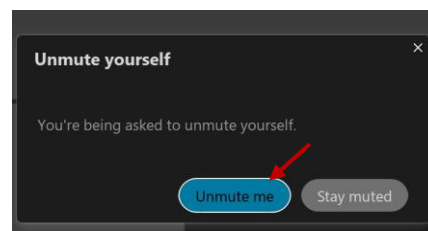


Green microphone = Unmuted: People in the meeting can hear you.



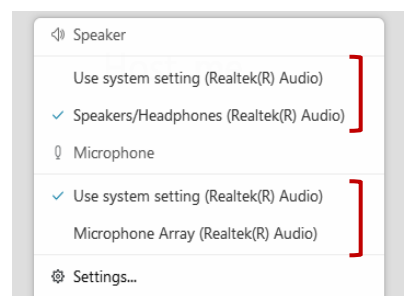
Red microphone = Muted: No one in the meeting can hear you.

*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".*



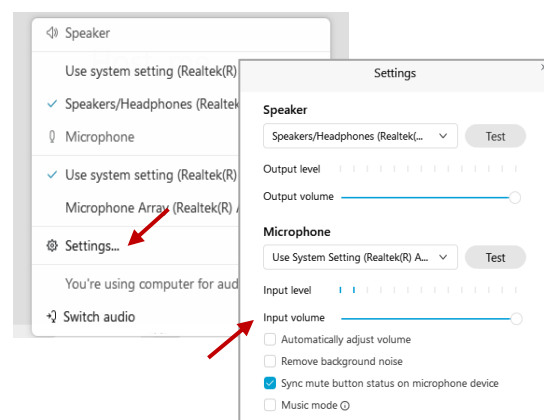
### If you cannot hear or be heard

- 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

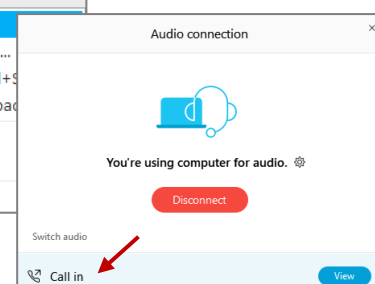
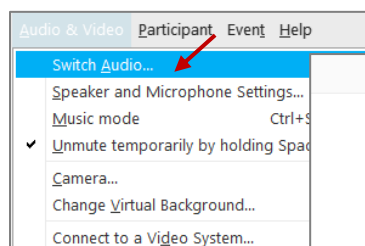
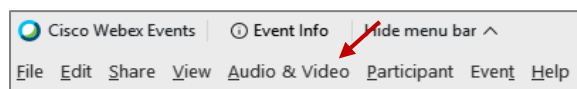
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
  - Click on "Settings...":
  - Drag the "Input Volume" located under microphone settings to adjust your volume.



### 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.



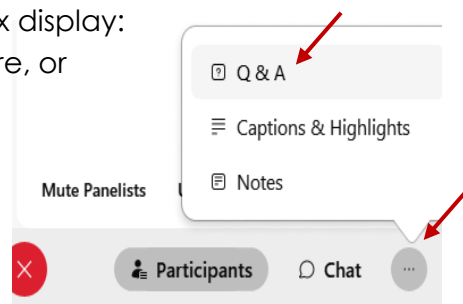
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

*NOTE: This feature is not accessible to those joining the meeting via telephone.*

### Q&A Feature

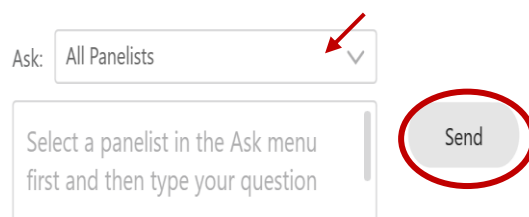
1 Access the Q&A panel at the bottom right of the Webex display:

- 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 —

### Hand Raise Feature

- 1
- Hovering over your own name.
  - Clicking the hand icon that appears next to your name.
  - Repeat this process to lower your hand.

If connected via telephone:

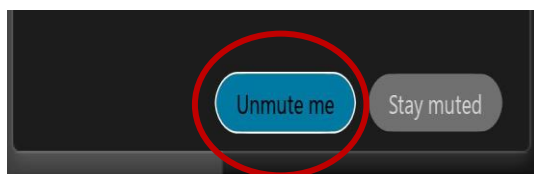
- Utilize the raise hand feature by pressing \*3 to raise your hand.
- Repeat this process to lower your hand.

### Unmuting Your Microphone



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.



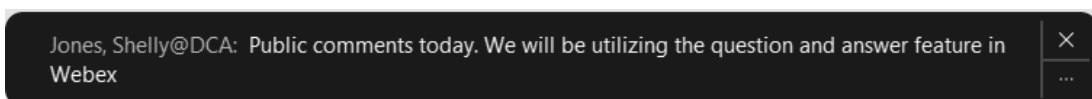
— OR —

If connected via telephone:

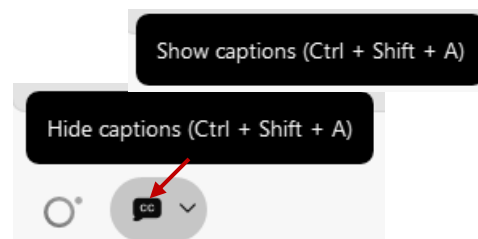
- Press \*3 to unmute your microphone.



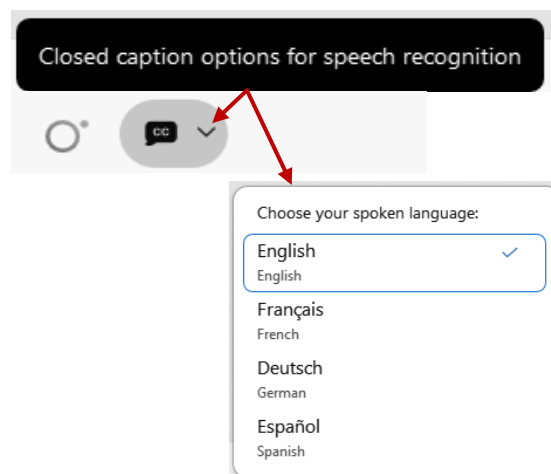
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



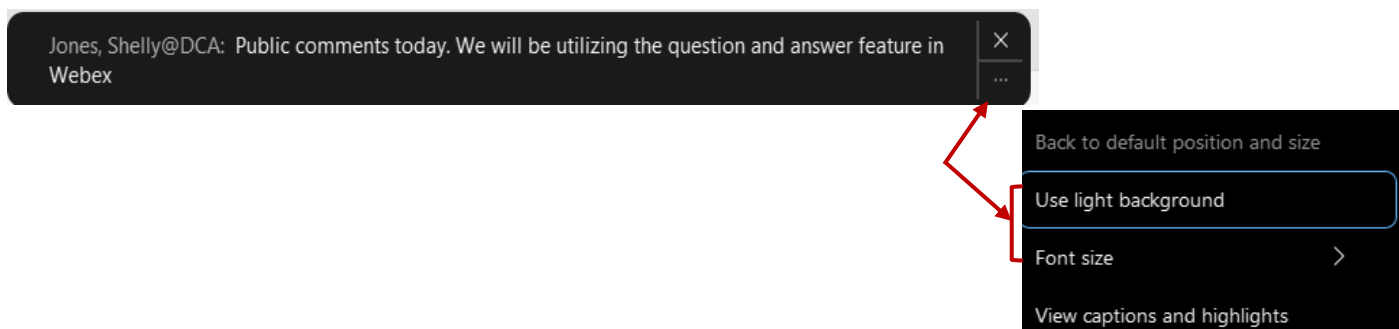
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Michael Long		
Justin Matthews		
Sridevi Ponnala		
Naleni "Lolly" Tribble-Agarwal		

**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 1**

**Roll Call & Establishment of Quorum.**

**Board Secretary to call the Roll.**



**Friday, July 19, 2024**

**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).]**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 3.**

**Discussion and Possible Action for Finalization of the  
DHBC 2024-2028 Strategic Plan.**



## MEMORANDUM

DATE	July 19, 2024
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer
SUBJECT	<b>FULL 3: Discussion and Possible Action for Finalization of the DHBC 2024-2028 Strategic Plan.</b>

### BACKGROUND:

On December 31, 2023, the Board's previous strategic plan expired, and a new plan needed to be created and implemented for future projects and goals. With the assistance of the Department of Consumer Affairs' SOLID Planning Unit, the steps completed over the past year for a new plan are as follows:

- 1) In preparation of the prior strategic plan expiring, staff met with the DCA SOLID Planning Unit on May 9, 2023, to discuss and initiate the steps of conducting and completing a new strategic plan.
- 2) On June 17, 2023, the Board met with the assistance of the SOLID team to establish objectives and goals for the new plan.
- 3) After the June 2023 planning session, the SOLID Planning Unit conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:
  - Phone/online interviews with board members and executive leadership during July through September of 2023.
  - Online surveys distributed to board management and staff, as well as external stakeholders, during the months of July and August of 2023.
- 4) On March 22, 2024, the SOLID team conducted a second strategic planning session where the most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public.
- 5) The SOLID team drafted a final draft of the 2024-2028 Strategic Plan and submitted it for review and final approval at today's meeting.

**ACTION REQUESTED:**

As a result of the strategic plan work that's been completed over the past year, staff recommends for the Board to review the final draft of the 2024-2028 Strategic Plan and approve it for implementation.

**PROPOSED MOTION LANGUAGE:**

I move for the Board to approve the final draft version of the Board's 2024-2028 Strategic Plan for immediate implementation.



# Dental Hygiene Board of California

## 2024-2028 Strategic Plan

Adopted: [Month Day, Year]

### Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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## Board Members

Dr. Carmen Dones, President, RDH Educator Member

Sonia "Pat" Hansen, Vice President, RDH Member

Naleni "Lolly" Tribble-Agarwal, Secretary, RDH Member

Sherman King, Public Member

Michael Long, RDHAP Member

Dr. Justin Matthews, Public Member

Dr. Sridevi Ponnala, Dentist Member

**Gavin Newsom, Governor**

**Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency**

**Kimberly Kirchmeyer, Director, Department of Consumer Affairs**

**Anthony Lum, Executive Officer, Dental Hygiene Board of California**

## About the Board

In 2002, the Joint Legislative Sunset Review Committee (JLSRC) agreed that “dental hygienists had reached the point where their responsibilities warranted a regulatory body, separate from the Dental Board of California (DBC).” The Dental Hygiene Committee of California (DHCC, Committee) was created in fiscal year (FY) 2009/10 as result of the passage of Senate Bill (SB) 853 (Ch. 31, Statutes of 2008) in 2008.

In 2018, SB 1482 (Ch. 858, Statutes of 2018) provided the authority for the DHCC to change to the Dental Hygiene Board of California (DHBC = Board). This change was substantial for several reasons. First, the name change legitimized the Board as an independent, autonomous government body and not a subdivision of another entity. Second, the replacement of “Committee” with “Board” emphasized that the Board is not affiliated or under the purview of the DBC. Although the Committee was never under the purview of the DBC since its inception, it was perceived to be under the DBC because many dental hygiene licensing entities across the nation are structured this way. The Board continues to be the only self-regulating dental hygiene oversight government agency with the mission of consumer protection in the United States.

The Board maintains authority over all aspects of licensing, enforcement, and investigation of California dental hygienists. Additionally, the Board approves all dental hygiene educational programs (DHEPs) in the state, providing the required education to become a licensed dental hygienist. According to the Business and Professions Code (BPC), Section 1900, the purpose of the Board is “to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

The Board is responsible for overseeing three categories of dental hygienists: registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and registered dental hygienist in extended functions (RDHEF). As a self-regulating agency, the Board develops and administers written licensing law and ethics examinations; conducts occupational analyses of the various professional categories; evaluates and approves educational programs and courses; pursues legislation; promulgates regulations and maintains licensing and enforcement responsibilities for the profession in the interest of consumer protection. Additionally, the Board participates in outreach and support of the dental and dental hygiene community with the goal of ensuring the highest quality of oral healthcare for all Californians. The Board regulates the dental hygiene profession as provided by the authority pursuant to BPC sections 1900 – 1967.4, California Code of Regulations (CCR), Title 16,

sections 1100 – 1144, in addition to several sections in DBC regulations pertaining to dental hygienists in the Dental Practice Act. The Board is provided the authority to use these regulations until the Board promulgates their own regulations pursuant to 16 CCR section 1906(d).

## Message from the Board President

On behalf of the Dental Hygiene Board of California, I am pleased to present the Board's Strategic Plan for 2024–2028.

Although intended to serve as a guide for coming years, the plan is reviewed annually to ensure the Board addresses current issues consistently with its stated goals and objectives. The 2024–2028 Strategic Plan evolved from a process that included a survey of stakeholders and Board staff, interviews with Board members, and a planning session facilitated by the Department of Consumer Affairs' Office of Strategic Organization, Leadership, and Individual Development (SOLID).

The Board historically carries out its mission of consumer protection through policies and initiatives that originate within its four standing committees of Education, Enforcement, Legislation and Regulation, and Licensing. The committees discuss respective strategic goals, objectives, and policies based on current and anticipated needs and demands of consumers and the dental hygiene profession. The Board is continually working to meet its regulatory, legislative, licensing, and enforcement obligations in protecting the consumer.

The Board's strategic goals and objectives reflect an ongoing commitment to continue improving its policies and performance to better serve consumers, licensees, and the public. In addition, specific objectives are updated annually to keep up with evolving trends in the practice of dental hygiene, such as the removal of the clinical examination requirement after January 1, 2024, for California dental hygiene graduates who apply for the license within 3 years of the graduation date. Because all Board-approved California dental hygiene educational programs teach a competency-based curriculum and provide dental hygiene services to patients for most of the program, the clinical examination was deemed excessive to obtain the license. We're also working to expand access to dental hygiene care with a focus to promote the Registered Dental Hygienist in Alternative Practice who provide these services in underserved areas, the homebound, and facility settings in the state.

We invite stakeholders to review this Strategic Plan and to monitor and support the Board's progress toward its goals and objectives by participating in Board meetings, rulemakings, and other activities. Information can be found on the Board's website, <http://www.dhbc.ca.gov>, and by signing up to receive email notification and information from the Board.

*Dr. Carmen Dones*

## **Board Mission, Vision, and Values**

### **Mission**

To protect the public and consumers by meeting the oral health needs of all Californians through equitable regulation, enforcement, and dental hygiene educational oversight.

### **Vision**

Access to high quality oral health care for all Californians.

### **Values**

- Accessibility
- Collaboration
- Communication
- Diversity, Equity, and Inclusion
- Integrity
- Public Service
- Transparency

## Goal 1: Licensing

**The Board establishes and maintains licensure and regulatory standards for access to licensure in the profession.**

- 1.1 Simplify renewal application language in BreZE.
- 1.2 Streamline the continuing education process to promote compliance.
- 1.3 Explore a Spanish language version of the California Law and Ethics exam to increase access.
- 1.4 Improve information provided to schools to better prepare students for the California Law and Ethics examination.

## Goal 2: Enforcement

**The Board protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.**

- 2.1 Increase the percentage of continuing education audits performed to improve compliance.
- 2.2 Identify efficiencies in the enforcement process to reduce processing times.
- 2.3 Develop a stronger onboarding and cross training process to support transition of new staff.
- 2.4 Educate board members on their role in the enforcement process to communicate expectations.
- 2.5 Increase licensee awareness about the enforcement process.
- 2.6 Develop accessible resources that assist consumers in filing complaints.
- 2.7 Review and amend disciplinary guidelines to ensure clarity and understanding.



## Goal 3: Legislation and Regulation

**The Board advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.**

- 3.1 Review current anesthesia supervision requirements and make recommendations for possible amendment to increase access to patient care.
- 3.2 Perform a comprehensive review of current scope of practice requirements and make recommendations for possible statutory changes to increase access to patient care.
- 3.3 Pursue regulations to transfer CCR Title 16 authority applicable to dental hygiene (Division 11) from existing dental board regulations (Division 10).

Note: Any scope of practice issues will be a collaborative effort between the Board and stakeholders which suits the best interest for consumer protection.

## Goal 4: Educational Oversight

**The Board regulates and enforces dental hygiene educational standards to improve both consistency and quality of the programs.**

- 4.1 Evaluate workload and seek additional staff resources if needed to increase site visits and improve oversight.
- 4.2 Propose new laws to further define acceptable non-hygiene dental courses that fulfill continuing education requirements.
- 4.3 Update regulations to allow credit for initial coursework from accredited programs.
- 4.4 Encourage expanded use of satellite campuses and distance education settings to provide access to care in rural settings.
- 4.5 Encourage schools to include student work in health care environments as curriculum related community service hours to increase access to public health care.

## Goal 5: Administration

**The Board builds and maintains an organization with effective governance, strong leadership, and qualified management.**

- 5.1 Evaluate workload and reorganize, or seek additional, management level staff resources if needed to improve oversight and increase effectiveness.
- 5.2 Improve methods of organizing and distributing meeting materials to board members.
- 5.3 Update the Board Member Procedural Manual to ensure board members are well-informed.
- 5.4 Collaborate with the Department of Consumer Affairs to update the board website to improve ease of use and accessibility.

## Goal 6: Outreach and Communication

**The Board provides communication, education, and information to stakeholders regarding the practice and regulation of the dental hygiene profession.**

- 6.1 Provide more information to students about the licensing process.
- 6.2 Increase outreach to consumers, applicants, and licensees through social media, newsletter, and website.
- 6.3 Improve communication with stakeholders.
- 6.4 Evaluate workload and seek additional staff resources if needed to perform more diverse outreach.

## Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- Phone/online interviews with board members and executive leadership during July through September of 2023.
- Online surveys distributed to board management and staff, as well as external stakeholders, during the months of July and August of 2023.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public during a strategic planning session facilitated by SOLID on March 22, 2024. This information guided the Board in the development of its strategic objectives outlined in this 2024-2028 strategic plan.

### **Dental Hygiene Board of California**

2005 Evergreen Street, Suite 1350  
Sacramento, CA 95815  
Phone: (916) 263-1978  
<https://www.dhbc.ca.gov>

Strategic plan adopted on [type date here].

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Hygiene Board of California on March 22, 2024. Subsequent amendments may have been made after the adoption of this plan.



Prepared by:  
**SOLID Planning Solutions**  
1747 N. Market Blvd., Ste. 270  
Sacramento, CA 95834



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Full Board Agenda Item 4.**

**Office of Professional Examination Services (OPES) DHBC  
Law and Ethics Examination Presentation.**





## MEMORANDUM

DATE	July 19, 2024
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer
SUBJECT	<b>FULL 4: DCA Office of Professional Examination Services (OPES) DHBC Law and Ethics Examination Presentation.</b>

### **BACKGROUND:**

To obtain a California (CA) dental hygiene license, applicants are required to complete an examination in law and ethics administered by the Board. This is to ensure all applicants are aware of the current laws and ethical standards expected of newly licensed individuals entering the profession. There are two separate examinations – one for the Registered Dental Hygienist (RDH) and one for the Registered Dental Hygienist in Alternative Practice (RDHAP) since there are areas and situations where RDHAPs are allowed to practice without the supervision of a licensed dentist.

Board members requested information and a presentation about the CA laws and ethics examination for dental hygienists to become familiar with the process. The DCA Office of Professional Examination Services is the program that oversees the examination creation, revision, and development in conjunction with subject matter experts which is then implemented by a third-party examination administrator (PSI) through testing centers located throughout the state and country.

### **ACTION REQUESTED:**

For the Board and meeting participants to enjoy OPES's presentation.

### **PROPOSED MOTION LANGUAGE:**

None.



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 5.**

**Adjournment to Committee Meetings.**

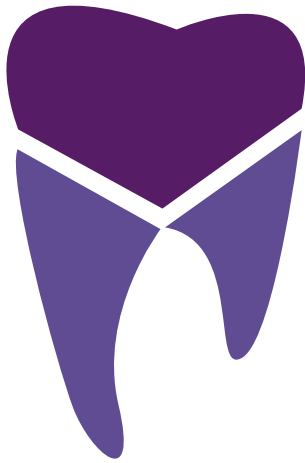


**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 6.**

**Education Committee Meeting.**



# DHBC

Dental Hygiene  
Board of California

**Friday, July 19, 2024  
Education Committee  
Meeting Materials**





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

### **EDUCATION COMMITTEE MEETING AGENDA**

The DHBC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

#### **Meeting Date and Time**

Friday, July 19, 2024  
**9:00 am until Adjournment**

**The DHBC will conduct the meeting in person in accordance with Government Code section 11123, subdivision (a), via WebEx teleconference for interaction, and Webcast viewing through the DCA portal listed below.**

#### **In Person Meeting Location**

Department of Consumer Affairs  
1625 North Market Blvd.  
HQ1 Hearing Room, 1st Fl.  
Sacramento, CA 95834

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

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 here 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:  
XXXXXX@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=ma359aa02631214c53b0d90c148389975>

**If joining using the link above:**

Webinar number: 2494 215 8187

Webinar password: DHBC719

**If joining by phone:**

+1-415-655-0001 US Toll

Access code: 2494 215 8187

Passcode: 23422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [Live Webcasts – Department of Consumer Affairs \(thedcapage.blog\)](#). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

**Members of the Education Committee**

Carmen Dones, Chair  
Sherman King  
Michael Long  
Justin Matthews  
Naleni "Lolly" Tribble-Agarwal

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

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

**Agenda**

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.

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

3. Discussion and Possible Action on the Status of the Pasadena City College Dental Hygiene Educational Program.
4. Discussion and Possible Action on the Status of the Taft College Dental Hygiene Educational Program.
5. Dental Hygiene Educational Program Site Visit Update
  - (a) Pasadena City College
  - (b) Carrington College-Sacramento
  - (c) Carrington College-San Jose
  - (d) Cypress College
  - (e) Taft College
  - (f) Cabrillo College
  - (g) Dental Hygiene Educational Program Site Visit Schedule.
6. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1941.
7. Future Agenda Items.
8. Adjournment of the Education Committee.

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 Committee Members prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee 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](mailto: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.





Member	Present	Absent
Carmen Dones, Chair		
Sherman King		
Michael Long		
Justin Matthews		
Naleni “Lolly” Tribble-Agarwal		

**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 1.**

**Roll Call & Establishment of Quorum.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 2.**

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

**[The Education Committee 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).]**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 3.**

**Discussion and Possible Action on the Status of the  
Pasadena College Dental Hygiene Educational Program.**

**MEMORANDUM**

<b>DATE</b>	July 19, 2024
<b>TO</b>	Education Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>EDU 3: Discussion and Possible Action on the Status of the Pasadena City College Dental Hygiene Educational Program.</b>

**BACKGROUND:**

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit on October 12, 2022, of the Pasadena City College Dental Hygiene Educational Program (PCC). 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 of the American Dental Association (CODA) was deficient.

At the Board's November 18, 2023 Full Board Meeting, the Board reviewed DHBC staff reports and documentation provided by PCC on December 15, 2022, January 20, 2023, January 24, 2023, March 1, 2023, May 1, 2023, May 17, 2023, May 1, 2023, June 30, 2023, September 15, 2023, September 25, 2023, September 26, 2023, October 2, 2023, and October 24, 2023, demonstrating areas of permanent and temporary compliance due for remaining deficiencies on September 15, 2023 (an extension of the original September 1, 2023 due date.)

At the March 23, 2024, Full Board Meeting, the Board expressed concerns regarding the "R" Building Educational and Facility Master Plan Project schedule, which addresses the timeline for the proposed "R" Building renovation, which includes the new dental education and clinical space in support of PCC. The Board determined the timeline for PCC to complete its intended plan is unacceptable as it is for multiple years and PCC will be operating at full capacity while non-compliant of the law. The Board additionally determined deficiencies that require correction are in the best interest of PCC students, faculty, and public who expect safe, sanitary conditions when administering and receiving dental hygiene services.

During the meeting, the Board deliberated issuing a citation and placing PCC on probation for two years with quarterly reporting requirements. PCC expressed concerns that PCC's request for funding will be affected if the PCC is not in good standing (i.e., on probation or issued a citation and fine or other punitive action).

The Board then determined to place PCC on probation for two years with quarterly reporting requirements, issuing a “stay” of the citation pending documentation from PCC that provides proof the citation would hinder PCC’s ability to receive funding.

On March 26, 2024, the Board requested a copy of the Federal Funding documentation stating that PCC must be in good standing to be awarded any funding due by May 1, 2024.

On May 1, 2024, PCC stated in an email “Pasadena City College is considering applying for Health Center Funds which could possibly augment funding available for building a new Dental Hygiene Clinic.” and provided the “HRSA Health Center Compliance Manual.” As PCC was “considering” applying for the funds, the Board did not consider this documentation as acceptable proof of documentation requiring the school to be in good standing to be awarded any funding. Additionally, the passages referred to were not clear as to which “requirements” HRSA deemed necessary to be in compliance with to be granted funding. The Board determined that because of this speculative action and the fact that PCC will continue to operate deficient of California law and CODA standards, the Board did not accept the submission to fulfill the Board’s request.

The Board then provided a two-week extension to provide this specific funding documentation and stated that if the documentation was not provided by May 15, 2024, the Board will place PCC on the Board’s July 20, 2024, meeting agenda for further action to reinstate the citation issued and stayed at the March 23, 2024, Board meeting.

The Board received no further correspondence on this matter from PCC.

Additionally, pursuant to previous Board action as notified on October 26, 2023, PCC was due to send a biannual (every six months) update to the Board on plans for permanent facility compliance for future classes beginning on May 1, 2024 to ensure progress towards compliance of the law. The Board did not receive the biannual update and on May 3, 2024, the Board extended the deadline for PCC’s biannual update by May 10, 2024. The Board again did not receive the update and on May 14, 2024, requested the required report to be sent by May 15, 2024 by 5:00 p.m. The Board received the report at 4:30 p.m. on May 15, 2024.

### **STAFF RECOMMENDATION:**

Due to the Board’s concerns regarding continued operations deficient of the law, staff recommends the Board to reinstate the citation issued and stayed at the March 23, 2024 Board meeting, and re-confirm placing Pasadena City College on probation for two years with quarterly reporting requirements.

**PROPOSED MOTION LANGUAGE:**

Motion for the Education Committee to recommend to the Full Board to reinstate the citation issued and stayed at the March 23, 2024 Board meeting, and re-confirm placing Pasadena City College on probation for two years with quarterly reporting requirements due to non-compliance of the law, as no evidence affecting DHEP funding from a Board citation was submitted.



**Division of Health Sciences**

**Dental Hygiene Board of California  
2005 Evergreen Street, Suite 1350  
Sacramento, California 95815  
Attn: Dr. Adina Petty, DDS**

**Quarterly Progress Report – May 14, 2024**

Pasadena City College is submitting this letter as our quarterly report documenting our progress to the identified area of non-compliance with the DHBC requirements for more modern clinical facilities to promote safe and effective care of patients in the Dental Hygiene Clinic at Pasadena City College.

***Deficiency 1 – Clinical Facilities***

*a. Insufficient clinic space provided to the DHEP to safely provide patient care.*

*b. Response by PCC on September 24, 2023:*

*i. PCC stated: “The “R” Building Educational and Facility Master Plan Project schedule – which addresses the timeline for the proposed “R” Building renovation, which includes the timeline for a new dental education and clinical space in support of the Dental Hygiene Program.”*

*ii. PCC provided FMP Project Schedule and PCC Projects Schedule.*

*c. Determination:*

*i. In temporary compliance.*

*ii. PCC to provide a biannual (every six months) update to the Board on plans for permanent facility compliance for future classes beginning on May 1, 2024 to ensure progress towards compliance of the law.*

*iii. PCC shall continue to 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.*

### **Actions Taken by PCC since our last update to the DHBC**

Since our last update to the Dental Hygiene Board of California, the College has begun the process of procuring an architect to evaluate the feasibility or retrofitting the existing clinical space and/or begin the process or programming a new space. We hope to be able to submit an RFP to the board as evidence of our progress in this capacity by our next reporting date. As this process will require approval of our Board of Trustees.

The college will endeavor to keep the DHBC informed of any proposed changes to the educational program once modernization plans have been received and we will seek your approval prior to formally adopting any proposed modernization plans or new facility plans.

Pasadena City College respectfully requests approval of the Board to continue with our present instructional plan using the clinic at 50% capacity but maintaining our normal cohort size using an expanded number of clinic sessions.

Sincerely,  
*Micah Young M.D.*  
Micah Young, MD  
Dean of Health Sciences



**From:** Micah L. Young  
**To:** Petty, Adina@DCA  
**Cc:** Lum, Anthony@DCA; Law, Albert@DCA; Jose A. Gomez; Laura M. Ramirez; Adrine A. Reganian; Candace D. Jones  
**Subject:** RE: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding  
**Date:** Wednesday, May 15, 2024 4:30:54 PM  
**Attachments:** image004.png  
image005.png  
image006.png  
DHBC Quarterly Report - May 15- 2024.pdf

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**This Message is From an External Sender**

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Good afternoon Dr. Petty,  
Please see our quarterly progress report for the Dental Hygiene Program at Pasadena City College.  
Sincerely,

Dr. Micah Young, M.D.  
Dean, Health Sciences  
Pasadena City College  
1570 E. Colorado Blvd.  
Pasadena, CA 91106  
Telephone: [REDACTED]

---

**From:** Petty, Adina@DCA <Adina.Petty@dca.ca.gov>  
**Sent:** Tuesday, May 14, 2024 10:55 AM  
**To:** Micah L. Young <[REDACTED]>  
**Cc:** Lum, Anthony@DCA <Anthony.Lum@dca.ca.gov>; Law, Albert@DCA <Albert.Law@dca.ca.gov>; Jose A. Gomez <[REDACTED]>; Laura M. Ramirez <[REDACTED]>; Adrine A. Reganian <[REDACTED]>  
**Subject:** Re: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding  
**Importance:** High

Good Morning, Dr. Young,

Please see below. Pasadena City College Dental Hygiene Educational Program (PCC) was due to send a compliance report by May 1, 2021, but was given an extension date of May 10, 2024.

To date we have not received PCC's report.

The failure to comply with the mandates set by the Board, could result in further actions. Please send the required report by May 15, 2024 by 5:00 p.m.

Thank you,  
Adina A. Pineschi-Petty DDS  
Education, Legislation, and Regulatory Specialist  
Dental Hygiene Board of California

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**From:** Petty, Adina@DCA <[Adina.Petty@dca.ca.gov](mailto:Adina.Petty@dca.ca.gov)>  
**Sent:** Friday, May 3, 2024 6:52 AM  
**To:** Micah L. Young <[REDACTED]>  
**Cc:** Lum, Anthony@DCA <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>; Jose A. Gomez <[REDACTED]>; Laura M. Ramirez <[REDACTED]>; Adrine A. Reganian <[REDACTED]>  
**Subject:** RE: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding

Good Morning, Dr. Young,

Please disregard previous email as the official action will not commence until PCC receives notice from the Board.

So PCC is aware, probation will include responsibilities PCC must abide by. Regulations involving probation of dental hygiene educational programs may be found in California Code of Regulations, Title 16, section 1104.3(c) and may be found here:  
[https://govt.westlaw.com/calregs/Document/ICC5A2B80D45A11EDA6283814282AA05E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/ICC5A2B80D45A11EDA6283814282AA05E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

The notification will outline PCC-specific responsibilities and will be sent shortly.

However, pursuant to previous Board action as notified on October 26, 2023 (see attached), PCC was due to send a biannual (every six months) update to the Board on plans for permanent facility compliance for future classes beginning on **May 1, 2024** to ensure progress towards compliance of the law.

As of yet, the Board has not received that update.

Please send PCC's biannual update by **May 10, 2024**.

If I may be of further assistance, please feel free to contact me.

Sincerely,

**Adina A. Pineschi-Petty, DDS**

Education, Legislative, and Regulatory Specialist



2005 Evergreen Street, Suite 1350  
Sacramento, CA 95815  
916.576.5002  
916.623.4093 (fax)

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**From:** Micah L. Young [REDACTED]  
**Sent:** Wednesday, May 1, 2024 4:02 PM  
**To:** Petty, Adina@DCA <[Adina.Petty@dca.ca.gov](mailto:Adina.Petty@dca.ca.gov)>  
**Cc:** Lum, Anthony@DCA <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>; Jose A. Gomez [REDACTED]; Laura M. Ramirez [REDACTED]; Adrine A. Reganian [REDACTED]; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>  
**Subject:** RE: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding

Good afternoon Dr. Petty,

Thank you for confirming receipt of the communication.

I look forward to providing you with the additional clarifying information that you have requested on or before the requested deadline.

Sincerely,

Micah

Dr. Micah Young, M.D.  
Dean, Health Sciences  
Pasadena City College  
1570 E. Colorado Blvd.  
Pasadena, CA 91106

Telephone: [REDACTED]

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**From:** Petty, Adina@DCA <[Adina.Petty@dca.ca.gov](mailto:Adina.Petty@dca.ca.gov)>

**Sent:** Wednesday, May 1, 2024 3:14 PM

**To:** Micah L. Young [REDACTED]

**Cc:** Lum, Anthony@DCA <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>; Jose A. Gomez

[REDACTED]; Laura M. Ramirez [REDACTED]; Adrine A. Reganian [REDACTED]

Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>

**Subject:** RE: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding

**Importance:** High

Good Afternoon, Dr. Young,

On Tuesday, March 26, 2024, the Dental Hygiene Board of California (Board) requested a copy of the Federal Funding documentation stating that the school must be in good standing to be awarded any funding.

You stated: "Pasadena City College is considering applying for Health Center Funds which could possibly augment funding available for building a new Dental Hygiene Clinic." and provided the "HRSA Health Center Compliance Manual". As Pasadena City College is "considering" applying for the funds, the Board does not consider this documentation as acceptable proof of documentation requiring the school to be in good standing to be awarded any funding. Additionally, the passages you referred to were not clear as to which "requirements" HRSA deemed necessary to be in compliance with to be granted funding. Because of this speculative action and the fact that the Pasadena City College Dental Hygiene Educational Program will continue to operate deficient of California law and the American Dental Association's Commission on Dental Accreditation standards, the Board cannot accept what has been submitted to fulfill the Board's request.

The Board requested specific information stating that the school's request for funding will be affected if the school is not in good standing (i.e., on probation or issued a citation and fine or other punitive action) since this was requested at the March 2024 Board meeting and action against the school was affected.

The Board is reasonable and will grant you a two-week extension to provide this information. Therefore, if the requested specific funding documentation is not provided by May 15, 2024, the Board will place the Pasadena City College Dental Hygiene Educational Program on the Board's July 20, 2024, meeting agenda for further action to reinstate the citation issued and stayed at the March 23, 2024, Board meeting.

If I may be of further assistance, please feel free to contact me.

Sincerely,

**Adina A. Pineschi-Petty, DDS**

Education, Legislative, and Regulatory Specialist



2005 Evergreen Street, Suite 1350

Sacramento, CA 95815

916.576.5002

916.623.4093 (fax)

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---

**From:** Micah L. Young [REDACTED]

**Sent:** Wednesday, May 1, 2024 1:50 PM

**To:** Petty, Adina@DCA <[Adina.Petty@dca.ca.gov](mailto:Adina.Petty@dca.ca.gov)>

**Cc:** Lum, Anthony@DCA <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>; Jose A. Gomez

[REDACTED]; Laura M. Ramirez [REDACTED] Adrine A. Reganian [REDACTED]

**Subject:** RE: Dental Hygiene Board of California Request for Documentation Regarding Federal Funding

Good afternoon Dr. Petty,

Please see the compliance manual from HRSA which provides as to what is fundable under their guidelines for Health Center eligibility.

Pasadena City College is considering applying for Health Center Funds which could possibly augment funding available for building a new Dental Hygiene Clinic.

In part of any application that we submit we would need to demonstrate compliance with all Federal (HHS) guidelines in addition to those statutes and regulations of our governing boards within the State, inclusive of the DHBC which has regulatory approval for the Dental Hygiene Program located at Pasadena City College.

If the College, or program is unable to demonstrate compliance with the funding requirements, it will impact both funding eligibility and the college's competitiveness for limited available funds.

Please let me know if this is sufficient or if additional information is required.

Sincerely,

Dr. Micah Young, M.D.

Dean, Health Sciences

Pasadena City College

1570 E. Colorado Blvd.

Pasadena, CA 91106

Telephone: [REDACTED]

---

**From:** Petty, Adina@DCA <[Adina.Petty@dca.ca.gov](mailto:Adina.Petty@dca.ca.gov)>

**Sent:** Tuesday, March 26, 2024 7:30 AM

**To:** Micah L. Young [REDACTED]

**Cc:** Lum, Anthony@DCA <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>; Law, Albert@DCA <[Albert.Law@dca.ca.gov](mailto:Albert.Law@dca.ca.gov)>; Jose A. Gomez

[REDACTED]; Laura M. Ramirez [REDACTED]; Adrine A. Reganian [REDACTED]

**Subject:** Dental Hygiene Board of California Request for Documentation Regarding Federal Funding

**Importance:** High

Good Morning, Dr. Young,

Pursuant to your representation at the Dental Hygiene Board of California's (Board) meeting on Saturday, March 23, 2024, the Board is requesting a copy of the Federal Funding documentation stating that the school must be in good standing to be awarded any funding.

Please provide the documentation by May 1, 2024.

If I may be of further assistance, please feel free to contact me.

Sincerely,

**Adina A. Pineschi-Petty, DDS**

Education, Legislative, and Regulatory Specialist



2005 Evergreen Street, Suite 1350

Sacramento, CA 95815

916.576.5002

916.263.2688 (fax)

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**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 4.**

**Discussion and Possible Action on the Status of the Taft  
College Dental Hygiene Educational Program.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Education Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>EDU 4: Discussion and Possible Action on the Status of the Taft College Dental Hygiene Educational Program.</b>

### **BACKGROUND:**

Dental Hygiene Board of California (DHBC, Board) staff conducted a site visit at the Taft College Dental Hygiene Educational Program (Taft) on February 21 - 22, 2024. This site visit was generated due to the review of Taft's Self Study as prepared for the Commission on Dental Accreditation of the American Dental Association (CODA), as well as to the Board's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and CODA was deficient.

At the March 23, 2024 Full Board meeting, the Board was informed that Taft was determined to have seven violations. The most egregious of the violations was that Taft failed to ensure dental hygiene students completed all requirements for graduation established by Taft, the Board, and CODA. Therefore, several 2022 and 2023 graduates did not meet all program requirements to receive licensure as verified through reviewed documentation. These students obtained licensure based on notification from the program (letters from the program director) that Taft requirements were completed. However, as discovered during the site visit, the students failed to complete Taft, Board, and CODA requirements to be issued a dental hygiene license in California. Additionally, the Board was informed that this was not the first time Taft failed to ensure dental hygiene students completed all requirements for graduation established by Taft, the Board, and CODA. Due to complaints received in April of 2017, staff conducted site visits on May 8, 2017, and May 15, 2017 and determined many students failed to complete all requirements for graduation established by Taft, the Board, and CODA, as well as to a lack of a central grading database.

During the meeting, the Board deliberated issuing a citation and fine, and placing Taft on probation for three years with quarterly reporting requirements. Taft expressed concerns that Taft's request for funding will be affected if the Taft is not in good standing (i.e., on probation or issued a citation and fine or other punitive action).

The Board then determined to place Taft on probation for three years with quarterly reporting requirements, issuing a “stay” of the citation pending documentation from Taft that provides proof the citation would hinder Taft’s ability to receive funding.

On March 26, 2024, the Board requested a copy of the Federal Funding documentation stating that the school must be in good standing to be awarded any funding due by May 1, 2024. On April 30, 2024, Taft provided a “Funding Exhibit and Vocational Center Narrative.” The Board determined this documentation did not provide any of the information the Board requested.

The Board then provided a two-week extension to provide this specific funding documentation and stated that if the documentation was not provided by May 15, 2024, the Board will place Taft on the Board’s July 20, 2024, meeting agenda for further action to reinstate the citation issued and stayed at the March 23, 2024, Board meeting. On May 15, 2024, Taft sent a response letter stating, “After careful review of potential funding opportunities, we are not able to provide supporting documentation regarding an institution to be ‘in good standing’ to receive capital improvement funds.”

On May 13-14, 2024, Board staff conducted a limited site visit to check progress of Taft towards compliance of their violations (report attached). **Of note:** After a review of student files, the current Taft graduating class has completed all DHBC, CODA, and Taft requirements for graduation. Additionally, the remaining violations discovered during the February 21 - 22, 2024 site visit are in temporary compliance with a due date of September 1, 2024 for Taft to come into full compliance.

### **STAFF RECOMMENDATION:**

As Taft demonstrates repeated violations of the law and CODA Standards by graduating students lacking Taft, CODA, California state mandated requirements for licensure, staff recommends the Board to reinstate the citation issued and stayed at the March 23, 2024 Board meeting, and re-confirm the fine of \$2,000 (\$1,000 for each year of graduating unqualified students pursuant to the law), and placing Taft on a three-year probation period with quarterly reporting requirements identifying corrective measures where the program will be reassessed. Again, during the probation period, Taft may experience announced and unannounced site visits from Board staff to check on the progression toward compliance or further Board action.

### **PROPOSED MOTION LANGUAGE:**

I move for the Education Committee to recommend to the Full Board to reinstate the citation issued and stayed at the March 23, 2024 Board meeting, and re-confirm the fine of \$2,000 (\$1,000 for each year of graduating unqualified students pursuant to the law), and placing Taft on a three-year probation period with quarterly reporting requirements

identifying corrective measures where the program will be reassessed, as no evidence affecting DHEP funding from a Board citation was submitted. Additionally, during the probation period, Taft may experience announced and unannounced site visits from Board staff to check on the progression toward compliance or further Board action.





**DENTAL HYGIENE BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | [www.dhbc.ca.gov](http://www.dhbc.ca.gov)



May 20, 2024

Brock McMurray  
Superintendent/President  
Taft College  
29 Cougar Court  
Taft, CA 93268

Dear President McMurray,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Taft College Dental Hygiene Educational Program (Taft) on February 21 - 22, 2024. This site visit was generated due to the review of Taft's Self Study as prepared for the Commission on Dental Accreditation (CODA), as well as to the Board's oversight goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and CODA was deficient.

On April 4, 2024, Taft provided a narrative and documentation as evidence of compliance to the violations. Additionally, Board staff completed a site visit on May 13 – 14, 2024 to confirm compliance as to student completion data.

The results of the review and site visit are as follows:

**I. Violation 1: DHBC and CODA DHEP Requirements.**

[Deficient of BPC Section 1941(a), 16 CCR Section 1105.2(d)(4)(F)(i), 16 CCR Section 1105.2(e), 16 CCR section 1107(b)(9)(A), and CODA Standards 2-12 and 2-14.]

A. Taft to require and provide evidence of students completing DHBC, CODA, and Taft DHEP requirements prior to graduation pursuant to 16 CCR Section 1105.2(d)(4)(F)(i), 16 CCR Section 1105.2(e), 16 CCR section 1107(b)(9)(A), and CODA Standards 2-12 and 2-14.

B. Taft Response and Documentation:

1. **Issue 1:** Taft does not require students to see patients with all classifications of periodontal diseases.

a. Taft states:

1. "As of March 16, 2024, students are on track to meet all requirements to demonstrate competency in periodontal disease categories appropriate for teaching and learning by May 8, 2024. All students have completed Stages I, II, and III (mild-moderate-severe disease). Based on the Stage IV description, patients assessed in the Taft College Dental Hygiene clinic who are classified as Stage IV would be referred to a specialist after evaluation by the faculty dentist."
2. "16 CCR Section 1105.2 (e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement."
3. "The American Association of Periodontology classifies disease categories using the 2017 descriptors:
  - i. Stage I periodontitis (mild disease) patients will have probing depths  $\leq 4$  mm, CAL  $\leq 1$ -2 mm, horizontal bone loss, and will require non-surgical treatment. No post-treatment tooth loss is expected, indicating the case has a good prognosis going into maintenance."
  - ii. Stage II periodontitis (moderate disease) patients will have probing depths  $\leq 5$  mm, CAL  $\leq 3$ -4 mm, horizontal bone loss, and will require non-surgical and surgical treatment. No post-treatment tooth loss is expected, indicating the case has a good prognosis going into maintenance.
  - iii. Stage III periodontitis (severe disease) patients will have probing depths  $\geq 6$  mm, CAL  $\geq 5$  mm, and may have vertical bone loss and/or furcation involvement of Class II or III. This will require surgical and possibly regenerative treatments. There is the potential for tooth loss from 0 to 4 teeth. The complexity of implant and/or restorative treatment is increased. The patient may require multi-specialty treatment. The overall case has a fair prognosis going into maintenance.
  - iv. Stage IV periodontitis (very severe disease) patients will have probing depths  $\geq 6$  mm, CAL  $\geq 5$  mm, and may have vertical bone loss and/or furcation involvement of Class II or III. Fewer than 20 teeth may be present and there is the potential for tooth loss of 5 or more teeth. Advanced surgical treatment and/or regenerative therapy may be required, including augmentation treatment to facilitate implant therapy. Very complex implant and/or

restorative treatment may be needed. The patient will often require multispecialty treatment. The overall case has a questionable prognosis going into maintenance.”

b. Taft documentation:

1. AAP Frequently asked questions PDF (AAP Journal of Periodontology. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification. DOI: 10.1002/JPER.18-0157)
2. **Issue 2:** Taft failed to ensure dental hygiene students completed all requirements for graduation established by the DHBC, CODA, and the Taft DHEP.

a. Taft states:

1. “Taft Dental Hygiene graduation requirements include state mandated local anesthesia injections, soft tissue curettage, and nitrous oxide administration; as well as state mandated radiographs, CODA patient categories, and working with patients who have mild-moderate-severe periodontal stages.”

C. May 13 – 14, 2024 Site Visit:

1. After a review of student files, the current Taft graduating class has completed all DHBC, CODA, and Taft DHEP requirements for graduation.

D. Determination:

1. **In compliance.**
2. Taft shall continue to require and provide evidence of DHBC, CODA, and Taft DHEP requirements pursuant to 16 CCR Section 1105.2(d)(4)(F)(i), 16 CCR Section 1105.2(e), 16 CCR section 1107(b)(9)(A), and CODA Standards 2-12 and 2-14.

**II. Violation 2: Technology Infrastructure.**

[Deficient of 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2.]

- A. Taft to provide and provide evidence of sufficient DHEP technology infrastructure pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2.

B. Taft Response and Documentation:

1. **Issue 1:** Taft lacking a tracking program to allow for accurate tracking of student program requirement completion.
  - a. Taft states:
    1. "Course competencies and rubrics were added to the Canvas shell of each clinic course, where they were not already in place. The Taft College IT department loaned 4 laptop computers to be used by faculty during clinic sessions. All clinic instructors enter student points for competencies in real time. Students have immediate access to their grade status via Canvas."
    2. "Taft College Dental Hygiene has purchased the Ascend Academic software for tracking student clinic requirements and competencies. Ascend allows students and faculty to enter patient data, track clinic requirements, view x-rays and provide necessary reports, in addition to allow students to see scores as they complete requirements and competencies. Implementation will be in effect as of August 2024."
2. **Issue 2:** Taft lacking computers at each operatory for students to view digital radiographs during patient care; and **Issue 3:** Taft lacking computers and viewing facilities for students to review radiographs to complete radiology requirements (e.g., radiograph critiques), as well as to prepare and treatment plan for future patient care.
  - a. Taft states:
    1. As of March 12, 2024, the Taft College IT department loaned 20 laptop computers to the dental hygiene clinic. Each student assigned to patient care has a laptop at chairside to view radiographs during the clinic sessions."
    2. "The college has ordered 20 new laptops for dental hygiene to replace the loaned computers along with the Ascend Academic cloud-based software. Ascend allows students and faculty to enter patient data, track clinic requirements, view x-rays and provide necessary reports, in addition to allowing students to see scores as they complete requirements and competencies. The Ascend software will be installed on the new computers once received. Faculty and staff training will take place May through July 2024, and be in full use for all clinic courses as of the beginning of Fall Semester 2024."

b. Taft documentation:

1. Purchase Order: 20 Laptops

C. Determination:

1. **In temporary compliance.**

2. Taft shall provide **full compliance** of sufficient DHEP technology infrastructure pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2 **by September 1, 2024.**

### III. Violation 3: Clinical Facilities.

[Deficient of 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.]

A. Taft to provide and provide evidence of sufficient clinical facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.

B. Taft Response and Documentation:

1. **Issue:** Two (2) of the 16 units in clinic are approximately 30 years old, are limited in movement due to age, and do not provide acceptable ergonomic positioning for students.

a. Taft States:

1. "14 of 16 dental chairs were replaced in the dental hygiene clinic by ADEC in 2014. The two Marus chairs are 18 years old. All chairs, including the Marus chairs, function in the same manner. The base lowers, the chair back can lower a patient to the supine position, the headrests articulate, and the chairs have a release arm that allows them to swivel."
2. "Students can sit and work in safe and ergonomic positions during patient care when assigned to any clinic station. Faculty have space in each operatory to observe and demonstrate during the teaching/learning experience in patient care procedures."
3. "The purchase of two new ADEC dental chairs has been approved. Delivery and installation is expected in late May to early June 2024."

b. Taft documentation:

1. Purchase order- ADEC

C. Determination:

1. **In temporary compliance.**

2. Taft shall provide **full compliance** of sufficient clinical facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1 by **September 1, 2024.**

#### **IV. Violation 4: Adjunct Faculty Facilities**

[Deficient of 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-6.]

A. Taft to provide and provide evidence of sufficient adjunct faculty facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-6.

B. Taft Response and Documentation:

1. **Issue:** No dedicated office(s) for adjunct faculty to prepare for, or meet with, students.

a. Taft states:

1. "All didactic courses in the dental hygiene program are taught by full-time faculty who have a private office and meeting space. Adjunct faculty do not teach any lecture courses and are only assigned to labs or clinic sessions."
2. "Taft College has a shared office space for all college adjunct faculty to use as needed. The office space is located in the Technical Arts Building, room T6-G."
3. "Dental Hygiene faculty also have access to the adjunct shared office. When necessary, the dental hygiene adjunct faculty also have access to the dental hygiene classroom, or a library conference room. All meeting rooms on campus are on a reserved list and can be used by anyone requesting space."

b. Taft documentation:

1. Campus Map – Technical Arts Building

C. Determination:

1. **In compliance.**

2. Taft shall continue to provide and provide evidence of sufficient adjunct faculty facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-6.

Taft shall provide evidence of compliance to the above remaining violations **by September 1, 2024.**

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

Additionally, the Board is aware the Program Director is retiring as of June 2024. As such, please advise the Board by **June 15, 2024** as to whom the interim program director will be until the Taft hires a permanent program director. Please note: Pursuant to 16 CCR section 1105.1(a), an educational program may have an Interim Program Director for a maximum of twelve (12) months. Requirements for a program director are delineated in 16 CCR section 1105.1 and may be found here:

[https://govt.westlaw.com/calregs/Document/IE0EE04734C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IE0EE04734C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Furthermore, as to the current status of Taft's probation, the matter will be brought before the Board and Education Committee for further action at the Board's meeting on July 20, 2024. The meeting will be held at:

Department of Consumer Affairs  
1625 North Market Blvd.  
HQ1 Hearing Room, 1st Fl.  
Sacramento, CA 95834

Please have Taft representatives present at the meeting to answer any questions the Board and the DHBC Education Committee may have.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all DHEPs within the state meet the same educational

standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative and Regulatory Specialist  
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Dr. Leslie Minor, Vice President of Instruction, Taft College  
Dr. Vickie Kimbrough, Director, Taft Dental Hygiene Educational Program



May 15, 2024

Anthony Lum, Executive Officer  
Adina A. Pineschi-Petty, DDS, Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California  
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815

Dear Mr. Lum and Dr. Pineschi-Petty,

After careful review of potential funding opportunities, we are not able to provide supporting documentation regarding an institution to be 'in good standing' to receive capital improvement funds.

Thank you for allowing extra time for our research on this matter.

Sincerely,



Dr. Leslie Minor  
Vice President, Instruction  
Taft College/West Kern Community College District



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 5.**

**Dental Hygiene Educational Program Site Visit Update:**

- (a) Pasadena City College**
- (b) Carrington College-Sacramento**
- (c) Carrington College-San Jose**
- (d) Cypress College**
- (e) Taft College**
- (f) Cabrillo College**
- (g) Dental Hygiene Educational Program Site Visit Schedule.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Education Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>EDU 6: Dental Hygiene Educational Program Site Visit Update and Schedule.</b>

### 1. Pasadena City College (PCC)

- a. Site visit generated due to a change in in administration for PCC as well as a part of the DHBC oversight goals to review all dental hygiene educational programs (DHEPs) in California.
- b. On October 12, 2022, a site visit was conducted at the PCC campus.
- c. Current Status:
  - i. In temporary compliance.
  - ii. See PCC reports in EDU Agenda Item 3.

### 2. Carrington College-Sacramento (Carrington-Sacramento)

- a. On February 12, 2024 a limited site visit was conducted due to several complaints.
- b. On May 29, 2024, additional complaints were filed against the Carrington-Sacramento DHEP.
- c. Current Status:
  - i. In compliance.
  - ii. Sterilization room ventilation project complete as of 5.14.24.
  - iii. See Carrington-Sacramento reports.

3. Carrington College-San Jose (Carrington-San Jose)

- a. On March 1, 2023, a site visit was conducted to review facilities regarding their expansion request.
- b. Current Status:
  - i. In compliance.
  - ii. Sterilization room ventilation project complete as of 4.24.24.
  - iii. See Carrington-San Jose report.

4. Cypress College (Cypress)

- a. Site visit generated due to CODA Self Study review, as well as a change in in administration for Cypress..
- b. On October 12, 2023, a site visit was conducted at the Cypress campus.
- c. Current Status:
  - i. In temporary compliance.
  - ii. Full compliance due by September 6, 2024.
  - iii. See Cypress reports.

5. Taft College (Taft)

- a. Site Visit was generated due to CODA Self Study review.
- b. On February 20-21, 2024, a site visit was conducted at the Taft campus.
- c. In temporary compliance.
  - i. See Taft reports in EDU Agenda Item 4.

6. Cabrillo College (Cabrillo)

- a. Site visit generated due to a change in in administration for Cabrillo as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On April 9, 2024, a site visit was conducted at the Cabrillo campus.
- c. Not in Compliance
  - i. See Cabrillo reports.

<b>RDH Educational Program</b>	<b>CODA Visit Previous/Next Scheduled</b>	<b>DHBC Visit(s) Previous/Next Scheduled</b>
Cabrillo College	2019 / 2027	November 7, 2019 April 9, 2024
Carrington - Sacramento	2021 / 2028	February 10, 2021 March 8, 2023 (limited) February 12, 2024 (complaint) <b>TBD 2024/New Program Director</b>
Carrington - San Jose	2021 / 2028	October 25, 2017 November 16, 2020 March 1, 2023 (limited) <b>TBD 2024/New Program Director/Ventilation</b>
Cerritos College	2016 / <b>November 12-14, 2024</b>	February 15, 2017 <b>December 2, 2024/ New Program Director</b>
Chabot College	2023 / 2030	September 8, 2021 May 2, 2023
Concorde Career College-Garden Grove	2019 / 2027	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 June 29, 2022 <b>December 3, 2024/ New Program Director</b>
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022
Concorde Career College-San Diego	2021 / 2028	December 19, 2016 May 27, 2021 <b>October 15, 2024/ New Program Director and follow-up due to remodel and enrollment increase request</b>
Cypress College	2015 / September 27-29, 2023	March 3, 2020 October 12, 2023
Diablo Valley College	2017 / 2025	February 26, 2019
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2021 / 2028	October 27, 2021
Loma Linda University	2016 / February 20-21, 2024	October 13, 2022 October 10, 2023
Moreno Valley College	2019 / 2027	May 30, 2017 October 11, 2023
Oxnard College	2021 / 2028	November 4, 2021
Pasadena City College	2016 / <b>October 15-17, 2024</b>	October 12, 2022 <b>Follow-Up TBD</b>

<b>RDH Educational Program</b>	<b>CODA Visit Previous/Next Scheduled</b>	<b>DHBC Visit(s) Previous/Next Scheduled</b>
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2022 / 2029	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	2023 / 2030	March 12, 2018 March 23, 2021
Southwestern College	2023 / 2030	September 22, 2021
Taft College	2016 / February 1-2, 2024	May 8, 2017(complaint) May 15, 2017 June 9, 2017 July 24, 2017 February 20-21, 2024 May 13-14, 2024
University of the Pacific	2022 / 2029	February 13, 2020
West Coast University	2017 / 2025	September 15, 2022
West Los Angeles College	2017 / 2025	October 30, 2018



April 15, 2024

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

Dear Mr. Charles,

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

On March 21, 2024, Carrington-Sacramento provided a formal response to the remaining violation.

The results of the response are as follows:

I. Violation 2: Insufficient Clinic Resources.

A. Violation 2-4:

1. Issue: Carrington-Sacramento lacks an Equipment Maintenance and Replacement Plan.

- a. Effect: Updated equipment and its regular maintenance are vital to provide clean, safe, and effective dental hygiene treatment to the public. Faulty equipment resulting in contamination or infection could be the source of disease, infection, or other health related conditions.

2. Carrington-Sacramento Response:

a. Carrington-Sacramento provided:

1. Dental Hygiene Equipment Maintenance and Replacement Plan.
2. Exhibit 1: Equipment Maintenance Log Example

3. Determination:

- a. In compliance.
- b. Carrington-Sacramento to maintain and follow a formal "Equipment Maintenance and Replacement Plan Policy" to ensure compliance with BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

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





May 15, 2024

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

Dear Mr. Charles,

On Wednesday, March 8, 2023, the Dental Hygiene Board of California (DHBC) conducted a limited facility site visit for the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento). 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.

On January 12, 2024 and May 14, 2024, Carrington-Sacramento provided documentation demonstrating compliance to the remaining deficiency. The result of the review is 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.

2. Carrington- Sacramento Response:

- a. Deficiency (a): Carrington-Sacramento stated the ventilation project was complete and provided the following documentation:
  - i. Provided Sacramento County Building Inspection Certificate MISC2023-01197 showing completion of construction approval.
  - ii. Photos of installation provided.

3. Determination:

a. **Deficiency (a) in compliance.**

- i. Carrington-Sacramento shall maintain compliance 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.

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

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



**DENTAL HYGIENE BOARD OF CALIFORNIA**

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June 14, 2024

Jessica Fagan, M.A., RDH  
Dean of Curriculum  
Carrington College  
8909 Folsom Blvd  
Sacramento, CA 95826

Dear Ms. Fagan,

On May 29, 2024, the Dental Hygiene Board of California (DHBC, Board) received complaints regarding the Carrington College - Sacramento Dental Hygiene Educational Program (Carrington-Sacramento DHEP). On May 30, 2024, June 3, 2024, and June 14, 2024, the Carrington-Sacramento DHEP provided narratives and documentation regarding the deficiencies. The results of the review are as follows:

**I. Concern 1: Program Director.**

[Deficient of California Code of Regulations (CCR), Title 16, Section 1105.1(a), and Commission on Dental Accreditation of the American Dental Association (CODA) Standards 3-2, 3-3, and 3-4]

**A. Program Director Assignment:**

1. Interim Program Director's last day is scheduled for June 7, 2024.
2. Permanent Program Director is scheduled to assume role on June 24, 2024.

**B. Carrington-Sacramento DHEP Response:**

1. June 3, 2024 Response:
  - a. "Sheila Romero gave her notice unexpectedly while I was on my trip, so I was not aware of this when we spoke. Her last day is June 7, 2024."
  - b. "Tara Clor was officially scheduled to start as Program Director for the Sacramento campus on Monday, June 24th. However, she has already begun transitioning to the Sacramento campus and providing support. We have moved her start date to June 10th so that there is no lapse in support."

- c. "The new Program Director at San Jose is scheduled to start on June 10th. This allows Tara to focus on the Sacramento campus while assisting with the transition at the San Jose campus."

2. June 14, 2024 Response and Documentation:

a. Carrington-Sacramento stated:

1. "Sheila Romero is no longer with Carrington College."
2. "As of June 10, 2024, Tara Clor has taken on the role of program director. She was previously the PD for the San Jose campus."

C. DHBC Determination:

1. In compliance.
2. Carrington-Sacramento shall maintain Program Director oversight in compliance with 16 CCR Section 1105.1(a), and CODA Standards 3-2, 3-3, and 3-4

**II. Concern 2: Dentist Oversight of Clinic.**

[Deficient of 16 CCR Section 1105(b)(5), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 2-5]

A. Dentist Oversight of Clinic:

1. May 31, 2024 is scheduled to be the last day for the dentist assigned to the oversight of the Carrington-Sacramento DHEP clinic on Mondays and Thursdays.
2. No dentist assigned to oversight of clinic on Mondays and Thursdays past May 31, 2024.

B. Carrington-Sacramento DHEP Response:

1. June 3, 2024 Response:

a. Carrington-Sacramento stated:

1. "We were aware of the intended departure of one of our part-time Supervising Dentists. Dr. Kelly, who was a part-time Supervising Dentist has accepted a full-time role so that the campus has coverage for its clinic sessions. This is effective June 3rd. Students were not privy to this information until it became finalized."

2. "Dr. James Ellis is no longer with the program as a part-time Supervising Dentist."
3. "Dr. Francis Kelly (previously part-time) has been hired on as full-time and will be taking over Dr. Ellis's clinic hours."
4. "In addition, we are in the process of hiring an additional part-time supervising dentist set to start later in June. Their documents will be sent upon hire."

2. June 14, 2024 Response:

a. Carrington-Sacramento stated:

1. "Dr. Gassan Hawari has been hired on as a part-time, as-needed Supervising Dentist. I am awaiting his document but will send them to you upon receipt."

C. DHBC Determination:

1. In compliance.
2. Carrington-Sacramento shall maintain dentist clinical oversight in compliance with 16 CCR Section 1105(b)(5), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 2-5.

### III. Concern 3: Mandatory Clinic Session

[Deficient of Education Code (EDC), Title 3, Section 94898(b)(2)]

A. The clinic session on Friday, May 31, 2024 was converted from an optional clinic session to a mandatory clinic session.

1. Reports allege students were informed of this change on May 24, 2024, only one week prior to the change.

B. Carrington-Sacramento DHEP Response:

1. May 30, 2024 Response:

a. Carrington-Sacramento stated:

1. "I have spoken with the department, and they have assured me that the sessions on Friday are not mandatory. To address this misunderstanding Alan An has sent an email to the students for clarification."

C. DHBC Determination:

1. In compliance.
2. Carrington-Sacramento shall notify students of schedule changes in compliance with the requirements of 3 EDC Section 94898(b)(2).

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Tara Clor, Dental Hygiene Educational Program Director, Carrington College-Sacramento



**DENTAL HYGIENE BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | [www.dhbc.ca.gov](http://www.dhbc.ca.gov)



May 29, 2024

Jessica Fagan, M.A., RDH  
Dean of Curriculum  
Carrington College  
8909 Folsom Blvd  
Sacramento, CA 95826

Dear Ms. Fagan,

The Dental Hygiene Board of California (DHBC, Board) received complaints regarding the Carrington College - Sacramento Dental Hygiene Educational Program (Carrington-Sacramento DHEP). Per our phone conversation, please address the following Board concerns:

**I. Concern 1: Program Director.**

**A. Program Director Assignment:**

1. Interim Program Director's last day is scheduled for June 7, 2024.
2. Permanent Program Director is scheduled to assume role on June 24, 2024.

**B. Refer to:**

**1. California Code of Regulations (CCR), Title 16, 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.

2. **Commission on Dental Accreditation of the American Dental Association (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.

3. **CODA Standard 3-3:**

The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

4. **CODA Standard 3-4:**

The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

C. The Board requests a narrative and documentation as to Program Director oversight of the Carrington-Sacramento DHEP during the period of time between June 7, 2024 and June 24, 2024 **by June 4, 2024.**

## **II. Concern 2: Dentist Oversight of Clinic.**

A. May 31, 2024 is scheduled to be the last day for the dentist assigned to the oversight of the Carrington-Sacramento DHEP clinic on Mondays and Thursdays.



B. Refer to:

1. **16 CCR Section 1105(b)(5):**

(b) Instruction.

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

2. **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.

3. **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.

4. **CODA Standard 2-5:**

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

C. The Board requests a narrative and documentation as to the assignment of a dentist for clinical oversight of the Carrington-Sacramento DHEP on Mondays and Thursdays **by May 31, 2024.**

### **III. Concern 3: Mandatory Clinic Session**

A. The clinic session on Friday, May 31, 2024 was converted from an optional clinic session to a mandatory clinic session.

1. Reports allege students were informed of this change on May 24, 2024, only one week prior to the change.

B. Refer to:

1. **Education Code (EDC), Title 3, Section 94898(b)(2):**

(b) After a student has enrolled in an educational program, the institution shall not do either of the following:

(2) Change the day or time during the period of attendance in which any class is offered to a day when the student is not scheduled to attend the

institution or to a time that is outside of the range of time that the student is scheduled to attend the institution on the day for which the change is proposed unless at least 90 percent of the students who are enrolled consent to the change and the institution offers full refunds to the students who do not consent to the change. For the purpose of this paragraph, "range of time" means the period beginning with the time at which the student's first scheduled class session for the day is set to start and ending with the time the student's last scheduled class session for that day is set to finish.

C. The Board requests a narrative and documentation as to the clinical scheduling on May 31, 2024 of the Carrington-Sacramento DHEP **by May 31, 2024.**

Carrington- Sacramento shall provide evidence of compliance to the above concerns **by the above dates.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Shelia Romero, Interim Dental Hygiene Educational Program Director, Carrington College-Sacramento



April 25, 2024

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.

On April 24, 2024, Carrington-SJ provided documentation demonstrating compliance to remaining deficiency. The results of the review 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.

2. Carrington-SJ Response:

- a. Carrington-SJ stated the ventilation project was complete and provided the following documentation:
  - i. City of San Jose Permit Record # 2024-076976-CI showing completed inspection on April 23, 2024 for 1) Installation of a new roof top exhaust fan; and 2) Two 10" grills and duct over existing autoclave units.
  - ii. Photos of installation.

3. Determination:

a. **In compliance.**

- i. Carrington-SJ shall maintain compliance 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.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Ravinder Dayal, Provost, Carrington College  
Danielle Mills, Vice Provost, Carrington College  
Jessica Fagan, MA, RDH, Dean of Curriculum, Carrington College  
Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-SJ



November 29, 2023

JoAnna Schilling, Ph.D.  
President  
Cypress College  
9200 Valley View Street  
Cypress, CA 90630

Dear Dr. Schilling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 12, 2023 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to submission of Cypress' Commission on Dental Accreditation (CODA) Self Study as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

During the DHBC Site Visit, the following deficiencies of minimum DHEP standards were discovered:

**1. Deficiency 1 - Stable Financial Resources.**

a. Documentation:

- i. Sources of Fiscal Support (Exhibit 18), 2021 - 2024 Program Budget (Exhibit 19), Actual Expenditures for 2022-2023 (Exhibit 20) and Site Visit interviews.

1. Financial exhibits unclear as to revenues generated from tuition and clinic fees.

2. Exhibit 18 records budget as \$1,747,976 for 2022-2023

- a. Actual Expenditures in 2022-2023 (Exhibit 20) was \$2,484,396.

- i. Unclear as to where the additional \$736,420 funding for expenditures came from.

- b. States: "program is not dependent on any grants" but the budget states \$98,264 comes from state grants.
  - c. States: "The long-range financial plan for the program is stable and 100% of the budget is funded by the college and all dental clinic expenditures, equipment, supplies, and repairs."
- 3. Self Study states: "The Dental Hygiene Program receives about \$125,000 per year in the division budget typically used for supplies/materials, patient consumables, and faculty and student PPE's."
  - a. States: "The actual expenditures are based on needs and not just an automatic division by department."
  - b. States: "In most years a part of this may be used for faculty in the Division to attend a professional activity and the Dean determines disbursement of funds equally across the departments based on need."

b. Refer to:

- i. 16 CCR §1104(b)  
The hygiene board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the hygiene board. In the event that an equivalent body has not been established by the hygiene board, the standards shall be set by CODA.
- ii. 16 CCR §1104(b)(5)  
Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
- iii. CODA Standard 1-3  
The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

c. Determination:

i. **Not in compliance.**

ii. Cypress to provide evidence of stable financial resources pursuant to 16 CCR §1104(b), 16 CCR §1104(b)(5), and CODA Standard 1-3.

## **2. Deficiency 2 - Program Director Assignment.**

a. Documentation:

i. Self Study, Coordinator Contracts, Spring and Fall DHEP Schedules, and Site Visit interviews.

1. Program co-directors are overloaded with teaching responsibilities, and insufficient time devoted to administration of the DHEP.

a. Program co-directors have a ten-month contract and not providing oversight of the program during the summer session.

b. Program co-directors utilize personal time to fulfill program oversight responsibilities.

2. Program co-directors do not have the primary responsibility for all aspects of the program.

a. Not on selection committee, nor bear any responsibility for student selection for admission to the DHEP program.

i. Campus "Selection Committee" makes the final decisions on changes that will affect the selection process.

b. Not responsible for long-term planning for the DHEP.

i. No input into budget and fiscal administration.

ii. **Previous Site Visit Report:**

CODA Formal Report from the September 30- October 2, 2015 Site Visit

1. "Through review of the self-study document, on-site interviews and documentation provided on site, the visiting committee noted two, full-time dental hygiene faculty share responsibilities for program administration. Additionally, these

faculty serve as first and second year clinic coordinators. The visiting committee noted the program administrators receive a total of 7.0 hours of release time from teaching for program administration. The visiting committee noted the program administrators spend personal time to fulfill all required responsibilities. The visiting committee could not verify the program administrators' primary responsibility is for program operation, evaluation and revision. Further, the site visiting team determined the program administrators do not have sufficient time to fulfill the administrative responsibilities."

2. "It is recommended that the dental hygiene program administrator have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program. (DH Standard 3-2)"

b. Refer to:

i. 16 CCR § 1105(j)

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

ii. 16 CCR § 1105.1(a)

"Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.



- iii. CODA Standard 3-2  
The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
- iv. CODA Standard 3-4  
The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination:

i. **Not in compliance.**

- ii. The program director assignment must allow for sufficient administrative time to address the primary responsibility of the operation, supervision, evaluation and revision of the program.
  - 1. Deficiency was cited in 2015 report from CODA noted above and not corrected.
- iii. The program director must have the authority and responsibility to administer the educational program in accordance with 16 CCR § 1105(j), 16 CCR § 1105.1(a), and CODA Standard 3-4.
- iv. Cypress shall provide evidence of a “Dental Hygiene Program Director” position and responsibilities pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.

### **3. Deficiency 3 – Student Laboratory Facilities.**

a. Documentation:

- i. Self Study, Site Visit, and Site Visit interviews.
  - 1. Inadequate Student Laboratory Facilities.

- a. Limited equipment available in the “multiuse” classroom space (including one model trimmer and one three-dimensional printer) for 20 dental hygiene students.
- b. Insufficient space and lack of necessary equipment (typodonts, manikins, suction, etc.) to develop the students’ dental hygiene and dental materials skills.

b. Refer to:

i. 16 CCR §1105(i)

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

ii. 16 CCR §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 4-1

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

iv. CODA Standard 4-3

A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must conform to applicable local, state and federal regulations and contain the following: a) placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures; b) student work areas that are designed and equipped for students to work with necessary utilities and storage space; c) documentation of compliance with applicable local, state and federal regulations.

c. Determination:

i. **Not in compliance.**

- ii. Cypress shall provide sufficient laboratory facilities pursuant to 16 CCR §1105 (i), 16 CCR §1105(k), CODA Standard 4-1, and CODA Standard 4-3.

#### **4. Deficiency 3 – Student Radiology Facilities.**

##### **a. Documentation:**

##### **i. Self Study, Site Visit, and Site Visit interviews.**

##### **1. Inadequate availability of Radiology Facilities.**

- a. Shared radiology machines for the dental hygiene program and the dental assisting program presents scheduling challenges that limit adequate availability of the radiology machines during scheduled dental hygiene clinic time.

##### **b. Refer to:**

##### **i. 16 CCR §1105(i)**

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

##### **ii. 16 CCR §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 4-1**

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

##### **iv. CODA Standard 4-2**

Radiography facilities must be sufficient for student practice and the development of clinical competence. The radiography facilities must contain the following: a) an appropriate number of radiography exposure rooms which include: equipment for acquiring radiographic images; teaching manikin(s); and conveniently located areas for hand hygiene; b) equipment for processing radiographic images; c) equipment allowing display of radiographic images; d) documentation of compliance with applicable local,

state and federal regulations. Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

c. Determination:

i. **Not in compliance.**

ii. Cypress shall provide sufficient radiology and dental material laboratory facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105(k), CODA Standard 4-1, and CODA Standard 4-2.

## **5. Deficiency 4 – Faculty.**

a. Documentation:

i. Self Study and Site Visit Interviews.

1. At this time there is not an adequate number of full-time faculty members to teach key core courses without working an overload of units. The program will request for a sixth full-time faculty to be submitted in fall 2023.

b. Refer to:

i. 16 CCR § 1105(i)

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

ii. 16 CCR § 1105(k)

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

iii. CODA Standard 3-5

The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.

c. Determination:

i. **Not in compliance.**

- ii. Cypress shall provide sufficient faculty pursuant to 16 CCR §1105(i), 16 CCR §1105(k), and CODA Standard 3-5.

You will be required to provide evidence of compliance to the above deficiencies no later than **January 5, 2024**.

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 Cypress does not correct the above deficiencies by **January 5, 2024**, Cypress risks the DHBC's approval of the Cypress Dental Hygiene Educational Program and for Cypress graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Colin Preston, Dean, Kinesiology, Athletics & Health Sciences, Cypress College  
Julia Cherney, R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress College  
Kendra Velasco R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress College



January 8, 2024

Dr. Scott W. Thayer  
President  
Cypress College  
9200 Valley View Street  
Cypress, CA 90630

Dear Dr. Thayer,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 12, 2023 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to submission of Cypress' Commission on Dental Accreditation (CODA) Self Study as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

On January 5, 2024, Cypress provided the following narrative and documentation for the deficiencies to the DHBC. The results of the review are as follows:

**1. Deficiency 1 - Stable Financial Resources.**

- a. Cypress to provide evidence of stable financial resources pursuant to 16 CCR § 1104(b), 16 CCR § 1104(b)(5), and CODA Standard 1-3.
  - i. Financial exhibits unclear as to financial support to the program, budgets, and revenues generated from tuition and clinic fees.
- b. Cypress Response and Documentation:
  - i. Cypress states:
    1. "The program collected very minimal clinic fees during COVID and Exhibit 1 has the breakdown of the clinic fees from the past three years. These fees are supplemental for the program, not sources of fiscal support. Cypress College does not provide support for the program through tuition revenue."

2. "The \$736,420 unclear expenditures was from state grants (Strong Work Force and Perkins V). Also, the College and Dental Hygiene received substantial amounts of Higher Education Emergency Relief Fund (HEERF) which was onetime funding due to COVID."
3. "The Cypress College Dental Hygiene program is not dependent on state grants to operate, but the program utilizes state grants to improve technology and equipment that parallels the workforce. The Program Directors have been extremely active and successful in acquiring state grants to add value to the program."
4. "The Dental Hygiene Program received 100% funding from the previous budget for instructional supplies. The majority of our instructional supplies are through Lottery funds and an updated budget for 2023-2024 is in Exhibit 2."
5. "The Dental Hygiene Program Directors will be included in planning, projecting and approving the 2024-2025 Dental Hygiene program budget. The Dental Hygiene program will be automatically funded the same allocation for supplies each year to support the program unless additional funds are needed due to increased costs or additional students."
6. "The Dental Hygiene Program Directors will be responsible for approving professional activities within their department."
7. "Monthly budget meetings have been set up with the Dean of Health Science to forecast the expenditures and potential needs of the Dental Hygiene program."

ii. Cypress documentation:

1. Exhibit 1: Instructional supplies and dental clinic fees.
2. Exhibit 2: 2023-2024 updated supply budget.

c. Determination:

i. **In compliance.**

- ii. Cypress shall continue to provide stable financial resources pursuant to 16 CCR §1104(b), 16 CCR §1104(b)(5), and CODA Standard 1-3.

## 2. Deficiency 2 - Program Director Assignment.

- a. Cypress shall provide evidence of a "Dental Hygiene Program Director" position and responsibilities pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
  - i. The program director assignment must allow for sufficient administrative time to address the primary responsibility for the operation, supervision, evaluation and revision of the program.
  - ii. The program director must have the authority and responsibility to administer the educational program in accordance with 16 CCR §1105(j), 16 CCR §1105.1 (a), and CODA Standard 3-4.
- b. Cypress Response and Documentation:
  - i. Cypress states:
    - 1. " The North Orange Community College District and the United Faculty have drafted a Memorandum of Understanding to allocate 40 extra duty days for the Program Director, which can be split amongst codirectors. The Memorandum of Understanding will be approved February 2024 and a signed copy will be sent to DHBC. The United Faculty Contract expires June 2024 and the additional duty days for Dental Hygiene Program Directors will be added to the new United Faculty Contract. The updated contract will be sent to DHBC when finalized (estimated Fall 2024)."
    - 2. "The Dental Hygiene Program Directors have a full-time appointment as defined by Cypress College, whose primary responsibility is for operation, supervision, evaluation, and revision of the program. The Dental Hygiene Directors have their shared primary responsibilities that are covered by their 15 LHE per semester (100%), 3-unit summer assignment and the newly approved 40 extra duty days to cover the duration of the year."
  - ii. Cypress documentation:
    - 1. Exhibit 3: Memorandum of Understanding.
    - 2. Exhibit 4: Dental Hygiene Co-Director Assignment.
- c. Determination:
  - i. **In temporary compliance.**



- ii. Cypress shall provide evidence of a “Dental Hygiene Program Director” position and responsibilities pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
- iii. Cypress to provide a signed “Memorandum of Understanding” for the current assignment (estimated February 2024) **due by March 1, 2024**, as well as for the new contract (estimated Fall 2024) **due by September 6, 2024**.

### 3. Deficiency 3 – Student Laboratory Facilities.

- a. Cypress shall provide sufficient laboratory facilities pursuant to 16 CCR §1105 (i), 16 CCR §1105(k), CODA Standard 4-1, and CODA Standard 4-3.
  - i. Inadequate Student Laboratory Facilities.
    - 1. Limited equipment available in the “multiuse” classroom space (including one model trimmer and one three-dimensional printer) for 20 dental hygiene students.
    - 2. Insufficient space and lack of necessary equipment (typodonts, manikins, suction, etc.) to develop the students’ dental hygiene and dental materials skills.
- b. Cypress Response and Documentation:
  - i. Cypress states:
    - 1. “To comply with the recommendation, the DH 116 C Dental Materials/Hygienists course has been scheduled in a multipurpose laboratory facility which conforms to applicable local, state and federal regulations. Since the site visit, the Dental Hygiene Program has been permitted to utilize the laboratory utilized by the dental assisting program, which the visiting committee deemed more conducive to provide adequate laboratory stations for the skill development of students learning dental materials procedures.”
    - 2. “The change in laboratory space will be adopted for the Spring semester of 2024. The laboratory space will afford every student the opportunity to develop their skills in dental materials. The equipment available in the laboratory space consists of: 3 sinks, 3 model trimmers, 3 lathes, 4 safety covers for lathes, 3 vacuformers, 3 plaster traps, 1 light curing oven, 5 dry weight scales, 200 assorted impression trays, 1 plaster bin, 23 mixing spatulas for alginate, 9 mixing spatulas for gypsum products, 15 lab knives, 6 vibrators, 26 large mixing bowls, 29

small mixing bowls, 1 large paper holder, 8 material guns, 25 dremmels.”

ii. Cypress documentation:

1. Exhibit 5: Spring 2024 classroom schedule room 302.

c. Determination:

i. **In compliance.**

ii. Cypress shall continue to provide sufficient laboratory facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105(k), CODA Standard 4-1, and CODA Standard 4-3.

**4. Deficiency 3 – Student Radiology Facilities.**

a. Cypress shall provide sufficient radiology and dental material laboratory facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105(k), CODA Standard 4-1, and CODA Standard 4-2.

i. Inadequate availability of Radiology Facilities.

1. Shared radiology machines for the dental hygiene program and the dental assisting program presents scheduling challenges that limit adequate availability of the radiology machines during scheduled dental hygiene clinic time.

b. Cypress Response and Documentation:

i. Cypress states:

1. “The Health Science Dean has ensured the Dental Hygiene scheduled courses and clinic time to have full access to the radiography facilities without any overlap with the Dental Assisting program.”

c. Determination:

i. **In compliance.**

ii. Cypress shall continue to provide sufficient radiology and dental material laboratory facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105(k), CODA Standard 4-1, and CODA Standard 4-2.

## 5. Deficiency 4 – Faculty.

a. Cypress shall provide sufficient faculty pursuant to 16 CCR §1105(i), 16 CCR §1105(k), and CODA Standard 3-5.

1. At the time of the site visit, there was not an adequate number of full-time faculty members to teach key core courses without working an overload of units.

b. Cypress Response and Documentation:

i. Cypress states:

1. "A position for a Full-Time Dental Hygiene faculty member posted on December 18, 2023, and closes February 5, 2024. The new Full-Time Faculty will start Fall 2024."

c. Cypress documentation:

i. Exhibit 6: Dental Hygiene Job Posting

d. Determination:

i. **In temporary compliance.**

ii. Cypress shall provide evidence of sufficient faculty pursuant to 16 CCR §1105(i), 16 CCR §1105(k), and CODA Standard 3-5 **due by September 6, 2024.**

You will be required to provide evidence of compliance to the above deficiencies no later than **dates as indicated 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 DHEPs meet the same educational standards in preparing their graduates for the profession. If Cypress does not correct the above deficiencies by **dates as indicated above**, Cypress risks the DHBC's approval of the Cypress DHEP and for Cypress graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Colin Preston, Dean, Kinesiology, Athletics & Health Sciences, Cypress College  
Julia Cherney, R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress  
College  
Kendra Contreras, R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress  
College



**DENTAL HYGIENE BOARD OF CALIFORNIA**

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July 9, 2024

Matthew E. Wetstein, Ph.D.  
Superintendent/President  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Dr. Wetstein,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit of the Cabrillo College Dental Hygiene Educational Program (Cabrillo) on April 9, 2024. This site visit was generated due to the appointment of a new program director, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient.

On July 5, 2024, Cabrillo provided further narrative to address the Board's concerns. The results of the review are as follows:

**I. Violation 1: Stable Financial Resources.**

[Deficient of [BPC Section 1941\(a\)](#), [16 CCR Section 1104 \(b\)\(5\)](#), and [CODA Standard 1-3](#).]

**A. Issue 1: Cabrillo lacks a stable funding source to fund the DHEP.**

1. Cabrillo is only partially funding the DHEP through Cabrillo College's "General Fund".
  - a. Remaining funding is being required to be supplied through DHEP clinic fees and "Fund 16."
    1. "Fund 16" is monies collected from Cabrillo providing "Expanded Duties Courses" (i.e., Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia courses.)
    - i. "Fund 16" is not a stable funding source as the monies collected from the course is dependent on many variables (e.g., number of courses offered, course enrollment, faculty salaries, etc.).

**b. Effect:**

1. Cabrillo lacks a stable funding source to maintain the DHEP.
2. Program Director and faculty required to “fundraise” to support the program.

**2. Cabrillo Response:**

- a. “5) Existing and on-going funds in the Fund 16 account will continue to be used to backfill costs for staffing and equipment needs of the program.”
- b. “6) Fund 16 expenditures will be controlled by the Dean of HAWK and Director of Community Education to 1) pay for the costs associated with extended learning classes, and 2) to disburse to the DH general fund budget account to support student success initiatives and classified staff and peer learning support.”
- c. “9) The College is currently planning to submit a request for a change in enrollment pattern to CODA to either admit one cohort of students every other year or to reduce the number of students per cohort admitted to the Cabrillo program every fall term.”
- d. “10) A plan to change the enrollment pattern would be designed to reduce expenditures to match general fund revenue from a smaller enrollment program.”
- e. “11) The Vice President of Instruction and President will meet monthly to discuss revenues and expenditures associated with the DH program and meet quarterly with the Dean and Director to ensure stable funding is in place.”

**3. DHBC Review:**

**a. Funding Stability:**

1. As stated in the June 14, 2024 “DHBC Compliance Determination 1” letter, while Cabrillo demonstrates a healthy “General Fund”, the Board maintains there is an overreliance “Fund 16” to fund the Cabrillo DHEP.
2. While Cabrillo maintains that “Fund 16” is stable, “Fund 16” monies are collected from “Expanded Duties” courses, the Board maintains those courses are reliant on several variables (e.g., number of

courses offered, course enrollment, faculty salaries, etc.) by which the monies collected is not guaranteed.

4. DHBC Determination:

**a. Not in compliance.**

b. Cabrillo is in violation of [BPC Section 1941\(a\)](#), [16 CCR Section 1104\(b\)\(5\)](#), and [CODA Standard 1-3](#).

c. Cabrillo to provide evidence of stable financial resources for the DHEP to ensure continuity of the program pursuant to BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.

**B. Issue 2: Program Director and Faculty Participation in Expanded Duties Courses:**

1. Program Director and Faculty Participation:

a. Program Director:

1. Cabrillo requires the Program Director to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal program director function. Forced participation in such events should be avoided since the program should be fully funded by the college.

b. Faculty:

1. In order for the expanded duties courses that are the source for "Fund 16" monies, the college relies on faculty participation to run these courses.
2. Requires faculty to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal faculty function. Forced participation in such events should be avoided since the program should be fully funded by the college.

2. Cabrillo Response:

a. "1) The enhanced learning, "expanded duties" classes that are taught outside of the program of study will be taught by independent contractors hired by the District and not by program faculty or the DH Program Director. The Program Director will be consulted on the qualifications of the Independent Contractors, but the final hiring

decision is the authority of the Dean. This ensures that no faculty are required to work on the expanded duties classes."

- b. "2) The enhanced learning, "expanded duties" classes will continue to be advertised and scheduled by the Community Education Department at the college, not the DH Program."
- c. "3) The DH Program Director will have only minimal involvement with these classes in order to simply ensure scheduling does not conflict with program instruction (i.e., ensuring that Community Education schedules the classes on weekend hours or summer hours outside of the regular instructional calendar)."
- d. "4) The DH Director will not be required to "fundraise" in any manner, except to meet once a year with administrative leadership and the Foundation Director to discuss programmatic needs or to assist faculty/staff with grant applications (a professional obligation of any faculty member at Cabrillo)."
- e. "7) This plan is designed to eliminate any uncertainty about fundraising duties associated with the DH Director and faculty (there are none)."

3. DHBC Determination:

**a. In compliance.**

- b. Cabrillo to maintain program director and faculty autonomy and are not mandated to "fundraise" or work non-contracted time to support the program.

**C. Issue 3: "Prerequisite" courses designed to introduce the prospective student to dental hygiene (DH460A and DH460B) were defunded and discontinued by the Dean.**

[Refer to [16 CCR Section 1105\(j\)](#), [16 CCR Section 1105.1\(a\)](#), and [CODA Standard 3-2](#).]

- 1. As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through "Fund 16."
- 2. Cabrillo Response:
  - a. "8) The college will ensure that program revenue and expenditures are monitored monthly for purposes of ensuring that only credit-bearing courses are taught and offered to students in the approved DH curriculum. **Non-required courses, such as non-credit Career**



**Development College Preparatory classes, DH 460A and 460B, will only be offered upon the approval of the Vice President of Instruction."**

b. Cabrillo previously stated in the May 31, 2024 letter to the DHBC:

1. "DH460A Introduction to Dental Infection Control and DH460B Clinical Application to Dental Infection Control Lab are not prerequisite courses to enter the DH program. The purpose of these non-credit courses is to earn a Certificate of Completion and provide instruction required for certification in the role of infection control coordinator in any health care setting. These courses prepare students to work in a facility overseeing infection control, bloodborne pathogen standards, and confirming compliance with protocols and procedures. According to data from the college's Office of Planning and Research, 31 Certificates were awarded in both 2021-22 and 2022-23 to DH students for this two-course sequence. **In addition, the courses have not been defunded. The courses still exist in the course catalog and are open for enrollment in the fall semester of 2024."**

3. DHBC Review:

1. As stated in the June 14, 2024 "DHBC Compliance Determination 1" letter, while the courses were initially defunded and discontinued by the Dean, the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through "Fund 16".
2. Cabrillo previously stated in the May 31, 2024 letter to the DHBC: "In addition, the courses have not been defunded. The courses still exist in the course catalog and are open for enrollment in the fall semester of 2024."
3. Cabrillo now states in the July 5, 2024 letter to the DHBC: "Non-required courses, such as non-credit Career Development College Preparatory classes, DH 460A and 460B, will only be offered upon the approval of the Vice President of Instruction."

D. Refer to:

1. 16 CCR Section 1105(j):

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

2. 16 CCR Section 1105.1(a):

“Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. **The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program.**

3. 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.

E. DHBC Determination:

1. **Not in compliance.**

- a. “Career Development College Preparatory classes, DH 460A and 460B” provides increased opportunities for student success.
- b. Program director should hold the authority for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program pursuant to [16 CCR section 1105\(j\)](#), [16 CCR section 1105.1\(a\)](#), and [CODA Standard 3-2](#).
  1. Cabrillo shall provide evidence of program director authority pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), and CODA Standard 3-2.
2. Due to conflicting information, the DHBC is unclear as to the current status of “Career Development College Preparatory classes, DH 460A and 460B.”
  - a. Cabrillo to provide a clear status of “Career Development College Preparatory classes, DH 460A and 460B.”

II. **Concern 1: Enrollment Change.**

[Refer to [16 CCR Section 1105.3\(a\)\(2\)\(c\)](#) and [16 CCR Section 1105.3\(b\)\(3\)](#).]

A. Cabrillo Notification:

1. “9) The College is currently planning to submit a request for a change in enrollment pattern to CODA to either admit one cohort of students every

other year or to reduce the number of students per cohort admitted to the Cabrillo program every fall term.”

2. “10) A plan to change the enrollment pattern would be designed to reduce expenditures to match general fund revenue from a smaller enrollment program.”

B. Refer to:

1. 16 CCR Section 1105.3(a)(2)(c)

- (a) Each dental hygiene program holding a certificate of approval shall:
  - (2) Notify the Dental Hygiene Board within ten (10) days of any:
  - (C) Programmatic increase or decrease in program enrollment of more than 10%.

2. 16 CCR Section 1105.3(b)(3)

- (b) An approved dental hygiene program shall not make a substantive change without prior Dental Hygiene Board approval. These changes include:
  - (3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Dental Hygiene Board.

C. DHBC Notification:

1. Cabrillo to provide notification to the Board and request approval from the Board prior to any changes to the Cabrillo DHEP enrollment in compliance with [16 CCR Section 1105.3\(a\)\(2\)\(c\)](#) and [16 CCR Section 1105.3\(b\)\(3\)](#).

Cabrillo shall provide evidence of compliance to the above remaining violations **by September 3, 2024.**

**Please note:** 16 CCR section 1104(e) states: A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval or revocation of the program's approval.

Additionally, pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If you

have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Travaris Harris, Ed.D., Vice President of Instruction/Assistant Superintendent, Cabrillo College  
Heidi Weber, Dean of Health, Athletics, Wellness, and Kinesiology, Cabrillo College  
Heather Lawler, RDH, MSDH, Dental Hygiene Program Director, Cabrillo College

## **Cabrillo College's Plan to Respond to the June 14, 2024 DHBC Letter: Clarifying Stable Fiscal Resources and Expanded Duties Classes**

- 1) The enhanced learning, "expanded duties" classes that are taught outside of the program of study will be taught by independent contractors hired by the District and not by program faculty or the DH Program Director. The Program Director will be consulted on the qualifications of the Independent Contractors, but the final hiring decision is the authority of the Dean. This ensures that no faculty are required to work on the expanded duties classes.
- 2) The enhanced learning, "expanded duties" classes will continue to be advertised and scheduled by the Community Education Department at the college, not the DH Program.
- 3) The DH Program Director will have only minimal involvement with these classes in order to simply ensure scheduling does not conflict with program instruction (i.e., ensuring that Community Education schedules the classes on weekend hours or summer hours outside of the regular instructional calendar)
- 4) The DH Director will not be required to "fundraise" in any manner, except to meet once a year with administrative leadership and the Foundation Director to discuss programmatic needs or to assist faculty/staff with grant applications (a professional obligation of any faculty member at Cabrillo).
- 5) Existing and on-going funds in the Fund 16 account will continue to be used to backfill costs for staffing and equipment needs of the program.
- 6) Fund 16 expenditures will be controlled by the Dean of HAWK and Director of Community Education to 1) pay for the costs associated with extended learning classes, and 2) to disburse to the DH general fund budget account to support student success initiatives and classified staff and peer learning support.
- 7) This plan is designed to eliminate any uncertainty about fundraising duties associated with the DH Director and faculty (there are none).
- 8) The college will ensure that program revenue and expenditures are monitored monthly for purposes of ensuring that only credit-bearing courses are taught and offered to students in the approved DH curriculum. Non-required courses, such as non-credit Career Development College Preparatory classes, DH 460A and 460B, will only be offered upon the approval of the Vice President of Instruction.
- 9) The College is currently planning to submit a request for a change in enrollment pattern to CODA to either admit one cohort of students every other year or to reduce the number of students per cohort admitted to the Cabrillo program every fall term.

10) A plan to change the enrollment pattern would be designed to reduce expenditures to match general fund revenue from a smaller enrollment program.

11) The Vice President of Instruction and President will meet monthly to discuss revenues and expenditures associated with the DH program and meet quarterly with the Dean and Director to ensure stable funding is in place.



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June 14, 2024

Matthew E. Wetstein, Ph.D.  
Superintendent/President  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Dr. Wetstein,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit of the Cabrillo College Dental Hygiene Educational Program (Cabrillo) on April 9, 2024. This site visit was generated due to the appointment of a new program director, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient.

On May 31, 2024, Cabrillo provided a narrative to address the Board's concerns. The results of the review are as follows:

**I. Violation 1: Stable Financial Resources.**

[Deficient of [BPC Section 1941\(a\)](#), [16 CCR Section 1104 \(b\)\(5\)](#), and [CODA Standard 1-3](#).]

**A. Site Visit:**

**1. Issue 1:** Cabrillo lacks a stable funding source to fund the DHEP.

a. Cabrillo is only partially funding the DHEP through Cabrillo College's "General Fund".

1. Remaining funding is being required to be supplied through DHEP clinic fees and "Fund 16."

i. "Fund 16" is monies collected from Cabrillo providing "Expanded Duties Courses" (i.e., Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia courses.)

- “Fund 16” is not a stable funding source as the monies collected from the course is dependent on many variables (e.g., number of courses offered, course enrollment, faculty salaries, etc.).

2. **Effect:** Cabrillo Program Director and faculty required to “fundraise” to support the program.

b. Cabrillo stated:

1. “Violation 1: Stable Financial Resources, we disagree with the finding of the site visit.

Data cited in the site visit letter refer to outdated descriptions of our program from five years ago. In our attached response, we provide documentation of the strength and stability of funding provided to our DH program over the last three years. We document on-going operational funding that allows the college to spend more money on the DH Program than at comparable allied health programs at California Community Colleges. The evidence of our spending can be seen in the quality of our instructional faculty, our support staff, the success rates of our students, and our state-of-the-art facilities. Given the evidence of strong per-student spending and the high quality of our program and facilities, we are in compliance with CODA Standards and California law.”

2. “The list of funds sources described in the DHB letter is accurate, but the conclusion drawn is inaccurate, just as it was in 2019. An analysis of revenue sources for the last three fiscal years indicates that the college provides more than adequate financial support to run a high-quality DH program. Funds are mainly derived from general fund revenues associated with the California Community Colleges Student Centered Funding Formula (the SCFF – the formula that establishes state support for all Dental Hygiene programs operating at a California Community College). Because all DH programs have strict safety standards and 1:5 faculty to student ratios for clinical settings, ALL DH programs operating at California Community Colleges technically run at a deficit mode under the SCFF Funding Formula. Cabrillo makes up the gap in funding by braiding fund sources together in a manner similar to other DH CCC Programs. Revenue fund sources can include 1) Instructional Lottery dollars to pay for education materials and supplies; 2) Perkins/VTEA funds to pay for career technical education equipment, conferences, professional services, and recruitment materials; 3) California Strong Workforce Program dollars; 4) Cabrillo College Foundation grants to pay for specialized equipment or staffing associated with a specialized project; 5) continuing education or “expanded duties”



classes mentioned above; 6) clinic fees for DH services; and 7) General fund transfers to cover any operational deficits that need to be covered at the end of a fiscal year. The college regularly covers career education program deficits in this manner by using SCFF fund revenues from other college program (such as Political Science or Sociology) where class sizes are large enough to generate programmatic surpluses that are then used to cover programmatic deficits in career programs (such as Nursing and Dental Hygiene). The table below summarizes fiscal support for the program over the last three academic years."

3. "Beyond SCFF general fund revenues in any given year, the College's Board of Trustee and Administration designate an established 7% general fund reserve that is mandated by Board policy. This on-going, annual reserve of roughly \$5.6 million is available for use to cover emergency costs or programmatic deficits, although a special resolution is required to release the expenditures. The College's year end reserves have actually far exceeded the 7% requirement for many years. Year-end reserves for 2022-23 were \$19.5 million. Any claim that the college fails to provide a stable fiscal funding source for the Dental Hygiene program is inaccurate and does not align with publicly available data."
4. "The statements in the April 18, 2024 letter about Cabrillo College's funding being unstable are not accurate. Funds housed in "Fund 16" reflect a stable funding source, as are other funding sources used by the college to operate the Dental Hygiene Program. Fund 16 monies are collected from expanded duties courses that the college has operated for more than a decade. The courses are coordinated between the DH Program and the college's Community Education Office. These courses are attractive to out of town hygienists because they are held in the College's state of the art facilities and allow out of town practitioners the ability to meet professional development and enhancement obligations while family members and loved ones can vacation in the Santa Cruz area. Regional hygienists also benefit from the courses, as do out of state practitioners seeking to work in California. Revenues from these courses have remained strong for years. The college's DH program has essentially established an entrepreneurial revenue stream that exploits the assets of its facilities, location, and programmatic strength, helping to supplement general funds in ways that other programs have not. Data from the past three years of expanded duties courses suggests that revenues from these offerings have provided consistent dollar amounts to support program operations (see the table below for 2021-22, 2022-23, and 2023-24 totals)."

5. "The College's commitment to supporting the DH program with adequate funding can be seen in a comparative light as well. The California Community Colleges Chancellor's Office gathers data every year on revenues and expenses for annual tracking purposes. The so-called fiscal abstract report documents expenditures for academic programs at every CCC at an aggregated, high level (such as allied health programs). The table below provides Cabrillo health program spending and DH spending in particular per FTES (full time equivalent students), alongside details of state averages for allied health programs. The side to side comparison provides an opportunity to demonstrate how Cabrillo spends money on its programs vis-a-vis other California Community Colleges. Overall, Cabrillo spent more per student on allied health studies than the average CCC (\$9,178 vs. \$7,665 per FTE). When Cabrillo expenditures are broken down for just Dental Hygiene program expenses, the spending per FTES is even higher (\$9,677). In short, comparative data from statewide CCC reports help document the high level of fiscal support the college provides to its health programs generally, and even more so to its DH Program."
6. "DHB staff have apparently concluded that "general fund" support has not been stable, and that there is an excessive reliance on revenue generating classes that are staff have missed the opportunity to applaud the creative revenue generating structure of classes that Cabrillo faculty have built and offered over the last decade. The College believes it should not be penalized for this entrepreneurial spirit, but rather, should be celebrated for its unique funding model that takes pressure off of California and local taxpayer dollars. The three-year budget and revenue data provided in the tables earlier indicate that the College has adequate, stable financial resources to operate the program and to continue to operate the program."
7. "The Program Director does not face undue stress from fundraising. The Director is required to coordinate expanded duties classes with the Community Education Director so that special program revenue can be generated from those courses. That coordination is part of the normal duties associated with the job description of the Program Director (i.e., scheduling classes for non-credit, credit, and continuing education purposes). This is not fundraising, but rather the coordination of revenue-generating courses through the college's community education office. Actual fundraising is in the province of the College's Auxiliary Foundation, managed by an Executive Director, with work done in consultation with the College President. All funds raised through private philanthropy are solicited through the work of the foundation, not college faculty or staff. The College's Foundation is one of the strongest in the state for community

colleges. Current total assets exceed \$54 million. The Foundation provides roughly \$3 million in annual support to the college through scholarships and faculty grants."

c. Cabrillo Documentation:

1. "Revenues and Expenditures for the Cabrillo DH Program, 2021-24" chart.
2. "Expanded Duties Course Revenue Chart" for 2021-2024.
3. "Comparative Data for Allied Health Spending in the CCC System, 2021-22" chart.

d. DHBC Review:

1. Funding Stability

- i. While Cabrillo demonstrates a healthy "General Fund", the Board maintains there is an overreliance "Fund 16" to fund the Cabrillo DHEP.
  - For example, the main revenues relied upon to maintain the program in 2021 – 2024 (from the "Revenues and Expenditures for the Cabrillo DH Program, 2021-24" chart.):

<b>Revenue Category</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>2023-April 2024</b>
Clinic Revenue	\$19,268	\$65,810	\$11,027
DH Expanded Duties Classes	\$268,247	\$261,775	\$269,634
SCFF General Fund Revenue from DH	\$457,643	\$264,644	\$300,880

- ii. While Cabrillo maintains that "Fund 16" is stable, "Fund 16" monies are collected from "Expanded Duties" courses. Those courses are reliant on several variables (e.g., number of courses offered, course enrollment, faculty salaries, etc.) by which the monies collected is not guaranteed.

2. Program Director Participation:

- i. Cabrillo states:
  - "The Program Director does not face undue stress from fundraising. The Director is required to coordinate expanded duties classes with the Community Education Director so that special program revenue can be generated from those courses. That coordination is part of the normal duties

associated with the job description of the Program Director (i.e., scheduling classes for non-credit, credit, and continuing education purposes)."

- ii. Per the "Department Chair/Academic Specialist Director" job description the Board was provided on April 5, 2024, there is no condition in the job description requiring "scheduling classes for non-credit, credit, and **continuing education purposes**." From the "Department Chair/Academic Specialist Director" job description:

- "Under the direction of the appropriate administrator, in collaboration with program faculty, and in compliance with established college policies and procedures, the Department Chair/Academic Specialist Director is **a faculty position**, which in addition to their regular faculty assignment coordinates and participates in activities supporting program involvement in governance, and **develops recommendations regarding scheduling**, staffing, **instructional program planning**, resource allocation, and facility use."

- iii. Therefore, Cabrillo continues to require the Program Director to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal program director function. Forced participation in such events should be avoided since the program should be fully funded by the college.

### 3. Faculty Participation:

- i. In order for the expanded duties courses that are the source for "Fund 16" monies, the college relies on faculty participation to run these courses.
- ii. Requires faculty to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal faculty function. Forced participation in such events should be avoided since the program should be fully funded by the college.

2. **Issue 2:** "Prerequisite" courses designed to introduce the prospective student to dental hygiene (DH460A and DH460B) were defunded and discontinued by the Dean.

- a. As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through "Fund 16."

1. **Effect:** Cabrillo Program Director and faculty required to “fundraise” to support necessary “prerequisite” courses.

b. Cabrillo stated:

1. “DH460A Introduction to Dental Infection Control and DH460B Clinical Application to Dental Infection Control Lab are not prerequisite courses to enter the DH program. The purpose of these non-credit courses is to earn a Certificate of Completion and provide instruction required for certification in the role of infection control coordinator in any health care setting. These courses prepare students to work in a facility overseeing infection control, bloodborne pathogen standards, and confirming compliance with protocols and procedures. According to data from the college's Office of Planning and Research, 31 Certificates were awarded in both 2021-22 and 2022-23 to DH students for this two-course sequence. In addition, the courses have not been defunded. The courses still exist in the course catalog and are open for enrollment in the fall semester of 2024.”

c. Cabrillo Documentation:

1. Cabrillo provided a “Patterns of Success in DH 460A & DH 460B” chart.

d. DHBC Review:

1. While the courses are currently offered, they were initially defunded and discontinued by the Dean.
2. As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through “Fund 16.”
3. Due to the funding through “Fund 16”, the Program Director and faculty are required to work non-contracted, personal time to ensure the courses are funded to remain offered, thereby enhancing student success. Fundraising to maintain the courses is not a normal Program Director and faculty function. Forced participation in such events should be avoided since all Cabrillo courses should be fully funded by the college.

B. DHBC Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of [BPC Section 1941\(a\)](#), [16 CCR Section 1104\(b\)\(5\)](#), and [CODA Standard 1-3](#).
3. Cabrillo to provide evidence of stable financial resources for the DHEP to ensure continuity of the program pursuant to BPC Section 1941(a), 16 CCR Section 1104(b)(5), and CODA Standard 1-3.

## II. Violation 2: Admissions/Prerequisites.

[Deficient of BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.]

### A. Site Visit:

1. **Issue:** Unqualified students admitted to the program.
  - a. Applicants to Cabrillo were allowed to retake prerequisite science courses multiple times and only the course with the passing grade was recorded in the admission checklist.
    1. Students were allowed to retake prerequisite courses after an unsatisfactory completion the following semester, which is in violation of Cabrillo's "Dental Hygiene Admissions Policy."
      - i. Cabrillo "Dental Hygiene Admissions Policy" states:
        - "These prerequisites may also be used to satisfy appropriate general education areas. Successful completion of these prerequisites or equivalent is required before applying to the dental hygiene program. It is required that all science prerequisites be completed within the last six (6) years."
        - "Applicants are permitted to repeat prerequisites for a better grade provided the course was completed more than six (6) years ago. For these students, submit a petition to repeat a course through e-Forms."
    - b. Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A-Introduction to Dental Infection Control and DH460B-Clinical Application to Dental Infection Control Lab) were discontinued by the Dean.
2. **Effect:** Due to accepting unqualified students to the DHEP, as well as removing necessary "prerequisite" courses, students were not prepared for the rigors of the DHEP, thereby hindering student success and increasing attrition rates.

B. Cabrillo stated:

1. "Cabrillo College appreciates the DHBC's finding of violating our admissions policy. The college is committed to only admitting qualified students into the program. The admissions process aligns with 16 CCR Section 1105(f)(1) – (f)(C) and has not changed. To prevent unqualified students from entering the program, the college will pull together the primary stakeholders from the Office of Instruction, Counseling, Admissions and Records, and the DH Program Director to discuss the admissions policy. All involved will be trained on the policy and agree on the proper way to admit students. Additional safety nets include an audit of each incoming cohort to ensure each student is qualified and meets the criteria for admission."
2. "Required prerequisite courses have not been removed from the admissions criteria. The criteria have not changed. The courses cited by the DHBC are non-credit courses designed to introduce students to infectious control work in a medical office environment. Non-credit courses do not serve as prerequisites."

C. DHBC Review:

1. The Board accepts Cabrillo's amended admissions review process to include oversight retraining to correct deficiencies for the DHEP admissions process.

D. DHBC Determination:

1. **In compliance.**
2. Cabrillo shall continue to maintain and demonstrate of admissions policies and provide necessary courses to increase student success pursuant to BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.

**III. Violation 3: Program Director Authority.**

[Deficient of 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.]

A. Site Visit:

1. **Issue:** Program Director not provided access to the DHEP's budget, nor allowed to provide input into the budgeting process.
  - a. Program director hired December 13, 2021, but did not receive access to the budget until February 2024.



2. **Effect:** Program Director unable to effectively oversee the budgeting process or daily utilization of budget allotments for expenses in the DHEP.

B. Cabrillo stated:

1. "The college utilizes Financial Support Specialists to complete budget transactions as directed by the program director and dean. When we realized the PD did not have direct access to the budget, we contacted the appropriate departments to provide access and training to the program director. This deficiency was recognized before the site visit. The program director received access to the budget system on February 26, 2024. This initial access was followed by more comprehensive training on April 17, 2024, and a follow up meeting on May 9, 2024. These steps have significantly improved the program director's understanding and management of the budget, ensuring better accuracy and oversight moving forward."
2. "The Program Director has input into budget preparation and fiscal administration. The PD in consultation with the dean has decision making authority for over Fund 16 and three revenue streams. The PD has access to the Financial Support Specialist who is employed by the college full-time. The PD has access to all Dental Hygiene budget spreadsheets and can view updated information in Colleague. The PD has access to one-on-one training from Cabrillo's Business Services Office, which supports faculty and staff through fiscal accountability and administrative business functions."
3. "In preparation for the new fiscal year, the PD meets with the Financial Support Specialist to create the Dental Hygiene's program budget. The preliminary meeting is set for April and the final budget meeting is scheduled for June. During those meetings revenues and anticipated expenses are discussed and a budget is created to meet program needs for the year. The PD has budget oversight and makes decisions in consultation with the dean on how the money in Fund 16 is spent. The PD has access to spreadsheets to view daily transactions and program expenses."
4. "In regard to general fund monies, the DH program receives a Teaching Unit budget from the Dean and the VPI for each academic year. The PD decides how those TU's will be allocated toward class schedules for summer, fall, and spring semesters."

C. DHBC Review:

1. The Board accepts Cabrillo's amended process for the Program Director to oversee the budgeting process and for daily utilization of budget allotments for expenses in the DHEP.



D. DHBC Determination:

1. **In compliance.**

2. Cabrillo shall continue to maintain the Program Director's authority over the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.

**IV. Violation 4: Faculty and Staff Support.**

[Deficient of 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.]

A. Site Visit:

1. **Issue 1:** Faculty Support

- a. Program is assigned three full time faculty members.

1. Third full time faculty member has not been assigned courses or provided support to the program since 2021 which causes a lack of needed faculty staffing and support to the program.
  - i. Cabrillo failed to provide replacement (temporary or permanent) of the third faculty position once vacated to provide required support to the program.
2. **Effect:** Student progression and preparation to become a dental hygienist is hindered without the necessary and required faculty support.

- b. Cabrillo stated:

1. "Human Resources launched a recruitment for a one-year full-time temporary faculty position in Dental Hygiene. A hiring committee was established and included a diverse group of faculty and staff along with the Dental Hygiene Program Director. The recruitment closed on April 19, 2024. The interviews were held on May 15th. Qualified candidates were interviewed and asked to complete a presentation and teaching demonstration. A qualified candidate has accepted a conditional offer of full-time faculty employment for the academic year 2024-25. The selected candidate will begin service to the college on August 1st, 2024. This will represent a third full time faculty position for the program."

c. DHBC Review:

1. The DHBC accepts this pledge of an additional full-time faculty provided Cabrillo maintains three active, full-time faculty for the program permanently.

2. **Issue 2:** Staff Support

a. Program Assistant.

1. Program assistant shared among three programs equating to twelve hours per week devoted to program support.
  - i. **Effect:** Lack of program support leads to necessitating the Program Director to redirect time from program administration and student support to clerical duties.

b. Cabrillo stated:

1. "Qualified institutional support personnel are assigned to the program to support both the instructional program and the clinical facilities as indicated the following positions:
  - 18 Associate Faculty members serve to support the instructional program and support students through the teaching and learning process.
  - One full-time program coordinator is available to the Dental Hygiene Program Director at a minimum of 12 hours per week up to 40 hours per week. Assigned numbers of hours along with 4 extra hours for consultation, and the staff member is available to meet with the PD anytime during the week. This provides sufficient support for program coordination and support services.
  - One part-time hourly employee works 10 hours per week as the expanded duties coordinator."
2. "The part time employee described above has the following responsibilities: Assist the expanded duties instructor with all aspects of Expanded Duties events; Communicate with incoming and prospective participants; Fill the clinic patient schedule, order lunches and supplies; Post the Expanded Duties courses on the Cabrillo Extension website; Purchase equipment with funds awarded to the program through faculty grants and lottery funds; Edit the website and the student/faculty handbooks and manuals; Coordination of Continuing Education courses; and Manage social media accounts and posts."
3. "Two classified positions are in place to support the Dental Hygiene Program:

- Instructional Technician 32 hours per week.

Job Responsibilities:

Operate the sterilization room.

Instruct students on disinfection and sterilization procedures.

Care and maintenance of the operatories and equipment.

Repair technician on dental hygiene clinic equipment.

Order all supplies and maintain all vendor Blanket Purchase Orders and monthly purchase orders.

Track invoices and send them to the Business Services Office.

Fix X Ray sensor issues

Coordinate with Ascend to ensure smooth operations of equipment and software.

Submit and handle all help tickets to Facilities and Information Technology departments.

Outreach and recruitment events at high schools and community events in the surrounding counties.

- Dental Clinic Office Specialist 32 hours per week

Job Responsibilities:

Customer service in person and over the phone and via email.

Manage the clinic email and answer any questions/ concerns of patients or dental offices that are referring patients to our clinic.

Refer or direct patients to other community resources if we are unable to provide the services they need.

Import and export all x-rays for existing and new patients.

Answering all incoming phone calls. Assist the students with scheduling of their patients. Fill out and prepare all of the intake forms/ insert all patient data into our software program.

Make sure charts/ proper forms are signed/ scanned and/ or ready to go for the students prior to them seeing their patients.

Audit charts.

Check in all patients in a timely manner for the students.

Collect patient payments, make weekly (or bi-weekly if I get too busy) deposits to the BSO office.

Maintain record of daily deposits/ monthly/ semester and yearly.

Order office supplies for staff and faculty as needed.

Help with recruitment of patients at local Health fairs.

Train students, staff, and faculty members how to use our dental software program (Ascend Academic), scheduling appointments, data entry and codes, and charting.

Train students on proper phone etiquette, how to manage a front office, and professionalism in their work setting.

Translate forms.

Create user accounts, usernames, and passwords for students and new faculty and staff.

Troubleshoot any Ascend issues that arise with students during the clinic such as glitches with lost x-rays, etc.  
Maintain HIPAA and confidentiality that pertain to all patient information and medical records.  
Maintain record of daily, monthly, semester, and yearly bank deposits."

4. "Student support is provided by all staff members throughout the day-to-day operations such as sterilization and safety protocols."
5. "The number and distribution of faculty and staff as indicated above is sufficient to meet the educational program's stated mission and goals."

c. DHBC review:

1. Cabrillo states above: "One full-time program coordinator is available to the Dental Hygiene Program Director **at a minimum of 12 hours per week up to 40 hours per week**. Assigned numbers of hours along with 4 extra hours for consultation, and the staff member is available to meet with the PD anytime during the week. This provides sufficient support for program coordination and support services.
2. The Board accepts this pledge of staff support to the Cabrillo DHEP as acceptable provided the support is maintained permanently.

B. Determination:

1. **In compliance.**

2. Cabrillo shall continue to provide sufficient Faculty and Staff support to the DHEP pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.

**V. Violation 5: Student Support.**

[Deficient of 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.]

A. Site Visit:

1. **Issue:** Students reported fees for the clinic are excessively high for the low-income patient population to afford.
  - a. High fees due to Cabrillo's need to provide monetary support to the running of the DHEP.

1. Refer to "Violation 1."

b. **Effect:** Students (many of whom are first-time college students, from low-income households, or do not have a steady, or any, income) are paying patient fees to complete patients requirements, thereby hindering student success.

1. Dental hygiene students should not bear the patient's cost burden for dental hygiene services to complete their competencies required for their education and training. They are already paying tuition and fees for materials and to add the cost burden for patient treatment to their tight financial budgets is unacceptable and reason to seek action against the school.

B. Cabrillo stated:

1. "The program has a policy in place that states students are not responsible for covering the cost of services for patients. This policy is stated at all information and orientation meetings. It will be included in each course syllabi for students to read and acknowledge and in the Dental Hygiene Program Manual."
2. "Effective July 1, 2024, the vice president of instruction has realigned funds to help cover the cost of instructional supplies in order to alleviate some of the financial strain on the departmental budget. This will allow for a decrease in patient fees to utilize the Dental Hygiene Clinic services. In addition, the Vice President of Instruction is exploring donor opportunities through the Foundation to capitalize on philanthropic endeavors that might help support the program. Updated fee schedule attached."
3. "The dental hygiene program at Cabrillo College has reduced the burden of clinical fees for the local low-income patient population in some not as easily recognized ways while simultaneously supporting its students through several initiatives.

First, students provide patient care at three major clinical rotation sites for community partners, including Dientes and Salud Para La Gente, as well as the Cabrillo Stroke and Disability Center. At these locations, services are either free or covered by state dental coverage, ensuring that cost is not a barrier for patients seeking care, nor covered by students.

Additionally, there are selected campus and local organizations that benefit from reduced fees for dental hygiene services. These organizations include the Rising Scholars program, which supports formerly incarcerated students and justice-impacted students; Interim, a mental health facility; and a local veterans program. These partnerships help to make dental care more accessible to vulnerable populations.

Furthermore, second-year students fulfill pediatric care requirements during a children's event where all dental hygiene services are offered at no charge. The program also hosts a few free adult screening days, during which patients receive radiographs and assessments at no cost. These initiatives not only provide essential services to the community but also give students valuable hands-on experience in a variety of clinical settings."

C. DHBC Review:

1. The Board accepts this pledge of student support by realigning funds to help cover the cost of instructional supplies, thereby allowing a decrease in patient fees.

D. DHBC Determination:

1. **In compliance.**
2. Cabrillo shall maintain Student Support pursuant to 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.

Cabrillo shall provide evidence of compliance to the above remaining violation **by July 5, 2024.**

**Please note:** 16 CCR section 1104(e) states: A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval or revocation of the program's approval.

Additionally, pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. Therefore, this matter will be brought before the Board and Education Committee for further action at the Board's meeting on July 19, 2024. The meeting will be held at:

Department of Consumer Affairs  
1625 North Market Blvd.  
HQ1 Hearing Room, 1st Fl.  
Sacramento, CA 95834

Please have Cabrillo representatives present at the meeting to answer any questions the Board and the DHBC Education Committee may have.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If you

have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Travaris Harris, Ed.D., Vice President of Instruction/Assistant Superintendent, Cabrillo College  
Heidi Weber, Dean of Health, Athletics, Wellness, and Kinesiology, Cabrillo College  
Heather Lawler, RDH, MSDH, Dental Hygiene Program Director, Cabrillo College



May 29, 2024

Adina Pineschi-Petty, DDS,  
Education, Legislative, and Regulatory Specialist  
Anthony Lum, Executive Officer  
Dental Hygiene Board of California  
2005 Evergreen Street, Suite 1350  
Sacramento, CA 95815

Re: Cabrillo College DHBC Compliance Report

This letter serves as a response to the April 18, 2024 letter that Cabrillo College received after an April 9, 2024 site visit to review the status of the college's Dental Hygiene Educational Program.

In the April 18 letter from Adina Pineschi-Petty, the DHBC stated that the Cabrillo College was not in compliance with relevant sections of the Business and Professions Code pertaining to DH programs, or with selected California Code of Regulations requirements, or alternatively, through the DHBC's review and application of Commission on Dental Accreditation (CODA) Standards. The April 18 letter noted 5 violations. We disagree with one of those findings, while also noting in the attached formal response that we appreciate the review of our program and the opportunity to take corrective action to document on-going compliance with CODA standards and California law. We believe that the combination of our corrective measures, recent hiring decisions, and the funding that we provide to our program document compliance with California law and CODA standards.

First, we would like to thank Dr. Pineschi-Petty for granting us an extension to complete our response to the compliance report. The College's ability to pull together requisite data and evidence in the midst of final exams and graduation week was challenging, not to mention on-going internet network and security challenges that we faced. We appreciate the grace that was extended to us.

**On Violation 1: Stable Financial Resources, we disagree with the finding of the site visit.** Data cited in the site visit letter refer to outdated descriptions of our program from five years ago. In our attached response, we provide documentation of the strength and stability of funding provided to our DH program over the last three years. We document on-going operational funding that allows the college to spend more money on the DH Program than at comparable allied health programs at California Community Colleges. The evidence of our spending can be seen in the quality of our instructional faculty, our support staff, the success rates of our students, and our state-of-the-art facilities. Given the evidence of strong per-student spending and the high quality of our program and facilities, we are in compliance with CODA Standards and California law.



On **Violation 2 Admissions/Prerequisites**, we are grateful for the site visitor's attention to the fact that a few of our students were admitted in violation of prerequisite guidelines in our established admissions policies. **We have taken corrective action** to ensure that we follow our published admissions criteria and intend to audit each admitted cohort. We believe we are in compliance with CODA Standards and California law.

On **Violation 3 Program Director Authority**, we have taken corrective action to ensure that the Program Director has access to the program budget, is trained on the college's fiscal software platform, and can coordinate with the Dean and Fiscal Support Specialist to monitor transactions. We believe we are in compliance with CODA Standards and California law.

On **Violation 4 Faculty and Staff Support**, we have taken corrective action to hire a third full time faculty member to begin teaching in Fall 2024, and we provide evidence in our attached report to document that we have sufficient support staff and learning resources to ensure student success in the program. We believe we are in compliance with CODA Standards and California law.

On **Violation 5 Student Support (Clinic Fees)**, we appreciate being alerted to the violations of our existing policies on clinic fees. **We have taken corrective action** to reduce the cost of fees in the clinic, effective with the 2024-25 academic year budget. College leadership will be seeking philanthropic support through the College Foundation to help defer the costs of care for the poorest patients in our region. We believe we are in compliance with CODA Standards and California law.

The attached document provides a response to each violation, with descriptions of corrective actions that have been taken to ensure we comply with sections of the California Code of Regulations, sections of the Business and Professions Code, and the Standard published by CODA. Please feel free to reach out to us if you have any questions or concerns.

Sincerely



Matthew E. Wetstein, Ph.D.  
Superintendent/President



Heather Lawler,  
Dental Hygiene Program Director

## **I. Violation 1: Stable Financial Resources.**

[Deficient of BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.]

### **A. Site Visit:**

1. Issue 1: Cabrillo lacks a stable funding source to fund the DHEP.

a. Cabrillo is only partially funding the DHEP through Cabrillo College's general fund.

1. Remaining funding is being required to be supplied through DHEP clinic fees and "Fund 16."

i. "Fund 16" is monies collected from Cabrillo providing "Expanded Duties Courses" (i.e., Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia courses.)

• "Fund 16" is not a stable funding source as the monies collected from the course is dependent on many variables (e.g., number of courses offered, course enrollment, faculty salaries, etc.).

2. From Cabrillo's 2019 CODA Self Study (p. 21)

i. "The long-range plan is to become a sustainable program. To assist the program in acquiring stable and adequate funding, five areas have been identified.

- First is the Cabrillo College base budget that provides for faculty salaries.
- Second is income from fees generated by the dental hygiene clinic.
- Third are grants from Vocational and Technical Education Act (Perkins/VTEA) and outside entities, Cabrillo College faculty grants, Cabrillo College student senate grants, and one-time instructional funding from the college.
- Fourth, Extension continuing education courses that the department develops, promotes and facilitates.
- Fifth a memorandum of understanding with Salud that pays the salary of our faculty member supervising the students on rotation."

Note: Salud clinic is an extramural clinical site where students are allowed to provide dental hygiene care to patients of the clinic.

3. Cabrillo was cited by the Board in 2019 for the same concern.

i. From the December 6, 2019 Site Visit Report:

- Stable Financial Resources
- Self Study p. 20

“In 2014 the College reduced the teaching unit allocation to the dental hygiene department by 100 teaching units, approximately 50% of the department budget. As a result, the department has had to bring in \$140,000 a year to support an entering class.”

- Self Study p. 131 “Enrollment Trends”

“We have received fewer applications due in part to the budget reduction to the program in 2015. The perception was that the program was closing. The department is still feeling the effects of that decision.”

Self Study Exhibits p. 389 “Priorities to Improve Student Learning”

- “Two additional full-time faculty” and “Reinstatement of Program TU’s College funding of program”
- “Following the College policy in requesting for reinstating two full-time (FT) faculty.”
- “Ever since the 100 TU’s were removed from the DH program in 2014 the DH program has requested restatement of Program TU’s in our annual program update.”

b. Effect: Cabrillo Program Director and faculty required to “fundraise” to support the program.

1. Causes undue stress and requires Program Director and faculty to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal program director and faculty function. Forced participation in such events should be avoided since the program should be fully funded by the college.

2. Issue 2: Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A and DH460B) were defunded and discontinued by the Dean.

As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through “Fund 16.”

Effect: Cabrillo Program Director and faculty required to “fundraise” to support necessary prerequisite courses.

1. Causes undue stress and requires Program Director and faculty to work non-contracted, personal time to ensure the courses are funded to be offered, thereby enhancing student success.

B. Refer to:

1. BPC Section 1941(a)

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

16 CCR Section 1104 (b)(5)

Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.

CODA Standard 1-3

The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program

#### **Determination:**

1. **Not in compliance.**
2. Cabrillo is in violation of BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.
3. Cabrillo to provide evidence of stable financial resources for the DHEP to ensure continuity of the program pursuant to BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.

#### **Corrective Measures:**

The list of funds sources described in the DHB letter is accurate, but the conclusion drawn is inaccurate, just as it was in 2019. An analysis of revenue sources for the last

three fiscal years indicates that the college provides more than adequate financial support to run a high-quality DH program. Funds are mainly derived from general fund revenues associated with the California Community Colleges Student Centered Funding Formula (the SCFF – the formula that establishes state support for all Dental Hygiene programs operating at a California Community College). Because all DH programs have strict safety standards and 1:5 faculty to student ratios for clinical settings, ALL DH programs operating at California Community Colleges technically run at a deficit mode under the SCFF Funding Formula. Cabrillo makes up the gap in funding by braiding fund sources together in a manner similar to other DH CCC Programs. Revenue fund sources can include 1) Instructional Lottery dollars to pay for education materials and supplies; 2) Perkins/VTEA funds to pay for career technical education equipment, conferences, professional services, and recruitment materials; 3) California Strong Workforce Program dollars; 4) Cabrillo College Foundation grants to pay for specialized equipment or staffing associated with a specialized project; 5) continuing education or “expanded duties” classes mentioned above; 6) clinic fees for DH services; and 7) General fund transfers to cover any operational deficits that need to be covered at the end of a fiscal year. The college regularly covers career education program deficits in this manner by using SCFF fund revenues from other college program (such as Political Science or Sociology) where class sizes are large enough to generate programmatic surpluses that are then used to cover programmatic deficits in career programs (such as Nursing and Dental Hygiene). The table below summarizes fiscal support for the program over the last three academic years.

**Revenues and Expenditures for the Cabrillo DH Program, 2021-24**

<b>Revenue Category</b>	<b>2021-22</b>	<b>2022-23</b>	<b>As of April 2023-24</b>
Clinic Revenue	\$ 19,268	\$ 65,810	\$ 11,027
RH Expanded Duties Classes	\$268,247	\$261,775	\$269,634
SCFF Gen Fund Revenue from DH	\$457,643	\$264,644	\$300,880
Strong Workforce Program	\$ 79,715	\$ 64,409	\$ 817
Lottery Funds	\$ 2,703	\$ 12,900	\$ 1,549
Foundation Funds	\$ 43,543	\$ 13,076	\$ 10,248
Perkins VTEA	\$ 2,494	\$ -	\$ -
COVID Relief Funding (Lost Rev)	\$ 33,855	\$ -	\$ -
Fin Aid College Work Study	\$ 17,177	\$ 3,744	\$ 9,061
<b>Total Revenue</b>	<b>\$924,645</b>	<b>\$686,358</b>	<b>\$603,216</b>

<b>Expenditures</b>	<b>2021-22</b>	<b>2022-23</b>	<b>As of April 2023-24</b>
FT Faculty Salaries	\$254,402	\$244,090	\$247,604
Part Time Faculty Salaries	\$266,872	\$399,260	\$274,513
Classified Salaries	\$ 65,662	\$ 62,088	\$ 63,677
Classified Overtime	\$ 25	\$ -	\$ 10,142

College Work Study	\$ 17,177	\$ 3,744	\$ 9,061
Student Salary Hourly	\$ 1,891	\$ 33,737	\$ -
Part Time Hourly	\$ 12,083	\$ -	\$ -
Benefits	\$ 21,111	\$ 22,685	\$ 15,015
Equipment	\$ 45,098	\$ 19,194	\$ 4,052
Instructional Equipment	\$ 14,869	\$ 8,461	\$ -
Instructional Supplies	\$ 28,027	\$ 30,803	\$ 66,064
Supplies	\$ 67,763	\$ -	\$ -
Professional Services	\$ 15,793	\$ 27,742	\$ 23,961
Repairs	\$ 4,880	\$ 5,201	\$ 68
Software	\$ 16,815	\$ 21,378	\$ 7,428
Duplicating	\$ 777	\$ 2,108	\$ 1,854
Conference Travel	\$ 5,244	\$ (83)	\$ -
Hospitality	\$ 3,327	\$ 2,895	\$ 2,451
Memberships	\$ 475	\$ 150	\$ 175
<hr/>			
<b>Total Expenses</b>	<b>\$842,291</b>	<b>\$883,452</b>	<b>\$726,065</b>
<hr/>			
<b>Surplus (Deficit)</b>	<b>\$ 82,354</b>	<b>(\$197,094)</b>	<b>(\$122,849)</b>
<b>General Fund Transfer for Ops.</b>	<b>\$ -</b>	<b>\$197,094</b>	<b>\$122,849</b>
<hr/>			

Source: Cabrillo College Ellucian/Colleague Finance Module Reports for various years, CEO Matt Wetstein, May 12, 2024.

Beyond SCFF general fund revenues in any given year, the College's Board of Trustee and Administration designate an established 7% general fund reserve that is mandated by Board policy. This on-going, annual reserve of roughly \$5.6 million is available for use to cover emergency costs or programmatic deficits, although a special resolution is required to release the expenditures. The College's year end reserves have actually far exceeded the 7% requirement for many years. Year-end reserves for 2022-23 were \$19.5 million. Any claim that the college fails to provide a stable fiscal funding source for the Dental Hygiene program is inaccurate and does not align with publicly available data.

The statements in the April 18, 2024 letter about Cabrillo College's funding being unstable are not accurate. Funds housed in "Fund 16" reflect a stable funding source, as are other funding sources used by the college to operate the Dental Hygiene Program. Fund 16 monies are collected from expanded duties courses that the college has operated for more than a decade. The courses are coordinated between the DH Program and the college's Community Education Office. These courses are attractive to out of town hygienists because they are held in the College's state of the art facilities and allow out of town practitioners the ability to meet professional development and enhancement obligations while family members and loved ones can vacation in the Santa Cruz area. Regional hygienists also benefit from the courses, as do out of state practitioners seeking to work in California. Revenues from these courses have remained strong for years. The college's DH program has essentially established an entrepreneurial revenue stream that exploits the assets of its facilities, location, and programmatic strength, helping to supplement general funds in ways that other programs have not. Data from the past three years of expanded duties courses

suggests that revenues from these offerings have provided consistent dollar amounts to support program operations (see the table below for 2021-22, 2022-23, and 2023-24 totals).

<b>Year of Operations</b>	<b>Expanded Duties Course Revenues</b>
2021-22	\$268,247
2022-23	\$261,775
2023-24 (estimated)	\$269,634

Source: Cabrillo College Finance Module (Matt Wetstein, CEO, May 14, 2024)

The College's commitment to supporting the DH program with adequate funding can be seen in a comparative light as well. The California Community Colleges Chancellor's Office gathers data every year on revenues and expenses for annual tracking purposes. The so-called fiscal abstract report documents expenditures for academic programs at every CCC at an aggregated, high level (such as allied health programs). The table below provides Cabrillo health program spending and DH spending in particular per FTES (full time equivalent students), alongside details of state averages for allied health programs. The side to side comparison provides an opportunity to demonstrate how Cabrillo spends money on its programs vis-a-vis other California Community Colleges. Overall, Cabrillo spent more per student on allied health studies than the average CCC (\$9,178 vs. \$7,665 per FTE). When Cabrillo expenditures are broken down for just Dental Hygiene program expenses, the spending per FTES is even higher (\$9,677). In short, comparative data from statewide CCC reports help document the high level of fiscal support the college provides to its health programs generally, and even more so to its DH Program.

**Comparative Data for Allied Health Spending in the CCC System, 2021-22**

<b>21-22 Category of Spending/Enrollment Data</b>	<b>State CCC's</b>	<b>Cabrillo</b>
General Fund \$ on Health Programs	\$335,563,282	\$4,105,177
General Fund \$ on Instr Salaries & Benes.	\$261,505,824	\$3,110,180
Instr Salaries & Benefits as % of total	77.9%	75.8%
Operating Expenses & Capital Outlay as %	22.1%	24.2%
FTES for 2021-22 in Health Programs	43,773.78	447.25
Overall \$ per Health Program FTES	\$ 7,665.85	\$ 9,178.70
Overall \$ on Salaries/Benefits per FTES	\$ 5,974.03	\$ 6,954.01
Overall \$ on Dental Hygiene		\$ 842,291
Overall \$ per FTES on Dental Hygiene		\$ 9,677.05

Sources: California Chancellor's Office Fiscal Abstract Report (311 Annual Reports), 2021-22; CCCCCO Data Mart (for FTES enrollments). Expenditures are for Health Programs in the 1200 Taxonomy of Program Codes. Compiled by Matt Wetstein, CEO, May 12, 2024.

DHB staff have apparently concluded that "general fund" support has not been stable, and that there is an excessive reliance on revenue generating classes that are



supposedly an “unstable” source of funds. In focusing only on general fund dollars, DHB staff have missed the opportunity to applaud the creative revenue generating structure of classes that Cabrillo faculty have built and offered over the last decade. The College believes it should not be penalized for this entrepreneurial spirit, but rather, should be celebrated for its unique funding model that takes pressure off of California and local taxpayer dollars. The three-year budget and revenue data provided in the tables earlier indicate that the College has adequate, stable financial resources to operate the program and to continue to operate the program.

The Program Director does not face undue stress from fundraising. The Director is required to coordinate expanded duties classes with the Community Education Director so that special program revenue can be generated from those courses. That coordination is part of the normal duties associated with the job description of the Program Director (i.e., scheduling classes for non-credit, credit, and continuing education purposes). This is not fundraising, but rather the coordination of revenue-generating courses through the college’s community education office. Actual fundraising is in the province of the College’s Auxiliary Foundation, managed by an Executive Director, with work done in consultation with the College President. All funds raised through private philanthropy are solicited through the work of the foundation, not college faculty or staff. The College’s Foundation is one of the strongest in the state for community colleges. Current total assets exceed \$54 million. The Foundation provides roughly \$3 million in annual support to the college through scholarships and faculty grants.

*Response to Issue 2: “Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A and DH460B) were defunded and discontinued by the Dean.” As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through “Fund 16.”*

DH460A Introduction to Dental Infection Control and DH460B Clinical Application to Dental Infection Control Lab are **not** prerequisite courses to enter the DH program. The purpose of these non-credit courses is to earn a Certificate of Completion and provide instruction required for certification in the role of infection control coordinator in any health care setting. These courses prepare students to work in a facility overseeing infection control, bloodborne pathogen standards, and confirming compliance with protocols and procedures. According to data from the college’s Office of Planning and Research, 31 Certificates were awarded in both 2021-22 and 2022-23 to DH students for this two-course sequence. In addition, the courses have not been defunded. The courses still exist in the course catalog and are open for enrollment in the fall semester of 2024.



## Patterns of Success in DH 460A & DH 460B

Course/Semester/Term	Number Successful	% Successful
460A Fall 2020	39	76
460A Spring 2021	36	86
460A Fall 2021	14	38
460A Summer 2022	12	80
460A Fall 2022	**	**
460A Spring 2023	15	79
460A Fall 2023	11	92
460B Fall 2020	34	81
460B Spring 2021	33	85
460B Fall 2021	14	100
460B Summer 2022	13	100
460B Fall 2022	**	**
460B Spring 2023	14	88
460B Fall 2023	**	**

\*\* Entries with asterisks contain fewer than 10 students, so data are masked to protect student privacy. Source: Cabrillo Success and Completion Data Dashboard; CCCC Data Dashboard, compiled by CEO Matt Wetstein, May 28, 2024.

### Violation 2: Admissions/Prerequisites.

[Deficient of BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.]

#### A. Site Visit:

1. Issue: Unqualified students admitted to the program.
  - a. Applicants to Cabrillo were allowed to retake prerequisite science courses multiple times and only the course with the passing grade was recorded in the admission checklist.
    1. Students were allowed to retake prerequisite courses after an unsatisfactory completion the following semester, which is in violation of Cabrillo's "Dental Hygiene Admissions Policy."

i. Cabrillo “Dental Hygiene Admissions Policy” states:

- “These prerequisites may also be used to satisfy appropriate general education areas. Successful completion of these prerequisites or equivalent is required before applying to the dental hygiene program. It is required that all science prerequisites be completed within the last six (6) years.”
- “Applicants are permitted to repeat prerequisites for a better grade provided the course was completed more than six (6) years ago. For these students, submit a petition to repeat a course through e-Forms.”

B. Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A-Introduction to Dental Infection Control and DH460B-Clinical Application to Dental Infection Control Lab) were discontinued by the Dean.

2. Effect: Due to accepting unqualified students to the DHEP, as well as removing necessary prerequisite courses, students were not prepared for the rigors of the DHEP, thereby hindering student success and increasing attrition rates.

B. Refer to:

1. BPC Section 1941(a)

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

2. 16 CCR Section 1105 (e)

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

3. 16 CCR Section 1105(f)(1) – (f)(C)

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

- (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,
- (B) College-level general education courses in the topic areas of: (i) Oral Communication (ii) Written Communication\* (iii) Psychology (iv) Sociology (v) Mathematics\* (vi) Cultural Diversity\*\* (vii) Nutrition\*\*  
\*Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course.  
\*\*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.
- (C) College-level biomedical science courses, each of which must include a wet laboratory component, in:  
(i) Anatomy (ii) Physiology (iii) Inorganic Chemistry (iv) Biochemistry or Organic Chemistry with Biochemistry (v) Microbiology

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

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

5. CODA Standard 1-1

The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by: a) developing a plan addressing teaching, patient care, research and service; b) an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program; c) implementing the plan to measure program outcomes in an ongoing and systematic process; d) assessing and analyzing the outcomes, including measures of student achievement; e) use of the outcomes assessment results for annual program improvement and revaluation of program goals.

6. CODA Standard 2-3

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

7. CODA Standard 2-8, 2-8b

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.

3. Cabrillo to provide evidence and demonstration of admissions policies pursuant to BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.

**Corrective Measures:**

Cabrillo College appreciates the DHBC's finding of violating our admissions policy. The college is committed to only admitting qualified students into the program. The admissions process aligns with 16 CCR Section 1105(f)(1) – (f)(C) and has not changed. To prevent unqualified students from entering the program, the college will

pull together the primary stakeholders from the Office of Instruction, Counseling, Admissions and Records, and the DH Program Director to discuss the admissions policy. All involved will be trained on the policy and agree on the proper way to admit students. Additional safety nets include an audit of each incoming cohort to ensure each student is qualified and meets the criteria for admission.

Required prerequisite courses have not been removed from the admissions criteria. The criteria have not changed. The courses cited by the DHBC are non-credit courses designed to introduce students to infectious control work in a medical office environment. Non-credit courses do not serve as prerequisites.

**Violation 3: Program Director Authority.**

[Deficient of 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.]

**A. Site Visit:**

R1. Issue: Program Director not provided access to the DHEP's budget, nor allowed to provide input into the budgeting process.

a. Program director hired December 13, 2021, but did not receive access to the budget until February 2024.

2. Effect: Program Director unable to effectively oversee the budgeting process or daily utilization of budget allotments for expenses in the DHEP.

**B. Refer to:**

1. 16 CCR Section 1105(j)

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

2. 16 CCR Section 1105.1(a)

"Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as

defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program.

3. 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.

4. CODA Standard 3-4

The program administrator must have the authority and responsibility necessary to fulfill program goals including:

- a) curriculum development, evaluation and revision;
- b) faculty recruitment, assignments and supervision;
- c) input into faculty evaluation;
- d) initiation of program or department in-service and faculty development;
- e) assessing, planning and operating program facilities;
- f) input into budget preparation and fiscal administration;
- g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.

3. Cabrillo to provide evidence and demonstration of Program Director authority pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.

Corrective Measures:

The college utilizes Financial Support Specialists to complete budget transactions as directed by the program director and dean. When we realized the PD did not have direct access to the budget, we contacted the appropriate departments to provide access and training to the program director. This deficiency was recognized before the site visit. The program director received access to the budget system on February 26, 2024. This initial access was followed by more comprehensive training on April 17, 2024, and a follow up meeting on May 9, 2024. These steps have significantly improved the program director's understanding and

management of the budget, ensuring better accuracy and oversight moving forward.

The Program Director has input into budget preparation and fiscal administration. The PD in consultation with the dean has decision making authority for over Fund 16 and three revenue streams. The PD has access to the Financial Support Specialist who is employed by the college full-time. The PD has access to all Dental Hygiene budget spreadsheets and can view updated information in Colleague. The PD has access to one-on-one training from [Cabrillo's Business Services Office](#), which supports faculty and staff through fiscal accountability and administrative business functions.

In preparation for the new fiscal year, the PD meets with the Financial Support Specialist to create the Dental Hygiene's program budget. The preliminary meeting is set for April and the final budget meeting is scheduled for June. During those meetings revenues and anticipated expenses are discussed and a budget is created to meet program needs for the year. The PD has budget oversight and makes decisions in consultation with the dean on how the money in Fund 16 is spent. The PD has access to spreadsheets to view daily transactions and program expenses.

In regard to general fund monies, the DH program receives a Teaching Unit budget from the Dean and the VPI for each academic year. The PD decides how those TU's will be allocated toward class schedules for summer, fall, and spring semesters.

#### **Violation 4: Faculty and Staff Support.**

[Deficient of 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.]

##### **A. Site Visit:**

##### **1. Issue 1: Faculty Support**

##### **a. Program is assigned three full-time faculty members.**

1. Third full-time faculty member has not been assigned courses or provided support to the program since 2021 which causes a lack of needed faculty staffing and support to the program.

2. Cabrillo failed to provide replacement (temporary or permanent) of the third faculty position once vacated to provide required support to the program.

3. Cabrillo was cited by the Board in 2019 for the same concern.

i. From the December 6, 2019 Site Visit Report:

Self Study Exhibits pp. 21-26 SLO\* Departmental  
Assessment Analysis #2

♦ “Priorities to Improve Student Learning”

◇ “Two additional full-time faculty”

“All of this fund raising impacts the educational goals of the program. 87% of our students are first generation learners and are of ethnicity other than Caucasian. These students have greater academic challenges that require additional didactic and clinical tutoring that the program cannot provide with limited FT faculty. Restating the two FT faculty would facilitate the support and consistency needed to help with student success.”

◇ “Reinstatement of Program TU’s College funding of program”

“Ever since the 100 TU’s were removed from the DH program in 2014 the DH program has requested restatement of Program TU’s in our annual program update.”

• Self Study p. 133

“Currently there are 2 full time faculty positions and in 2018-2019 one temporary full time faculty position in the dental hygiene department. A hire is in process for a full-time tenure track position to begin in fall 2019. The full-time faculty allocation is misleading since the DH director is required to spend a majority of her time in administrative duties and oversees fund raising of \$140,000 a year to accept a new incoming class.”

B. Effect: Student progression and preparation to become a dental hygienist is hindered without the necessary and required faculty support.

2. Issue 2: Staff Support



a. Program Assistant.

1. Program assistant shared among three programs equating to twelve hours per week devoted to program support.
2. Cabrillo was cited by the Board in 2019 for the same concern.
  - i. From the December 6, 2019 Site Visit Report:
    - “Program Assistant
    - ♦ Program assistant shared among three programs equating to twelve hours per week devoted to program support.”

B. Effect: Lack of program support leads to necessitating the Program Director to redirect time from program administration and student support to clerical duties.

B. Refer to:

1. 16 CCR Section 1105 (i)

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

2. 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.

3. CODA Standard 3-10

Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.

3. Cabrillo to provide evidence and demonstration of Faculty and Staff support pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.

### Corrective Measures:

Issue 1: Human Resources launched a recruitment for a one-year full-time temporary faculty position in Dental Hygiene. A hiring committee was established and included a diverse group of faculty and staff along with the Dental Hygiene Program Director. The recruitment closed on April 19, 2024. The interviews were held on May 15th. Qualified candidates were interviewed and asked to complete a presentation and teaching demonstration. A qualified candidate has accepted a conditional offer of full-time faculty employment for the academic year 2024-25. The selected candidate will begin service to the college on August 1st, 2024. This will represent a third full time faculty position for the program.

Issue 2: Qualified institutional support personnel are assigned to the program to support both the instructional program and the clinical facilities as indicated the following positions:

- 18 Associate Faculty members serve to support the instructional program and support students through the teaching and learning process.
- One full-time program coordinator is available to the Dental Hygiene Program Director at a minimum of 12 hours per week up to 40 hours per week. Assigned numbers of hours along with 4 extra hours for consultation, and the staff member is available to meet with the PD anytime during the week. This provides sufficient support for program coordination and support services.
- One part-time hourly employee works 10 hours per week as the expanded duties coordinator.

The part time employee described above has the following responsibilities: Assist the expanded duties instructor with all aspects of Expanded Duties events; Communicate with incoming and prospective participants; Fill the clinic patient schedule, order lunches and supplies; Post the Expanded Duties courses on the Cabrillo Extension website; Purchase equipment with funds awarded to the program through faculty grants and lottery funds; Edit the website and the student/faculty handbooks and manuals; Coordination of Continuing Education courses; and Manage social media accounts and posts.

Two classified positions are in place to support the Dental Hygiene Program:

- Instructional Technician 32 hours per week.

Job Responsibilities:

Operate the sterilization room.

Instruct students on disinfection and sterilization procedures.

Care and maintenance of the operatories and equipment.

Repair technician on dental hygiene clinic equipment.

Order all supplies and maintain all vendor Blanket Purchase Orders and monthly purchase orders.

Track invoices and send them to the Business Services Office.

Fix X Ray sensor issues

Coordinate with Ascend to ensure smooth operations of equipment and software.

Submit and handle all help tickets to Facilities and Information Technology departments.

Outreach and recruitment events at high schools and community events in the surrounding counties.

- Dental Clinic Office Specialist 32 hours per week

Job Responsibilities:

Customer service in person and over the phone and via email. Manage the clinic email and answer any questions/ concerns of patients or dental offices that are referring patients to our clinic.

Refer or direct patients to other community resources if we are unable to provide the services they need.

Import and export all x-rays for existing and new patients

Answering all incoming phone calls. Assist the students with scheduling of their patients. Fill out and prepare all of the intake forms/ insert all patient data into our software program.

Make sure charts/ proper forms are signed/ scanned and/ or ready to go for the students prior to them seeing their patients.

Audit charts.

Check in all patients in a timely manner for the students.

Collect patient payments, make weekly (or bi-weekly if I get too busy) deposits to the BSO office.

Maintain record of daily deposits/ monthly/ semester and yearly.

Order office supplies for staff and faculty as needed.

Help with recruitment of patients at local Health fairs.

Train students, staff, and faculty members how to use our dental software program (Ascend Academic), scheduling appointments, data entry and codes, and charting.

Train students on proper phone etiquette, how to manage a front office, and professionalism in their work setting.

Translate forms.

Create user accounts, usernames, and passwords for students and new faculty and staff.

Troubleshoot any Ascend issues that arise with students during the clinic such as glitches with lost x-rays, etc.

Maintain HIPAA and confidentiality that pertain to all patient information and medical records.

Maintain record of daily, monthly, semester, and yearly bank deposits.

Student support is provided by all staff members throughout the day-to-day operations such as sterilization and safety protocols.

The number and distribution of faculty and staff as indicated above is sufficient to meet the educational program's stated mission and goals.

**Violation 5: Student Support.**

[Deficient of 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.]

**A. Site Visit:**

1. Issue: Students reported fees for the clinic are excessively high for the low-income patient population to afford.

- a. High fees due to Cabrillo's need to provide monetary support to the running of the DHEP.

1. Refer to "Violation 1."

- b. Effect: Students (many of whom are first-time college students, from low-income households, or do not have a steady, or any, income) are paying patient fees to complete patients requirements, thereby hindering student success.
  - 1. Dental hygiene students should not bear the patient's cost burden for dental hygiene services to complete their competencies required for their education and training. They are already paying tuition and fees for materials and to add the cost burden for patient treatment to their tight financial budgets is unacceptable and a reason to seek action against the school.

**B. Refer to:**

- 1. 16 CCR Section 1105(a)

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

2. 16 CCR Section 1105(d)

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

3. CODA Standard 1-3

The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

4. CODA Standard 2-5

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

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.

3. Cabrillo to provide evidence and demonstration of Student Support pursuant to 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.

**Corrective Measures:**

The program has a policy in place that states students are not responsible for covering the cost of services for patients. This policy is stated at all information and orientation meetings. It will be included in each course syllabi for students to read and acknowledge and in the Dental Hygiene Program Manual.

Effective July 1, 2024, the vice president of instruction has realigned funds to help cover the cost of instructional supplies in order to alleviate some of the financial strain on the departmental budget. This will allow for a decrease in patient fees to utilize the Dental Hygiene Clinic services. In addition, the Vice President of Instruction is exploring donor opportunities through the Foundation to capitalize on philanthropic endeavors that might help support the program. Updated [fee schedule](#) attached.

The dental hygiene program at Cabrillo College has reduced the burden of clinical fees for the local low-income patient population in some not as easily recognized ways while simultaneously supporting its students through several initiatives.

First, students provide patient care at three major clinical rotation sites for community partners, including Dientes and Salud Para La Gente, as well as the Cabrillo Stroke and Disability Center. At these locations, services are either free or covered by state dental coverage, ensuring that cost is not a barrier for patients seeking care, nor covered by students

Additionally, there are selected campus and local organizations that benefit from reduced fees for dental hygiene services. These organizations include the Rising Scholars program, which supports formerly incarcerated students and justice-impacted students; Interim, a mental health facility; and a local veterans program. These partnerships help to make dental care more accessible to vulnerable populations.

Furthermore, second-year students fulfill pediatric care requirements during a children's event where all dental hygiene services are offered at no charge. The program also hosts a few free adult screening days, during which patients receive radiographs and assessments at no cost. These initiatives not only provide essential services to the community but also give students valuable hands-on experience in a variety of clinical settings.



April 18, 2024

Matthew E. Wetstein, Ph.D.  
Superintendent/President  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Dr. Wetstein,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit of the Cabrillo College Dental Hygiene Educational Program (Cabrillo) on April 9, 2024. This site visit was generated due to the appointment of a new program director, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the site visit are as follows:

**I. Violation 1: Stable Financial Resources.**

[Deficient of BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.]

**A. Site Visit:**

**1. Issue 1: Cabrillo lacks a stable funding source to fund the DHEP.**

a. Cabrillo is only partially funding the DHEP through Cabrillo College's general fund.

1. Remaining funding is being required to be supplied through DHEP clinic fees and "Fund 16."

i. "Fund 16" is monies collected from Cabrillo providing "Expanded Duties Courses" (i.e., Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia courses.)

- "Fund 16" is not a stable funding source as the monies collected from the course is dependent on many variables (e.g., number of courses offered, course enrollment, faculty salaries, etc.).

2. From Cabrillo's 2019 CODA Self Study (p. 21)

- i. "The long-range plan is to become a sustainable program. To assist the program in acquiring stable and adequate funding includes five areas have been identified.
- First is the Cabrillo College base budget that provides for faculty salaries.
  - Second is income from fees generated by the dental hygiene clinic.
  - Third are grants from Vocational and Technical Education Act (Perkins/VTEA) and outside entities, Cabrillo College faculty grants, Cabrillo College student senate grants, and one-time instructional funding from the college.
  - Fourth, Extension continuing education courses that the department develops, promotes and facilitates.
  - Fifth a memorandum of understanding with Salud that pays the salary of our faculty member supervising the students on rotation."

Note: Salud clinic is an extramural clinical site where students are allowed to provide dental hygiene care to patients of the clinic.

3. Cabrillo was cited by the Board in 2019 for the same concern.

i. From the December 6, 2019 Site Visit Report:

- Stable Financial Resources
  - ◆ Self Study p. 20  
"In 2014 the College reduced the teaching unit allocation to the dental hygiene department by 100 teaching units, approximately 50% of the department budget. As a result, the department has had to bring in \$140,000 a year to support an entering class."
  - ◆ Self Study p. 131 "Enrollment Trends"  
"We have received fewer applications due in part to the budget reduction to the program in 2015. The perception was that the program was closing. The department is still feeling the effects of that decision."



- ◆ Self Study Exhibits p. 389 “Priorities to Improve Student Learning”
  - ◇ “Two additional full-time faculty” and “Reinstatement of Program TU’s College funding of program”
  - ◇ “Following the College policy in requesting for reinstating two full-time (FT) faculty.”
  - ◇ “Ever since the 100 TU’s were removed from the DH program in 2014 the DH program has requested restatement of Program TU’s in our annual program update.”

\*TU = Teaching Units

b. Effect: Cabrillo Program Director and faculty required to “fundraise” to support the program.

1. Causes undue stress and requires Program Director and faculty to work non-contracted, personal time to ensure the program is funded to remain functioning. Fundraising to maintain the program is not a normal program director and faculty function. Forced participation in such events should be avoided since the program should be fully funded by the college.
2. Issue 2: Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A and DH460B) were defunded and discontinued by the Dean.
  - a. As the Program Director determined these courses crucial to the success of incoming students, the Program Director reinstated these courses, funding them through “Fund 16.”
  - b. Effect: Cabrillo Program Director and faculty required to “fundraise” to support necessary prerequisite courses.
    1. Causes undue stress and requires Program Director and faculty to work non-contracted, personal time to ensure the courses are funded to be offered, thereby enhancing student success.

B. Refer to:

1. BPC Section 1941(a)

The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality

standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

2. 16 CCR Section 1104 (b)(5)

Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.

3. CODA Standard 1-3

The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.
3. Cabrillo to provide evidence of stable financial resources for the DHEP to ensure continuity of the program pursuant to BPC Section 1941(a), 16 CCR Section 1104 (b)(5), and CODA Standard 1-3.

**II. Violation 2: Admissions/Prerequisites.**

[Deficient of BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.]

A. Site Visit:

1. Issue: Unqualified students admitted to the program.
  - a. Applicants to Cabrillo were allowed to retake prerequisite science courses multiple times and only the course with the passing grade was recorded in the admission checklist.
1. Students were allowed to retake prerequisite courses after an unsatisfactory completion the following semester, which is in violation of Cabrillo's "Dental Hygiene Admissions Policy."

i. Cabrillo "Dental Hygiene Admissions Policy" states:

- "These prerequisites may also be used to satisfy appropriate general education areas. Successful completion of these prerequisites or equivalent is required before applying to the dental hygiene program. It is required that all science prerequisites be completed within the last six (6) years."
- "Applicants are permitted to repeat prerequisites for a better grade provided the course was completed more than six (6) years ago. For these students, submit a petition to repeat a course through e-Forms."

b. Prerequisite courses designed to introduce the prospective student to dental hygiene (DH460A-Introduction to Dental Infection Control and DH460B-Clinical Application to Dental Infection Control Lab) were discontinued by the Dean.

2. Effect: Due to accepting unqualified students to the DHEP, as well as removing necessary prerequisite courses, students were not prepared for the rigors of the DHEP, thereby hindering student success and increasing attrition rates. .

B. Refer to:

1. BPC Section 1941(a)

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

2. 16 CCR Section 1105 (e)

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

3. 16 CCR Section 1105(f)(1) – (f)(C)

- (1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:
  - (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,
  - (B) College-level general education courses in the topic areas of: (i) Oral Communication (ii) Written Communication\* (iii) Psychology (iv) Sociology (v) Mathematics\* (vi) Cultural Diversity\*\* (vii) Nutrition\*\*
    - \*Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course.
    - \*\*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.
  - (C) College-level biomedical science courses, each of which must include a wet laboratory component, in:
    - (i) Anatomy (ii) Physiology (iii) Inorganic Chemistry (iv) Biochemistry or Organic Chemistry with Biochemistry (v) Microbiology

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

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

5. CODA Standard 1-1

The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by: a) developing a plan addressing teaching, patient care, research and service; b) an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program; c) implementing the plan to measure program outcomes in an ongoing and systematic process; d) assessing and analyzing the outcomes, including measures of student achievement; e) use of the outcomes assessment results for annual program improvement and reevaluation of program goals.

## 6. CODA Standard 2-3

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

## 7. CODA Standard 2-8, 2-8b

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

### C. Determination:

#### 1. **Not in compliance.**

2. Cabrillo is in violation of BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.
3. Cabrillo to provide evidence and demonstration of admissions policies pursuant to BPC Section 1941(a), 16 CCR Section 1105(e), 16 CCR Section 1105(f)(1) – (f)(C), 16 CCR Section 1105(f)(2), and CODA Standards 1-1, 2-3, 2-8, and 2-8b.

### III. Violation 3: Program Director Authority.

[Deficient of 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.]

#### A. Site Visit:

1. Issue: Program Director not provided access to the DHEP's budget, nor allowed to provide input into the budgeting process.

- a. Program director hired December 13, 2021, but did not receive access to the budget until February 2024.
  2. Effect: Program Director unable to effectively oversee the budgeting process or daily utilization of budget allotments for expenses in the DHEP.
- B. Refer to:
1. 16 CCR Section 1105(j)  
  
The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
  2. 16 CCR Section 1105.1(a)  
  
“Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program.
  3. 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.
  4. CODA Standard 3-4  
  
The program administrator must have the authority and responsibility necessary to fulfill program goals including:
    - a) curriculum development, evaluation and revision;
    - b) faculty recruitment, assignments and supervision;
    - c) input into faculty evaluation;
    - d) initiation of program or department in-service and faculty development;
    - e) assessing, planning and operating program facilities;
    - f) input into budget preparation and fiscal administration;
    - g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.
3. Cabrillo to provide evidence and demonstration of Program Director authority pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), and CODA Standards 3-2 and 3-4.

#### **IV. Violation 4: Faculty and Staff Support.**

[Deficient of 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.]

##### **A. Site Visit:**

##### **1. Issue 1: Faculty Support**

##### **a. Program is assigned three full time faculty members.**

1. Third full time faculty member has not been assigned courses or provided support to the program since 2021 which causes a lack of needed faculty staffing and support to the program.
2. Cabrillo failed to provide replacement (temporary or permanent) of the third faculty position once vacated to provide required support to the program.
3. Cabrillo was cited by the Board in 2019 for the same concern.

##### **i. From the December 6, 2019 Site Visit Report:**

- Self Study Exhibits pp. 21-26 SLO\* Departmental Assessment Analysis #2

##### **◆ "Priorities to Improve Student Learning"**

##### **◇ "Two additional full-time faculty"**

"All of this fund raising impacts the educational goals of the program. 87% of our students are first generation learners and are of ethnicity other than Caucasian. These students have greater academic challenges that require additional didactic and clinical tutoring that the program cannot provide with limited FT faculty. Restating the two FT faculty would facilitate the support and consistency needed to help with student success."

- ◇ “Reinstatement of Program TU's College funding of program”

“Ever since the 100 TU's were removed from the DH program in 2014 the DH program has requested restatement of Program TU's in our annual program update.”

- Self Study p. 133

“Currently there are 2 full time faculty positions and in 2018-2019 one temporary full time faculty position in the dental hygiene department. A hire is in process for a full-time tenure track position to begin in fall 2019. The full-time faculty allocation is misleading since the DH director is required to spend a majority of her time in administrative duties and oversees fund raising of \$140,000 a year to accept a new incoming class.”

- b. Effect: Student progression and preparation to become a dental hygienist is hindered without the necessary and required faculty support.

## 2. Issue 2: Staff Support

### a. Program Assistant.

1. Program assistant shared among three programs equating to twelve hours per week devoted to program support.
2. Cabrillo was cited by the Board in 2019 for the same concern.

#### i. From the December 6, 2019 Site Visit Report:

- “Program Assistant
  - ◆ Program assistant shared among three programs equating to twelve hours per week devoted to program support.”

- b. Effect: Lack of program support leads to necessitating the Program Director to redirect time from program administration and student support to clerical duties.



B. Refer to:

1. 16 CCR Section 1105 (i)

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

2. 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.

3. CODA Standard 3-10

Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.
3. Cabrillo to provide evidence and demonstration of Faculty and Staff support pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standard 3-10.

**V. Violation 5: Student Support.**

[Deficient of 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.]

A. Site Visit:

1. Issue: Students reported fees for the clinic are excessively high for the low-income patient population to afford.
  - a. High fees due to Cabrillo's need to provide monetary support to the running of the DHEP.

1. Refer to "Violation 1."

- b. Effect: Students (many of whom are first-time college students, from low-income households, or do not have a steady, or any, income) are paying patient fees to complete patients requirements, thereby hindering student success.
1. Dental hygiene students should not bear the patient's cost burden for dental hygiene services to complete their competencies required for their education and training. They are already paying tuition and fees for materials and to add the cost burden for patient treatment to their tight financial budgets is unacceptable and reason to seek action against the school.

B. Refer to:

1. 16 CCR Section 1105(a)

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

2. 16 CCR Section 1105(d)

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

3. CODA Standard 1-3

The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

4. CODA Standard 2-5

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

C. Determination:

1. **Not in compliance.**

2. Cabrillo is in violation of 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.
3. Cabrillo to provide evidence and demonstration of Student Support pursuant to 16 CCR Section 1105(a), 16 CCR Section 1105(d), and CODA Standards 1-3 and 2-5.

Cabrillo shall provide evidence of compliance to the above violations **by May 20, 2024.**

**Please note:** 16 CCR section 1104(e) states: A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval or revocation of the program's approval.

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

If the above violations are not corrected by **May 20, 2024**, this matter will be brought before the Board and Education Committee for further action at the Board's meeting on July 20, 2024.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Travaris Harris, Ed.D., Vice President of Instruction/Assistant Superintendent, Cabrillo College  
Heidi Weber, Dean of Health, Athletics, Wellness, and Kinesiology, Cabrillo College  
Heather Lawler, RDH, MSDH, Dental Hygiene Program Director, Cabrillo College

**FORMAL REPORT OF THE COMMISSION ON DENTAL ACCREDITATION TO THE  
ADMINISTRATION OF THE CABRILLO COLLEGE ON THE EVALUATION OF THE  
DENTAL HYGIENE EDUCATION PROGRAM**

**Aptos, California**

**Introduction**

An evaluation of the dental hygiene program offered by the Cabrillo College was conducted on November 13-14, 2019 by a committee of the Commission on Dental Accreditation composed of Dr. Mary Ellen Naylor, site visitor in dental hygiene; and Dr. Sheila Vandembush, site visit chair.

The Commission believes that educational institutions offering curricula supportive to the dental profession assume the obligation and responsibility of affording quality educational opportunities which are based on sound educational principles. Commission objectives are also based on the premise that dental hygiene education programs should strive continually to improve standards of scholarship and teaching consistent with the purpose and methods of postsecondary education. To assist the institution in appraising its educational effectiveness and identifying ways and means by which its endeavors can be strengthened, dental hygiene programs are reviewed periodically by peers in relation to predetermined standards. This peer review of the educational process is based on the program's self-study and conferences with persons involved in the various components of the program.

This report represents the visiting committee's findings and conclusions in the form of recommendations that directly relate to accreditation standards and a suggestion for program enhancement. These are found, as appropriate, under headings that parallel the Commission's Accreditation Standards for Dental Hygiene Education Programs. The recommendations are indented and numbered in the report. Only those standards that warrant comment are included; in all other cases, the visiting committee found that the program met or exceeded the minimum standards.

The Commission on Dental Accreditation has discontinued the use of commendations, effective July 26, 2007. As a result, commendations will no longer be cited within site visit reports for programs under the Commission's purview.

**Accreditation History**

The dental hygiene program offered by the Cabrillo College was initiated in 1969. This was the Commission's ninth site evaluation of the dental hygiene program. At the time of the site visit, the accreditation status for the dental hygiene education program was "approval without reporting requirements." Information on the Commission's previous accreditation of the program follows:

<b><u>Date</u></b>	<b><u>Basis of Action</u></b>	<b><u>Action</u></b>
May 1969	Site Visit	Provisional Approval
May 1971	Site Visit	Provisional Approval
December 1972	Progress Report	Conditional Approval
May 1974	Site Visit	Approval
December 1981	Site Visit	Approval
December 1986	Interim Report	Approval (Supplement)
May 1987	Supplement to Interim Report	Approval
May 1992	Site Visit	Approval
July 1999	Site Visit	Approval <u>with</u> reporting requirements
January 2000	Progress Report	Approval <u>with</u> reporting requirements
July 2000	Progress Report	Approval <u>with</u> reporting requirements
January 2001	Progress Report	Approval <u>without</u> reporting requirements
July 2006	Site Visit	Approval <u>without</u> Reporting Requirements
August 2010	Major Change Report	Approval <u>without</u> Reporting Requirements
February 2013	Site Visit	Approval <u>without</u> Reporting Requirements
February 2015	Program Change	Approval <u>without</u> Reporting Requirements

February 2018

Program Change

Approval without Reporting  
Requirements

**Review of Recommendations Cited in the Program's Previous Site Visit Report**

At the time of the Commission's last evaluation of the program in October 2012, no (0) recommendations were cited.

**Compliance with Commission Policies**

At the time of the site visit, the visiting committee determined that the program was in compliance with the Commission on Dental Accreditation's policies on "Third Party Comments," "Complaints," "Program Changes," and "Distance Education."

Through review of the program's complaint records, there are no patterns or themes related to the program's compliance with the Accreditation Standards.

**Standard 1. Institutional Commitment and Program Effectiveness**

The program has documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental hygiene student achievement. Based on a review of the program's outcomes assessment process and student achievement measures, the visiting committee found the program uses the following student achievement measures: state and national board results, clinical licensing examination outcome measures, graduate surveys, employer surveys, and institutional assessment analysis. The program has demonstrated positive programmatic student achievement outcomes through consistent 100% passing rates on the National Board Dental Hygiene Examination (NBDHE), the Western Regional Examining Board (WREB), and the Central Regional Dental Testing Service (CRDTS) examination, high employer and graduate satisfaction rates, and consistent 100% graduate employment in dental hygiene. The visiting committee noted the program recently made enhancements to availability for student tutoring, clinical calibration, increased interprofessional activities, and increased national board results based on the student achievement data collected and analyzed in the outcomes assessment plan.

Through review of the self-study document, documents presented on-site and on-site interviews, the visiting committee noted that the program uses a formal and ongoing planning and assessment process that is systematically documented by plan implementation, outcomes assessment, and uses the results for program improvement. The visiting committee found evidence that the plan addressed teaching, patient care, and research. It is suggested that the

program continue to enhance the plan with further development of linkage to the goals of the sponsoring institution.

### **Standard 2. Educational Program**

The dental hygiene program is presented in four (4), 16-week semesters and two (2), 5-week summer terms. Upon completion of the program, graduates are awarded Associate of Science degrees. The curriculum has been defined in terms of program goals, general instructional objectives, learning experiences designed to achieve the goals and objectives and evaluation procedures to assess student attainment of the goals and objectives.

Through review of the self-study document, documents presented on-site and on-site interviews, the visiting committee confirmed the program has an established mechanism for monitoring and evaluating student experiences in providing dental care for the patient groups identified. Through a review of Patient Tracking Data, TalEval Patient Care Reports and on-site interviews, the visiting committee could not verify that all graduates demonstrate competence in providing dental hygiene care for child and adolescent patients.

1. It is recommended that graduates be competent in providing dental hygiene care for the child, an adolescent patient. (DH Standard 2-12)

### **Standard 3. Administration, Faculty and Staff**

Through review of the self-study document, documents presented on-site and on-site interviews, the visiting committee noted that the dental hygiene program administrator has a full-time appointment as defined by the institution with responsibility for operation, supervision, evaluation and revision of the program. Due to the reduction in financial support for the dental hygiene program that was noted to the Commission in 2014, the program administrator is required to supplement the lost revenue through grant writing and grant management and developing and implementing continuing education courses. As a result of these additional duties, the visiting committee could not verify that the program administrator has sufficient time for operation, supervision, evaluation and revision of the program.

2. It is recommended that the dental hygiene program administrator have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program. (DH Standard 3-2)

Through review of the self-study document, documents presented on-site and on-site interviews, the visiting committee noted that faculty-to-student ratios in DH173 Clinical Dental Hygiene I, DH181 Clinical Dental Hygiene II, and DH183 Clinical Dental Hygiene III were more than one (1) faculty for every five (5) students. The faculty-to-student ratio for DH173 Clinical Dental

Hygiene I is one (1) faculty for seven (7) students. The faculty-to-student ratio for DH181 Clinical Dental Hygiene II and DH183 Clinical Dental Hygiene III is one (1) faculty for every six (6) students. The visiting committee could not verify that the faculty-to-student ratios were sufficient to ensure the development of competence and ensure the health and safety of the public.

3. It is recommended that the faculty to student ratios be sufficient to ensure the development of competence and ensure the health and safety of the public. It is further recommended that in clinical sessions, there not be less than one faculty for every five students. (DH Standard 3-6)

Through review of the self-study document, documents presented on-site and on-site interviews, the visiting committee noted that students are assigned to clerical and dental assisting responsibilities during each clinic session of DH173 Clinical Dental Hygiene I, DH181 Clinical Dental Hygiene II, and DH183 Clinical Dental Hygiene III. To accommodate the number of students assigned to each clinical course, students are assigned to 30 sessions devoted to patient care and 12 sessions devoted to sterilization, practice management, and clinical assisting responsibilities in each course. The visiting committee could not verify that student assignments are not used to compensate for limitations of the clinical capacity.

4. It is recommended that student assignments to clerical and dental assisting responsibilities during clinic sessions be minimal and not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff. (DH Standard 3-12)

#### **Standard 4. Educational Support Services**

Through review of the self-study document, on-site interviews, and on-site observations, the visiting committee verified that the program has three (3) private offices. One (1) office is occupied by the program administrator and two (2) full-time faculty each have a dedicated office. One (1) office with limited workspace and storage is shared by 14 adjunct faculty and an instructional assistant. The adjunct faculty office does not provide sufficient space for assigned faculty to have adequate secured storage, workspace or privacy. Additional space for adjunct faculty to meet with students is not available.

5. It is recommended that office space which allows for privacy be provided for faculty. (DH Standard 4-6)



**Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical**

**Activity**): List the names and addresses of the off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.

Name and Address	Owned by Institution (√)	Purpose	Duration	Site Visited (√)
Salud Para La Gente 204 East Beach Street Watsonville, CA 95076		Cultural competency and clinical experience	Second Year Students have two (2), 8-hour rotations each semester for a total of 32 hours.	

*End of Report*



December 6, 2019

Noel Kelsch RDHAP, MS  
Program Director, Department of Dental Hygiene  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Ms. Kelsch,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 7, 2019 of the Cabrillo College Dental Hygiene Educational Program (Cabrillo). This site visit was generated due to the review of Cabrillo's Commission on Dental Accreditation (CODA) of the American Dental Association Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by Cabrillo, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

During the review of the CODA Self Study and DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

1. Sponsoring Institution

a. **Stable Financial Resources**

i. Self Study p. 20

"In 2014 the College reduced the teaching unit allocation to the dental hygiene department by 100 teaching units, approximately 50% of the department budget. As a result, the department has had to bring in \$140,000 a year to support an entering class."

ii. Self Study p. 131 "Enrollment Trends"

"We have received fewer applications due in part to the budget reduction to the program in 2015. The perception was that the program was closing. The department is still feeling the effects of that decision."

iii. Self Study Exhibits p. 389 "Priorities to Improve Student Learning"

1. "Two additional full-time faculty" and "Reinstatement of Program TU's College funding of program"
2. "Following the College policy in requesting for reinstating two full-time (FT) faculty."
3. "Ever since the 100 TU's were removed from the DH program in 2014 the DH program has requested restatement of Program TU's in our annual program update."

\*TU = Teaching Units

- b. Refer to:
  - i. 16 CCR §1104 (b)  
The hygiene board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the hygiene board. In the event that an equivalent body has not been established by the hygiene board, the standards shall be set by CODA.
  - ii. 16 CCR §1104 (b)(5)  
Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
  - iii. CODA Standard 1-2  
The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.
- c. Determination:
  - i. Not in compliance.
  - ii. Cabrillo to provide evidence of stable financial resources to the dental hygiene program to ensure continuity of the program.

## 2. Requirements for RDH Educational Programs

- a. Prerequisites
  - i. Self Study p. 35 "Prerequisites"
    - 1. Inorganic chemistry prerequisite is missing.
  - ii. Self Study Exhibits p. 116 Mathematics Competency Requirement
    - 1. "The A.S. Mathematics requirement may be met by successful completion of Intermediate Algebra or equivalent or a higher-level mathematics course with a grade of "C" or better. Successful completion must be verified by an official college transcript or by an appropriate score on the Cabrillo mathematics assessment."
  - iii. Self Study Exhibits p. 217 "DH Program Application Evaluation Form"
    - 1. Inorganic chemistry prerequisite is missing.
    - 2. Psychology, sociology, oral communication, and mathematics not included on form.
  - iv. Self Study Exhibits p. 222
    - 1. Not all prerequisites required by the DHBC are included on the application under "prerequisites".

- v. Self Study Exhibits p. 223
  - 1. "Courses with this symbol (\*) are required by the Committee on American Dental Accreditation (CODA)
    - a. Should be "Commission on Dental Accreditation".
    - b. Should include that DHBC requires these as well.
    - c. Asterisks (\*) in the exhibit are not accurate.
  - 2. "Due to Commission on Dental Accreditation (CODA) requirements for an Associate Degree in Dental Hygiene some General Education courses are specific to dental hygiene, see table below."
    - a. Should include that DHBC requires these as well.
- vi. Self Study p. 135
  - 1. "One area that we are working on to increase is the availability of tutoring. While we have office hours and a tutoring center for specific courses there is a strong need for student success to add additional tutoring hours in clinic and dental hygiene specific courses. The other area that we are working on is HESI evaluations for each student to see what their academic needs are specific to the program and help them resolve any needs that are identified through the HESI system."

\*HESI = Health Education Systems, Inc. standardized test

- b. Refer to:
  - i. 16 CCR §1105 (f)
 

*Admission. (1) The minimum basis for admission into an educational program shall be the successful completion of all of the following: (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, (B) College-level general education courses in the topic areas of: (i) Oral and Written Communication (ii) Psychology (iii) Sociology (iv) Mathematics (v) Cultural Diversity\* (vi) Nutrition\**

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

*(C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Chemistry (iv) Biochemistry (v) Microbiology.*
- c. Determination:
  - i. Not in compliance.
  - ii. Cabrillo to include Inorganic Chemistry as a prerequisite for admission to program.
  - iii. Cabrillo to include college level Mathematics as a prerequisite for admission to program.
  - iv. Cabrillo to correct prerequisite deficiencies to conform to requirements pursuant to 16 CCR §1105 (f).

### 3. Learning Resources and Support Services

#### a. Faculty, Staff, and Support Services

##### i. Self Study Exhibits pp. 21-26 SLO\* Departmental Assessment Analysis #2

##### 1. "Priorities to Improve Student Learning"

##### a. "Two additional full-time faculty"

"All of this fund raising impacts the educational goals of the program. 87% of our students are first generation learners and are of ethnicity other than Caucasian. These students have greater academic challenges that require additional didactic and clinical tutoring that the program cannot provide with limited FT faculty. Restating the two FT faculty would facilitate the support and consistency needed to help with student success."

##### b. "Reinstatement of Program TU's College funding of program"

"Ever since the 100 TU's were removed from the DH program in 2014 the DH program has requested restatement of Program TU's in our annual program update."

##### c. "Tutoring"

"Seek grant funding from SWF and the Cabrillo College Tutoring Center for tutoring"

\*SLO = Student Learning Objectives

\*\* SWF = Strong Work Force

##### ii. Self Study p. 133

"Currently there are 2 full time faculty positions and in 2018-2019 one temporary full time faculty position in the dental hygiene department. A hire is in process for a full time tenure track position to begin in fall 2019. The full time faculty allocation is misleading since the DH director is required to spend a majority of her time in administrative duties and oversees fund raising of \$140,000 a year to accept a new incoming class."

##### iii. Program Assistant

Program assistant shared among three programs equating to twelve hours per week devoted to program support.

#### b. Refer to:

##### i. 16 CCR § 1105 (i)

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

- ii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
    - iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
  - c. Determination
    - i. Not in compliance.
    - ii. Cabrillo to provide evidence of faculty, staff, learning resources and support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.
- 4. Faculty
  - a. Faculty to Student Ratio
    - i. Site Visit Observation
      - 1. Dentist assigned to oversee student in sterilization while overseeing five student clinicians on the clinic floor resulting in a six to one ratio.
      - 2. One faculty for eighteen students observed on floor during set-up and clean-up of clinic.
  - b. Refer to:
    - i. 16 CCR § 1105 (b)(4)  
The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article
    - ii. 16 CCR § 1105 (i)  
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
    - iii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
    - iv. CODA Standard 3-5  
The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.
    - v. CODA Standard 3-6 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 five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

- c. Determination
  - i. Not in compliance.
  - ii. Cabrillo to provide evidence of immediate resolution to deficient faculty to student ratios pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, and CODA Standard 3-6.

## 5. Staffing

- a. Sterilization Staff
  - i. Self Study p. 87 and Exhibits p. 485
    - 1. Instructional Assistant I
      - a. "The instruction assistant (IA) is a 50% part time eleven-month position designated solely for dental hygiene. The IA is responsible for equipment management and maintenance, instrument and kit ordering, program purchasing, clinic/sterilization/radiology management, software/computer management, hazardous waste management, inventory, and clinic record management. As of the self-study year 2017-2018, for two (2) years we have had a temporary person in this position working ten (10) hours a week. We have had a job announcement posted for this position for two (2) years. The low pay scale and lack benefits for the qualifications have made this a difficult position to fill."
  - ii. Site Visit Observation:
    - 1. Insufficient supervision of sterilization.
      - a. IA only assigned 10 hours per week.
      - b. Clinic DDS assigned to oversee sterilization during clinic resulting in unacceptable faculty to student ratio to one in six.
      - c. No one faculty or staff member is directly responsible for overseeing complete process.
- b. Refer to:
  - i. 16 CCR § 1105 (b)(4)  
The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article
  - ii. 16 CCR § 1105 (i)  
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - iii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

- iv. CODA Standard 3-5  
The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.
- v. CODA Standard 3-6 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 five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.
- vi. CODA Standard 3-11:  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- c. Determination:
  - i. Not in compliance.
  - ii. Cabrillo to provide sufficient supervision of sterilization and utilize a designated staff or faculty member to oversee infection control process pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, CODA Standard 3-6, and CODA Standard 3-11.

## 6. Program Director

- a. Program Director Responsibilities
  - i. Exhibits p. 442
    - 1. Exhibit 3-5 Administrative Duties and Authority of The Program Administrator
      - a. Requires 10 hours of fundraising a week placing hours worked at 61 hours per week
      - b. Fundraising not in description of duties "Source: 2016-19 Contract, Appendix D.1 Job Description Department Chair/Academic Specialist Director"
- b. Refer to:
  - i. 16 CCR § 1105 (j)  
The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
  - ii. 16 CCR § 1105.1 (a)  
"Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:



(1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and  
(4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist or working with a registered dental hygienist.

iii. CODA Standard 3-2

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

c. Determination

- i. Not in compliance.
- ii. Cabrillo to assign administrative duties pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a) and CODA Standard 3-2.

7. Facilities

a. Faculty Offices

- i. Office space lacking sufficient space to provide for privacy for faculty. One office is utilized by sixteen faculty and staff.
- ii. Office space does not provide sufficient privacy for faculty consultation with other faculty or students.

b. Refer to:

i. 16 CCR § 1105 (i)

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

ii. CODA Standard 4-1

The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e)

sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

iii. CODA Standard 4-6

Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

c. Determination:

i. Not in compliance.

ii. Cabrillo to provide office facilities pursuant to 16 CCR § 1105 (i), CODA Standard 4-1, and CODA Standard 4-6.

You will be required to provide evidence of compliance to the above deficiencies no later than **January 10, 2020**.

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 Cabrillo does not correct the above deficiencies by **January 10, 2020**, Cabrillo risks the DHBC's approval of the Cabrillo College Dental Hygiene Educational Program and for Cabrillo graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Dr. Matthew Wetstein, Superintendent/President, Cabrillo College  
Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College



December 13, 2019

Noel Kelsch RDHAP, MS  
Program Director, Department of Dental Hygiene  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Ms. Kelsch,

Upon receipt of your letter dated December 13, 2019, the Dental Hygiene Board of California (DHBC) **has granted** the Cabrillo College Dental Hygiene Educational Program (Cabrillo) an extension to provide evidence of compliance to the deficiencies recorded in the December 6, 2019 DHBC report no later than **January 27, 2020**.

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 Cabrillo does not correct the deficiencies recorded in the December 6, 2019 DHBC report by **January 27, 2020**, Cabrillo risks the DHBC's approval of the Cabrillo College Dental Hygiene Educational Program and for Cabrillo graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Dr. Matthew Wetstein, Superintendent/President, Cabrillo College  
Dr. K. Welch, Assistant Superintendent, Vice President of Instruction.  
Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College



March 5, 2020

Noel Kelsch RDHAP, MS  
Program Director, Department of Dental Hygiene  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Ms. Kelsch,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 7, 2019 of the Cabrillo College Dental Hygiene Educational Program (Cabrillo). This site visit was generated due to the review of Cabrillo's Commission on Dental Accreditation (CODA) of the American Dental Association Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by Cabrillo, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and CODA was deficient.

On February 6, 2020, Cabrillo submitted evidence of corrections to the DHBC. Determination of compliance is as follows:

1. Sponsoring Institution

a. Stable Financial Resources

i. Self Study p. 20

"In 2014 the College reduced the teaching unit allocation to the dental hygiene department by 100 teaching units, approximately 50% of the department budget. As a result, the department has had to bring in \$140,000 a year to support an entering class."

ii. Self Study p. 131 "Enrollment Trends"

"We have received fewer applications due in part to the budget reduction to the program in 2015. The perception was that the program was closing. The department is still feeling the effects of that decision."

iii. Self Study Exhibits p. 389 "Priorities to Improve Student Learning"

1. "Two additional full-time faculty" and "Reinstatement of Program TU's College funding of program"
2. "Following the College policy in requesting for reinstating two full-time (FT) faculty."
3. "Ever since the 100 TU's were removed from the DH program in 2014 the DH program has requested restatement of Program TU's in our annual program update."

\*TU = Teaching Units

- b. Refer to:
- i. 16 CCR §1104 (b)  
The hygiene board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the hygiene board. In the event that an equivalent body has not been established by the hygiene board, the standards shall be set by CODA.
  - ii. 16 CCR §1104 (b)(5)  
Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
  - iii. CODA Standard 1-2  
The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.
- c. **Cabrillo Response:**
- i. **"Corrective measures:**  
The Institution, Cabrillo College has made every effort to ensure that the Dental Hygiene program has stable financial resources that are sufficient to support the programs mission, goals and objectives. Indeed in 2018-19, revenues from enrollment, fees, grants, and program income were sufficient to raise \$836,427, while program expenditures were roughly \$880,000. The college has provided additional reserve revenues to cover the gap between program expenditures and revenues. Current year (2019-20) changes will take program expenditures up to \$1.045 million. The intent moving forward is three-fold:
    1. Cabrillo College has increased personnel expenditures, adding the necessary hours to be in compliance. The staff member changes include hiring a full time Instructional Assistant and 10 hour a week Program Coordinator to oversee the Extension program.
    2. Cabrillo College utilizes the General Fund, Contract and Technical Education Program, grants including CTE Perkins, Strong Work Force funds, Faculty Grant, Student Senate Grant, Crocker Grant, Cabrillo College Foundation Grant, American Dental Association Educators Grant and income from the Cabrillo College Dental Hygiene program patient fee and Cabrillo College Extension program income to fund the Dental Hygiene program. When there are gaps in the expenditures versus revenues, Cabrillo College is committed to supporting any gaps in funding. Cabrillo College has a healthy reserve of about 12% of the operating budget. At any given moment Cabrillo College has \$11 million in reserve funds in recent years. \*Please see page 32 of this report for the details of Cabrillo's ability to demonstrate stable financial resources to support the program's operation.
    3. Cabrillo College is in compliance with ratios and faculty. There are two full time faculty members and the director position is full time. The additional full time faculty member started as a temporary full time faculty member in August 16th, 2018. The position changed to a permanent position August 19th, 2019. The

information was not included in the CODA report due to the timing. The teaching units were increased for faculty and new faculty were hired. Cabrillo College Dental Hygiene is now in compliance with regulatory requirements of one faculty member for five students in clinic and one faculty member to five students in the lab (except Dental Materials which is one to ten).

4. Cabrillo college has been able to supply sufficient funding for the Dental Hygiene program for 52 years and has an on-going commitment to ensure the Cabrillo Dental Hygiene program's future."

- ii. Cabrillo provided a Financial Report for the 2019-2020 school year.

d. Determination:

- i. **Not in compliance.**

- ii. **Cabrillo to provide a Financial Report for the 2020-2021 school year.**

- iii. Cabrillo to provide stable financial resources to the dental hygiene program to ensure continuity of the program.

2. Requirements for RDH Educational Programs

a. Prerequisites

- i. Self Study p. 35 "Prerequisites"

1. Inorganic chemistry prerequisite is missing.

- ii. Self Study Exhibits p. 116 Mathematics Competency Requirement

1. "The A.S. Mathematics requirement may be met by successful completion of Intermediate Algebra or equivalent or a higher-level mathematics course with a grade of "C" or better. Successful completion must be verified by an official college transcript or by an appropriate score on the Cabrillo mathematics assessment."

- iii. Self Study Exhibits p. 217 "DH Program Application Evaluation Form"

1. Inorganic chemistry prerequisite is missing.
2. Psychology, sociology, oral communication, and mathematics not included on form.

- iv. Self Study Exhibits p. 222

1. Not all prerequisites required by the DHBC are included on the application under "prerequisites".

- v. Self Study Exhibits p. 223

1. "Courses with this symbol (\*) are required by the Committee on American Dental Accreditation (CODA)
  - a. Should be "Commission on Dental Accreditation".
  - b. Should include that DHBC requires these as well.
  - c. Asterisks (\*) in the exhibit are not accurate.

2. "Due to Commission on Dental Accreditation (CODA) requirements for an Associate Degree in Dental Hygiene some General Education courses are specific to dental hygiene, see table below."
  - a. Should include that DHBC requires these as well.

vi. Self Study p. 135

1. "One area that we are working on to increase is the availability of tutoring. While we have office hours and a tutoring center for specific courses there is a strong need for student success to add additional tutoring hours in clinic and dental hygiene specific courses. The other area that we are working on is HESI evaluations for each student to see what their academic needs are specific to the program and help them resolve any needs that are identified through the HESI system."

\*HESI = Health Education Systems, Inc. standardized test

b. Refer to:

i. 16 CCR §1105 (f)

*Admission. (1) The minimum basis for admission into an educational program shall be the successful completion of all of the following: (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, (B) College-level general education courses in the topic areas of: (i) Oral and Written Communication (ii) Psychology (iii) Sociology (iv) Mathematics (v) Cultural Diversity\* (vi) Nutrition\**

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

*(C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Chemistry (iv) Biochemistry (v) Microbiology.*

c. Cabrillo Response:

i. "Corrective measures:

1. Previous to the DHBC visit all materials had been submitted to the Cabrillo College curriculum committee on October 26th to include both Mathematics and Inorganic Chemistry in the prerequisites. These prerequisites were approved by the curriculum committee.
2. In an audit of both current cohorts and potential students on the waiting list all students have completed both Inorganic Chemistry and Mathematics.
3. Approval has been received from the curriculum committee to make the necessary changes to be in compliance with prerequisites. Changes have been made in the counseling packet, website, application and any other necessary areas. An audit of all materials related to prerequisites continues to assure complete compliance has been conducted."

d. Determination:

i. **In compliance.**

- ii. Cabrillo provided evidence of correction to prerequisite deficiencies conforming to requirements pursuant to 16 CCR §1105 (f).



### 3. Learning Resources and Support Services

#### a. Faculty, Staff, and Support Services

##### i. Self Study Exhibits pp. 21-26 SLO\* Departmental Assessment Analysis #2

###### 1. "Priorities to Improve Student Learning"

###### a. "Two additional full-time faculty"

"All of this fund raising impacts the educational goals of the program. 87% of our students are first generation learners and are of ethnicity other than Caucasian. These students have greater academic challenges that require additional didactic and clinical tutoring that the program cannot provide with limited FT faculty. Restating the two FT faculty would facilitate the support and consistency needed to help with student success."

###### b. "Reinstatement of Program TU's College funding of program"

"Ever since the 100 TU's were removed from the DH program in 2014 the DH program has requested restatement of Program TU's in our annual program update."

###### c. "Tutoring"

"Seek grant funding from SWF and the Cabrillo College Tutoring Center for tutoring"

\*SLO = Student Learning Objectives

\*\* SWF = Strong Work Force

##### ii. Self Study p. 133

"Currently there are 2 full time faculty positions and in 2018-2019 one temporary full time faculty position in the dental hygiene department. A hire is in process for a full time tenure track position to begin in fall 2019. The full time faculty allocation is misleading since the DH director is required to spend a majority of her time in administrative duties and oversees fund raising of \$140,000 a year to accept a new incoming class."

##### iii. Program Assistant

Program assistant shared among three programs equating to twelve hours per week devoted to program support.

#### b. Refer to:

##### i. 16 CCR § 1105 (i)

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



- ii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
- iii. CODA Standard 3-11  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

c. **Cabrillo Response:**

i. **"Corrective measures**

- 1. Currently there are two full time faculty members and the director position is also full time. A permanent fulltime faculty member started after the CODA self-study was completed. The permanent full time faculty member started as a temporary full-time faculty member and became permanent August 19th, 2019.
- 2. Program Assistant will now be shared between two departments instead of 3. This will give Dental Hygiene eight (8) additional hours with the program assistant for a total of 20 hours a week.
- 3. Tutoring has always been available to all students through instructor office hours. Additional tutoring funding has been obtained through a grant funding. This will start in Spring 2020.
- 4. HESI pilot program started December 11th.
- 5. Reinstatement of Program TU's College funding of program has occurred. An additional 47.92 units being added to spring and 35 units being added to fall for a total of 82.95 additional units."

d. **Determination**

i. **In compliance.**

- ii. Cabrillo provided evidence of faculty, staff, learning resources and support services pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

4. **Faculty**

a. **Faculty to Student Ratio**

i. **Site Visit Observation**

- 1. Dentist assigned to oversee student in sterilization while overseeing five student clinicians on the clinic floor resulting in a six to one ratio.
- 2. One faculty for eighteen students observed on floor during set-up and clean-up of clinic.

b. **Refer to:**

i. 16 CCR § 1105 (b)(4)

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

ii. 16 CCR § 1105 (i)

The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and

in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

- iii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
  - iv. CODA Standard 3-5  
The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.
  - v. CODA Standard 3-6 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 five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.
- c. Cabrillo Response:
- i. "Corrective measures:
    - 1. The faculty to student ratio in clinic includes auxiliary duties students and will be five to one. This is scheduled to begin January 26th, 2020.
    - 2. Additional TUs have been added to include the start and end of the day in clinic.
    - 3. Additional faculty members have been assigned and new faculty hired to comply with the five to one ratio in clinic.
    - 4. Lab courses have been adapted to meet the required ratio (ten to one in dental materials and five to one for all other lab courses)."
- d. Determination
- i. **In compliance.**
  - ii. Cabrillo provided evidence of resolution to deficient faculty to student ratios pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, and CODA Standard 3-6.

## 5. Staffing

- a. Sterilization Staff
  - i. Self Study p. 87 and Exhibits p. 485
    - 1. Instructional Assistant I
      - a. "The instructional assistant (IA) is a 50% part time eleven-month position designated solely for dental hygiene. The IA is responsible for equipment management and maintenance, instrument and kit ordering, program purchasing, clinic/sterilization/radiology management, software/computer management, hazardous waste management, inventory, and clinic record management. As of the self-study year 2017-2018, for two (2) years we have had a temporary person in this position working ten (10) hours a week. We have had a job announcement posted for this position for two (2) years. The low pay

scale and lack benefits for the qualifications have made this a difficult position to fill.”

- ii. Site Visit Observation:
  - 1. Insufficient supervision of sterilization.
    - a. IA only assigned 10 hours per week.
    - b. Clinic DDS assigned to oversee sterilization during clinic resulting in unacceptable faculty to student ratio to one in six.
    - c. No one faculty or staff member is directly responsible for overseeing complete process.
- b. Refer to:
  - i. 16 CCR § 1105 (b)(4)  
The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article
  - ii. 16 CCR § 1105 (i)  
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - iii. 16 CCR § 1105 (k)  
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
  - iv. CODA Standard 3-5  
The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.
  - v. CODA Standard 3-6  
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 five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.
  - vi. CODA Standard 3-11:  
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- c. Cabrillo Response:
  - i. "Corrective measures:
    - 1. A new job description was developed for the instructional assistant position. Recruitment has been initiated. A temporary instructional assistant is filling the role of instructional assistant until the permanent hire is in place.

2. Hours were increased for the instructional assistant to correspond with clinic and lab hours.”

d. Determination:

i. **In compliance.**

- ii. Cabrillo provided evidence of sufficient supervision of the sterilization area to oversee infection control process pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, CODA Standard 3-6, and CODA Standard 3-11.

6. Program Director

a. Program Director Responsibilities

i. Exhibits p. 442

1. Exhibit 3-5 Administrative Duties and Authority of The Program Administrator

- a. Requires 10 hours of fundraising a week placing hours worked at 61 hours per week
- b. Fundraising not in description of duties “Source: 2016-19 Contract, Appendix D.1 Job Description Department Chair/Academic Specialist Director”

b. Refer to:

i. 16 CCR § 1105 (j)

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

ii. 16 CCR § 1105.1 (a)

“Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:

- (1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions;
- (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation;
- (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and
- (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist or working with a registered dental hygienist.

iii. CODA Standard 3-2

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

- c. Cabrillo Response:
  - i. "Corrective measures:
    - 1. The directors' hours have been evaluated and adjusted to focus on developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
    - 2. An additional temporary hire filling the role as program coordinator has been hired to coordinate ongoing professional development courses and fund-raising explicitly for the program.
    - 3. The foundation will continue to support the dental hygiene department with fund raising."
- d. Determination
  - i. **In compliance.**
  - ii. Cabrillo provided evidence of administrative duties for the Program Director pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a) and CODA Standard 3-2.

## 7. Facilities

- a. Faculty Offices
  - i. Office space lacking sufficient space to provide for privacy for faculty. One office is utilized by sixteen faculty and staff.
  - ii. Office space does not provide sufficient privacy for faculty consultation with other faculty or students.
- b. Refer to:
  - i. 16 CCR § 1105 (i)
 

The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. CODA Standard 4-1
 

The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g)

space and furnishings for patient reception and waiting provided adjacent to the clinic;  
h) patient records kept in an area assuring safety and confidentiality.

iii. CODA Standard 4-6

Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

c. Cabrillo Response:

i. "Corrective measures:

1. The Instructional Assistant workspace has been moved to a separate office apart from the faculty office freeing up room in the large faculty office space. The part-time 2nd year clinic coordinator's assigned office will now be shared with 2 other faculty members, coordinated on the days that they are on site. A work cubical was assigned to three didactic teachers to allow them a workspace to utilize computers and store their confidential files. For tutoring purposes there are five conference rooms in the building that can be used for tutoring session for individuals and groups."

d. Determination:

i. **In compliance.**

- ii. Cabrillo to provided office facilities pursuant to 16 CCR § 1105 (i), CODA Standard 4-1, and CODA Standard 4-6.

You will be required to provide evidence of compliance to the above remaining deficiency no later than **August 1, 2020**.

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 Cabrillo does not correct the above deficiencies by **August 1, 2020**, Cabrillo risks the DHBC's approval of the Cabrillo College Dental Hygiene Educational Program and for Cabrillo graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist

Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California

Dr. Matthew Wetstein, Superintendent/President, Cabrillo College

Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College



March 23, 2020

Matthew Wetstein, PhD  
Superintendent/President  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Dr. Wetstein,

Upon receipt of your letter dated March 20, 2020, the Dental Hygiene Board of California (DHBC) **has granted** the Cabrillo College Dental Hygiene Educational Program (Cabrillo) an extension to provide evidence of compliance to the remaining deficiency recorded in the March 5, 2020 DHBC report no later than **September 15, 2020**.

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 Cabrillo does not correct the remaining deficiency recorded in the March 5, 2020 DHBC report by **September 15, 2020**, Cabrillo risks the DHBC's approval of the Cabrillo College Dental Hygiene Educational Program and for Cabrillo graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Noel Kelsch RDHAP, MS, Program Director, Cabrillo College  
Dr. K. Welch, Assistant Superintendent, Vice President of Instruction.  
Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College





October 5, 2020

Noel Kelsch RDHAP, MS  
Cabrillo College  
6500 Soquel Drive  
Aptos, CA 95003

Dear Ms. Kelsch,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 7, 2019 of the Cabrillo College Dental Hygiene Educational Program (Cabrillo). This site visit was generated due to the review of Cabrillo's Commission on Dental Accreditation (CODA) of the American Dental Association Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs in California. Based on the results of the site visit and a review of the documentation provided by Cabrillo, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations and CODA was deficient.

On February 6, 2020, Cabrillo submitted evidence of corrections to the DHBC. The DHBC noted compliance to all but one deficiency and was required to provide evidence of compliance to the remaining deficiency no later than August 1, 2020.

Upon receipt of a letter from Cabrillo College dated March 20, 2020, the DHBC granted Cabrillo an extension to provide evidence of compliance to the remaining deficiency recorded in the March 5, 2020 DHBC report no later than September 15, 2020.

On September 11, 2020, providing provides a narrative and a three-year Budget of resources committed to the Dental Hygiene program at Cabrillo College, spanning academic years 2018-19, 2019-20, and 2020-21 as evidence of corrections to the DHBC. After review, the DHBC requested a teleconference to request clarification of the documentation provided by Cabrillo which took place on September 21, 2020. The DHBC requested Cabrillo provide a revised letter with clarifying documentation as evidence of compliance.

On October 2, 2020, Cabrillo submitted a revised letter dated September 11, 2020 providing a clarified narrative and a three-year Budget of resources committed to the Dental Hygiene program at Cabrillo College, spanning academic years 2018-19, 2019-20, and 2020-21 as evidence of corrections to the DHBC.

The DHBC has determined that Cabrillo provided evidence of stable financial resources to the dental hygiene program to ensure continuity of the program and is now **in compliance**.

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

Sincerely,

*Adina A. Pineschi-Petty DDS*

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

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Dr. Matthew Wetstein, Superintendent/President, Cabrillo College  
Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College





**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 6.**

**Discussion and Possible Action on Proposed  
Statutory Language Amendments to Business and  
Professions Code Section 1941.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Education Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>EDU 6 - Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1941.</b>

### **BACKGROUND:**

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

On February 20, 2020, the United States Department of Education (USDE) sent a letter to State Leaders (attached) notifying that as the USDE holds all accrediting agencies to the same standards, the distinctions between regional and national accrediting agencies are unfounded, that the USDE will no longer use the terms "regional" or "national" to refer to an accrediting agency, and that the USDE will distinguish only between institutional and programmatic accrediting agencies.

### **ACTION REQUESTED:**

As a result, of the change in accreditation designations by the USDE, staff recommends for the Committee to review the current language to determine if this change is warranted. If the Committee determines this change is warranted, staff recommends to the Committee to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2025.

**PROPOSED MOTION LANGUAGE:**

I move for the Education Committee to review the current language to determine if a change in BPC section 1941 is warranted. If the Committee determines this change is warranted, I move for the Committee to complete the draft of proposed statutory language. Additionally, I move for the Education Committee to recommend to the Full Board to consider, complete, and approve the final draft of proposed statutory language for BPC section 1941, and direct staff to seek sponsored legislation for 2025.



## Legend:

Proposed amendments to be reviewed/considered/approved:

### Proposed Amendments to Business and Professions Code Section

#### 1941: Approval of Educational Programs; Need for New Educational Programs

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

(b) A new educational program for RDHs shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional or national accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(d) For purposes of this section, "RDHs" means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF THE UNDER SECRETARY

February 26, 2020

**Re: FINAL ACCREDITATION AND STATE AUTHORIZATION REGULATIONS**

Dear State Leaders:

This letter is to inform you that the U.S. Department of Education (Department) has published final regulations relating to the accreditation of institutions of higher education, as well as State authorization requirements for distance education, which may have an impact on your State.

The final regulations published this year were developed by a diverse negotiated rulemaking panel, which reached consensus in April 2019.<sup>1</sup> The Department published a Notice of Proposed Rule Making based on the consensus language, and received approximately 200 comments from the public regarding the proposed regulations. The Department responded to those comments, as appropriate, in the final regulation. With the exception of a few provisions relating to the recognition of accrediting agencies, which will take effect on January 1, 2021 and July 1, 2021, the accreditation and State authorization regulations will take effect on July 1, 2020.<sup>2</sup>

Below we highlight several key provisions of the final regulation that could have an impact on States. We are providing this notification to help you plan appropriately.

**Regional versus National Accreditation**

The Department is aware that some States have enacted laws and policies that treat institutions and the students who attend them differently based solely on whether the institution is accredited by a “national” accrediting agency or a “regional” accrediting agency. For example, some States limit opportunities to sit for occupational licensing exams to students who have completed a program at a regionally accredited institution. In other instances, transfer of credit determinations at public institutions, and other benefits provided by States, are limited to students who attended regionally accredited institutions.

Because the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded. Moreover, we have determined that most regional accreditors operate well outside of their historic geographic borders, primarily through the accreditation of branch campuses and additional locations. As a result, our new regulations have removed geography from an accrediting agency’s scope.<sup>3</sup> Instead of distinguishing between regional and national accrediting agencies, the Department will distinguish only between institutional and programmatic accrediting agencies. The Department will no longer use the terms “regional” or “national” to refer to an accrediting agency.

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<sup>1</sup> 84 FR 58834

<sup>2</sup> The new regulations delay implementation of changes to the Department staff’s review of accrediting agency applications for initial or renewal of recognition under 34 C.F.R. § 602.32(d) until January 1, 2021. See 84 FR 58927. The new regulations also delay implementation of changes to the Department staff’s process for responding to accrediting agency applications and allowing agency responses within 180 days under 34 C.F.R. § 602.32(h) until July 1, 2021. See 84 FR 58928.

<sup>3</sup> See 84 FR 58917-58918 (amending 34 C.F.R. §§ 602.3, 602.11).

Because the Department will no longer distinguish between “regional” and “national” accrediting agencies, we wanted to provide States with advanced notice of this change so that State leaders will have sufficient opportunity to adjust State laws, regulations, or policies accordingly.

### State Authorization

The Department’s revised Accreditation and State Authorization regulations also make changes to State authorization requirements.<sup>4</sup> For example, in order for a distance education provider to serve students in a State other than the one in which the institution has a physical presence, either the State in which the institution is located or the State in which the student is located must have a process in place to receive and review student complaints.<sup>5</sup> We encourage all States to implement the appropriate policies and processes to accept, investigate, and respond to student complaints.

In addition, because it is important for all students – and not just those who enroll in distance education – to understand whether the program in which they are enrolled will qualify them to work in certain occupations in a given State, the revised regulations require both ground-based and online programs to notify students whether the program will or will not meet licensure requirements in a particular State, or in the event that the institution has not made that determination, where a student may obtain that information.<sup>6</sup>

The revised regulations continue to recognize State reciprocity agreements, such that an institution participating in a State reciprocity agreement will have satisfied the Department’s State authorization requirements in any State that also participates in the reciprocity agreement.<sup>7</sup> In response to public comments, the Department provided further clarity that, while States participating in a State authorization reciprocity agreement may still enforce their own general-purpose State laws and regulations outside of the State authorization of distance education, States participating in a reciprocity agreement may not impose additional distance education regulations or requirements upon institutions that participate in such agreements.<sup>8</sup>

The Department of Education has developed informational webinars to help States, institutions of higher education, and accreditors understand what is required of them under our new regulations. The webinars are located on the Department’s website at <https://www2.ed.gov/policy/highered/reg/hearulemaking/2018/index.html>.

Should you have any questions, please feel free to contact the Accreditation Group at the Department of Education at [aslrecordsmanager@ed.gov](mailto:aslrecordsmanager@ed.gov) or 202-453-7615.

Sincerely,



Diane Auer Jones  
Principal Deputy Under Secretary  
Delegated the Duties of Under Secretary

<sup>4</sup> See generally 84 FR 58914-58915 (amending 34 C.F.R. § 600.2); 84 FR 58915-58916 (amending 34 C.F.R. § 600.9).

<sup>5</sup> See 84 FR 58915 (amending 34 C.F.R. § 600.9(c)). See 84 FR 58845-58846 (comments and discussion).

<sup>6</sup> See 84 FR 58932 (amending 34 C.F.R. § 668.43(a)(5)).

<sup>7</sup> See 34 C.F.R. § 600.9(c)(1)(ii).

<sup>8</sup> See 84 FR 58841-58842, 58914-58915 (amending 34 C.F.R. § 600.2).

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October 9, 2023

VIA EMAIL ONLY:

Anthony.Lum@dac.ca.gov

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

**Re: Gurnick Academy of Medical Arts Application for New RDH Program**

Dear Mr. Lum:

I have been asked by Gurnick Academy of Medical Arts to assist with its anticipated application to the Board for approval of a new Registered Dental Hygiene (“RDH”) educational program. Gurnick is family-owned school with locations in Northern California that was established in 2004 and holds institutional accrediting by the Accrediting Bureau of Health Education Schools (ABHES).

The purpose of this letter is to seek clarification regarding the Dental Hygiene Board’s position on the institutional accreditation requirements for new RDH programs under Business and Professions Code section 1941(c) in light of the recent changes to federal law that have eliminated the distinction between regional and national accrediting agencies. That subsection currently reads that “a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is *accredited by a regional accrediting agency recognized by the United States Department of Education*[.]” Bus. & Prof. Code § 1941(c), emphasis added.

***A. Federal Law Eliminates “Regional” vs. “National” Accrediting Distinction***

DUANE MORRIS LLP

750 B STREET, SUITE 2900 SAN DIEGO, CA 92101-4681

PHONE: +1 619 744 2200 FAX: +1 619 744 2201



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As the Board may be aware, a change in federal law in 2019 (effective July 1, 2020) eliminated the distinction between “national” and “regional” accrediting agencies. In a letter to State Leaders dated February 26, 2020, the Principal Deputy Under Secretary of the United States Department of Education (“Department”) explained that “[b]ecause the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded.” As a result, the Department still accredits those agencies formerly classified as regional accrediting agencies, but the distinction between regional and national agencies no longer exists under law. *See generally*, 84 Fed. Reg. 58917-58918 (amending 34 C.F.R. §§ 602.3, 602.11).

***B. Section 1941(c)’s Reference to “Regional” Accrediting Agencies Is Nonsensical***

In light of this change in federal law, Section 1941(c)’s reference to “regional” accrediting agencies recognized by the Department is outdated and does not make sense. Read literally, it would prevent the Board from approving *any* new or existing educational programs for RDHs, as there is currently no such thing as a “regional accrediting agency recognized by the United States Department of Education.” This would contradict the Legislature’s clear mandate to the Board in Section 1941(a) that the Board “*shall*” approve new and existing educational programs in accordance with the standards set forth in the applicable statutes and regulations.

Indeed, because Business and Professions Code subsection 1941(c) requires all “*new or existing* educational program[s] for RDH” (emphasis added) to satisfy the same institutional accreditation requirement, and title 16, subsection 1104(d) of the Code of Regulations states that “[a]ll Dental Hygiene Board-approved sponsoring and affiliated institutions *shall* maintain current institutional accreditation pursuant to Business and Professions Code section 1941(c)” (emphasis added), a literal interpretation of subsection 1941(c) would mean that every one of the currently-approved RDH educational programs in California is out of compliance. None can show that they are currently accredited by a “regional accrediting agency recognized by the United States Department of Education,” because the Department no longer recognizes *any* “regional” accrediting agencies. This is precisely the type of absurd result that the Board must avoid under the canons of statutory interpretation set forth below.

***C. The Board Must Interpret § 1941(c) In A Way That Is Reasonable and Practical***

State agencies, departments and boards—just like courts—must interpret statutes in a way that upholds the intent of the Legislature and avoids absurd or impractical results. *See, e.g., Dakin v. Dep’t of Forestry & Fire Protection* (1993) 17 Cal.App.4th 681, 686 (reversing trial court’s dismissal of a petition of mandate challenging approval of a timber harvest plan adopted by the California Department of Forestry and Fire Protection); *Poliak v. Board of Psychology* (1997) 55 Cal.App.4th 342, 348 (affirming the Board of Psychology’s interpretation of a statute governing the timeline in which to commence proceedings to decide a case upon the record). Even the literal meaning of the words of a statute should be disregarded if necessary to avoid



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absurd results. *Id.*; *Unzeuta v. Ocean View School District* (1992) 6 Cal.App. 4th 1689, 1698 (citing *County of Sacramento v. Hickman* (1967) 66 Cal.2d 841, 848, n. 6).

A court will reject a licensing board's statutory interpretation that is "clearly erroneous." *Bonnell v. Medical Board* (2003) 31 Cal.4th 1255, 1265. When a state or local board misconstrues the law, it prejudicially abuses its discretion as a result. *Natomas Unified School Dist. v. Sacramento County Bd. of Education* (2022) 86 Cal.App.5th 1013, 1033.

In *Department of Alcoholic Beverage Control v. Alcoholic Beverage Control Appeals Bd.* (2004) 118 Cal.App.4th 1429, 1445, for example, the Court of Appeal rejected on writ review the Department Alcoholic Beverage Control's literal interpretation of a Business and Professions Code section on the grounds that its interpretation would lead to an "unreasonable and illogical" and "absurd and unjust" result.<sup>1</sup>

Likewise, in *C-Y Development Co. v. City of Redlands* (1982) 137 Cal.App.3d 926, 934, the Court of Appeal reversed a trial court's decision and ordered the trial court to grant a writ of mandate directing the City to issue a building permit to an applicant who would have met all the permitting requirements but for the City's misreading and misinterpretation of the law.<sup>2</sup>

In light of these authorities and the recent change in federal law eliminating the distinction between national and regional accreditors, we believe the correct interpretation of Business and Professions Code subsection 1941(c) is that institutional accreditation by *any* accrediting agency recognized by the United States Department of Education is acceptable, provided that all other criteria for Board approval are met.

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<sup>1</sup> The statute at issue created a defense to criminal prosecution for serving alcohol to minors when the establishment relied on documentary evidence of majority and identity "issued by a government agency." The Department urged a literal reading of the statute that excluded fake IDs from the scope of defense. The Court rejected that argument, finding that the distinction between real and fake IDs urged by the Department "is untenable because it is illogical and imparts an unfair meaning to section 25660 that does not provide for strict liability for nongovernmental documents." *Department of ABC*, 118 Cal.App.4th at 1438-45.

<sup>2</sup> The City maintained that a municipal ordinance establishing an exemption to certain building permit limitations was contrary to the Legislature's intent; the Court disagreed and found that the buyer and developer satisfied the exemption and therefore were entitled to a building permit. *C-Y Development Co.*, 137 Cal.App.3d at 929-35.

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***D. The Board Should Encourage the Legislature To Amend § 1941(c) – But Even If It Does Not, the Board Must Disregard Statutory Language That Leads to Absurd Results***

Minutes from a Board meeting in November 2020 reflect that the Board considered whether to recommend that the Legislature remove the word “regional” from Business and Professions Code subsection 1941(c) in light of the change in federal law. (Ex. A.) The meeting materials include a Memorandum by Staff supporting and recommending this change because “[it is] necessitated by National changes in law and will enhance clarity, improve procedures, and increase program efficiencies,” and “[i]f the proposed statutory language revisions are not approved, existing statutory language may be misinterpreted as to the intent of the requirement by law and could affect Board program functions and efficiencies.” (Ex. B.)

The Board ultimately voted against this action, for reasons that are not clear from the Minutes. (Ex. A.) We believe the Board should reconsider its position and recommend that the Legislature remove the word “regional” from subsection 1941(c) for the reasons provided above. However, even if the Legislature does not change the statutory language, the law *requires* the Board to interpret subsection 1941(c) in a way that supports the intent of the Legislature and avoids unreasonable and absurd results—even if that means disregarding the literal language of the statute. *See discussion, supra.*

***E. Conclusion***

We respectfully seek the Board’s confirmation that Gurnick’s accreditation by ABHES—which is an accrediting agency recognized by the United States Department of Education—will satisfy the institutional accreditation requirements of subsection 1941(c) for the purposes of Gurnick’s forthcoming application for approval of a new dental hygiene educational program.

Very truly yours,

Edward Cramp

EMC



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 7.**

**Future Education Committee Agenda Items.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Education Committee Agenda Item 8.**

**Adjournment of the Education Committee.**

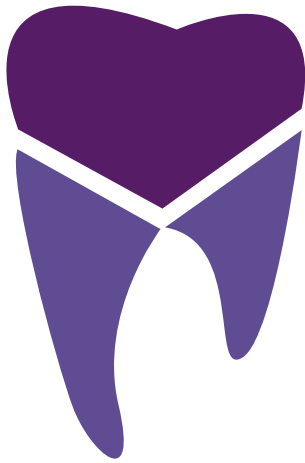


**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 7.**

**Legislation and Regulatory Committee Meeting.**



# DHBC

Dental Hygiene  
Board of California

**Saturday, July 19, 2024  
Legislation and Regulatory Committee  
Meeting Materials**





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

### **LEGISLATION AND REGULATORY COMMITTEE MEETING AGENDA**

The DHBC welcomes and encourages public participation in its meetings.  
The public may take appropriate opportunities to comment on any issue before the Committee  
at the time the item is heard.

#### **Meeting Date and Time**

Friday, July 19, 2024

**Upon recess of the Education Committee until Adjournment**

**The DHBC will conduct the meeting in person in accordance with Government  
Code section 11123, subdivision (a), via WebEx teleconference for interaction,  
and Webcast viewing through the DCA portal listed below.**

#### **In Person Meeting Location**

Department of Consumer Affairs  
1625 North Market Blvd.  
HQ1 Hearing Room, 1st Fl.  
Sacramento, CA 95834

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

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 here 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:  
XXXXXX@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=ma359aa02631214c53b0d90c148389975>

**If joining using the link above:**

Webinar number: 2494 215 8187

Webinar password: DHBC719

**If joining by phone:**

+1-415-655-0001 US Toll

Access code: 2494 215 8187

Passcode: 23422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [Live Webcasts – Department of Consumer Affairs \(thedcapage.blog\)](#). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

**Members of the Board**

Naleni "Lolly" Tribble-Agarwal, Chair

Carmen Dones

Sonia "Pat" Hansen

Michael Long

Sridevi Ponnala

**The DHBC welcomes and encourages public participation in its meetings.**

**Please see public comment specifics at the end of this agenda.**

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

**Agenda**

1. Roll Call & Establishment of Quorum.



2. Public Comment for Items Not on the Agenda.  
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action to Approve Responses to Comments and Continue Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1116. Mobile Dental Hygiene Clinics; Issuance of Approval, and Section 1116.5. Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.
4. Discussion and Possible Action to Approve Amended Language and Continue Rulemaking for 16 CCR Section 1105.4 Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.
5. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.
6. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1915.1.
7. Legislative Update: Bills of Interest and Legislative Calendar.
  - a) Assembly Bill AB 936 (Wood): Dentistry: exemptions.
  - b) AB 1891 (Weber): Community colleges: allied health programs.
  - c) AB 1991 (Bonta): Licensee and registrant records.
  - d) AB 2242 (Carrillo, Wendy): Dentistry: dental assistants.
  - e) AB 2269 (Flora): Board membership qualifications: public members.
  - f) AB 2510 (Arambula): Dental care for people with developmental disabilities.
  - g) AB 2701 (Villapudua): Medi-Cal: dental cleanings and examinations.
  - h) AB 2862 (Gipson): Licenses: African American applicants.
  - i) AB 2920 (Reyes): Dentistry: dental schools.
  - j) AB 3127 (McKinnor): Reporting of crimes: mandated reporters.
  - k) AB 3175 (Villapudua): Health care coverage: dental services.
  - l) Senate Bill (SB) 1067 (Smallwood-Cuevas): Healing arts: expedited licensure process: medically underserved area or population.
  - m) SB 1369 (Limón): Dental providers: fee-based payments.
  - n) SB 1385 (Roth): Professions and vocations.
  - o) SB 1451 (Ashby): Professions and vocations.
  - p) SB 1453 (Ashby): Dentistry: board meetings.
8. Future Agenda Items.
9. Adjournment of the Legislation and Regulatory Committee Meeting.

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 Legislation and Regulatory Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair 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 Committee 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](mailto: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.



Member	Present	Absent
Naleni “Lolly” Tribble-Agarwal, Chair		
Carmen Dones		
Sonia “Pat” Hansen		
Michael Long		
Sridevi Ponnala		

**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 1.**

**Roll Call & Establishment of Quorum.**

**Committee Chair to call the Roll.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 2.**

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

**[The Legislation and Regulatory Committee 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).]**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 3.**

**Discussion and Possible Action to Approve Responses to Comments and Continue Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1116. Mobile Dental Hygiene Clinics; Issuance of Approval, and Section 1116.5. Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Legislation and Regulatory Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>LEG REG 3: Discussion and Possible Action to Approve Responses to Comments and Continue Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1116. Mobile Dental Hygiene Clinics; Issuance of Approval, and Section 1116.5. Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.</b>

### BACKGROUND:

#### **RE: Proposed Section 16 CCR 1116**

Senate Bill (SB) 1202 (Leno, Chapter 331, Statutes of 2012) created Business and Professions Code (BPC) sections 1926.1 and 1926.2. Among other provisions, SB 1202 authorizes Registered Dental Hygienists in Alternative Practice (RDHAP) to operate mobile dental hygiene clinics (MDHC). In addition, SB 1202 created BPC sections 1944(g) and (h) which state: “(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150);” and “(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred and fifty dollars (\$250).”

The Board initiated the proposed rulemaking package for MDHCs as proposed 16 CCR section 1116 in November of 2018. However, in October of 2019, DHBC’s legal counsel advised the Board of the lack of statutory authority for inspections of MDHCs, an integral component of the regulations to provide oversight of MDHCs to ensure patient safety.

To address the lack of MDHC oversight, SB 534 (Jones, Chapter 491, Statutes of 2021) granted statutory authority to the Board to conduct announced and unannounced reviews and inspections of MDHCs to ensure continued compliance with all laws and regulations applicable to MDHCs.

At the Board’s November 19, 2022, Full Board meeting, the Board approved the proposed language and associated form for section 1116, re-established by resolution the fee for the initial MDHC permit at \$100, as well as the fee for MDHC biennial permit renewal at \$160, and authorized the Executive Officer to take all steps necessary to initiate the rulemaking process.

## **RE: Proposed Section 16 CCR 1116.5**

Senate Bill (SB) 1202 (Leno, Chapter 331, Statutes of 2012) created Business and Professions Code (BPC) sections 1926.3 and 1926.4. Among other provisions, SB 1202 required Registered Dental Hygienists in Alternative Practice (RDHAP) to register their place or places of practice with the executive officer and to receive permission from the Board, subject to a biennial renewal fee, to have an additional place of practice. In addition, SB 1202 created BPC sections 1944(i) and (j) which state: “(i) The fee for an additional office permit shall not exceed two hundred fifty dollars (\$250);” and “(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).”

Additionally, SB 534 (Jones, Chapter 491, Statutes of 2021) granted statutory authority to the Board to conduct announced and unannounced reviews and inspections of a physical facilities registered to an RDHAP to ensure continued compliance with all laws and regulations applicable to physical facilities.

At the Board’s November 19, 2022 Full Board meeting, the Board approved the proposed language and associated form for section 1116.5, established by resolution the fee for an additional physical facility permit at \$100, as well as the fee for additional physical facility biennial permit renewal at \$160, and authorized the Executive Officer to take all steps necessary to initiate the rulemaking process.

## **RE: Proposed Sections 16 CCR 1116 and 1116.5**

At the Board’s March 23, 2024 full Board Meeting, RDHAP Board Member Michael Long requested to work with Board staff in reviewing the comments, reviewing any changes to the language, and drafting the responses to the comments received during the 45- and 15-day comment periods. Member Long reviewed these responses and had no additions or comments.

### **STAFF ACTION:**

No public hearing was originally set for these proposals and none was requested. Board staff noticed the proposed rulemakings on January 31, 2024, with a 45-day comment period ending on March 19, 2024. The Board received two (2) comments which are summarized below.

Due to comments received, on April 26, 2024, the Board noticed the modified texts to persons specified in subdivisions (a)(1) through (4) of Section 44 of Title 1 of the CCR. The comment period concluded on May 11, 2024. The Board received one (1) comment which is summarized below as well.

**STAFF RECOMMENDATION:**

Staff recommends the Board consider and approve the responses drafted to address public comments received during the 45-day and 15-day comment periods on the Board's proposed regulations regarding Mobile Dental Hygiene Clinics; Issuance of Approval; and Registered Dental Hygienist in Alternative Practice, Physical Facility Registration, and authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116 and 1116.5 as noticed.

**PROPOSED MOTION LANGUAGE:**

Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the responses drafted to address public comments received during the 45-day and 15-day comment periods on the Board's proposed regulations regarding Mobile Dental Hygiene Clinics; Issuance of Approval; and Registered Dental Hygienist in Alternative Practice, Physical Facility Registration, and authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116 and 1116.5 as noticed.

**Documents included for Reference:**

1. Summary of Comments to 16 CCR Sections 1116 and 1116.5.
2. Modified Text for 16 CCR Sections 1116 and 1116.5.
3. Comment Letters for 16 CCR Sections 1116 and 1116.5.



## **Summary of Comments to Proposed Title 16, California Code of Regulations, Sections 1116 and 1116.5.**

### **A. January 31, 2024 letter from Lisa Schnoor, RDH.**

#### **Comment A-1 Summary**

Ms. Schnoor states “Acceptance of the proposal for extended functions and mobile clinics have my voice. It's a long needed area of hygiene that should have service.”

#### **Response:**

The Board acknowledges and appreciates the support for the regulation.

### **B. January 18, 2024 letter from Tooka Zokaie, Sr. Health Policy Analyst, on Behalf of the California Dental Association (CDA).**

#### **Comment B-1 Summary**

Ms. Zokaie states CDA appreciates the opportunity to review and comment on the proposed mobile dental hygiene clinic (MDHC) regulations. She states while the proposed language creates the ability for the Dental Hygiene Board of California (DHBC, Board) to regulate MDHCs, CDA believes several clarifications and additions would enhance patient safety. Additionally, she states CDA requests the following concerns be addressed to fully support DHBCs proposed regulatory language for MDHCs to ensure clear communication with patients, including disclosures and consent that are equal to those required in brick-and-mortar settings.

#### **Response:**

The Board acknowledges and thanks the CDA for their comments. However, the Board believes that the anticipated benefits of the proposed regulations for issuing approvals for Mobile Dental Hygiene Clinics and Physical Facility Registrations outweigh any of the concerns cited in this letter, and these items will be discussed in more detail below.

#### **Comment B-2 Summary**

Ms. Zokaie states CDA strongly recommends removing the requirement for MDHCs to adhere to CDC drinkable water guidelines, and instead requiring applicants to comply with infection control guidelines governing all licensees of the Dental Board of California

and DHBC as currently referenced in California Code of Regulations (CCR), Title 16 section 1116(d)(3)(D).

She states CDA believes licensees should be held to the standards set in section 1005, the dental setting infection control regulations evaluated and maintained collaboratively by DBC and DHBC. She states these regulations reflect many guidelines, including those published by CDC, and that singling out CDC guidelines solely for MDHCs will establish conflicting standards within dentistry with no measurable benefit for patient safety.

### **Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

First, the Board determined to include and clarify the Dental Board of California's (DBC) regulatory requirement of "potable water" for Mobile Dental Clinics in 16 CCR section 1049(c)(3)(C) which states: "Have ready access to an adequate supply of potable water, including hot water." By ensuring water quality guidelines are established to comply with the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.), the Board believes the regulation adequately ensures safe water standards for use in MDHCs and PFs.

Second, the Board requires MDHCs and Physical Facilities (PFs) to adhere to infection control requirements of 16 CCR section 1005 in section 1116(d)(3)(A) and 1116.5(c)(3)(A), respectively. Additionally, section 1133 requires licensees to comply with the minimum standards for infection control as set forth in section 1005. Furthermore, 16 CCR section 1005 does not address water quality within the regulation.

Therefore, the Board believes there is no conflict with the minimum standards for infection control as set in 16 CCR section 1005, and accordingly, the Board is making no changes to the regulations in response to this comment.

### **Comment B-3 Summary**

Ms. Zokaie states the proposed regulations do not explicitly call for Registered Dental Hygienists in Alternative Practice (RDHAPs) operating an MDHC to obtain patient consent for services. She states that RDHAPs are required by the code of ethics to

obtain patient consent for treatment and that CDA believes that obtaining consent in non-bricks-and-mortar settings should be appropriately applied to MDHCs.

Ms. Zokaie stated that asking the patient when they last received care from a dentist and requesting the dentist's contact information should be included as this will support the RDHAP's collaboration with the patient's dental home to coordinate comprehensive dental treatment and assist in obtaining a complete health history and maintaining an accurate dental treatment record.

Ms. Zokaie suggested the addition of a section 1116.5(h) consent for services and language to support this section.

**Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

First, Ms. Zokaie erroneously cited section 1116.5 which is for physical facilities. Section 1116 is the proposed language for MDHCs.

Second, as Ms. Zokaie states, RDHAPs are required by the code of ethics to obtain patient consent prior to treatment.

The Board requires all licensees to satisfactorily complete an examination in California law and ethics as prescribed by the dental hygiene board prior to licensure [Bus. & Prof. Code § 1917, subd. (d)].

The Board defines "Ethics" in section 1100(k) as:

"(k) "Ethics" for the purposes of the examination required by section 1917(d) of the Business and Professions Code, means an act or acts in accordance with the California Dental Hygienists' Association's (CDHA's) Policy Manual, Chapter 2, Code of Ethics for Dental Hygienists (Amended HOD 2015), which is hereby incorporated by reference, or the American Dental Hygienists' Association's (ADHA's) Bylaws and Code of Ethics (Adopted June 23, 2014), which is hereby incorporated by reference, and ADHA Policy Manual, pages 7-12, (Adopted June 22, 2015), which is hereby incorporated by reference."

The “Core Value” of “Individual Autonomy and Respect for Human Beings” in the CDHA’s “Code of Ethics for Dental Hygienists”<sup>1</sup> speaks to “Informed Consent” as it states:

“People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.”

Additionally, in the “Standards of Professional Responsibility,” the section regarding “To Clients” it states:

“Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.”

As RDHAPs are bound by their professional code of ethics, the Board determined adding this requirement to the regulation would be duplicative and unnecessary.

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

#### **Comment B-4 Summary**

Ms. Zokaie states professional ethics require that patients receive minimal radiographic exposure and when radiographs are taken, those images be evaluated and used for treatment planning purposes and the patient be advised of the results. She states these patient protections regarding radiographic exposure are not included in the proposed text.

She states sections 1116(d)(1)(F) and 1116.5(c)(1)(E) only specify a radiographic operator must be used that complies with California Radiation Control Regulations. She adds “to ensure that these concerns are explicitly addressed, and radiographs exposed by MDHCs are utilized by a dentist for comprehensive diagnosis and treatment planning whenever appropriate.”

#### **Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

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<sup>1</sup> See CDHA's Policy Manual, Chapter 2, Code of Ethics for Dental Hygienists (Amended HOD 2015).

First, registered dental hygienists (RDHs) and RDHAPs are educated in radiation safety and radiography techniques in dental hygiene educational programs as prescribed by the Board in 16 CCR section 1105.2(d)(4), which includes the required topics of radiation protection, radiation safety, and principles of radiographic exposure.

Second, Business and Professions Code (BPC) 1921 authorizes an RDHAP to perform any of the duties or functions authorized to be performed by an RDH. Additionally, BPC section 1913 states: "Unless otherwise specified in this chapter, a registered dental hygienist may perform any procedure or provide any service within the scope of their practice in any setting under the appropriate level of supervision required by this article, if the registered dental hygienist has completed the appropriate education and training required to perform the procedure or provide the service." As BPC section 1925 authorizes an RDHAP to practice as an independent contractor or as a sole proprietor of an alternative dental hygiene practice, the RDHAP is therefore not bound by dentist supervision requirements with regard to radiographic exposures.

Third, BPC section 1908(a) states: "The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings." Radiographs are a necessary dental hygiene assessment tool in order to develop a complete and accurate dental hygiene care plan.

Finally, BPC section 1931(a) allows an RDHAP to provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. However, it is the standard of care for RDHAPs to provide patients with copies of treatment records, including radiographs, upon request, as well as in proposed sections 1116(j)(4) and 1116.5(g)(4), the Board requires the RDHAP that within fifteen (15) days of receipt of a written request by the patient, the owner shall provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient, as specified by the patient.

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

### **Comment B-5 Summary**

Ms. Zokaie states the proposed regulations do not provide guidance for accessible dental and official records. She states MDHCs should be required to keep official

records at their place of business and available for inspection and copying upon Board request.

**Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

Proposed section 1116(d)(5) states: “An RDHAP operator shall provide access during business hours to the RDHAP’s *records* and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.”

As the proposed regulation already addresses records access, the Board determined there is no need for additional language and accordingly, the Board is making no changes to the regulation in response to this comment.

**Comment B-6 Summary**

Ms. Zokaie states to promote transparency, communication, and patient safety, the MDHC operator should be required to provide the patient with an information sheet reflecting the services provided during the visit, the limitation of the services that RDHAPs can provide, a recommendation to receive a comprehensive examination by a licensed dentist, and contact information for follow-up services or dental emergencies. She states if the patient has provided consent to an institutional facility or dental office to access the patient’s dental health records, the institution shall also be provided with a copy of the information sheet.

**Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

It is the standard of care for RDHAPs to provide patients with after dental hygiene care information, including contact information for follow-up services or dental emergencies. Additionally, subdivision (d)(1)(A) requires the MDHC owner have a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC, as well as subdivision (d)(1)(A) requiring the MDHC owner to maintain a telephone number where patients are able to contact the MDHC owner or provider with

questions, concerns, or emergency needs. Furthermore, section (d)(1)(B) requires an MDHC owner to maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services.

As stated before, RDHAPs are bound by their professional code of ethics.

In the “Standards of Professional Responsibility” regarding “To Clients” the CDHA’s “Code of Ethics for Dental Hygienists”<sup>2</sup> states in part:

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.

Additionally, in the “To the Community and Society” section, it states in part:

- Recognize and uphold the laws and regulations governing our profession.
- Comply with local, state, and federal statutes that promote public health and safety.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.

As RDHAPs are bound by their professional code of ethics, the Board determined adding this requirement to the regulation would be duplicative and unnecessary.

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

### **Comment B-7 Summary**

Ms. Zokaie states the definition of portable equipment is unclear. She states: “Section 1116(1) (*sic*) identified that MDHCs shall not include equipment used and transported by licensed registered dental hygienists. Conversely, Section 1116(11)(b) (*sic*) states that an RDHAP who wishes to operate an MDHC in any setting authorized in Cal. Bus. & Prof. Code Sect. 1926 would include such equipment.” She states the conflict

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<sup>2</sup> See CDHA's Policy Manual, Chapter 2, Code of Ethics for Dental Hygienists (Amended HOD 2015).

between these sections creates confusion as to whether RDHAPs' portable equipment is included or excluded from MDHCs.

**Response:**

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

Section 1116(a)(1) defines an MDHC as “*any self-contained facility* in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another.” Section 1116(a)(1) also states this term shall not include *equipment* used and transported by licensed RDHAPs in discharging their duties in locations or settings authorized by BPC section 1926. Additionally, section 1116(a)(3) then defines “*equipment*” to mean any tool, instrument, or device used by an RDHAP to provide dental hygiene services.

BPC section 1926.3(b)(1) requires RDHAPs utilizing “portable equipment to practice dental hygiene” to register the PF where the “portable equipment” is maintained. Section 1116.5 specifically addresses the requirement for registration of “portable equipment.” Additionally, section 1116.5(a)(4) provides the definition for “portable equipment” to mean “any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.”

Therefore, the Board believes there is no conflict between the definitions as they are addressed within their respective sections and accordingly, the Board is making no changes to the regulations in response to this comment.

**Comment B-8 Summary**

Ms. Zokaie states the “written plan” developed by the RDHAP, as referenced in Section 1116(8) (*sic*), is unclear. She states section 1116(8) (*sic*) identifies the “patient of record” as a patient “who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written plan developed by the RDHAP.” She states this section fails to specify what elements should be included in the plan, or if it refers specifically to a dental hygiene treatment plan. Ms. Zokaie CDA urges DHBC to include additional language to ensure all parties understand the obligations and limitations of this requirement.



## Response:

Board staff thanks the commenter and accepts this comment for the following reason:

The Board added “dental hygiene care” to “plan” to provide a clear and consistent definition for the type of “plan” utilized by an RDHAP within the language to prevent misinterpretation by the reader.

## Comment B-9 Summary

Ms. Zokaie states “Section 1116(a)(10), “Patient Treatment Records,” states that patient treatment records include “dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, and response to dental hygiene treatment ...”. She states as it is written, it is unclear what distinguishes a dental hygiene “procedure” from dental hygiene “treatment” or the advantage of using these two terms.

## Response:

Board staff thanks the commenter, however, recommends that the Board reject this comment, for the following reasons:

The Merriam Webster dictionary defines a procedure as “a particular way of accomplishing something or of acting.”<sup>3</sup> whereas the Merriam Webster dictionary defines treatment as “a therapeutic agent, therapy, or *procedure* used to treat a medical condition.”<sup>4</sup>

For example, probing [utilizing an instrument that is placed between the patient’s gingiva (gums) and tooth to determine how attached the gingiva is to the tooth] is an assessment *procedure*. Probing provides necessary data to assist in determining the extent of a patient’s periodontal (gum) disease, but does not provide any *treatment* of the periodontal disease.

However, scaling and root planing [using specialty dental instruments with blades to remove calculus (tartar) from teeth] results in the removal of calculus irritating the patient’s gingiva, causing a decrease in gingival inflammation, and ultimately the *treatment* of the patient’s periodontal disease.

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<sup>3</sup> <https://www.merriam-webster.com/dictionary/procedure> retrieved on March 13, 2024.

<sup>4</sup> <https://www.merriam-webster.com/dictionary/treatment> retrieved on March 13, 2024.

Therefore, as treatment and procedures are two distinct categories, the Board has determined there is no clarity issue and accordingly, the Board is making no changes to the regulations in response to this comment.

### **Comment B-10 Summary**

Ms. Zokaie states CDA appreciates the opportunity to share these concerns and recommendations with DHBC. She states on behalf of CDA members, they are also advocating for these provisions to be included in DBC mobile dental regulations so all dental professionals who operate mobile clinics will be held to the same standards of care. She adds addressing concerns regarding infection control guidelines, patient consent, and follow-up care will protect patient safety and ensure patients are educated regarding the treatment they receive.

### **Response:**

Again, the Board acknowledges and thanks the CDA for their comments.

### **Comments and Responses to 15-Day Amended Language Comment Period**

The Board received comments during the 15-day comment period on the Board's amended language of sections 1116 and 1116.5. Below is the Board's response to the comments made therein.

#### **C. May 1, 2024 letter from Rose M. Johnson**

Ms. Johnson states "It will be a good idea to approve this Bill, registering Mobile Dental Hygiene. It will clearly inform patients, protect those whom we RDHAP serve."

### **Response:**

The Board acknowledges and appreciates the support for the regulation.



## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS

### MODIFIED TEXT

**Legend:**

<u>Underlined</u>	Indicates originally proposed regulatory language.
<u>Double Underlined</u>	Indicates proposed additions to the originally proposed regulatory language.

Adopt Section 1116 in Article 4 of Division 11 of Title 16 of the California Code of Regulations (CCR) to read as follows:

#### **Article 4. Licensing**

#### **§ 1116. Mobile Dental Hygiene Clinics; Issuance of Approval.**

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) A “mobile dental hygiene clinic (MDHC)” means any self-contained facility in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another. This term shall not include equipment used and transported by licensed registered dental hygienists in alternative practice (RDHAPs) in discharging their duties in locations or settings authorized by Business and Professions Code section (BPC) section 1926.
- (2) “Dental hygiene services” means the professional practices of an RDHAP as set forth in BPC section 1925.
- (3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (4) “Owner” means an individual who applies for registration or operates an MDHC, is responsible for the MDHC’s registration, and is licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922.
- (5) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.

- (6) "Protected Health Information (PHI)" means the patient's "individually identifiable health information" as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.
- (7) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.
- (8) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan developed by the RDHAP.
- (9) "Active patient" refers to a patient of record whom the owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the owner or provider moving from or leaving the city in which services were provided to the patient.
- (10) "Patient treatment records" shall include the patient's dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.
- (11) "Communication capability" means an owner has telephone service they can access twenty-four (24) hours per day.
- (b) Application for Registration. An RDHAP who wishes to operate an MDHC in any setting authorized by BPC section 1926 shall apply to the Board for registration of an MDHC with the Board by submitting a completed application to the Board. A completed application shall include the following:
- (1) A completed "Application for Registration of a Mobile Dental Hygiene Clinic (MDHC)" (MDHC-01 (New 11/2022)), which is hereby incorporated by reference;
- (2) All documents required by form DHBC MDHC-01 (New 11/2022); and,
- (3) Payment of an initial registration fee of \$100.
- (c) Abandonment; Grounds for Denial, Withdrawal, Citation or Issuance of Registration.
- (1) An applicant for a license who fails to complete registration application requirements set forth in subdivision (b) within one year after being notified by the Board of deficiencies in their application, shall be deemed to have

abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(2) The Board may deny, place on probation, issue a citation, or withdraw a registration as provided in BPC section 1926.1 for failure to meet the requirements of this section. For the purposes of this section and BPC section 1926.1, a registration may be withdrawn if compliance with this section is not demonstrated within 60 days from the date of written notice of the areas of noncompliance found by the Board and/or upon a final decision upholding the withdrawal in accordance with the notice and hearing procedures contained in the Administrative Procedure Act (commencing with Section 11500 of the Government Code).

(3) Upon meeting the requirements of subdivision (b), an MDHC shall be registered with the Board and the RDHAP operator shall be issued an MDHC registration.

(d) Minimum Operating Requirements.

(1) The MDHC applicant or owner shall meet all of the following requirements to obtain or maintain registration of the MDHC as required by BPC sections 1926.1 and 1926.2 and this section:

(A) The owner has a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC. The procedure shall include arrangements an RDHAP must make for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services. A copy of these written procedures shall be given to each provider at the MDHC prior to any dental hygiene services being performed on a patient.

(B) An owner shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117.

(C) The owner has communication capability that enables the owner to contact necessary parties in the event of a medical or dental emergency.

(D) The owner shall maintain a telephone number where patients are able to contact the MDHC owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(E) The owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and

local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.

(F) If the owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following).)

(G) The driver of the MDHC shall possess a current, active, and unrestricted California driver's license.

(2) Official Place of Business and Maintenance of Records.

(A) The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An owner shall include the name of the MDHC (including any fictitious name authorized by BPC section 1962), physical address of record and MDHC registration number for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient shall be maintained by the owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each MDHC shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of California Code of Regulations (CCR), Title 16, section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§ 1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

- (C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.
- (D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)
- (E) Have toilet facilities available to staff and patients of the MDHC.
- (F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.
- (G) Have a working Automated External Defibrillator (AED).
- (H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.
- (4) Each MDHC owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of the MDHC.
- (5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.
- (e) Transferability. An MDHC registration is not transferable.
- (f) Renewal. An MDHC registration shall expire at the same time as the registration holder's RDHAP license.
- (1) To renew the MDHC, an owner shall submit a completed renewal application that includes the following:
- (A) Form DHBC MDHC-01 (New 11/2022);
- (B) A biennial renewal fee in the amount of \$160; and
- (C) All supporting documentation required by form DHBC MDHC-01 (New 11/2022).



(2) Renewal of each MDHC registration shall be accomplished by submission of the form DHBC MDHC-01 (New 11/2022), fee, and documentation required in subdivision (f)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal tabs or at: <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in (f)(1) through the link referenced in subdivision (f)(2)(A) of this section.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in subdivision (f)(1) by mail to the Board's physical address.

(g) Exemptions. MDHCs that fall within the definition of BPC section 1926.2(b) are exempt from the requirements of this section.

(h) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided to the Board in application form DHBC MDHC-01 (New 11/2022), whether for initial or renewal.

(2) Each RDHAP or any other provider licensed by the Board to provide dental hygiene services in the MDHC shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact the RDHAP is licensed and regulated by the Board.



(A) The notice shall include the following statement and information:

**NOTICE:**

Dental Hygienists in Alternative Practice are licensed and regulated  
by the Dental Hygiene Board of California  
(916) 263-1978  
[www.dhbc.ca.gov](http://www.dhbc.ca.gov)

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(i) Identification of Location of Services.

(1) Each owner of an MDHC shall maintain a confidential written or electronic record detailing the following information for each patient to whom services are provided:

(A) Name of patient served;

(B) Closest street address near the service location of the MDHC where service was provided;

(C) Date of each treatment session; and

(D) Types of dental hygiene services provided to each patient.

(2) The confidential written or electronic record shall be made available to a representative of the Board within fifteen (15) days of the date of the Board's written request pursuant to BPC section 1955.

(j) Cessation of Operation.

(1) Upon cessation of operation of an MDHC, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If an MDHC is sold to another RDHAP, that RDHAP ("succeeding MDHC owner") must register with the Board by filing a new Form DHBC MDHC-01 (New 11/2022) and comply with this section prior to operating the MDHC.

- (3) Upon cessation of operation of an MDHC, the previous owner shall preserve all records for a minimum of seven (7) years.
- (4) Within thirty (30) days before the last day of operation, the owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the MDHC, including the last date the MDHC will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding MDHC owner or to the patient. The owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding MDHC owner or to the patient as specified by the patient. In addition, the owner shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the written request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.
- (5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, signed under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.1, 1926.2, and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.1, and 1926.2, 1955, and 1962, Business and Professions Code, Chapter 1, Part 1, Division 2 of the Revenue and Taxation Code, Chapter 5, Part 1, Division 3 of the Government Code, Section 51, Civil Code, 42 U.S.C. Sections 1320d, 1320d-1, 1320d-2, 1320d-3, 1320d-4, 1320d-5, 1320d-6, 1320d-7, 1320d-8, Chapter 126, Title 42 of the United States Code, Part A, Subchapter XII, Chapter 6A of the United States Code, 28 C.F.R Part 36 and Subparts A, B, C, D of Part 36, 45 C.F.R., Sections 160, Subparts A, C, D, and E of Part 164 & 160.103, Subpart C, Part 164, Subchapter C, Subtitle A, Title 45, Code of Federal Regulations.

**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF  
CONSUMER AFFAIRS****MODIFIED TEXT****Legend:**

<u>Underlined</u>	Indicates originally proposed regulatory language.
<u>Double Underlined</u>	Indicates proposed additions to the originally proposed regulatory language.

Adopt § 1116.5 in Article 4 of Title 16 of the California Code of Regulations (CCR) to read as follows:

**Article 4. Licensing****§ 1116.5. Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.**

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) “Physical facility” means a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.
- (2) “Dental hygiene services” means the professional practices of a registered dental hygienist in alternative practice (RDHAP) as set forth in Business and Professions Code (BPC) section 1925.
- (3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (4) “Portable equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.
- (5) “Owner” means an individual licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922 in the State of California who applies for registration or has registered a physical facility or portable equipment with the Board pursuant to the registration requirements of this section.
- (6) “Provider” means an individual licensed to practice dental hygiene in alternative

practice or dentist who provides dental hygiene treatment and/or services in a dental hygiene physical facility but who is not the owner registering the physical facilities.

- (7) "Protected Health Information (PHI)" means the patient's "individually identifiable health information" as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.
- (8) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.
- (9) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan developed by the RDHAP.
- (10) "Active patient" refers to a patient of record whom the RDHAP owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the RDHAP owner or provider moving from or leaving the city in which services were provided to the patient.
- (11) "Patient treatment records" shall include the patient's dental history maintained by the facility related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(b) Application for Registration.

- (1) Within 30 days after the date of the issuance of their initial license, an RDHAP shall do the following:
  - (A) If the RDHAP owns a physical facility or utilizes portable equipment, the RDHAP shall register the physical facility where the dental hygiene services are rendered, or where the portable equipment is maintained according to the requirements of this section. The RDHAP shall register with the Executive Officer by submitting to the Board a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities" (form DHBC HAPR-01 New (11/2022)), which is hereby incorporated by reference, and meet all of the applicable requirements of this section; or,

(B) If the RDHAP does not own a physical facility, the RDHAP shall notify the Executive Officer by providing a written statement, signed and dated by the RDHAP, stating that they do not own a physical facility where dental hygiene services are rendered.

(2) An RDHAP owner who desires to have more than one place of practice shall, before opening the additional physical facility or facilities, apply to and obtain permission from the Board to have the additional place of practice as provided in this section. The RDHAP owner shall submit a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities." (form DHBC HAPR-01 (New 11/2022)), pay an additional office permit fee of \$160, and meet all of the requirements of this section before the additional facility or facilities will be registered with the Board.

(3) The Board shall inform an RDHAP owner in writing whether the registration application (DHBC HAPR-01 (New 11/2022)) is complete and accepted for filing or is deficient and what further specific information is required. An applicant for a license who fails to complete registration application requirements within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(4) The Board may deny or withdraw a registration or issue a citation as provided in BPC section 1926.3 for failure to meet the requirements of this section.

(5) Upon meeting the requirements of this section, the physical facility or facilities shall be registered with the Board and the RDHAP owner shall be issued an office permit for the initial facility, and, if applicable, an additional office permit if additional facilities are registered.

(c) Minimum Operating Requirements.

(1) An RDHAP applicant or owner shall meet all of the following requirements to obtain or maintain registration of their facility or facilities as required by BPC sections 1926.3 and 1926.4 and this section:

(A) There is a written procedure that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or after use of portable equipment. The procedure shall include arrangements an RDHAP must make for treatment in by a licensed dentist or physician whose place of practice is established within the city or county in which the RDHAP owner or provider provides dental hygiene services. A copy of these written procedures shall be given to each provider at the physical facility prior to any dental hygiene services being performed on a patient.

- (B) An RDHAP shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117.
- (C) An RDHAP shall maintain a telephone number where patients are able to contact the RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.
- (D) The applicant or RDHAP owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility, including, a local or county business license, a county building permit, a fictitious name permit as provided in BPC section 1962, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.
- (E) If the RDHAP owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following.)

(2) Official Place of Business and Maintenance of Records.

- (A) The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.
- (B) An RDHAP owner shall include the name of the facility (including any fictitious name authorized by BPC section 1962), physical address of record and office registration number of their physical facility for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.
- (C) All dental hygiene patient treatment records and communications following the discharge of a patient shall be maintained by the RDHAP owner for a minimum of seven (7) years.



- (3) In addition to the other minimum operating requirements of this section, each physical facility shall:
- (A) Use infection control equipment and follow infection control procedures according to the requirements of California Code of Regulations, title 16, section 1005.
  - (B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§ 1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.
  - (C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.
  - (D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)
  - (E) Have toilet facilities within the dental hygiene facility available to staff and the public.
  - (F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.
  - (G) Have a working Automated External Defibrillator (AED).
  - (H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.
- (4) Each RDHAP owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of all registered physical facilities.
- (5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the physical facility for compliance with all laws, regulations, and standards applicable to physical facilities including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(d) Transferability. A physical facility registration is not transferable.

(e) Renewal of Physical Facility Registration. The physical facility registration shall expire at the same time as the permit holder's RDHAP license.

(1) To renew the registration of a physical facility, an RDHAP shall submit:

(A) Form DHBC HAPR-01 (New 11/2022) for each physical facility;

(B) A biennial renewal fee in the amount of \$250 for each additional physical facility if the RDHAP has more than one registered with the Board; and

(C) All supporting documentation required by form DHBC HAPR-01 (New 11/2022).

(2) Renewal of each physical facility registration shall be accomplished by submission of form DHBC HAPR-01 (New 11/2022), fees, and documentation required in subdivision (e)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" that is located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal at <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in subdivision (e)(1) through the link referenced in subdivision (e)(2)(A) of this section.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in (e)(1) by mail to the Board's physical address.

(f) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.



- (1) The RDHAP owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided in application form DHBC HAPR-01 (New 11/2022), whether for initial or renewal.
- (2) Each RDHAP, or any other provider licensed by the Board to provide dental hygiene services in the physical facility, shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services of patients pursuant to BPC section 680.
- (3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact that the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

**NOTICE:**

Dental Hygienists in Alternative Practice are licensed and regulated  
by the Dental Hygiene Board of California  
(916) 263-1978  
[www.dhbc.ca.gov](http://www.dhbc.ca.gov)

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(g) Cessation of Operation.

- (1) Upon cessation of operation of a physical facility, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.
- (2) If a physical facility is sold to another RDHAP, that RDHAP ("succeeding RDHAP provider") must register with the Board by filing a new form DHBC HAPR-01 (New 11/2022) and comply with this section.
- (3) Upon cessation of operation of a physical facility, the previous RDHAP owner of the physical facility shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the RDHAP owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the physical facility, including the last date the physical facility will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding provider or to the patient. The RDHAP owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the RDHAP owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient as specified by the patient. In addition, the RDHAP shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.3, 1926.4, and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926.3, 1926.4, 1955, and 1962 Business and Professions Code, Chapter 1, Part 1, Division 2 of the Revenue and Taxation Code, Chapter 5, Part 1, Division 3 of the Government Code, Section 51, Civil Code, 42 U.S.C. Sections 1320d, 1320d-1, 1320d-2, 1320d-3, 1320d-4, 1320d-5, 1320d-6, 1320d-7, 1320d-8, Chapter 126, Title 42 of the United States Code, Part A, Subchapter XII, Chapter 6A of the United States Code, 28 C.F.R Part 36 and Subparts A, B, C, D of Part 36, 45 C.F.R., Sections 160, Subparts A, C, D, and E of Part 164 & 160.103, Subpart C, Part 164, Subchapter C, Subtitle A, Title 45, Code of Federal Regulations.

## Letter A

**From:** [Lisa schnoor](#)  
**To:** [Petty, Adina@DCA](#)  
**Subject:** Proposal  
**Date:** Wednesday, January 31, 2024 1:06:58 PM

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**A-1**

DCA,  
Acceptance of the proposal for extended functions and mobile clinics have my voice. It's a long needed area of hygiene that should have service.  
Lisa Schnoor RDH.

March 8, 2024

**Letter B**

Dr. Carmen Dones, President  
Dental Hygiene Board of California

**RE: Mobile Dental Hygiene Clinics**

Dear President Dones:

**B-1**

On behalf of our 27,000 member-dentists, the California Dental Association appreciates the opportunity to review and comment on the proposed mobile dental hygiene clinic (MDHC) regulations. While the proposed language largely creates the ability for the Dental Hygiene Board of California to appropriately regulate MDHCs, CDA believes several clarifications and additions would enhance patient safety. To ensure clear communication with patients and upfront disclosures and appropriate consent are equal to those required in brick-and-mortar settings, CDA requests the following concerns be addressed to fully support DHBCs proposed regulatory language for MDHCs:

**I. Regulatory Requirements**

**B-2**

**Consistency in Infection Control Requirements**

CDA strongly recommends removing the requirement for MDHCs to adhere to CDC drinkable water guidelines and instead requiring applicants to comply with infection control guidelines governing all licensees of the Dental Board of California and DHBC as currently referenced in 16 CCR 1116(d)(3)(D). CDA believes licensees should be held to the standards set in Section 1005, the dental setting infection control regulations evaluated and maintained collaboratively by DBC and DHBC. These regulations reflect many guidelines, including those published by CDC. CDA is concerned that singling out CDC guidelines solely for MDHCs will establish conflicting standards within dentistry with no measurable benefit for patient safety.

**B-3**

**Consent for Services**

The proposed regulations do not explicitly call for RDHAPs operating an MDHC to obtain patient consent for services. RDHAPs are required by the code of ethics to obtain patient consent for treatment. CDA believes that existing approaches to obtaining consent in non-bricks-and-mortar settings should be appropriately applied to MDHCs. One such approach is asking the patient when they last received care from a dentist and requesting the dentist's contact information. This not only supports the RDHAP's collaboration with the patient's dental home to coordinate comprehensive dental treatment, but assists in obtaining a complete health history and maintaining an accurate dental treatment record.

For these reasons, CDA recommends including the following language in this regulation package:

1116.5(f) Consent for Services.

(1) No dental hygiene services shall be performed on a patient without consent. If a patient is unable to provide direct consent, such as a minor or person with special needs, a signed consent form must be obtained from the patient's parent or legal representative.

(2) Consent forms shall include a request for the patient's dentist contact information and date of last visit, if known.

## **Radiographs**

**B-4**

Professional ethics require that patients receive minimal radiographic exposure and when radiographs are taken, those images be evaluated and used for treatment planning purposes and the patient be advised of the results. However, these patient protections regarding radiographic exposure are not included in the proposed text. Sections 1116(d)(1)(F) and 1116.5(c)(1)(E) specify only that a radiographic operator must be used that complies with California Radiation Control Regulations. To ensure that these concerns are explicitly addressed, and radiographs exposed by MDHCs are utilized by a dentist for comprehensive diagnosis and treatment planning whenever appropriate, CDA recommends the following amendment:

1116(e)(I) MDHC providers who collect diagnostic records, including radiographs, shall be considered to have accepted the patient as a patient of record and will ensure that these records be shared with a community-residing dentist, as appropriate, for the purpose of comprehensive diagnosis and treatment planning.

## **DHBC Inspections**

**B-5**

The proposed regulations do not provide guidance for accessible dental and official records. MDHCs should be required to keep official records at their place of business and available for inspection and copying upon request by representatives of DHBC.

CDA respectfully submits the following proposed amendment to address this concern:

1116(d)(2)(D)

(D) All dental hygiene and official records shall be accessible at the official place of business and available for inspection and copying upon request by representatives of the Board or other persons as authorized by state or federal law.

(E) With a signed patient authorization, patient records, including radiographs and any diagnosis and proposed treatment plan, must be provided to the requesting entity within fourteen (14) business days.

## **Patient Information Sheet**

**B-6**

To promote transparency, communication and patient safety, the MDHC operator should also be required to deliver to the patient an information sheet reflecting the services provided during the visit, the limitation of the services that RDHAPs can provide, a recommendation to receive a comprehensive examination by a licensed dentist and contact information for follow-up services or dental emergencies. If the patient has provided consent to an institutional facility or dental office to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet.

CDA respectfully submits the following proposed amendment to address these concerns:

1116.5(g)

(1) During or at the conclusion of each patient's visit to the mobile dental unit, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility or dental office to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet.

(A) "Institutional facility" includes, but is not limited to, a long-term care facility or school.

(2) The information sheet as required herein shall include the following:

(A) Pertinent contact information for the mobile dental unit;

(B) Name and license number of the RDHAP and other licensed dental staff who provided services;

(C) A description of the treatment rendered, including CDT billed service codes and fees associated with treatment, and tooth numbers when appropriate; and

(D) A description of any dental needs observed during a screening, assessment, or other form of visual inspection; and

(E) A statement explaining that the dental hygiene services provided by the RDHAP are limited and do not include a comprehensive dental examination and advising the patient to seek a comprehensive dental examination from a dentist.

(F) RDHAPs shall meet their responsibility for ensuring care to patients of record by arranging for proper follow-up care for treatment provided and referring for care identified but not provided to a geographically accessible location for dental services pursuant to subsection (d).

(G) If applicable, instructions on how to pay for services rendered.

(H) Language, including the board's contact information, notifying patients of their right to contact the board should the patient have a problem they are unable to resolve with the operator or the mobile dental unit and/or the RDHAP who provided the services.

(I) Notification of the name and contact information for the dentist who has authorized patient treatment, if applicable, when that treatment is provided by an RDHAP.

## II. Definitions

**B-7**

### **Portable Equipment**

The definition of portable equipment is unclear. Section 1116(1) identified that MDHCs shall not include equipment used and transported by licensed registered dental hygienists. Conversely, Section 1116(11)(b) states that an RDHAP who wishes to operate an MDHC in any setting authorized in Cal. Bus. & Prof. Code Sect. 1926 would include such equipment. The conflict between these sections creates confusion as to whether RDHAPs' portable equipment is included or excluded from MDHCs.

**B-8**

### **Written Plan**

The "written plan" developed by the RDHAP, as referenced in Section 1116(8), is unclear. Section 1116(8) identifies the "patient of record" as a patient "who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written plan developed by the RDHAP." This section fails to specify what elements should be included in the plan or whether it refers specifically to a dental hygiene treatment plan. CDA urges DHBC to include additional language to ensure all parties understand the obligations and limitations of this requirement.

**B-9**

### **Patient Treatment Records**

Section 1116(a)(10), "Patient Treatment Records," states that patient treatment records include "dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, and response to dental hygiene treatment ...". As written, it is unclear what distinguishes a dental hygiene "procedure" from a dental hygiene "treatment" or the advantage of using these two terms.

To limit confusion, CDA recommends this portion of the regulations be simplified as follows:

1116(a)(10). "Patient treatment records" shall include the patient's dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures, response to dental hygiene care, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

**B-10**

CDA appreciates the opportunity to share these concerns and recommendations with DHBC. On behalf of our members, we are also advocating for these provisions to be included in DBC mobile dental regulations so all dental professionals who operate mobile clinics will be held to the same standards of care. Addressing concerns regarding infection control guidelines, patient consent and follow-up care will protect patient safety and ensure patients are fully educated about the treatment they receive.

Sincerely,



Tooka Zokaie

Sr. Health Policy Analyst



**From:** [Rose Johnson](#)  
**To:** [Petty, Adina@DCA](mailto:Petty, Adina@DCA)  
**Subject:** Mobile dental hygiene.  
**Date:** Wednesday, May 1, 2024 11:07:10 AM

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**LETTER  
C**

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**C-1**

Please Mrs. Adina, Petty

It will be a good idea to approve this Bill, registering Mobile Dental Hygiene. It will clearly inform patients, protect those whom we RDHAP serve.

Thanks

Rose M. Johnson



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 4.**

**Discussion and Possible Action to Approve Amended  
Language and Continue Rulemaking for 16 CCR Section  
1105.4 Appeals Process and Reinstatement of Withdrawn  
Dental Hygiene Educational Programs.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Legislation and Regulatory Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>LEG REG 4: Discussion and Possible Action to Approve Amended Language and Continue Rulemaking for 16 CCR Section 1105.4 Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.</b>

### **BACKGROUND**

During the Dental Hygiene Board of California (Board) staff's review of regulations applicable to dental hygiene educational programs (DHEPs), staff determined there was no clear process within California Code of Regulations (CCR), Title 16, section 1105.4 to reinstate Board approval of DHEPs withdrawn due to noncompliance with Board laws and regulations. Additionally, staff determined there was no clear guidance as to requirements to maintain the withdrawn status of DHEPs should the DHEP not comply with the Board directives. At the Board's November 18, 2023 Full Board Meeting, the Board approved language to address the lack of process regarding reinstatement of withdrawn DHEPs, as well as for the Board to maintain a DHEP's withdrawn status.

During preparation of the regulatory package, the Board's Regulatory Legal Counsel proposed amendments to the previously approved language for conciseness.

### **STAFF RECOMMENDATION**

Staff recommends that the Board review the proposed amended language and determine whether additional information or language is required. If the language is satisfactory, direct staff to continue the rulemaking to establish a process for reinstatement of withdrawn DHEPs, as well as a process to maintain a DHEP's withdrawn status.

### **PROPOSED MOTION LANGUAGE**

Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language for CCR section 1105.4, and 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 the board does not receive any comments providing objections or adverse

recommendations specifically directed at the proposed action or to the procedures followed by the board in proposing or adopting the action, then the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If no adverse comments are received during the 45-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 regulations at Section 1105.4 as noticed.

**Documents Included for Reference:**

1. Proposed amended regulatory language for 16 CCR Section 1105.4. Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.

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

**MODIFIED TEXT**

**Legend:**

<del>Strikeout</del>	Indicates originally proposed deleted text.
<u>Underlined</u>	Indicates originally proposed regulatory language.
<u>Double Underlined</u>	Indicates proposed additions to the originally proposed regulatory language.

Amend section 1105.4 of Article 3 of Division 11 of Title 16 of the California Code of Regulations to read as follows:

**§ 1105.4. Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.**

- (a) The Dental Hygiene Board may deny or withdraw its approval of an educational program. If the Dental Hygiene Board denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided in writing within ninety (90) calendar days.
- (b) Any educational program whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The educational program shall be given at least ten business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.
- (c) The educational program may contest the denial or withdrawal of approval by either:
  - (1) Appearing at the informal conference. The Executive Officer shall notify the educational program of the final decision of the Executive Officer within ten business days of the informal conference. Based on the outcome of the informal conference, the program may then request a hearing to contest the Executive Officer's final decision. An educational program or program applicant shall request a hearing by written notice to the Dental Hygiene Board within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after the informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

(2) Notifying the Dental Hygiene Board in writing of the program's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Dental Hygiene Board at least 5 calendar days before the date of the informal conference.

(d) Reinstatement of Dental Hygiene Board approval of a withdrawn dental hygiene educational program. Programs seeking reinstatement after a withdrawal must comply with both of the following:

(1) The withdrawn dental hygiene educational program shall correct all violation(s) which resulted in the withdrawal of Dental Hygiene Board approval. And;

(2) The withdrawn dental hygiene educational program shall furnish the Dental Hygiene Board written proof of compliance pursuant to 16 CCR section 1104 within the Board-provided deadline and shall permit a site visit by the Board's authorized representative to confirm compliance.

(A) If the withdrawn dental hygiene educational program demonstrates it has corrected the violation(s) and meets all requirements for approval set forth in 16 CCR section 1104, the Dental Hygiene Board shall, at a noticed Board meeting, grant the dental hygiene educational program reapproval.

(B) If the withdrawn dental hygiene educational program demonstrates it has corrected a substantial number of the violation(s), **as specified within the "Letter of Withdrawal" order,** and **is** actively working towards meeting the requirements for approval set forth in 16 CCR section 1104, the Dental Hygiene Board shall, at a noticed Board meeting, grant the dental hygiene educational program the status of "reapproval with conditions **of probation.**"

(C) If the withdrawn dental hygiene educational program fails to demonstrate correction of all violation(s) and does not meet the requirements for approval set forth in 16 CCR section 1104 by the Dental Hygiene Board, the Board shall maintain the withdrawn approval of the dental hygiene educational program.

NOTE: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 5.**

**Regulatory Update: Status of Dental Hygiene Board of  
California Regulatory Packages.**

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Legislation and Regulatory Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>LEG REG 5: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages</b>

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
<b>1135-1137</b> AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
<b>1119</b> (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
<b>1109</b> RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
<b>1107</b> SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
<b>1103</b> Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
<b>1104</b> Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
<b>1105</b> 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
<b>1104.3</b> 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	3.27.23/ 7.1.23



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
<b>1105.2</b> 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
<b>1138.1</b> 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
<b>1117</b> 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
<b>1118</b> 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
<b>1104.1</b> 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
<b>1114</b> Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107 Modified Text 11.18.23	X	X	X	X	4.11.23/ 4.21.23	8.29.23 Withdrawn 10.10.23 Resubmitted 12.6.23	1.17.24/ 4.1.24
<b>1116</b> Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534 Responses to Board for approval 7.19.24	X	X	X	X	1.23.24/ 2.2.24 15-day comment period ended 5.11.24		
<b>1116.5</b> RDHAP Practice Registration	11.19.22 Due to SB 534 Responses to Board for approval 7.19.24	X	X	X	X	1.23.24/ 2.2.24 15-day comment period ended 5.11.24		
<b>1105(b)(4)</b> Faculty to Student Ratio	7.22.23	X	X	X	X	12.28.23 1.12.24	4.18.24	5.29.24/ 7.1.24

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
<b>1105.4</b> Appeals Process and Reinstatement of Withdrawn DHEPs	11.18.23  Modified Text to Board for approval 7.19.24	X						

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
<b>Board Reference from DHCC to DHBC</b> 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
<b>1104.1</b> Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22
<b>DBC sections 1073.1, 1073.3, and 1082.2.</b>	X	10.23.23	12.6.23 Withdrawn due to need for regular rulemaking

## 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



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 6.**

**Discussion and Possible Action on Proposed Statutory  
Language Amendments to Business and Professions Code  
Section 1915.1.**



## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Legislation and Regulatory Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>LEG REG 6: Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1915.1.</b>

### **BACKGROUND:**

On October 8, 2024, Governor Gavin Newsom signed into law Assembly Bill (AB) 936 (Wood. Dentistry: exemptions.) allowing a dental student, defined as a person who has begun clinical training at a dental school approved by the Dental Board of California, to practice dentistry at a sponsored event, without compensation or expectation of compensation and under the supervision of a licensed dentist with a clinical faculty appointment.

At the March 23, 2024 Full Board Meeting, President Dones asked staff to research creating legislation to mimic AB 936 for dental hygiene students. This was requested to allow for increased access to necessary dental hygiene care to underserved communities in California.

### **ACTION REQUESTED:**

As a result of the research, staff recommends for the Committee to review the current language to determine if this change is warranted. If the Committee determines this change is warranted, staff recommends to the Committee to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2025.

### **PROPOSED MOTION LANGUAGE:**

I move for the Legislation and Regulatory Committee to review the current language to determine if a change in BPC section 1915.1 is warranted. If the Committee determines this change is warranted, I move for the Committee to complete the draft of proposed statutory language. Additionally, I move for the Legislation and Regulatory Committee to recommend to the Full Board to consider, complete, and approve the final draft of proposed statutory language for BPC section 1915.1, and direct staff to seek sponsored legislation for 2025.

**1915.1.**

- (a) In addition to the exemptions set forth in Section 1915, the practice of dental hygiene by a dental hygiene student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dental hygienist with a clinical supervising faculty appointment at a sponsored event, is exempt from the operation of this chapter.
- (b) The practice of dental hygiene exempted by subdivision (a) only includes those operations, approved by the dental hygiene board, that are rendered or performed under the same conditions as operations exempt under subdivision (a) of Section 1915.
- (c) For purposes of this section, all of the following shall apply:
- (1) "Dental hygiene student" means a person who has begun clinical training at a dental hygiene educational program approved by the dental hygiene board.
  - (2) "Licensed dental hygienist" means a dental hygienist licensed pursuant to this chapter.
  - (3) "Clinical supervising faculty" means a licensed dental hygienist employed by the sponsoring dental hygiene educational program.
  - (4) "Patient" means a dental hygiene patient or, in the case of a minor, the dental hygiene patient's representative.
  - (6) "Sponsoring dental hygiene educational program" means a dental hygiene educational program that sanctions student and clinical faculty participation at a sponsored event.
  - (7) "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 or expectation of compensation.
  - (8) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.
- (d) The volunteer practice of dental hygiene by dental hygiene students pursuant to this section shall comply with all of the following requirements:
- (1) Each patient shall be sufficiently informed that a dental hygiene student may be providing some of the treatment the patient will be receiving.
  - (2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the dental hygiene student.

- (3) The volunteer practice of a dental hygiene student shall be supervised by supervising clinical faculty from the dental hygiene educational program in which the student is enrolled.
- (4) Each volunteer dental hygiene student shall wear an identification badge that clearly identifies them as a "dental hygiene student." The identification badge shall display the dental hygiene student's name, the name of the dental hygiene student's dental hygiene educational program, and the name and the telephone number of the Dental Hygiene Board of California. That information shall be displayed in 14-point font, at minimum.
- (5) Supervision ratios and dental hygiene student oversight shall be, at a minimum, of one (1) clinical supervising faculty member to five (5) dental hygiene students.
- (6) The dental hygiene student shall perform only those procedures authorized by subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, subdivision (a) of Section 1911, and 1911.5 under direct supervision of their assigned clinical supervising faculty.
- (7) The dental hygiene student is prohibited from performing any procedures authorized by Section 1907, subdivision (b) of Section 1908, Section 1909, subdivisions (c) and (d) of 1910, and Section 1910.5.
- (8) For any clinical procedures, the designated clinical supervising faculty shall be responsible for assessing the patient treated by a dental hygiene student and determining if the assigned dental hygiene student has the skill level necessary to provide that patient care.
- (e) The dental hygiene student or the dental hygiene student's sponsoring dental hygiene educational program shall ensure liability insurance coverage is obtained that covers all services the dental hygiene student is permitted to perform pursuant to subdivision (a) of Section 1915.
- (f) The sponsoring entity of the sponsored event shall provide the Dental Hygiene Board of California with a list of the names of the dental hygiene students practicing dental hygiene exempted by this section at the sponsored event, the name of the dental hygiene educational program of enrollment of those dental hygiene students, and the name and license number of the licensed clinical supervising dental hygienist.



**Friday, July 19, 2024**

## **Dental Hygiene Board of California**

### **Legislation and Regulatory Committee Agenda Item 7.**

#### **Legislative Update: Bills of Interest and Legislative Calendar.**

- a) Assembly Bill AB 936 (Wood): Dentistry: exemptions.
- b) AB 1891 (Weber): Community colleges: allied health programs.
- c) AB 1991 (Bonta): Licensee and registrant records.
- d) AB 2242 (Carrillo, Wendy): Dentistry: dental assistants.
- e) AB 2269 (Flora): Board membership qualifications: public members.
- f) AB 2510 (Arambula): Dental care for people with developmental disabilities.
- g) AB 2701 (Villapudua): Medi-Cal: dental cleanings and examinations.
- h) AB 2862 (Gipson): Licenses: African American applicants.
- i) AB 2920 (Reyes): Dentistry: dental schools.
- j) AB 3127 (McKinnor): Reporting of crimes: mandated reporters.
- k) AB 3175 (Villapudua): Health care coverage: dental services.
- l) Senate Bill (SB) 1067 (Smallwood-Cuevas): Healing arts: expedited licensure process: medically underserved area or population.
- m) SB 1369 (Limón): Dental providers: fee-based payments.
- n) SB 1385 (Roth): Professions and vocations.
- o) SB 1451 (Ashby): Professions and vocations.
- p) SB 1453 (Ashby): Dentistry: board meetings.

## MEMORANDUM

<b>DATE</b>	July 19, 2024
<b>TO</b>	Legislation and Regulatory Committee Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>LEG REG 7: Update on Current Legislation as of July 8, 2024</b>

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
<b>AB 1891</b> Weber	<p><b>Community colleges: allied health programs.</b></p> <p>This bill would authorize a community college allied health program, if, after using an approved diagnostic assessment tool, it determines that the number of applicants to the program exceeds its capacity, to use additional multicriteria screening measures.</p> <p>This bill would authorize a community college allied health program that determines the number of applicants exceeds its capacity to admit students in accordance with the administration of a multicriteria screening process, a random selection process, or a blended combination of random selection and a multicriteria screening process.</p> <p>The bill would require a community college allied health program that elects to use a multicriteria screening process, to evaluate applicants for admission using specified criteria relating to the applicant's academic performance, work or volunteer experience, foreign language skills, life experiences, and special circumstances, among other criteria.</p>	6.10.24 Senate Appropriations Suspense File.	Support.  Support letter sent 5.20.24.
<b>AB 1991</b> Bonta	<p><b>Licensee and registrant records.</b></p> <p>Would require a healing arts board, to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one. The bill would provide that a violation of the bill's requirements is not a crime.</p>	<b>NEW</b> 7.2.24 Senate Appropriations .	Staff Recommends: Watch.



2024 Legislation	Topic	Status	DHBC Position on 3.13.24
<b>AB 2242</b> Carrillo, Wendy	<p><b>Dentistry: dental assistants.</b></p> <p>This bill would revise the responsibilities of a supervising dentist relating to an unlicensed dental assistant, and the functions and duties that an unlicensed dental assistant is authorized to perform.</p> <p>The bill would revise the course requirements for an unlicensed dental assistant, including by requiring verification that the dental assistant has completed specified preceptorship and work experience requirements by an affidavit signed under penalty of perjury by the preceptor or the supervising dentist, as provided.</p> <p>The bill would require an unlicensed dental assistant to obtain a certificate of completion of radiation safety to perform radiographic procedures.</p>	<p>2.26.24 Assembly Business and Professions.</p> <p>4.4.24 Hearing cancelled at request of Author.</p>	<p><a href="#">Watch.</a></p>
<b>AB 2269</b> Flora	<p><b>Board membership qualifications: public members.</b></p> <p>This bill would prohibit a public member or a lay member of any board from having a specified relationship with a licensee of that board, for services provided pursuant to that license, within 3 years of the public member's or lay member's appointment.</p> <p>The bill would provide that these requirements apply to a public member or a lay member of a board upon appointment or reappointment on or after January 1, 2025.</p>	<p>4.17.24 Assembly Appropriations</p> <p>7.1.24 Hearing cancelled at request of Author.</p>	<p><a href="#">Watch.</a></p>
<b>AB 2510</b> Arambula	<p><b>Dental care for people with developmental disabilities.</b></p> <p>This bill would require the Department of Developmental Services, by July 1, 2026, to enter into a contract with a dental school or college in the state that meets certain criteria relating to public status, accreditation, and a demonstrated record of working with regional centers, for the purpose of establishing a statewide program centered in the state's regional centers. The bill would require that the contract expire on June 30, 2031. Under the bill, the program would</p>	<p><b>NEW</b></p> <p>4.23.24 Assembly Higher Education.</p> <p>5.16.24 Placed in Suspense file and dead for 2024.</p>	<p>Staff Recommends: <a href="#">Watch for 2025.</a></p>

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
	be established to improve the provision of dental care services to people with developmental and intellectual disabilities, and specifically to prevent or reduce the need for developmental services consumers to receive dental treatment using sedation and general anesthesia.		
<b>AB 2701</b> Villapudua	<b>Medi-Cal: dental cleanings and examinations.</b>  This bill would restructure current law so that 2 cleanings and 2 examinations per year, as specified, would be covered Medi-Cal benefits for all beneficiaries, regardless of age.	6.24.24 Senate Appropriations Suspense File.	Support.  Support letter sent 5.20.24.
<b>AB 2862</b> Gipson	<b>Licenses: African American applicants.</b>  This bill would require, notwithstanding any other law, that a board within the Department prioritize African American applicants seeking licensure, especially applicants who are descended from a person enslaved in the United States. The bill would repeal those provisions on January 1, 2029.	5.16.24 Assembly Appropriations  7.1.24 Hearing canceled at the request of author.	Watch.
<b>AB 2920</b> Reyes	<b>Dentistry: dental schools.</b>  This bill would authorize a national accrediting body approved by the board to approve dental colleges for purposes of board-prescribed examination eligibility requirement.  This bill would authorize the board to approve dental colleges for purposes of the board-prescribed license eligibility requirement.  Prior law, until January 1, 2024, had required, for approval or renewal of approval, a foreign dental school to make application to the board, and to meet other specified requirements, including the payment of specified fees, as prescribed. That prior law-imposed duties and powers on the board related to the evaluation of those applications and the periodic survey and evaluation of all approved foreign dental schools to ensure continued compliance with the	3.4.24 Assembly Business and Professions.  4.19.24 Hearing canceled at the request of author.	Watch.

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
	<p>requirements for approval. This bill would, with certain exceptions, reenact those provisions.</p> <p>This bill would require a graduate of a board-approved foreign dental school who is licensed pursuant to a specified provision described above to practice full-time for 2 years in one or more types of clinics or health centers owned or operated by certain nonprofit or government entities, as specified. The bill would authorize the board to request verification of compliance with this requirement and to revoke a license if it finds that the licensee has not complied with the requirement. The bill would require the board to provide information about areas of the state that are experiencing a shortage of dentists in the application packet for licensure to practice dentistry.</p>		
<p><b>AB 3127</b> McKinnor</p>	<p><b>Reporting of crimes: mandated reporters.</b></p> <p>This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct.</p> <p>The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, or is the result of child abuse or elder or dependent adult abuse.</p> <p>The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified.</p> <p>The bill would also require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, to provide brief counseling and a referral to local and national domestic violence or sexual violence advocacy services, as specified.</p>	<p>6.24.24 Senate Appropriations Suspense File.</p>	<p><a href="#">Watch.</a></p>
<p><b>AB 3175</b> Villapudua</p>	<p><b>Health care coverage: dental services.</b></p> <p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and</p>	<p>2.16.24 Assembly Introduced.</p>	<p><a href="#">Watch.</a></p>

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
	<p>regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan.</p> <p><i>This bill would make technical, nonsubstantive changes to those provisions.</i></p>		
<p><b>SB 1067</b> Smallwood- Cuevas</p>	<p><b>Healing arts: expedited licensure process: medically underserved area or population.</b></p> <p>This bill would require Board of Behavioral Sciences, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the California State Board of Pharmacy, the Dental Board of California, the Dental Hygiene Board of California, and the Physician Assistant Board, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population. The bill would repeal these provisions on January 1, 2029.</p>	<p>7.2.24 Assembly Appropriations</p>	<p>Watch.</p>
<p><b>SB 1369</b> Limón</p>	<p><b>Dental providers: fee-based payments.</b></p> <p>This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after April 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified.</p> <p>The bill would require a dental provider to submit a written authorization to the health care service plan, health insurer, or contracted vendor, opting in to a fee-based payment method, and would authorize the dental provider to opt out of the fee-based payment</p>	<p>6.13.24 Assembly Appropriations</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
	<p>method at any time by providing written notice to the health care service plan, health insurer, or contracted vendor.</p> <p>The bill would require a health care service plan, health insurer, or contracted vendor that obtains written authorization to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified.</p>		
<b>SB 1385</b> Roth	<p><del>Professions and vocations.</del></p> <p>Gutted and amended to: <b>Medi-Cal: Supervising providers.</b></p> <p>No longer affects the Board.</p>		<del>Watch.</del>
<b>SB 1451</b> Ashby	<p><b>Professions and vocations.</b></p> <p>Existing law, the Dental Practice Act, establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Existing law authorizes a registered dental hygienist in alternative practice to perform specified duties in dental health professional shortage areas, as certified by the Department of Health Care Access and Information, in accordance with specified guidelines.</p> <p>This bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.</p>	6.25.24 Assembly Appropriations	<p>Support.</p> <p>Support letter sent 5.20.24.</p>
<b>SB 1453</b> Ashby	<p><b>Dentistry: board meetings.</b></p> <p>Existing law, the Dental Practice Act, requires the licensure of dentists by the Dental Board of California. Existing law requires the board to meet regularly once each year in the San Francisco Bay area and once each year in southern California, and other times and</p>	7.3.24 Assembly Appropriations	<del>Watch.</del>

2024 Legislation	Topic	Status	DHBC Position on 3.13.24
	places as the board may designate, for the purpose of transacting its business. This bill would repeal the above-described meeting requirement.		

### Upcoming Legislative Calendar Highlights:

- **Aug. 5** - Legislature reconvenes from Summer Recess.
- **Aug. 16** - Last day for fiscal committees to meet and report bills.
- **Aug. 19 – 31** - Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees.
- **Aug. 23** - Last day to amend bills on the Floor.
- **Aug. 31** - Last day for each house to pass bills. Final Recess begins upon adjournment.
- **Sept. 30** - Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1.
- **Oct. 2** - Bills enacted on or before this date take effect January 1, 2025.
- **Nov. 5** - General Election.
- **Nov. 30** - Adjournment sine die at midnight.
- **Dec. 2** - 2025-26 Regular Session convenes for Organizational Session at 12 noon.
- **Jan. 1, 2025** - Statutes take effect.

JANUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30	31			

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Wk. 1	25	26	27	28	29		

MARCH							
	S	M	T	W	TH	F	S
Wk. 1						1	2
Wk. 2	3	4	5	6	7	8	9
Wk. 3	10	11	12	13	14	15	16
Wk. 4	17	18	19	20	21	22	23
Spring Recess	24	25	26	27	28	29	30
Wk. 1	31						

APRIL							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30				

MAY							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

- DEADLINES
- Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3

Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10

Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12

Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15

Martin Luther King, Jr. Day.
- Jan. 19

Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).

Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31

Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).
- Feb. 16

Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19

Presidents' Day.
- Mar. 21

**Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 29

Cesar Chavez Day observed.
- Apr. 1

Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 26

Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 3

Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 10

Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- May 17

Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).

Last day for **fiscal committees** to meet prior to May 28 (J.R. 61 (b)(9)).
- May 20-24

**Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 24

Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- May 27

Memorial Day.
- May 28

Committee meetings may resume (J.R. 61(b)(12)).

JUNE							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30						

**June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

**June 27** Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Summer Recess	7	8	9	10	11	12	13
Summer Recess	14	15	16	17	18	19	20
Summer Recess	21	22	23	24	25	26	27
Summer Recess	28	29	30	31			

**July 3** Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

**Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

**July 4** Independence Day.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
No Hrgs.	18	19	20	21	22	23	24
No Hrgs.	25	26	27	28	29	30	31

**Aug. 5** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

**Aug. 16** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

**Aug. 19 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

**Aug. 23** Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

**Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).

**Final Recess** begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2024

Sept. 30	Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
Oct. 2	Bills enacted on or before this date take effect January 1, 2025. (Art. IV, Sec. 8(c)).
Nov. 5	General Election.
Nov. 30	Adjournment <i>sine die</i> at midnight (Art. IV, Sec. 3(a)).
Dec. 2	2025-26 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2025

Jan. 1	Statutes take effect (Art. IV, Sec. 8(c)).
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\*Holiday schedule subject to final approval by Rules Committee.



AMENDED IN ASSEMBLY APRIL 17, 2024

AMENDED IN ASSEMBLY MARCH 11, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

## ASSEMBLY BILL

**No. 1991**

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**Introduced by Assembly Member Bonta**

January 30, 2024

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An act to amend Section 502 of the Business and Professions Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1991, as amended, Bonta. Licensee and registrant records.

Existing law establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards. Existing law requires certain boards that regulate healing arts licensees or registrants to request specified workforce data from their respective licensees and registrants and requires the data to be requested at the time of electronic license or registration renewal, as specified. Existing law provides that a licensee or registrant is not required to provide the specified workforce data as a condition for license or registration renewal, and that those individuals who do not provide that data are not subject to discipline.

This bill would, instead, require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants, and would require that data to be required at the time of electronic license or registration renewal, as specified. The bill would, instead, require a licensee or registrant to provide the specified workforce data as a condition for license or registration renewal and *would prohibit certain boards, notwithstanding*

*that condition, from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the workforce data. The bill would delete the provision that specifies that a licensee or registrant shall not be subject to discipline for not providing that 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 502 of the Business and Professions Code  
2 is amended to read:

3 502. (a) Notwithstanding any other law, both of the following  
4 apply:

5 (1) The Board of Registered Nursing, the Board of Vocational  
6 Nursing and Psychiatric Technicians of the State of California, the  
7 Physician Assistant Board, and the Respiratory Care Board of  
8 California shall collect workforce data from their respective  
9 licensees and registrants as specified in subdivision (b) for future  
10 workforce planning at least biennially. The data shall be collected  
11 at the time of electronic license or registration renewal for those  
12 boards that utilize electronic renewals for licensees or registrants.

13 (2) All other boards that are not listed in paragraph (1) that  
14 regulate healing arts licensees or registrants under this division  
15 shall collect workforce data from their respective licensees and  
16 registrants as specified in subdivision (b) for future workforce  
17 planning at least biennially. The data shall be required at the time  
18 of electronic license or registration renewal for those boards that  
19 utilize electronic renewals for licensees or registrants.

20 (b) In conformance with specifications under subdivision (d),  
21 the workforce data collected or required by each board about its  
22 licensees and registrants shall include, at a minimum, all of the  
23 following information:

24 (1) Anticipated year of retirement.

25 (2) Area of practice or specialty.

26 (3) City, county, and ZIP Code of practice.

27 (4) Date of birth.

28 (5) Educational background and the highest level attained at  
29 time of licensure or registration.

30 (6) Gender or gender identity.

1 (7) Hours spent in direct patient care, including telehealth hours  
2 as a subcategory, training, research, and administration.

3 (8) Languages spoken.

4 (9) National Provider Identifier.

5 (10) Race or ethnicity.

6 (11) Type of employer or classification of primary practice site  
7 among the types of practice sites specified by the board, including,  
8 but not limited to, clinic, hospital, managed care organization, or  
9 private practice.

10 (12) Work hours.

11 (13) Sexual orientation.

12 (14) Disability status.

13 (c) Each board shall maintain the confidentiality of the  
14 information it receives from licensees and registrants under this  
15 section and shall only release information in an aggregate form  
16 that cannot be used to identify an individual other than as specified  
17 in subdivision (e).

18 (d) The Department of Consumer Affairs, in consultation with  
19 the Department of Health Care Access and Information, shall  
20 specify for each board subject to this section the specific  
21 information and data that will be collected or requested pursuant  
22 to subdivision (b). The Department of Consumer Affairs'  
23 identification and specification of this information and data shall  
24 be exempt until June 30, 2023, from the requirements of the  
25 Administrative Procedure Act (Chapter 3.5 (commencing with  
26 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
27 Code).

28 (e) Each board, or the Department of Consumer Affairs on its  
29 behalf, shall, beginning on July 1, 2022, and quarterly thereafter,  
30 provide the individual licensee and registrant data it collects  
31 pursuant to this section to the Department of Health Care Access  
32 and Information in a manner directed by the Department of Health  
33 Care Access and Information, including license or registration  
34 number and associated license or registration information. The  
35 Department of Health Care Access and Information shall maintain  
36 the confidentiality of the licensee and registrant information it  
37 receives and shall only release information in an aggregate form  
38 that cannot be used to identify an individual.

1 (f) (1) A licensee or registrant shall be required to provide the  
2 information listed in subdivision (b) as a condition for license or  
3 registration renewal.

4 (2) *Notwithstanding paragraph (1), a board described in*  
5 *paragraph (2) of subdivision (a) shall not deny an application for*  
6 *license or registration renewal solely because the licensee or*  
7 *registrant failed to provide any of the information listed in*  
8 *subdivision (b).*

9 (g) This section does not alter or affect mandatory reporting  
10 requirements for licensees or registrants established pursuant to  
11 this division, including, but not limited to, Sections 1715.5, 1902.2,  
12 2425.3, and 2455.2.

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AMENDED IN ASSEMBLY APRIL 15, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2510**

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**Introduced by Assembly Member Arambula**

February 13, 2024

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An act to add Article 9 (commencing with Section 4698.50) to Chapter 6 of Division 4.5 of the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL’S DIGEST

AB 2510, as amended, Arambula. Dental care for people with developmental disabilities.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental—~~disabilities~~ *disabilities, including intellectual disabilities and other conditions*, and their families. Under existing law, the regional centers purchase needed services and supports for individuals with developmental disabilities through approved service providers, or arrange for their provision through other publicly funded agencies. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), which is developed by the planning team according to specified procedures.

**Existing**

*Existing* law defines “services and supports for persons with developmental disabilities” to mean specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an

individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. Under existing law, specialized medical and dental care are included within that definition. Under existing law, the determination of which services and supports are necessary for each consumer are made through the IPP process.

~~This bill would require the State Department of Developmental Services to contract with California Northstate University (CNU), no later than \_\_\_\_\_, to establish a statewide program centered in the state's regional centers, to improve the provision of dental care services to people with developmental and intellectual disabilities, and specifically to prevent or reduce the need for developmental services consumers to receive dental treatment using sedation and general anesthesia. The bill would require the program to establish an Oral Health for People with Disabilities Technical Assistance Center, headquartered at CNU. The~~

*This bill would require the department, by July 1, 2026, to enter into a contract with a dental school or college in the state that meets certain criteria relating to public status, accreditation, and a demonstrated record of working with regional centers, for the purpose of establishing a statewide program centered in the state's regional centers. The bill would require that the contract expire on June 30, 2031. Under the bill, the program would be established to improve the provision of dental care services to people with developmental and intellectual disabilities, and specifically to prevent or reduce the need for developmental services consumers to receive dental treatment using sedation and general anesthesia.*

*The bill would require the dental school or college to establish an Oral Health for People with Disabilities Technical Assistance Center. The bill would require the center, among other responsibilities, to provide practical experience, systems development, and expertise in relevant subject areas, to train, monitor, and provide support for regional center and oral health personnel, and to collect and analyze program data with the support of participating regional centers and oral health providers. The bill would require the department to submit an annual report of the collected data to the Legislature. The bill also would specify regional center duties, including identifying consumers who can benefit from the program, and establishing vendor agreements with interested oral health professionals.* ~~Duties~~

*Under the bill, duties of the department would include providing guidance and establishing protocols to support the program, and establish*

establishing procedures for regional center directors for participation in the program and allowing aggregation and publication by the center of deidentified results data, as specified.

~~This bill would make legislative findings and declarations as to the necessity of a special statute to facilitate timely, safe, and adequate dental care for individuals with developmental disabilities.~~

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. The Legislature finds and declares all of the
- 2 following:
- 3 (a) People with intellectual and developmental disabilities are
- 4 more likely to lack access to dental care and are disproportionately
- 5 at risk of developing chronic dental illnesses. Lower-income
- 6 Californians are less likely to go to an annual dental appointment
- 7 and are less likely to receive preventative oral health treatment.
- 8 (b) The lack of oral health care leads to physical and mental
- 9 health concerns, which creates cost burdens to an individual and
- 10 health care institutions. Chronic conditions that are associated with
- 11 neglected dental care and tooth decay include depression,
- 12 cardiovascular disease, respiratory infection, and adverse pregnancy
- 13 outcomes. Those at the most risk include the aging population,
- 14 low-income adults, and people with intellectual and developmental
- 15 disabilities.
- 16 (c) California is currently experiencing a labor shortage of dental
- 17 providers, where 79 percent of the state's dental providers currently
- 18 do not provide oral health care for low-income Medi-Cal patients.
- 19 In addition, there is a lack of representation among dental
- 20 providers. Only 8 percent of Latino and Black dentists are dental
- 21 providers in California in comparison to the low-income
- 22 communities they serve. In the San Joaquin Valley, where 47
- 23 percent of the population identifies as low income, only 7 percent
- 24 of the dentists practice in this region.
- 25 (d) People with intellectual and developmental disabilities are
- 26 often referred for dental treatment with sedatives and general
- 27 anesthesia, which leads to longer wait times to be treated and
- 28 increases the cost of the procedure. This leads to the loss of access
- 29 to essential and timely dental care. Medically underserved

1 Californians who have an intellectual and developmental disability  
2 must be treated with respect and dignity to achieve improved dental  
3 and overall health outcomes.

4 (e) Developments in dental materials, dental procedures, and  
5 delivery systems have created alternatives to the use of sedation  
6 and general anesthesia for dental care for people with intellectual  
7 and developmental disabilities that can reduce risk, wait times,  
8 cost, and consequences of using sedation and general anesthesia.  
9 These alternatives have not been widely used because of policy  
10 barriers, payment and support systems, and lack of training and  
11 support in deploying these alternatives.

12 SEC. 2. Article 9 (commencing with Section 4698.50) is added  
13 to Chapter 6 of Division 4.5 of the Welfare and Institutions Code,  
14 to read:

15  
16 Article 9. Dental Health Services  
17

18 ~~4698.50. No later than \_\_\_\_\_, the department shall contract with~~  
19 ~~California Northstate University to establish a statewide program~~  
20 ~~centered in the state's regional centers, to improve the provision~~  
21 ~~of dental care services to people with developmental and~~  
22 ~~intellectual disabilities, and specifically to prevent or reduce the~~  
23 ~~need for developmental services consumers to receive dental~~  
24 ~~treatment using sedation and general anesthesia. The program shall~~  
25 ~~establish an Oral Health for People with Disabilities Technical~~  
26 ~~Assistance Center headquartered at California Northstate University~~  
27 ~~to do all of the following:~~

28 ~~(a) Provide practical experience, systems development, and~~  
29 ~~expertise in relevant subject areas.~~

30 ~~(b) Work with regional centers to engage their participation.~~

31 ~~(c) Enlist dental offices and clinics to participate and establish~~  
32 ~~teams of community-based allied personnel and dentists to work~~  
33 ~~with each participating regional center.~~

34 ~~(d) Design and support customized systems in each community~~  
35 ~~in conjunction with the local oral health community and regional~~  
36 ~~center personnel.~~

37 ~~(e) Provide an initial and ongoing training, monitoring, and a~~  
38 ~~support system for participating oral health personnel, including,~~  
39 ~~but not limited to, dental offices and clinics, and dentists and allied~~  
40 ~~dental personnel.~~



1 ~~(f) Provide an initial and ongoing training, monitoring, and a~~  
2 ~~support system for regional center personnel.~~

3 ~~(g) Monitor and support development and sustainability of the~~  
4 ~~systems for each regional center.~~

5 ~~(h) Organize and direct a statewide advisory committee and~~  
6 ~~learning community.~~

7 ~~(i) Collect and analyze program data with the support of~~  
8 ~~participating regional centers and oral health providers. The~~  
9 ~~department shall submit an annual report of these data to the~~  
10 ~~Legislature, consistent with Section 9795 of the Government Code.~~

11 *4698.50. (a) By July 1, 2026, the State Department of*  
12 *Developmental Services shall enter into a contract with a dental*  
13 *school or college for the purpose of establishing a statewide*  
14 *program centered in the state's regional centers, as described in*  
15 *subdivision (c). The contract shall expire on June 30, 2031.*

16 *(b) The dental school or college described in subdivision (a)*  
17 *shall meet all of the following criteria:*

18 *(1) It a public entity located in the state.*

19 *(2) It is approved by the Dental Board of California or the*  
20 *Commission on Dental Accreditation of the American Dental*  
21 *Association.*

22 *(3) It has faculty with a demonstrated record of working with*  
23 *multiple regional centers in the state in programs that have*  
24 *developed and implemented community-based dental care*  
25 *programs that use teledentistry-supported systems to bring dental*  
26 *care to people with developmental disabilities in community*  
27 *settings and improve oral health in those settings.*

28 *(c) The purpose of the statewide program established pursuant*  
29 *to subdivision (a) shall be to improve the provision of dental care*  
30 *services to people with developmental and intellectual disabilities,*  
31 *and specifically to prevent or reduce the need for developmental*  
32 *services consumers to receive dental treatment using sedation and*  
33 *general anesthesia. The dental school or college shall establish*  
34 *an Oral Health for People with Disabilities Technical Assistance*  
35 *Center to do all of the following:*

36 *(1) Provide practical experience, systems development, and*  
37 *expertise in relevant subject areas.*

38 *(2) Work with regional centers to engage their participation.*

1     (3) *Enlist dental offices and clinics to participate and establish*  
2 *teams of community-based allied personnel and dentists to work*  
3 *with each participating regional center.*

4     (4) *Design and support customized systems in each community*  
5 *in conjunction with the local oral health community and regional*  
6 *center personnel.*

7     (5) *Provide initial and ongoing training, monitoring, and a*  
8 *support system for participating oral health personnel, including,*  
9 *but not limited to, dental offices and clinics, and dentists and allied*  
10 *dental personnel.*

11     (6) *Provide initial and ongoing training, monitoring, and a*  
12 *support system for regional center personnel.*

13     (7) *Monitor and support development and sustainability of the*  
14 *systems for each regional center.*

15     (8) *Organize and direct a statewide advisory committee and*  
16 *learning community.*

17     (9) *Collect and analyze program data with the support of*  
18 *participating regional centers and oral health providers.*

19     (d) *For the duration of the contract period, the department shall*  
20 *submit to the Legislature an annual report of the data described*  
21 *in paragraph (9) of subdivision (c), in accordance with Section*  
22 *9795 of the Government Code.*

23     (e) *To implement this section, the department may enter into*  
24 *exclusive or nonexclusive contracts, or amend existing contracts,*  
25 *on a bid or negotiated basis. Contracts entered into or amended*  
26 *pursuant to this subdivision shall be exempt from Chapter 6*  
27 *(commencing with Section 14825) of Part 5.5 of Division 3 of Title*  
28 *2 of the Government Code, Part 2 (commencing with Section*  
29 *10100) of Division 2 of the Public Contract Code, and the review*  
30 *or approval of the Department of General Services.*

31     4698.51. Participating regional centers shall have the following  
32 program responsibilities:

33     (a) Designate a lead person at each regional center with  
34 responsibility for duties related to this article.

35     (b) Establish vendor agreements with interested oral health  
36 professionals.

37     (c) Identify consumers who can benefit from the program,  
38 especially those who are already experiencing long wait times for  
39 dental care using sedation or general anesthesia, or those who are  
40 likely to experience long wait times in the future.

1 (d) Provide social, medical, and consent history and information  
2 needed for a referral to a participating oral health professional.

3 (e) Provide referrals to participating oral health professionals.

4 (f) Monitor program and individual consumer activity and  
5 progress.

6 4698.52. (a) The department shall work with the technical  
7 assistance center to do all of the following:

8 (1) Provide guidance for regional centers regarding their  
9 participation in various aspects of the program, including the use  
10 of specialized therapeutic services payments.

11 (2) Provide guidance and establishing protocols to support the  
12 program, including detailed clarification of payment for the various  
13 components of the program, workflow, and purchase-of-service  
14 authorizations and payments.

15 (3) Provide guidance and technical assistance for regional  
16 centers to streamline the vendorization process for dental  
17 professionals.

18 (b) The department shall establish procedures for regional center  
19 directors, or their designees, for participation in the program and  
20 allow aggregation and publication by the center of deidentified  
21 results data.

22 (c) The department may consult and share information with  
23 other state entities as necessary to implement this article.

24 (d) The department shall adopt regulations as necessary to  
25 implement this article.

26 ~~SEC. 3. The Legislature finds and declares that a special statute~~  
27 ~~is necessary and that a general statute cannot be made applicable~~  
28 ~~within the meaning of Section 16 of Article IV of the California~~  
29 ~~Constitution due to the unique challenges of finding dentists and~~  
30 ~~associated dental personnel with appropriate knowledge, training,~~  
31 ~~and support to provide timely, safe, and adequate dental care~~  
32 ~~services to individuals with developmental disabilities who are~~  
33 ~~regional center consumers, including avoiding the unnecessary~~  
34 ~~use of sedation or general anesthesia in the course of providing~~  
35 ~~those services.~~



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 8.**

**Future Legislation and Regulatory Committee  
Agenda Items.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Legislation and Regulatory Committee Agenda Item 9.**

**Adjournment of the Legislation and Regulatory  
Committee Meeting.**



Member	Present	Absent
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Michael Long		
Justin Matthews		
Sridevi Ponnala		
Naleni "Lolly" Tribble-Agarwal		

**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 8**

**Roll Call & Re-Establishment of Quorum.**

**Board Secretary to call the Roll.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 9.**

**Future Agenda Items.**



**Friday, July 19, 2024**

**Dental Hygiene Board of California**

**Agenda Item 10.**

**Adjournment.**