

DHBC

Dental Hygiene
Board of California

Saturday, July 22, 2023
DHBC Board Meeting Materials





DENTAL HYGIENE BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
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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.

Saturday, July 22, 2023
DHBC Headquarters Building
2005 Evergreen Street, 1st Floor Hearing Room
Sacramento, CA 95815

9:00 am until Adjournment

Members of the Board

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

3. President's Welcome and Report.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff.
5. Discussion and Possible Action to Approve the June 17, 2023, Full Board WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
 - a) Personnel.
 - b) Budget.
 - c) Administration – EO Activities and Sunset Review Status.
 - d) Update on Exempt Position Request (EPR).
 - e) Military Practice Update.
7. Discussion and Possible Action to Elect a New Board Secretary.
8. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.
9. Discussion and Possible Action for Rulemaking to Amend Title 16, California Code of Regulations (CCR) Section 1105(b)(4) - Faculty to Student Ratio in Dental Hygiene Educational Programs.
10. Discussion and Possible Action on the Following Legislation:
 - a) Assembly Bill (AB) 477 Waldron: Legislative review of state boards.
 - b) AB 481 Carrillo: Dentistry: dental assistants.
 - c) AB 557 Hart: Open meetings: local agencies: teleconferences.
 - d) AB 820 Reyes: State boards and commissions: seniors.
 - e) AB 883 Mathis: Business licenses: United States Department of Defense SkillBridge program.
 - f) AB 936 Wood: Dentistry: exemptions.
 - g) AB 996 Low: Department of Consumer Affairs: continuing education: conflict-of-interest policy.
 - h) AB 1028 McKinnor/Wicks: Reporting of crimes: mandated reporters.
 - i) AB 1257 Assembly Business & Professions: Dentistry: Dental Hygiene Board of California.
 - j) AB 1395 Garcia: Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
 - k) AB 1396 Garcia: Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
 - l) AB 1707 Pacheco: Health professionals and facilities: adverse actions based on another state's law.
 - m) Senate Bill (SB) 259 Seyarto: Reports submitted to legislative committees.
 - n) SB 372 Menjivar: Department of Consumer Affairs: licensee and registrant records: name and gender changes.

- o) SB 544 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
- p) SB 802 Roth: Licensing boards: disqualification from licensure: criminal conviction.
- q) SB 820 Alvarado-Gil: Consumer complaints.
- r) 2023 Tentative Legislative Calendar.

11. Education Update:

- a) Dental Hygiene Educational Program Site Visit Update
 - i. Diablo Valley College
 - ii. Pasadena City College
 - iii. Loma Linda University
 - iv. Carrington College-Sacramento
 - v. Carrington College-San Jose
 - vi. Chabot College
- b) Dental Hygiene Educational Program Site Visit Schedule.

12. Enforcement Update: Statistical Report.

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

14. Future Agenda Items.

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

15. Closed Session – Full Board

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

<<Return to Open Session>>

16. 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 his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda;

however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.



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

Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 1

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 2

Public Comment for Items Not on the Agenda.

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



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 3

President's Welcome and Report.



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 4

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



Dental Hygiene Board of California Teleconference Meeting Minutes

DRAFT

Saturday, June 17, 2023

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

DHBC Members Present:

President – Dr. Carmen Dones, Registered Dental Hygienist (RDH) Educator Member
Vice President – Sonia “Pat” Hansen, RDH Member
RDH Member – Naleni “Lolly” Tribble-Agarwal
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Vacant
Public Health Dentist Member – Vacant
Public Member – Sherman King
Public Member – Dr. Justin Matthews
Public Member – Erin Yee
Public Member – Vacant

DHBC Staff Present:

Anthony Lum, Executive Officer
Albert Law, Assistant Executive Officer
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislation, and Regulatory Specialist
Michael Kanotz, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Kayla Watson, DCA Legal Counsel for the DHBC

1. Roll Call and Establishment of a Quorum

Dr. Carmen Dones, President of the Dental Hygiene Board of California (DHBC, Board), reviewed teleconference meeting guidelines and called the meeting to order at **9:00 a.m.** Dr. Adina Petty completed the roll call, and a quorum was established with 6 members present. Board Member Erin Yee was excused at 11:00 a.m., with quorum maintained.

2. Public Comment for Items Not on the Agenda.

None.

3. President’s Report (Informational Only).

President Dr. Carmen Dones welcomed all in attendance and informed of member Denise Davis’s recent resignation due to personal reasons. She thanked Board Member Davis for her time as a Board member and serving as the Board’s Secretary the past year and a half.

Board member comment: None.

Public comment: Executive Officer (EO) Anthony Lum stated nominations for Board secretary will be placed on the agenda for the July meeting.

4. Discussion and Possible Action to Approve the March 18, 2023, Full Board WebEx Teleconference Meeting Minutes.

Motion: Justin Matthews moved to approve the March 18, 2023, Full Board WebEx Teleconference Meeting Minutes.

Second: Carmen Dones.

Member discussion: None.

Public comment: EO Lum stated DBC identified two typos. They have since been corrected and Board is voting on the corrected version.

Vote: Motion to approve the March 18, 2023, Full Board WebEx Teleconference Meeting Minutes. Passed 6:0:0.

Name	Aye	Nay	Abstain/Absent
Carmen Dones	X		
Sonia “Pat” Hansen	X		
Sherman King	X		
Justin Matthews	X		
Naleni “Lolly” Tribble-Agarwal	X		
Erin Yee	X		

5. Strategic Planning Introduction.

Executive Officer (EO) Anthony Lum introduced the background for the strategic planning session and stated the Department of Consumer Affairs (DCA) SOLID Planning Team’s representatives, Ann Fisher and Trisha St. Clair will lead the Mission, Vision, Values, and Goals Session.

Member comment: None.

Public comment: None.

6. Mission, Vision, Values, and Goals Session.

DCA SOLID Planning Team's representatives, Ann Fisher and Trisha St. Clair, lead a robust discussion with the Board and the following changes were made to the Board's Mission, Vision, Values, and Goals statements:

1. Mission Statement:

- a. **Original:** "The DHBC's primary mission is to protect the public and meet the oral hygiene needs of all Californians."
- b. **Revised:** "To protect the public and consumers by meeting the oral health needs of all Californians through equitable educational oversight, regulation, and enforcement."

Public Comment: Elena Francisco suggested "oral health" replace "oral hygiene." Board accepted and adopted the suggestion.

2. Values:

- a. **Original:** Communication, Teamwork, Customer Service, Excellence, Transparency.
- b. **Revised:** "Accessibility, Communication, Collaboration, Diversity, Equity, Inclusion, Integrity, Public Service, Transparency."

Public Comment: Elena Francisco was pleased with the final "Values" list.

3. Vision Statement:

- a. **Original:** "Provide access to quality dental hygiene care for all Californians."
- b. **Revised:** "Access to high-quality oral health care for all Californians."

Public Comment: None.

4. Goals:

a. Goal 1:

- i. **Original:** "Licensing and Law & Ethics Examination – The DHBC establishes and maintains licensing standards and the Law and Ethics examination(s) to protect consumers while allowing reasonable access to the profession."

- ii. **Revised:** “Licensing – To protect consumers, the Board establishes and maintains licensure and regulatory standards for access to licensure in the profession.”

Public Comment: Elena Francisco requested clarification regarding access to the profession. EO Lum clarified this goal addresses the licensees’ access to licensure for the ability to practice.

b. **Goal 2:**

- i. **Original:** “Enforcement – The DHBC protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.”
- ii. **Revised:** “Enforcement – The Board protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.”

Public Comment: None.

c. **Goal 3:**

- i. **Original:** “Legislation and Regulation – The DHBC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.”
- ii. **Revised:** “Legislation and Regulation – The Board advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.”

Public Comment: None.

d. **Goal 4:**

- i. **Original:** “Educational Oversight - The DHBC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.”
- ii. **Revised:** “Educational Oversight – To protect consumers, the Board regulates and enforces dental hygiene educational standards to improve both consistency and quality of the programs.”

Public Comment: None.

e. **Goal 5:**

- i. **Original:** “Organizational Development - The DHBC continues to build and maintain an excellent organization with effective Committee governance, strong leadership, and responsible management.”
- ii. **Revised:** “Administration - The Board builds and maintains an organization with effective governance, strong leadership, and qualified management.”

Public Comment: None.

f. **Goal 6: Added New Goal**

- i. “Outreach and Communication - The Board provides communication, education, and information to stakeholders regarding the practice and regulation of the dental hygiene profession.”

Public Comment: None.

7. Future Agenda Items.

Member comment: None.

Public comment: None.

8. Adjournment

Meeting was adjourned at **12:16 p.m.**



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 6

Executive Officer's Report on the Following:

- a) **Personnel.**
- b) **Budget.**
- c) **Administration – Executive Officer's Activities and Sunset Review Status.**
- d) **Update on Exempt Position Request (EPR).**
- e) **Military Practice Update.**

Department of Consumer Affairs

Expenditure Report

Dental Hygiene Board of California

Reporting Structure(s): 11111100 Support

Fiscal Month: 11

Fiscal Year: 2022 - 2023

Run Date: 06/14/2023

PERSONAL SERVICES

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5100	PERMANENT POSITIONS	\$1,023,000	\$56,325	\$601,211	\$0	\$601,211	\$421,789
5100000000	Earnings - Perm Civil Svc Empl	\$941,000	\$47,213	\$500,779	\$0	\$500,779	\$440,221
5105000000	Earnings-Exempt/Statutory Empl	\$82,000	\$9,112	\$100,432	\$0	\$100,432	-\$18,432

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

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$24,000	\$800	\$14,190	\$0	\$14,190	\$9,810
5105100001	Bd/Commission Mbrs (901, 920)	\$0	\$1,500	\$2,200	\$0	\$2,200	-\$2,200
5105100002	Committee Mbrs 904,911,931,961	\$24,000	-\$700	\$600	\$0	\$600	\$23,400
5108000000	OT Earn Oth than to Temp Help	\$0	\$0	\$641	\$0	\$641	-\$641
5108000001	Lump Sum payout	\$0	\$0	\$10,749	\$0	\$10,749	-\$10,749

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5150	STAFF BENEFITS	\$601,000	\$26,373	\$319,579	\$0	\$319,579	\$281,421
5150150000	Dental Insurance	\$3,000	\$383	\$2,773	\$0	\$2,773	\$227
5150250000	Employee Assistance PGM Fee	\$0	\$18	\$219	\$0	\$219	-\$219
5150350000	Health Insurance	\$163,000	\$5,258	\$50,343	\$0	\$50,343	\$112,657
5150400000	Life Insurance	\$0	\$20	\$174	\$0	\$174	-\$174
5150450000	Medicare Taxation	\$8,000	\$791	\$8,592	\$0	\$8,592	-\$592
5150500000	OASDI	\$67,000	\$3,384	\$32,892	\$0	\$32,892	\$34,108
5150600000	Retirement - General	\$290,000	\$17,782	\$182,221	\$0	\$182,221	\$107,779
5150750000	Vision Care	\$1,000	\$58	\$546	\$0	\$546	\$454
5150800000	Workers' Compensation	\$20,000	\$37	\$37	\$0	\$37	\$19,963
5150800004	SCIF Allocation Cost	\$0	-\$4,099	\$13,377	\$0	\$13,377	-\$13,377
5150820000	Other Post-Employment Benefits	\$31,000	\$1,842	\$19,759	\$0	\$19,759	\$11,241
5150900000	Staff Benefits - Other	\$18,000	\$898	\$8,647	\$0	\$8,647	\$9,353
PERSONAL SERVICES		\$1,707,000	\$83,498	\$934,981	\$0	\$934,981	\$772,019

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5301	GENERAL EXPENSE	\$38,000	\$734	\$11,179	\$1,884	\$13,063	\$24,937
5301100002	Admin OH-Other State Agencies	\$0	\$0	\$2,797	\$0	\$2,797	-\$2,797
5301100003	Fingerprint Reports	\$3,000	\$98	\$539	\$0	\$539	\$2,461
5301150000	Conferences	\$0	\$0	\$4,228	\$0	\$4,228	-\$4,228
5301200000	Dues and Memberships	\$0	\$0	\$94	\$0	\$94	-\$94
5301350000	Freight and Drayage	\$0	\$0	\$310	\$1,204	\$1,514	-\$1,514
5301400000	Goods - Other	\$27,000	\$0	\$0	\$0	\$0	\$27,000
5301450000	Library Pur excl UC/CSUC/Oth E	\$0	\$0	\$99	\$0	\$99	-\$99
5301700000	Office Supplies - Misc	\$8,000	\$531	\$2,053	\$470	\$2,523	\$5,477
5301900000	Subscriptions	\$0	\$105	\$1,060	\$210	\$1,270	-\$1,270

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5302	PRINTING	\$17,000	\$1,771	\$16,508	\$15,310	\$31,818	-\$14,818
5302300000	Office Copiers - Maintenance	\$0	\$0	\$1,209	\$2,168	\$3,377	-\$3,377
5302700000	Pamphlets, Leaflets, Brochures	\$0	\$1,771	\$15,299	\$10,553	\$25,852	-\$25,852
5302900000	Printing - Other	\$17,000	\$0	\$0	\$2,589	\$2,589	\$14,411

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5304	COMMUNICATIONS	\$13,000	\$454	\$4,056	\$0	\$4,056	\$8,944
5304100000	Cell Phones, PDAs, Pager Svcs	\$0	\$167	\$1,433	\$0	\$1,433	-\$1,433
5304700000	Telephone Services	\$0	\$287	\$2,623	\$0	\$2,623	-\$2,623
5304800000	Communications - Other	\$13,000	\$0	\$0	\$0	\$0	\$13,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5306	POSTAGE	\$20,000	\$2,167	\$6,394	\$0	\$6,394	\$13,606
5306600003	DCA Postage Allo	\$0	\$2,167	\$6,394	\$0	\$6,394	-\$6,394
5306700000	Postage - Other	\$20,000	\$0	\$0	\$0	\$0	\$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5308	INSURANCE	\$0	\$0	\$21	\$0	\$21	-\$21
5308900000	Insurance - Other	\$0	\$0	\$21	\$0	\$21	-\$21

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53202-204	IN STATE TRAVEL	\$20,000	\$0	\$4,302	\$0	\$4,302	\$15,698
5320220000	Travel-In State-Per Diem Lodgi	\$0	\$0	\$1,522	\$0	\$1,522	-\$1,522
5320230000	Travel-In State-Per Diem Meals	\$0	\$0	\$347	\$0	\$347	-\$347
5320240000	Travel-In State-Per Diem Other	\$0	\$0	\$94	\$0	\$94	-\$94
5320260000	Travel-In St-Trav Agcy Mgt Fee	\$0	\$0	\$108	\$0	\$108	-\$108
5320400000	Travel-In State-Commercial Air	\$0	\$0	\$1,332	\$0	\$1,332	-\$1,332
5320420000	Travel-In State-Taxi & Shuttle	\$0	\$0	\$26	\$0	\$26	-\$26
5320420001	Lyft-Transportation Network Co	\$0	\$0	\$39	\$0	\$39	-\$39
5320420002	Uber-Transportation Network Co	\$0	\$0	\$52	\$0	\$52	-\$52
5320440000	Travel - In State -Private Car	\$0	\$0	\$480	\$0	\$480	-\$480
5320470000	Travel - In State - Rental Car	\$0	\$0	\$303	\$0	\$303	-\$303
5320490000	Travel - In State - Other	\$20,000	\$0	\$0	\$0	\$0	\$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5322 TRAINING		\$7,000	\$0	\$2,065	\$0	\$2,065	\$4,935
5322400000	Training - Tuition & Registrat	\$7,000	\$0	\$2,065	\$0	\$2,065	\$4,935

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5324 FACILITIES		\$171,000	\$11,933	\$131,393	\$11,493	\$142,886	\$28,114
5324200000	Facilities Ops - Other (Svcs)	\$0	\$0	\$2,663	\$0	\$2,663	-\$2,663
5324250000	Facilities Planning -Gen Svcs	\$0	\$440	\$3,975	\$0	\$3,975	-\$3,975
5324350000	Rents and Leases	\$147,000	\$0	\$0	\$0	\$0	\$147,000
5324450000	Rent -Bldgs&Grounds(Non State)	\$24,000	\$11,493	\$124,755	\$11,493	\$136,248	-\$112,248

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5326 UTILITIES		\$1,000	\$0	\$0	\$0	\$0	\$1,000
5326900000	Utilities - Other	\$1,000	\$0	\$0	\$0	\$0	\$1,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53402-53403 C/P SERVICES (INTERNAL)		\$74,000	\$8,298	\$250,331	\$0	\$250,331	-\$176,331
5340310000	Legal - Attorney General	\$47,000	\$5,854	\$142,725	\$0	\$142,725	-\$95,725
5340320000	Office of Adminis Hearings	\$3,000	\$2,444	\$107,606	\$0	\$107,606	-\$104,606
5340330000	Consult & Prof Svcs-Interdept	\$24,000	\$0	\$0	\$0	\$0	\$24,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53404-53405 C/P SERVICES (EXTERNAL)		\$222,000	\$5,135	\$51,501	\$23,656	\$75,157	\$146,843
5340420000	Administrative	\$187,000	\$0	\$1,814	\$100	\$1,914	\$185,086
5340420001	Expert Examiners- Exam Process	\$25,000	\$0	\$0	\$0	\$0	\$25,000
5340420002	Expert Examiners-Exam Develmnt	\$0	\$0	\$600	\$0	\$600	-\$600
5340420003	Subject Matter Experts	\$0	\$600	\$7,045	\$0	\$7,045	-\$7,045
5340420005	Credit Card Service Fee	\$0	\$3,735	\$35,170	\$18,016	\$53,186	-\$53,186
5340540001	Evidence/Witness Fees	\$0	\$800	\$1,500	\$0	\$1,500	-\$1,500
5340580000	Consult & Prof Svcs Extern Oth	\$0	\$0	\$553	\$5,540	\$6,093	-\$6,093
5340580001	Court Reporter Servs	\$10,000	\$0	\$4,819	\$0	\$4,819	\$5,181

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENT PRORATA		\$528,000	\$0	\$529,000	\$0	\$529,000	-\$1,000
5342500050	Division of Investigation DOI	\$7,000	\$0	\$8,000	\$0	\$8,000	-\$1,000
5342500055	Consumer Client Servs Div CCSD	\$521,000	\$0	\$521,000	\$0	\$521,000	\$0

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENTAL SERVICES		\$31,000	\$0	\$42,342	\$0	\$42,342	-\$11,342
5342500001	OPES Interagency Contracts	\$0	\$0	\$41,926	\$0	\$41,926	-\$41,926
5342500090	Interagency Services	\$31,000	\$0	\$0	\$0	\$0	\$31,000
5342600000	Departmental Services - Other	\$0	\$0	\$416	\$0	\$416	-\$416

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5344 CONSOLIDATED DATA CENTERS		\$12,000	\$4,081	\$4,082	\$0	\$4,082	\$7,918
5344000000	Consolidated Data Centers	\$12,000	\$4,081	\$4,082	\$0	\$4,082	\$7,918

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5346 INFORMATION TECHNOLOGY		\$3,000	\$0	\$0	\$0	\$0	\$3,000
5346900000	Information Technology - Other	\$3,000	\$0	\$0	\$0	\$0	\$3,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5362-5368 EQUIPMENT		\$16,000	\$0	\$878	\$0	\$878	\$15,123
5362315000	Safety And Maintenance Equip	\$16,000	\$0	\$0	\$0	\$0	\$16,000
5368930000	Software	\$0	\$0	\$878	\$0	\$878	-\$878
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5390 OTHER ITEMS OF EXPENSE		\$8,000	\$0	\$0	\$0	\$0	\$8,000
5390800000	Gasoline	\$8,000	\$0	\$0	\$0	\$0	\$8,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
54 SPECIAL ITEMS OF EXPENSE		\$0	\$2,558	\$5,131	\$0	\$5,131	-\$5,131
5490000000	Other Special Items of Expense	\$0	\$2,558	\$5,131	\$0	\$5,131	-\$5,131
OPERATING EXPENSES & EQUIPMENT		\$1,181,000	\$37,130	\$1,059,183	\$52,342	\$1,111,526	\$69,474
OVERALL TOTALS		\$2,888,000	\$120,628	\$1,994,164	\$52,342	\$2,046,507	\$841,493

Department of Consumer Affairs

Revenue Report

Dental Hygiene Board of California

Reporting Structure(s): 11111100 Support

Fiscal Month: 11

Fiscal Year: 2022 - 2023

Run Date: 06/14/2023

Revenue

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Delinquent Fees		\$0	\$3,760	\$38,040	-\$38,040
4121200089	3140 Delinq Ren Rdh	\$0	\$3,440	\$36,120	-\$36,120
4121200090	3140 Delinq Ren Rdhap	\$0	\$240	\$1,360	-\$1,360
4121200091	3140 Delinq Ren Rdhep	\$0	\$0	\$80	-\$80
4121200092	3140 Delinq Ren Rdhap Fnp	\$0	\$80	\$480	-\$480

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory Fees		\$0	\$52,068	\$171,931	-\$171,931
4129200131	3140 App Fee New Dent Hyg Prog	\$0	\$100	\$100	-\$100
4129200133	3140 Duplicate License	\$0	\$250	\$4,325	-\$4,325
4129200273	Ftb Cite Fine Collection	\$0	\$0	\$500	-\$500
4129200310	3140 Citations & Fines	\$0	\$50,768	\$152,731	-\$152,731
4129200331	3140 License Certification	\$0	\$950	\$14,275	-\$14,275

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory License and Permits		\$0	\$26,550	\$193,067	-\$193,067
4129400243	3140 License Fee Rdhap	\$0	\$2,750	\$21,500	-\$21,500
4129400244	3140 Initial Lic Fee Rdhap Fnp	\$0	\$160	\$2,080	-\$2,080
4129400245	3140 Initial Lic 1/2 Rdhap Fnp	\$0	\$80	\$480	-\$480
4129400249	3140 App Fee Rdhap	\$0	\$1,100	\$8,600	-\$8,600
4129400251	3140 App Fee Rdh	\$0	\$6,700	\$54,000	-\$54,000
4129400257	3140 App Fee Rdh Original Lic	\$0	\$6,400	\$54,000	-\$54,000
4129400524	Suspended Revenue	\$0	\$6,160	\$37,222	-\$37,222
4129400525	Prior Year Revenue Adjustment	\$0	\$0	-\$2,575	\$2,575
4129400627	3140 Initial Retired Lic App	\$0	\$3,200	\$17,760	-\$17,760

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Revenue		\$0	\$800	\$35,400	-\$35,400
4143500007	Misc Serv To Public Trans	\$0	\$500	\$1,000	-\$1,000
4163000000	Investment Income - Surplus Money Investments	\$0	\$0	\$33,958	-\$33,958
4171400000	Escheat Unclaimed Checks, Warrants, Bonds, and Coupons	\$0	\$0	\$50	-\$50
4171400001	Canceled Warrants Revenue	\$0	\$0	\$92	-\$92
4172500000	Miscellaneous Revenue	\$0	\$300	\$300	-\$300
4172500016	Misc Revenue	\$0	\$0	\$0	-\$0

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Renewal Fees		\$0	\$190,122	\$2,726,691	-\$2,726,691
4127400151	3140 Renewal Rdhap Fnp	\$0	\$1,600	\$8,800	-\$8,800
4127400155	3140 Renewal Rdh	\$0	\$183,240	\$2,660,209	-\$2,660,209
4127400156	3140 Renewal Rdhap	\$0	\$5,280	\$56,160	-\$56,160
4127400157	3140 Renewal Rdhef	\$0	\$0	\$1,520	-\$1,520
4127400281	Over/Short Fees Renewals	\$0	\$2	\$2	-\$2
Revenue		\$0	\$273,300	\$3,165,129	-\$3,165,129

Reimbursements

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Scheduled Reimbursements		\$0	\$49	\$490	-\$490
4840000001	Fingerprint Reports	\$0	\$49	\$490	-\$490
Unscheduled Reimbursements		\$0	\$787	\$44,856	-\$44,856
4850000005	Us Probation Monitor	\$0	\$540	\$8,595	-\$8,595
4850000009	Us Cost Recovery	\$0	\$247	\$36,261	-\$36,261
Reimbursements		\$0	\$836	\$45,346	-\$45,346



MEMORANDUM

DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 7: Nomination and Vote for New Secretary.

BACKGROUND

At its November 19, 2022, Board meeting, the Board voted to maintain the slate of officers from 2022 for 2023 to maintain consistency while proceeding through the Sunset Review process. Unfortunately, the Secretary and public member, Denise Davis, resigned from the Board at the beginning of June due to personal reasons. This agenda item is to nominate and vote for a new Secretary for 2023.

Nomination for New Secretary:

Secretary	
------------------	--

Member	Yea	Nay
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Justin Matthews		
Naleni Tribble-Agarwal		
Erin Yee		

MEMORANDUM

DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 8: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	11.16.22/ 1.1.23
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20 modified text 7.23.22 modified text 2.4.23	X	X	X	X	9.6.22/ 9.16.22	11.22.22	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
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20 Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22 Due to SB 534	X	X	X	X	10.10.22 10.21.22	12.16.22	2.1.23/ 4.1.23
1114 Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107	X	X	X	X	4.11.23/ 4.21.23		
1116 Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534	X	X					
1116.5 RDHAP Practice Registration	11.19.22 Due to SB 534	X	X					

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	X	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22
DBC sections 1073.1, 1073.3, and 1082.2.	In Process		

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (OAL) issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

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

MEMORANDUM

DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 9: Discussion and Possible Action to Initiate a Rulemaking and Possibly Amend Title 16, California Code of Regulations (CCR) Section 1105(b)(4). Faculty to Student Ratio in Dental Hygiene Educational Programs.

BACKGROUND

At the March 18, 2023 Full Board's Teleconference Meeting, it was brought to the Board's attention that during the February 10, 2023 meeting of the Commission on Dental Accreditation of the American Dental Association (CODA), there was discussion related to increasing the dental hygiene student to instructor ratio to be the same as the faculty to student ratios in the Dental Therapy Accreditation Standards and the Dental Assisting Accreditation Standards, from a ratio of 1 instructor per every 5 students, to a ratio of 1 instructor per every 6 students. In the meeting materials (attached), CODA stated that on January 16, 2023, CODA received a letter from 17 state dental associations (including California) related to workforce shortages in dental hygiene, and requested that CODA:

"Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) (sic) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6."

In response to this proposed action by CODA, DHBC received member, association, and public comments urging the Board to amend California Code of Regulations (CCR), Title 16, section 1105(b)(4) to maintain current faculty to student ratios for California dental hygiene educational programs, citing concerns that increasing the student to instructor ratio would result in less prepared dental hygienists, thereby negatively impacting consumer protection in California.

STAFF RECOMMENDATION

Staff agrees with the concerns stated by members and the public and believes California would produce a less prepared dental hygiene professional. While other states may be willing to change faculty to student ratios in dental hygiene, California is not willing to risk protection of the public by increasing the ratio of students to

instructors. Staff recommends that the Board review the proposed language below and determine whether additional information or language is required. If the language is satisfactory, then begin the rulemaking process to maintain its current ratio of 1:5 in law. Although it may be different from the CODA standard if they decide to change it to a 1:6 ratio, the Board based its decision to eliminate the clinical exam requirement effective January 1, 2024, if the student applies for a CA dental hygiene license within three years of graduation based on the current educational standards which has a 1:5 student to faculty ratio. Once in law, the ratio will remain in schools to properly educate CA dental hygiene students despite any changes that may occur to CODA standards on this issue.

AUTHORITY

Business and Professions Code (BPC) section 1941(a) gives the Board the authority to “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. Additionally, BPC section 1902.1 states that “protection of the public shall be the highest priority for the dental hygiene board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.”

PROPOSED MOTION LANGUAGE

Approve the proposed language for CCR section 1105(b)(4), and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 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(b)(4) as noticed.

PROPOSED LANGUAGE FOR CCR SECTION 1105(b)(4):

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

- i. In preclinical and clinical sessions, the ratio shall not exceed five (5) students to one (1) faculty member.
- ii. In radiography laboratory sessions, the ratio shall not exceed five (5) students to one (1) faculty member.
- iii. In other dental sciences laboratory sessions, the ratio shall not exceed ten (10) students to one (1) faculty member.

CONSIDERATION OF A LETTER FROM STATE DENTAL ASSOCIATIONS RELATED TO ALLIED DENTAL EDUCATION STANDARDS

Background: On January 16, 2023, the Commission on Dental Accreditation (CODA) received a letter from 17 state dental associations (**Appendix 1**), related to workforce shortages in dental assisting and dental hygiene, and requesting that the Commission:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
 - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
 - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
 - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
 - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Summary: The Commission on Dental Accreditation is requested to consider the letter from 17 state dental associations (**Appendix 1**). In considering the letter, the Commission may direct this matter to one (1) or more of its Review Committees or Standing Committees, establish an Ad Hoc Committee to consider the request, or take no further action.

Recommendation:

Prepared by: Dr. Sherin Tookes

January 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's

purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooko met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a higher ratio than dental hygiene, Dr. Tooko responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
- At what ratio is ensuring appropriate technical instruction and evaluation compromised?
- Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond “long-standing history”, many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienistsⁱⁱⁱ. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less^{iv}. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

- c: Dr. Sherin Took, director, Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlma, executive director, American Dental Association
American Society of Constituent Dental Executives

ⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

ⁱⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

ⁱⁱⁱ Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

^{iv} Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

June 20, 2023

To: Dr. Carmen Dones, President Dental Hygiene Board of California
From: Katherine (Kathy) Kane, BSDH, RDHAP, President of California Dental Hygienists Association
CC: Anthony Lum, Executive Officer; Dr. Adina Pineschi-Petty, Regulations/Legislation/Education

Re: Agenda Item: Request to CODA to change faculty-to-student ratios

President Dones,

As President of the California Dental Hygienists' Association (CDHA) and on behalf of our faculty members and student members, CDHA is requesting that the board consider the following agenda item at its July 22 meeting:

Action: Begin the regulatory process to place the current 5:1 faculty-to-student ratio for clinical education in CCR Section 1105.

Justification: CDHA has been made aware of the recent request made by numerous dental associations to the Commission on Dental Accreditation (CODA), to investigate changing the current faculty-to-student ratio in the clinical settings from 1:5 to 1:6. This generated a tremendous amount of discussion at our annual session June 9-12. Members, many of whom are faculty and students, were very vocal in their opposition to this request for the change in the faculty to student ratio.

CDHA is cognizant of the fact that CODA has not made a determination as to whether this change is warranted. However, CDHA also is cognizant of the fact that a regulatory change process could take 1-2 years. We are concerned CODA could make a determination to change the ratio in less than one year. Should CODA make the change without the regulations in place codifying the current ratio in California, dental hygiene programs will be forced to decrease the number of faculty in clinic to reduce the faculty expense in the program budget.

CDHA has been proactive in contacting program directors, faculty and students of the request made to CODA to change the existing ratio. It is our understanding that emails have been sent to the DHBC addressing how this change would negatively impact the educational programs. Faculty would be overloaded, and student learning would be impacted due to the lack of faculty available to complete competency evaluations. Patients would be forced to return for additional appointments in order for students to complete requirements due to faculty not being available to document the completion of requirements at a previous appointment.

In addition to these concerns, CDHA is currently supporting the DHBC Sunset Review Bill, which includes language to eliminate a clinical exam for California graduates. CDHA's support of this language is based on exam pass rate statistics for graduates of programs with the current 1:5 faculty-to-student ratio.

CDHA relies on the DHBC to be proactive when faced with a potential change that would impact dental hygiene education and consumer safety. Therefore, we are requesting this item be placed on the July 22, 2023, meeting agenda.

Sincerely,



KATHERINE (KATHY) KANE, BSDH, RDHAP
President, CA Dental Hygienists' Association



Request for Faculty to Student Ratio Information

It was brought to the Board's attention that at the open session of the February 10, 2023, meeting of the Commission on Dental Accreditation of the American Dental Association (CODA), there was discussion concerning increasing the student to instructor ratio. In the February 10, 2023, meeting materials, CODA provided background materials (attached) stating that on January 16, 2023, CODA received a letter from 17 state dental associations related to workforce shortages in dental hygiene, and requested CODA:

"Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) (Sic) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6."

CODA took no action on the request and is currently investigating the suggestion.

Current CODA Standard 3-5 (Effective July 1, 2022) states:

"The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.

1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students."

Due to the request above, CODA may change the faculty to student ratios to:

1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to six (6) students.
2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to six (6) students.
3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 12 students.

Kindly share your opinion with the Board **by Friday, April 7, 2023**, on faculty to student ratios if you agree with the potential change, or if you feel the current faculty to student ratios are more appropriate for your programs. Please email your responses or comments to Dr. Adina Pineschi-Petty at: adina.petty@dca.ca.gov by the deadline above. Thank you.



List of Opposition Student Ratio Letters Received

First Name	Last Name	Position (Student, Educator, Licensee)
Esmeralda	Aguilar	DH Student
Jenna	Allen-Coan	DH Student
Cristina	Arellano	DH Student
Anthony	Arias	DH Student
Sahar	Attari	DH Educator
Duc	Ba	DH Student
Bianca	Bautista	DH Student
Kristen	Bowen	DH Student
Aleanea	Brooks	DH Student
Megan	Campouris	RDH Educator
Patti	Chan	RDH Educator/Program Director
Erica	Cerruti	DH Student
Lauren	Chin	RDH Educator
Heidi	Coggan	RDHAP/RDH Educator
Charles	Cort	RDH Educator/Program Director
Carli	Costa	DH Student
Susan	Cunningham	RDH Licensee
Amber	Davis	RDH Educator/Program Director
Victoria	Fershin	RDH Licensee
Michelle	Fischer-Katzakian	RDH Educator
Cindy	Fleckner	RDH Educator/Program Director
Daniela	Garayalde	DH Student
Daniella	Garcia	DH Student
Kendra	Garcia	DH Student
Olivia	Hanna	DH Student
KaSarah	Hundal	DH Student
Michelle	Hurlbutt	RDH Educator/Program Director
Hien	Huynh	CDHA Administrator
Lisa	Kamibayashi	RDH Educator/Program Director
Michelle	Katzakian	RDH Educator/Program Director
Vickie	Kimbrough	RDH Educator/Program Director
Hrag	Krikorian	DH Student
Jean	Kulbeth	RDH Educator
Michael	Laflamme	RDH Educator
Leanne	Lara	DH Graduate
Lory	Laughter	RDH Educator/Program Director

Amanda	Maldonado	DH Student
Alize	Medina Ceballos	DH Student
Holly	Neep	DH Student
Duyen	Nguyen	DH Student
Joanne	Noto	RDH Educator
Joanne	Pacheco	RDH Educator/Program Director
Arlene	Parker	RDH Licensee
Kimberly	Pennington	RDH Educator/Program Director
Sofia	Ramirez Velazquez	DH Student
Bruna	Rett	RDH Student
Lilia	Rodriguez	DH Student
Sheila	Romero	RDH Educator
Patricia	Sanchez	RDH Licensee
Lori	Savage	DH Student
Kyle	Schneider	RDH/Tri-County DH Society President
Daisy	Sifuentes	DH Student
Cindy	Smith	RDH Educator
Nicole	Snitker	RDH Educator/Program Director
Kyle	Snyder	DH Student
Sandie	Spielman	RDH Educator
Tonette	Steeb	RDH Educator/Program Director
Salena	Tellez	Recent Graduate RDH
Maureen	Titus	RDHAP Licensee
Kathy	Truong	DH Student
Denise	Van Holland	RDH Educator
Joan	Vrielink-Capito	Former DH Faculty
Emily	Wall	DH Student
Jennifer	Weerts	RDH Educator
Kimberly	Wilson	RDH Licensee
Rebecca	Zhao	DH Student
Sandra	Zheng	DH Student
Olga	Zozaya	RDH Educator
68 Letters Received.		

Dear President Dones,

As a **(student/educator/RDH/consumer of dental hygiene services)**, I am concerned about potential dental hygiene program student to faculty ratio changing from 5:1 to 6:1 to purportedly address a workforce shortage. I respectfully request that discussion of the proposed Commission on Dental Accreditation (CODA) change in faculty to student ratio is added to the Dental Hygiene Board of California (DHBC) July 22 meeting agenda. I also urge the Board to direct staff to develop regulatory language protecting the current 5:1 student to faculty ratio.

There are several reasons the current ratio is important:

- More onus is being placed on dental hygiene faculty as it is, and attending to an additional student makes it more difficult to graduate competent clinicians. Graduations may be delayed if students are not competent, exacerbating the workforce shortage.
- The elimination of the clinical exam, proposed in the Sunset Review bill, is based on the current 5:1 student to faculty ratio, not 6:1. Should the ratio be changed, the bill's foundation of assuring competency would be at risk and null as well.
- Historically, the 6:1 ratio was changed to 5:1, as it was found that faculty could best fulfill student needs in clinic. Changing this ratio back would be repeating a mistake we have made and learned does not work.
- Spacing and physical logistics concerns of adding additional operator chairs, manikin practice in labs, and seats in classrooms should be considered.
- *Consumer and patient safety may be compromised with students having less attention in gaining their foundational knowledge.*

Personal Relevance:

- Our campus has a 5:1 ratio, this already makes it extremely difficult to have one on one time with our professor, thus hindering our education. I personally feel impacted with this when it comes to performing anesthesia, skill evaluations, and guidance when I am having questions about my technique, or when I need other ways to approach certain sites.
- As students we learn about efficacy & ethical behavior, without enough professors our time with the professors gets stolen from us, everything feels rushed—this can trigger a patient's anxiety or doesn't allow our professor to really know our patients and it can disturb professionalism—time with our professors is valuable and we learn the most from them, less time with them would affect us professionally and mentally.

Thank you for your consideration of this matter.

Sincerely,

MEMORANDUM

DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 10: Update on Current Legislation as of July 13, 2023

Legislation	Topic	Status	DHBC Position March 18, 2023
AB 477 Waldron	Legislative review of state boards. This bill would require the report prepared by the committee to be made available to the public online.	2.17.23 Assembly Business & Professions	Watch
AB 481 Carrillo	Dentistry: dental assistants. Existing law sets forth requirements for licensure as a registered dental assistant and as a registered dental assistant in extended functions, and sets forth duties and functions that a registered dental assistant or a registered dental assistant in extended function is authorized to perform. 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. The bill would revise the course requirements for an unlicensed dental assistant, including by requiring the 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. The bill would require an unlicensed dental assistant to obtain a certificate of completion of radiation safety to perform radiographic procedures.	7.12.23 Senate Appropriations	Watch

Legislation	Topic	Status	DHBC Position March 18, 2023
	<p>This bill would revise the requirements to obtain an orthodontic assistant permit and would revise the duties and functions that a person holding an orthodontic assistant permit is authorized to perform.</p> <p>This bill would revise and recast the requirements to obtain a dental sedation assistant permit, including requiring licensure as a dental assistant, registered dental assistant, or registered dental assistant in extended functions and would revise the duties and functions that a person holding a dental sedation assistant permit is authorized to perform.</p>		
AB 557 Hart	<p>Open meetings: local agencies: teleconferences.</p> <p>This bill would, until January 1, 2026, extend the time required to make specified findings related to teleconferenced meetings being held by legislative bodies operating under the Ralph M. Brown Act during declared states of emergency.</p>	<p>6.29.23 Senate</p> <p>Ordered to 3rd reading.</p>	Watch
AB 820 Reyes	<p>State boards and commissions: seniors.</p> <p>This bill would state the intent of the legislature to enact legislation that would increase representation for older adults on state boards and commissions.</p>	<p>7.3.23 Senate Health</p>	Watch
AB 883 Mathis	<p>Business licenses: United States Department of Defense SkillBridge program.</p> <p>This bill would require boards to expedite application processing for members of the military and honorably discharged veterans enrolled in the Department of Defense's SkillBridge program.</p>	<p>7.11.23 Senate Appropriations</p>	Watch
AB 936 Wood	<p>Dentistry: exemptions.</p> <p>Current law prohibits the practice of dentistry by any person without a valid license, except in certain circumstances, including a final year student, as defined, practicing dentistry at a sponsored event, without compensation or expectation of compensation and under the supervision of a licensed dentist with a clinical faculty appointment, if specified conditions are met. Current law defines a final year student, for this</p>	<p>6.27.23 Senate</p> <p>Ordered to 3rd reading.</p>	Watch

Legislation	Topic	Status	DHBC Position March 18, 2023
	purpose, to mean a student of dentistry in the student's final year of completion at a dental school approved by the board, including a student enrolled in an advanced dental program. This bill would instead apply the above-described exception to a dental student. The bill would define "dental student" as a person who has begun clinical training at a dental school approved by the board, and would make conforming changes.		
AB 996 Low	Department of Consumer Affairs: continuing education: conflict-of-interest policy. Current law provides for the licensure and regulation of professions and vocations by entities within the Department of Consumer Affairs. Under Current law, several of these entities may require licensees to satisfy continuing education course requirements. This bill would require those entities to develop and maintain a conflict-of-interest policy that, at minimum, discourages the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course and requires conflicts to be disclosed at the beginning of each continuing education course.	7.5.23 Senate Ordered to 3 rd reading.	Watch
AB 1028 McKinnor/ Wicks/ Wiener	Reporting of crimes: mandated reporters. This bill would, on and after January 1, 2025, 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. The bill would, on and after January 1, 2025, instead 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, education, or other support, and a warm handoff, as defined, or referral to local and national domestic violence or sexual violence advocacy services, as specified. The bill would, on and after January 1, 2025, specify that a health practitioner is not civilly or criminally liable for any report that is	7.12.23 Senate Appropriations	New Watch

Legislation	Topic	Status	DHBC Position March 18, 2023
	made in good faith and in compliance with these provisions.		
AB 1257 Berman/ Roth	<p>Dentistry: Dental Hygiene Board of California.</p> <p>SUNSET BILL</p> <p>Current law requires the Dental Hygiene Board of California to consist of 9 members, and requires 7 members to be appointed by the governor, one to be appointed by the Senate Committee on Rules, and one to be appointed by the Speaker of the Assembly. Current law authorizes the governor to remove any member of the board, as specified. This bill would instead authorize an appointing authority to remove a member of the board appointed by that appointing authority, as specified. This bill would instead authorize an appointing authority to remove a member of the board appointed by that appointing authority, as specified. This bill would also extend the repeal date of the board and related appointment provisions to January 1, 2028.</p> <p>Under this bill, graduation from a California accredited dental hygiene college approved by the dental hygiene board within the preceding 3 years satisfies the requirement for satisfactory performance of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the dental hygiene board. This bill would additionally require an applicant for licensure as a registered dental hygienist to maintain a current, valid certification in basic life support, as prescribed.</p> <p>This bill would authorize the board to increase the prescribed mandatory coursework to 10 hours per renewal period.</p> <p>Existing law authorizes a person licensed as a registered dental hygienist in alternative practice to provide oral health inservice training to staff in a long-term health care facility.</p>	7.10.23 Senate Appropriations	Support. Letter sent 6.12.23

Legislation	Topic	Status	DHBC Position March 18, 2023
	This bill would instead authorize a person licensed as a registered dental hygienist to provide the above-described training.		
AB 1395 Garcia	<p>Licensed Physicians and Dentists from Mexico Pilot Program: requirements.</p> <p>The Licensed Physicians and Dentists from Mexico Pilot Program allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified. This bill would, for purposes of the pilot program, notwithstanding the specified-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Pursuant to these conditions, the applicant would be required to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the medical board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions.</p>	<p>6.27.23 Senate</p> <p>Ordered to 3rd reading.</p>	Watch
AB 1396 Garcia	<p>Licensed Physicians and Dentists from Mexico Pilot Program: requirements.</p> <p>Current law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Current law requires those boards to require a licensee, at the time of issuance of a</p>	<p>5.10.23 Assembly Appropriations</p> <p>Hearing postponed.</p>	Watch

Legislation	Topic	Status	DHBC Position March 18, 2023
	license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Current law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application. The Licensed Physicians and Dentists from Mexico Pilot Program allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified. This bill would, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions.		
AB 1707 Pacheco	<p>Health professionals and facilities: adverse actions based on another state's law.</p> <p>This bill would prohibit a healing arts board from denying an application for a license or imposing discipline upon a licensee solely on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with a person's right to receive care that would be lawful in this state.</p>	7.10.23 Senate Appropriations	New Watch
SB 259 Seyarto	<p>Reports submitted to legislative committees.</p> <p>This bill would require a state agency to post on its internet website any report, as defined, that the state agency submits to a committee of the Legislature.</p> <p>This bill would additionally require the Legislative Counsel to make available to the public a link to the list of state and local agency reports submitted by state and local agencies to a committee of the Legislature or to the Members of either house of the Legislature generally, as specified.</p>	7.3.23 Senate	Watch

Legislation	Topic	Status	DHBC Position March 18, 2023
SB 372 Menjivar	Department of Consumer Affairs: licensee and registrant records: name and gender changes. This bill would require a board to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed.	6.28.23 Assembly Appropriations	Watch
SB 544 Laird	Bagley-Keene Open Meeting Act: teleconferencing. Amends the Bagley-Keene Open Meetings Act to allow for a hybrid meeting approach and would do the following: <ul style="list-style-type: none"> • Allow boards and bureaus to continue conducting single-site physical meetings without providing electronic public access. • Allow boards and bureaus to conduct virtual meetings by either telephone or online platform under the following conditions: <ul style="list-style-type: none"> ○ Require one physical meeting location and the meeting must at least be audible at that location; ○ Require at least one board member or staff member to be present at the physical meeting location; ○ Require boards and bureaus to provide a way for the public to hear or observe the meeting remotely via a telephonic or online method that is equivalent to the method provided to board members; ○ Require the telephone number or online information, plus the physical site address, to be included in the meeting notice; and ○ No longer require agendas to: (1) identify separately all teleconference locations in the meeting notice, (2) post agendas at teleconference locations, and (3) provide public 	5.26.23 Assembly Governmental Organization	Support. Letter sent 6.12.23

Legislation	Topic	Status	DHBC Position March 18, 2023
	access to all teleconference locations, except for the one physical location.		
SB 802 Roth	Licensing boards: disqualification from licensure: criminal conviction. Existing law requires a board to notify the applicant in writing if a board decides to deny an application for licensure based solely or in part on the applicant's conviction history. If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, this bill would require a board to notify the applicant in writing within 30 days after a decision is made.	5.4.23 Assembly Business & Professions 7.11.23 set for first hearing canceled at the request of author.	New Watch
SB 820 Alvarado-Gil	Consumer complaints. Gutted and amended on 3.21.23 to: Cannabis: enforcement: seizure of property.	3.1.23	Watch

Upcoming Legislative Calendar Highlights:

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

AMENDED IN SENATE JUNE 27, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 1028

**Introduced by Assembly Member McKinnor
(Coauthor: Assembly Member Wicks)**

February 15, 2023

An act to amend, repeal, and add Sections 11160, 11161, 11163.2, and 11163.3 of the Penal Code, relating to reporting of crimes.

LEGISLATIVE COUNSEL’S DIGEST

AB 1028, as amended, McKinnor. Reporting of crimes: mandated reporters.

Existing law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is ~~either self-inflicted, caused by a firearm, inflicted by the person’s own act or inflicted by another where the injury is by means of a firearm~~, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor.

This bill would, on and after January 1, 2025, 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~~. *conduct, and instead only require that report if the health practitioner suspects a patient has suffered a wound or physical injury inflicted by the person’s own act or inflicted by another where the injury is by means of a firearm, a wound or physical injury resulting from child abuse, or a wound or physical injury resulting from elder abuse.*

The bill would, on and after January 1, 2025, instead require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, ~~to~~ *to, among other things*, provide brief counseling, education, or other support, and a warm handoff, as defined, or referral to local and national domestic violence or sexual violence advocacy services, as specified. The bill would, on and after January 1, 2025, specify that a health practitioner is not civilly or criminally liable for any report that is made in good faith and in compliance with these provisions.

This bill would make other conforming changes.

Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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) Recognizing that abuse survivors often need to access health
4 care and medical treatment apart from police reporting and criminal
5 legal involvement, this bill replaces mandated police reporting by
6 medical professionals with offering connection to survivor services.

7 (b) Health care providers play a critical role in prevention,
8 identification, and response to violence. However, current law
9 requiring health professionals in California to file reports to law
10 enforcement when treating patients for all suspected
11 violence-related injuries can have a chilling effect of preventing
12 domestic and sexual violence survivors from seeking medical care,
13 decreasing patient autonomy and trust, and resulting in health
14 providers being reluctant to address domestic and sexual violence
15 with their patients.

16 (c) Studies have shown that medical mandatory reporting of
17 adult domestic and sexual violence may increase patient danger
18 and insecurity, whereas being able to openly discuss abuse without

1 fear of police reporting can produce greater health and safety
2 outcomes.

3 (d) Because of the complexity of interpersonal violence and
4 impact of social inequities on safety, people who have experienced
5 violence should be provided survivor-centered support and health
6 care that results in better outcomes for patient safety. Doing so
7 can improve the health and safety of patients already in care,
8 decrease potential barriers to care, and promote trust between
9 survivors and health providers.

10 (e) Nothing in this act limits or overrides the ability of a health
11 practitioner to make reports permitted by subdivisions (c) or (j) of
12 Section 164.512 of Title 45 of the Code of Federal Regulations,
13 or at the patient's request. Providers must still follow reporting
14 requirements for child abuse, pursuant to Section 11165 of the
15 Penal Code, and elder and vulnerable adult abuse, pursuant to
16 Section 15600 of the Welfare and Institutions Code. It is the intent
17 of the Legislature to promote partnership between health facilities
18 and domestic and sexual violence advocacy organizations, legal
19 aid, county forensic response teams, *family justice centers*, and
20 other community-based organizations that address social
21 determinants of health in order to better ensure the safety and
22 wellness of their patients and provide training for health
23 practitioners. ~~Health practitioners may refer to their respective~~
24 ~~health facility policies developed pursuant to Section 1259.5 of~~
25 ~~the Health and Safety Code for guidance on identifying abuse,~~
26 ~~documentation of abuse, and health practitioner training on abuse.~~
27 *California has made strides to enhance health practitioners'*
28 *capacity to address and prevent violence and trauma, including*
29 *education for practitioners on how to assess for and document*
30 *abuse as referenced in subdivision (h) of Section 2191 of, Section*
31 *2196.5 of, and Section 2091.2 of, the Business and Professions*
32 *Code, Section 13823.93 of the Penal Code, and Section 1259.5 of*
33 *the Health and Safety Code.*

34 SEC. 2. Section 11160 of the Penal Code is amended to read:

35 11160. (a) A health practitioner, as defined in subdivision (a)
36 of Section 11162.5, employed by a health facility, clinic,
37 physician's office, local or state public health department, local
38 government agency, or a clinic or other type of facility operated
39 by a local or state public health department who, in the health
40 practitioner's professional capacity or within the scope of the health

1 practitioner's employment, provides medical services for a physical
2 condition to a patient whom the health practitioner knows or
3 reasonably suspects is a person described as follows, shall
4 immediately make a report in accordance with subdivision (b):

5 (1) A person suffering from a wound or other physical injury
6 inflicted by the person's own act or inflicted by another where the
7 injury is by means of a firearm.

8 (2) A person suffering from a wound or other physical injury
9 inflicted upon the person where the injury is the result of assaultive
10 or abusive conduct.

11 (b) A health practitioner, as defined in subdivision (a) of Section
12 11162.5, employed by a health facility, clinic, physician's office,
13 local or state public health department, local government agency,
14 or a clinic or other type of facility operated by a local or state
15 public health department shall make a report regarding persons
16 described in subdivision (a) to a local law enforcement agency as
17 follows:

18 (1) A report by telephone shall be made immediately or as soon
19 as practically possible.

20 (2) A written report shall be prepared on the standard form
21 developed in compliance with paragraph (4), and adopted by the
22 Office of Emergency Services, or on a form developed and adopted
23 by another state agency that otherwise fulfills the requirements of
24 the standard form. The completed form shall be sent to a local law
25 enforcement agency within two working days of receiving the
26 information regarding the person.

27 (3) A local law enforcement agency shall be notified and a
28 written report shall be prepared and sent pursuant to paragraphs
29 (1) and (2) even if the person who suffered the wound, other injury,
30 or assaultive or abusive conduct has expired, regardless of whether
31 or not the wound, other injury, or assaultive or abusive conduct
32 was a factor contributing to the death, and even if the evidence of
33 the conduct of the perpetrator of the wound, other injury, or
34 assaultive or abusive conduct was discovered during an autopsy.

35 (4) The report shall include, but shall not be limited to, the
36 following:

37 (A) The name of the injured person, if known.

38 (B) The injured person's whereabouts.

39 (C) The character and extent of the person's injuries.

1 (D) The identity of any person the injured person alleges
2 inflicted the wound, other injury, or assaultive or abusive conduct
3 upon the injured person.

4 (c) For the purposes of this section, “injury” does not include
5 any psychological or physical condition brought about solely
6 through the voluntary administration of a narcotic or restricted
7 dangerous drug.

8 (d) For the purposes of this section, “assaultive or abusive
9 conduct” includes any of the following offenses:

- 10 (1) Murder, in violation of Section 187.
- 11 (2) Manslaughter, in violation of Section 192 or 192.5.
- 12 (3) Mayhem, in violation of Section 203.
- 13 (4) Aggravated mayhem, in violation of Section 205.
- 14 (5) Torture, in violation of Section 206.
- 15 (6) Assault with intent to commit mayhem, rape, sodomy, or
16 oral copulation, in violation of Section 220.
- 17 (7) Administering controlled substances or anesthetic to aid in
18 commission of a felony, in violation of Section 222.
- 19 (8) Battery, in violation of Section 242.
- 20 (9) Sexual battery, in violation of Section 243.4.
- 21 (10) Incest, in violation of Section 285.
- 22 (11) Throwing any vitriol, corrosive acid, or caustic chemical
23 with intent to injure or disfigure, in violation of Section 244.
- 24 (12) Assault with a stun gun or taser, in violation of Section
25 244.5.
- 26 (13) Assault with a deadly weapon, firearm, assault weapon, or
27 machinegun, or by means likely to produce great bodily injury, in
28 violation of Section 245.
- 29 (14) Rape, in violation of Section 261 or former Section 262.
- 30 (15) Procuring a person to have sex with another person, in
31 violation of Section 266, 266a, 266b, or 266c.
- 32 (16) Child abuse or endangerment, in violation of Section 273a
33 or 273d.
- 34 (17) Abuse of spouse or cohabitant, in violation of Section
35 273.5.
- 36 (18) Sodomy, in violation of Section 286.
- 37 (19) Lewd and lascivious acts with a child, in violation of
38 Section 288.
- 39 (20) Oral copulation, in violation of Section 287 or former
40 Section 288a.

1 (21) Sexual penetration, in violation of Section 289.

2 (22) Elder abuse, in violation of Section 368.

3 (23) An attempt to commit any crime specified in paragraphs
4 (1) to (22), inclusive.

5 (e) When two or more persons who are required to report are
6 present and jointly have knowledge of a known or suspected
7 instance of violence that is required to be reported pursuant to this
8 section, and when there is an agreement among these persons to
9 report as a team, the team may select by mutual agreement a
10 member of the team to make a report by telephone and a single
11 written report, as required by subdivision (b). The written report
12 shall be signed by the selected member of the reporting team. Any
13 member who has knowledge that the member designated to report
14 has failed to do so shall thereafter make the report.

15 (f) The reporting duties under this section are individual, except
16 as provided in subdivision (e).

17 (g) A supervisor or administrator shall not impede or inhibit the
18 reporting duties required under this section and a person making
19 a report pursuant to this section shall not be subject to any sanction
20 for making the report. However, internal procedures to facilitate
21 reporting and apprise supervisors and administrators of reports
22 may be established, except that these procedures shall not be
23 inconsistent with this article. The internal procedures shall not
24 require an employee required to make a report under this article
25 to disclose the employee's identity to the employer.

26 (h) For the purposes of this section, it is the Legislature's intent
27 to avoid duplication of information.

28 (i) For purposes of this section only, "employed by a local
29 government agency" includes an employee of an entity under
30 contract with a local government agency to provide medical
31 services.

32 (j) This section shall remain in effect only until January 1, 2025,
33 and as of that date is repealed.

34 SEC. 3. Section 11160 is added to the Penal Code, to read:

35 11160. (a) A health practitioner, as defined in subdivision (a)
36 of Section 11162.5, employed by a health facility, clinic,
37 physician's office, local or state public health department, local
38 government agency, or a clinic or other type of facility operated
39 by a local or state public health department who, in the health
40 practitioner's professional capacity or within the scope of the health

1 practitioner's employment, provides medical services for a physical
2 condition to a patient whom the health practitioner knows or
3 reasonably suspects is a person suffering ~~from a wound or other~~
4 ~~physical injury inflicted by the person's own act or inflicted by~~
5 ~~another where the injury is by means of a firearm shall immediately~~
6 ~~make a report in accordance with subdivision (b).~~ *from any of the*
7 *following shall immediately make a report in accordance with*
8 *subdivision (b):*

9 (1) *A wound or other physical injury inflicted by the person's*
10 *own act or inflicted by another where the injury is by means of a*
11 *firearm.*

12 (2) *A wound or other physical injury resulting from child abuse,*
13 *pursuant to Section 11165.6.*

14 (3) *A wound or other physical injury resulting from abuse of*
15 *an elder or dependent adult, pursuant to Section 15610.07 of the*
16 *Welfare and Institutions Code.*

17 (b) A health practitioner, as defined in subdivision (a) of Section
18 11162.5, employed by a health facility, clinic, physician's office,
19 local or state public health department, local government agency,
20 or a clinic or other type of facility operated by a local or state
21 public health department shall make a report regarding persons
22 described in subdivision (a) to a local law enforcement agency as
23 follows:

24 (1) A report by telephone shall be made immediately or as soon
25 as practically possible.

26 (2) A written report shall be prepared on the standard form
27 developed in compliance with paragraph (4), and adopted by the
28 Office of Emergency Services, or on a form developed and adopted
29 by another state agency that otherwise fulfills the requirements of
30 the standard form. The completed form shall be *maintained in the*
31 *medical record and sent to a local law enforcement agency within*
32 *two working days of receiving the information regarding the*
33 ~~person.~~ *the patient receiving treatment.*

34 (3) A local law enforcement agency shall be notified and a
35 written report shall be prepared and sent pursuant to paragraphs
36 (1) and (2) even if the person who suffered the wound or other
37 injury has expired, regardless of whether or not the wound or other
38 injury was a factor contributing to the death, and even if the
39 evidence of the conduct of the perpetrator of the wound or other
40 injury was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound or other injury upon the injured person.

(c) If an adult seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury, requests a report be sent to law enforcement, health practitioners shall adhere to the reporting process outlined in paragraph (3) of subdivision (b). The medical documentation of injuries related to domestic, sexual, or any nonaccidental violent injury shall be conducted and made available to the patient for use as outlined in the Health Insurance Portability and Accountability Act.

~~(e)~~

(d) For the purposes of this section, "injury" does not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

~~(d)~~

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

~~(e)~~

(f) The reporting duties under this section are individual, except as provided in subdivision ~~(d)~~; *(e)*.

~~(f)~~

(g) A supervisor or administrator shall not impede or inhibit the reporting duties required under this section and a person making a report pursuant to this section shall not be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports

1 may be established, except that these procedures shall not be
2 inconsistent with this article. The internal procedures shall not
3 require an employee required to make a report under this article
4 to disclose the employee's identity to the employer.

5 ~~(g)~~

6 *(h) (1)* A health practitioner, as defined in subdivision (a) of
7 Section 11162.5, employed by a health facility, clinic, physician's
8 office, local or state public health department, local government
9 agency, or a clinic or other type of facility operated by a local or
10 state public health department who, in the health practitioner's
11 professional capacity or within the scope of the health practitioner's
12 employment, provides medical services to a patient whom the
13 health practitioner knows or reasonably suspects is experiencing
14 any form of domestic violence, as set forth in Section 124250 of
15 the Health and Safety Code, or sexual violence, as set forth in
16 Sections 243.4 and 261, shall, to the degree that it is medically
17 possible for the individual patient, provide brief counseling,
18 education, or other support, and offer a warm handoff or referral
19 to local and national domestic violence or sexual violence advocacy
20 services, as described in Sections 1035.2 and 1037.1 of the
21 Evidence Code, before the end of the patient visit. The health
22 practitioner shall have met the requirements of this subdivision
23 when the brief counseling, education, or other support is provided
24 and warm handoff or referral is offered by a member of the health
25 care team at the health facility.

26 *(2) If the health practitioner is providing medical services to*
27 *the patient in the emergency department of a general acute care*
28 *hospital, they shall also offer assistance to the patient in accessing*
29 *a forensic evidentiary exam or reporting to law enforcement, if*
30 *the patient wants to pursue these options.*

31 ~~(h)~~

32 *(i)* A health practitioner may offer a warm handoff and referral
33 to other available victim services, including, but not limited to,
34 legal aid, community-based organizations, behavioral health, crime
35 victim compensation, forensic evidentiary exams, trauma recovery
36 centers, family justice centers, and law enforcement to patients
37 who are suspected to have suffered any nonaccidental injury.

38 ~~(i) Nothing in this section limits or overrides the ability of a~~
39 ~~health practitioner to alert law enforcement to an imminent and~~
40 ~~serious threat to health or safety of an individual or the public,~~

~~pursuant to the privacy rules of the federal Health Insurance Portability and Accountability Act of 1996 in subdivisions (c) and (j) of Section 164.512 of Title 45 of the Code of Federal Regulations, or at the patient's request.~~

(j) To the extent possible, health practitioners shall document all nonaccidental violent injuries and incidents of abuse in the medical record. Health practitioners shall follow privacy and confidentiality protocols when documenting violence and abuse to promote the safety of the patient. If documenting abuse in the medical record increases danger for the patient, it may be marked confidential.

(k) This section does not limit or override the ability of a health care practitioner to make reports to law enforcement at the patient's request, or as permitted by the federal Health Insurance Portability and Accountability Act of 1996 in Section 164.512(c) of Title 45 of the Code of Federal Regulations, which permits disclosures about victims of abuse, neglect, or domestic violence, if the individual agrees, or pursuant to Section 164.512(j) of Title 45 of the Code of Federal Regulations, which permits disclosures to prevent or limit a serious and imminent threat to a person or the public.

~~(j)~~

(l) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

~~(k)~~

(m) For purposes of this section only, "employed by a local government agency" includes an employee of an entity under contract with a local government agency to provide medical services.

~~(l)~~

(n) For purposes of this section, the following terms have the following meanings:

(1) "Warm handoff" may include, but is not limited to, the health practitioner establishing direct and live connection through a call with a survivor advocate, in-person onsite survivor advocate, in-person on-call survivor advocate, or some other form of teleadvocacy. When a telephone call is not possible, the warm handoff may be completed through an email. The patient may decline the warm handoff.

(2) “Referral” may include, but is not limited to, the health practitioner sharing information about how a patient can get in touch with a local or national survivor advocacy organization, information about how the survivor advocacy organization could be helpful for the patient, what the patient could expect when contacting the survivor advocacy organization, or the survivor advocacy organization’s contact information.

~~(m)~~

(o) A health practitioner shall not be civilly or criminally liable *for acting in compliance with this section and* for any report that is made in good faith and in compliance with this section and all other applicable state and federal laws.

~~(n)~~

(p) This section shall become operative on January 1, 2025.

SEC. 4. Section 11161 of the Penal Code is amended to read:

11161. Notwithstanding Section 11160, the following shall apply to every physician and surgeon who has under their charge or care any person described in subdivision (a) of Section 11160:

(a) The physician and surgeon shall make a report in accordance with subdivision (b) of Section 11160 to a local law enforcement agency.

(b) It is recommended that any medical records of a person about whom the physician and surgeon is required to report pursuant to subdivision (a) include the following:

(1) Any comments by the injured person regarding past domestic violence, as defined in Section 13700, or regarding the name of any person suspected of inflicting the wound, other physical injury, or assaultive or abusive conduct upon the person.

(2) A map of the injured person’s body showing and identifying injuries and bruises at the time of the health care.

(3) A copy of the law enforcement reporting form.

(c) It is recommended that the physician and surgeon refer the person to local domestic violence services if the person is suffering or suspected of suffering from domestic violence, as defined in Section 13700.

(d) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

SEC. 5. Section 11161 is added to the Penal Code, to read:

11161. Notwithstanding Section 11160, the following shall apply to every ~~physician and surgeon~~ *health practitioner* who has

1 under their charge or care any person described in subdivision (a)
2 of Section 11160:

3 (a) ~~The physician and surgeon~~ *health practitioner or member*
4 *of the care team* shall make a report in accordance with subdivision
5 (b) of Section 11160 to a local law enforcement agency.

6 (b) It is recommended that any medical records of a person
7 about whom the ~~physician and surgeon~~ *health practitioner or*
8 *member of the care team* is required to report pursuant to
9 subdivision (a) include the following:

10 (1) Any comments by the injured person regarding past domestic
11 violence, as defined in Section 13700, or regarding the name of
12 any person suspected of inflicting the wound or other physical
13 injury upon the person.

14 (2) A map of the injured person's body showing and identifying
15 injuries and bruises at the time of the health care.

16 (3) A copy of the law enforcement reporting form.

17 (c) ~~The physician and surgeon~~ *health practitioner or member*
18 *of the care team* shall offer a referral to local domestic violence
19 services if the person is suffering or suspected of suffering from
20 domestic violence, as defined in Section 13700.

21 (d) This section shall become operative on January 1, 2025.

22 SEC. 6. Section 11163.2 of the Penal Code is amended to read:

23 11163.2. (a) In any court proceeding or administrative hearing,
24 neither the physician-patient privilege nor the psychotherapist
25 privilege applies to the information required to be reported pursuant
26 to this article.

27 (b) The reports required by this article shall be kept confidential
28 by the health facility, clinic, or physician's office that submitted
29 the report, and by local law enforcement agencies, and shall only
30 be disclosed by local law enforcement agencies to those involved
31 in the investigation of the report or the enforcement of a criminal
32 law implicated by a report. In no case shall the person suspected
33 or accused of inflicting the wound, other injury, or assaultive or
34 abusive conduct upon the injured person or their attorney be
35 allowed access to the injured person's whereabouts. Nothing in
36 this subdivision is intended to conflict with Section 1054.1 or
37 1054.2.

38 (c) For the purposes of this article, reports of suspected child
39 abuse and information contained therein may be disclosed only to
40 persons or agencies with whom investigations of child abuse are

1 coordinated under the regulations promulgated under Section
2 11174.

3 (d) The Board of Prison Terms may subpoena reports that are
4 not unfounded and reports that concern only the current incidents
5 upon which parole revocation proceedings are pending against a
6 parolee.

7 (e) This section shall remain in effect only until January 1, 2025,
8 and as of that date is repealed.

9 SEC. 7. Section 11163.2 is added to the Penal Code, to read:

10 11163.2. (a) In any court proceeding or administrative hearing,
11 neither the physician-patient privilege nor the
12 psychotherapist-patient privilege applies to the information required
13 to be reported pursuant to this article.

14 (b) The reports required by this article shall be kept confidential
15 by the health facility, clinic, or physician's office that submitted
16 the report, and by local law enforcement agencies, and shall only
17 be disclosed by local law enforcement agencies to those involved
18 in the investigation of the report or the enforcement of a criminal
19 law implicated by a report. In no case shall the person suspected
20 or accused of inflicting the wound or other injury upon the injured
21 person, or the attorney of the suspect or accused, be allowed access
22 to the injured person's whereabouts. Nothing in this subdivision
23 is intended to conflict with Section 1054.1 or 1054.2.

24 (c) For the purposes of this article, reports of suspected child
25 abuse and information contained therein may be disclosed only to
26 persons or agencies with whom investigations of child abuse are
27 coordinated under the regulations promulgated under Section
28 11174.

29 (d) The Board of Prison Terms may subpoena reports that are
30 not unfounded and reports that concern only the current incidents
31 upon which parole revocation proceedings are pending against a
32 parolee.

33 (e) This section shall become operative on January 1, 2025.

34 SEC. 8. Section 11163.3 of the Penal Code is amended to read:

35 11163.3. (a) A county may establish an interagency domestic
36 violence death review team to assist local agencies in identifying
37 and reviewing domestic violence deaths and near deaths, including
38 homicides and suicides, and facilitating communication among
39 the various agencies involved in domestic violence cases.
40 Interagency domestic violence death review teams have been used

1 successfully to ensure that incidents of domestic violence and
2 abuse are recognized and that agency involvement is reviewed to
3 develop recommendations for policies and protocols for community
4 prevention and intervention initiatives to reduce and eradicate the
5 incidence of domestic violence.

6 (b) (1) For purposes of this section, “abuse” has the meaning
7 set forth in Section 6203 of the Family Code and “domestic
8 violence” has the meaning set forth in Section 6211 of the Family
9 Code.

10 (2) For purposes of this section, “near death” means the victim
11 suffered a life-threatening injury, as determined by a licensed
12 physician or licensed nurse, as a result of domestic violence.

13 (c) A county may develop a protocol that may be used as a
14 guideline to assist coroners and other persons who perform
15 autopsies on domestic violence victims in the identification of
16 domestic violence, in the determination of whether domestic
17 violence contributed to death or whether domestic violence had
18 occurred prior to death, but was not the actual cause of death, and
19 in the proper written reporting procedures for domestic violence,
20 including the designation of the cause and mode of death.

21 (d) County domestic violence death review teams shall be
22 comprised of, but not limited to, the following:

- 23 (1) Experts in the field of forensic pathology.
- 24 (2) Medical personnel with expertise in domestic violence abuse.
- 25 (3) Coroners and medical examiners.
- 26 (4) Criminologists.
- 27 (5) District attorneys and city attorneys.
- 28 (6) Representatives of domestic violence victim service
29 organizations, as defined in subdivision (b) of Section 1037.1 of
30 the Evidence Code.
- 31 (7) Law enforcement personnel.
- 32 (8) Representatives of local agencies that are involved with
33 domestic violence abuse reporting.
- 34 (9) County health department staff who deal with domestic
35 violence victims’ health issues.
- 36 (10) Representatives of local child abuse agencies.
- 37 (11) Local professional associations of persons described in
38 paragraphs (1) to (10), inclusive.

39 (e) An oral or written communication or a document shared
40 within or produced by a domestic violence death review team

1 related to a domestic violence death review is confidential and not
2 subject to disclosure or discoverable by a third party. An oral or
3 written communication or a document provided by a third party
4 to a domestic violence death review team, or between a third party
5 and a domestic violence death review team, is confidential and not
6 subject to disclosure or discoverable by a third party. This includes
7 a statement provided by a survivor in a near-death case review.
8 Notwithstanding the foregoing, recommendations of a domestic
9 violence death review team upon the completion of a review may
10 be disclosed at the discretion of a majority of the members of the
11 domestic violence death review team.

12 (f) Each organization represented on a domestic violence death
13 review team may share with other members of the team information
14 in its possession concerning the victim who is the subject of the
15 review or any person who was in contact with the victim and any
16 other information deemed by the organization to be pertinent to
17 the review. Any information shared by an organization with other
18 members of a team is confidential. This provision shall permit the
19 disclosure to members of the team of any information deemed
20 confidential, privileged, or prohibited from disclosure by any other
21 statute.

22 (g) Written and oral information may be disclosed to a domestic
23 violence death review team established pursuant to this section.
24 The team may make a request in writing for the information sought
25 and any person with information of the kind described in paragraph
26 (2) may rely on the request in determining whether information
27 may be disclosed to the team.

28 (1) An individual or agency that has information governed by
29 this subdivision shall not be required to disclose information. The
30 intent of this subdivision is to allow the voluntary disclosure of
31 information by the individual or agency that has the information.

32 (2) The following information may be disclosed pursuant to this
33 subdivision:

34 (A) Notwithstanding Section 56.10 of the Civil Code, medical
35 information.

36 (B) Notwithstanding Section 5328 of the Welfare and
37 Institutions Code, mental health information.

38 (C) Notwithstanding Section 15633.5 of the Welfare and
39 Institutions Code, information from elder abuse reports and

1 investigations, except the identity of persons who have made
2 reports, which shall not be disclosed.

3 (D) Notwithstanding Section 11167.5 of the Penal Code,
4 information from child abuse reports and investigations, except
5 the identity of persons who have made reports, which shall not be
6 disclosed.

7 (E) State summary criminal history information, criminal
8 offender record information, and local summary criminal history
9 information, as defined in Sections 11075, 11105, and 13300 of
10 the Penal Code.

11 (F) Notwithstanding Section 11163.2 of the Penal Code,
12 information pertaining to reports by health practitioners of persons
13 suffering from physical injuries inflicted by means of a firearm or
14 of persons suffering physical injury where the injury is a result of
15 assaultive or abusive conduct, and information relating to whether
16 a physician referred the person to local domestic violence services
17 as recommended by Section 11161 of the Penal Code.

18 (G) Notwithstanding Section 827 of the Welfare and Institutions
19 Code, information in any juvenile court proceeding.

20 (H) Information maintained by the Family Court, including
21 information relating to the Family Conciliation Court Law pursuant
22 to Section 1818 of the Family Code, and Mediation of Custody
23 and Visitation Issues pursuant to Section 3177 of the Family Code.

24 (I) Information provided to probation officers in the course of
25 the performance of their duties, including, but not limited to, the
26 duty to prepare reports pursuant to Section 1203.10 of the Penal
27 Code, as well as the information on which these reports are based.

28 (J) Notwithstanding Section 10850 of the Welfare and
29 Institutions Code, records of in-home supportive services, unless
30 disclosure is prohibited by federal law.

31 (3) The disclosure of written and oral information authorized
32 under this subdivision shall apply notwithstanding Sections 2263,
33 2918, 4982, and 6068 of the Business and Professions Code, or
34 the lawyer-client privilege protected by Article 3 (commencing
35 with Section 950) of Chapter 4 of Division 8 of the Evidence Code,
36 the physician-patient privilege protected by Article 6 (commencing
37 with Section 990) of Chapter 4 of Division 8 of the Evidence Code,
38 the psychotherapist-patient privilege protected by Article 7
39 (commencing with Section 1010) of Chapter 4 of Division 8 of
40 the Evidence Code, the sexual assault counselor-victim privilege

1 protected by Article 8.5 (commencing with Section 1035) of
2 Chapter 4 of Division 8 of the Evidence Code, the domestic
3 violence counselor-victim privilege protected by Article 8.7
4 (commencing with Section 1037) of Chapter 4 of Division 8 of
5 the Evidence Code, and the human trafficking caseworker-victim
6 privilege protected by Article 8.8 (commencing with Section 1038)
7 of Chapter 4 of Division 8 of the Evidence Code.

8 (4) In near-death cases, representatives of domestic violence
9 victim service organizations, as defined in subdivision (b) of
10 Section 1037.1 of the Evidence Code, shall obtain an individual's
11 informed consent in accordance with all applicable state and federal
12 confidentiality laws, before disclosing confidential information
13 about that individual to another team member as specified in this
14 section. In death review cases, representatives of domestic violence
15 victim service organizations shall only provide client-specific
16 information in accordance with both state and federal
17 confidentiality requirements.

18 (5) Near-death case reviews shall only occur after any
19 prosecution has concluded.

20 (6) Near-death survivors shall not be compelled to participate
21 in death review team investigations; their participation is voluntary.
22 In cases of death, the victim's family members may be invited to
23 participate, however they shall not be compelled to do so; their
24 participation is voluntary. Members of the death review teams
25 shall be prepared to provide referrals for services to address the
26 unmet needs of survivors and their families when appropriate.

27 (h) This section shall remain in effect only until January 1, 2025,
28 and as of that date is repealed.

29 SEC. 9. Section 11163.3 is added to the Penal Code, to read:

30 11163.3. (a) A county may establish an interagency domestic
31 violence death review team to assist local agencies in identifying
32 and reviewing domestic violence deaths and near deaths, including
33 homicides and suicides, and facilitating communication among
34 the various agencies involved in domestic violence cases.
35 Interagency domestic violence death review teams have been used
36 successfully to ensure that incidents of domestic violence and
37 abuse are recognized and that agency involvement is reviewed to
38 develop recommendations for policies and protocols for community
39 prevention and intervention initiatives to reduce and eradicate the
40 incidence of domestic violence.

(b) (1) For purposes of this section, “abuse” has the meaning set forth in Section 6203 of the Family Code and “domestic violence” has the meaning set forth in Section 6211 of the Family Code.

(2) For purposes of this section, “near death” means the victim suffered a life-threatening injury, as determined by a licensed physician or licensed nurse, as a result of domestic violence.

(c) A county may develop a protocol that may be used as a guideline to assist coroners and other persons who perform autopsies on domestic violence victims in the identification of domestic violence, in the determination of whether domestic violence contributed to death or whether domestic violence had occurred prior to death, but was not the actual cause of death, and in the proper written reporting procedures for domestic violence, including the designation of the cause and mode of death.

(d) County domestic violence death review teams shall be comprised of, but not limited to, the following:

- (1) Experts in the field of forensic pathology.
- (2) Medical personnel with expertise in domestic violence abuse.
- (3) Coroners and medical examiners.
- (4) Criminologists.
- (5) District attorneys and city attorneys.
- (6) Representatives of domestic violence victim service organizations, as defined in subdivision (b) of Section 1037.1 of the Evidence Code.
- (7) Law enforcement personnel.
- (8) Representatives of local agencies that are involved with domestic violence abuse reporting.
- (9) County health department staff who deal with domestic violence victims’ health issues.
- (10) Representatives of local child abuse agencies.
- (11) Local professional associations of persons described in paragraphs (1) to (10), inclusive.

(e) An oral or written communication or a document shared within or produced by a domestic violence death review team related to a domestic violence death review is confidential and not subject to disclosure or discoverable by a third party. An oral or written communication or a document provided by a third party to a domestic violence death review team, or between a third party and a domestic violence death review team, is confidential and not

1 subject to disclosure or discoverable by a third party. This includes
2 a statement provided by a survivor in a near-death case review.
3 Notwithstanding the foregoing, recommendations of a domestic
4 violence death review team upon the completion of a review may
5 be disclosed at the discretion of a majority of the members of the
6 domestic violence death review team.

7 (f) Each organization represented on a domestic violence death
8 review team may share with other members of the team information
9 in its possession concerning the victim who is the subject of the
10 review or any person who was in contact with the victim and any
11 other information deemed by the organization to be pertinent to
12 the review. Any information shared by an organization with other
13 members of a team is confidential. This provision shall permit the
14 disclosure to members of the team of any information deemed
15 confidential, privileged, or prohibited from disclosure by any other
16 statute.

17 (g) Written and oral information may be disclosed to a domestic
18 violence death review team established pursuant to this section.
19 The team may make a request in writing for the information sought
20 and any person with information of the kind described in paragraph
21 (2) may rely on the request in determining whether information
22 may be disclosed to the team.

23 (1) An individual or agency that has information governed by
24 this subdivision shall not be required to disclose information. The
25 intent of this subdivision is to allow the voluntary disclosure of
26 information by the individual or agency that has the information.

27 (2) The following information may be disclosed pursuant to this
28 subdivision:

29 (A) Notwithstanding Section 56.10 of the Civil Code, medical
30 information.

31 (B) Notwithstanding Section 5328 of the Welfare and
32 Institutions Code, mental health information.

33 (C) Notwithstanding Section 15633.5 of the Welfare and
34 Institutions Code, information from elder abuse reports and
35 investigations, except the identity of persons who have made
36 reports, which shall not be disclosed.

37 (D) Notwithstanding Section 11167.5, information from child
38 abuse reports and investigations, except the identity of persons
39 who have made reports, which shall not be disclosed.

1 (E) State summary criminal history information, criminal
2 offender record information, and local summary criminal history
3 information, as defined in Sections 11075, 11105, and 13300.

4 (F) Notwithstanding Section 11163.2, information pertaining
5 to reports by health practitioners of persons suffering from physical
6 injuries inflicted by means of a firearm or abuse, if reported, and
7 information relating to whether a physician referred the person to
8 local domestic violence services, as recommended by Section
9 11161.

10 (G) Notwithstanding Section 827 of the Welfare and Institutions
11 Code, information in any juvenile court proceeding.

12 (H) Information maintained by the Family Court, including
13 information relating to the Family Conciliation Court Law pursuant
14 to Section 1818 of the Family Code, and Mediation of Custody
15 and Visitation Issues pursuant to Section 3177 of the Family Code.

16 (I) Information provided to probation officers in the course of
17 the performance of their duties, including, but not limited to, the
18 duty to prepare reports pursuant to Section 1203.10, as well as the
19 information on which these reports are based.

20 (J) Notwithstanding Section 10850 of the Welfare and
21 Institutions Code, records of in-home supportive services, unless
22 disclosure is prohibited by federal law.

23 (3) The disclosure of written and oral information authorized
24 under this subdivision shall apply notwithstanding Sections 2263,
25 2918, 4982, and 6068 of the Business and Professions Code, or
26 the lawyer-client privilege protected by Article 3 (commencing
27 with Section 950) of Chapter 4 of Division 8 of the Evidence Code,
28 the physician-patient privilege protected by Article 6 (commencing
29 with Section 990) of Chapter 4 of Division 8 of the Evidence Code,
30 the psychotherapist-patient privilege protected by Article 7
31 (commencing with Section 1010) of Chapter 4 of Division 8 of
32 the Evidence Code, the sexual assault counselor-victim privilege
33 protected by Article 8.5 (commencing with Section 1035) of
34 Chapter 4 of Division 8 of the Evidence Code, the domestic
35 violence counselor-victim privilege protected by Article 8.7
36 (commencing with Section 1037) of Chapter 4 of Division 8 of
37 the Evidence Code, and the human trafficking caseworker-victim
38 privilege protected by Article 8.8 (commencing with Section 1038)
39 of Chapter 4 of Division 8 of the Evidence Code.

1 (4) In near-death cases, representatives of domestic violence
2 victim service organizations, as defined in subdivision (b) of
3 Section 1037.1 of the Evidence Code, shall obtain an individual's
4 informed consent in accordance with all applicable state and federal
5 confidentiality laws, before disclosing confidential information
6 about that individual to another team member as specified in this
7 section. In death review cases, representatives of domestic violence
8 victim service organizations shall only provide client-specific
9 information in accordance with both state and federal
10 confidentiality requirements.

11 (5) Near-death case reviews shall only occur after any
12 prosecution has concluded.

13 (6) Near-death survivors shall not be compelled to participate
14 in death review team investigations; their participation is voluntary.
15 In cases of death, the victim's family members may be invited to
16 participate, however they shall not be compelled to do so; their
17 participation is voluntary. Members of the death review teams
18 shall be prepared to provide referrals for services to address the
19 unmet needs of survivors and their families when appropriate.

20 (h) This section shall become operative on January 1, 2025.

21 SEC. 10. No reimbursement is required by this act pursuant to
22 Section 6 of Article XIII B of the California Constitution because
23 the only costs that may be incurred by a local agency or school
24 district will be incurred because this act creates a new crime or
25 infraction, eliminates a crime or infraction, or changes the penalty
26 for a crime or infraction, within the meaning of Section 17556 of
27 the Government Code, or changes the definition of a crime within
28 the meaning of Section 6 of Article XIII B of the California
29 Constitution.

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AMENDED IN ASSEMBLY APRIL 12, 2023

AMENDED IN ASSEMBLY MARCH 16, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 1707

Introduced by Assembly Member Pacheco

February 17, 2023

An act to add Sections 805.9 and 850.1 to the Business and Professions Code, and to add Sections 1220.1 and 1265.11 to the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1707, as amended, Pacheco. Health professionals and facilities: adverse actions based on another state's law.

Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law prohibits the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline upon a licensee because the person was disciplined in another state in which they are licensed solely for performing an abortion in that state or because the person was convicted in another state for an offense related solely to performing an abortion in that state.

Existing law provides for the licensure of clinics and health facilities by the Licensing and Certification Division of the State Department of Public Health. Existing law makes a violation of these provisions punishable as a misdemeanor, except as specified.

This bill would prohibit a healing arts board under the Department of Consumer Affairs from denying an application for a license or imposing discipline upon a licensee ~~solely~~ on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with a person's right to receive ~~care~~ *sensitive services, as defined*, that would be lawful in this state. The bill would similarly prohibit a health facility from denying staff privileges to, removing from medical staff, or restricting the staff privileges of a licensed health professional ~~solely~~ on the basis of such a civil judgment, criminal conviction, or disciplinary action imposed by another state. The bill also would also prohibit the denial, suspension, revocation, or limitation of a clinic or health facility license ~~solely~~ on the basis of those types of civil judgments, criminal convictions, or disciplinary actions imposed by another state. The bill would exempt from the above-specified provisions a civil judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under the laws of this state. By imposing new prohibitions under the provisions related to clinics and health facilities, the violation of which is a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Section 805.9 is added to the Business and
- 2 Professions Code, to read:
- 3 805.9. (a) A health facility licensed pursuant to Chapter 2
- 4 (commencing with Section 1250) of Division 2 of the Health and
- 5 Safety Code shall not deny staff privileges to, remove from medical
- 6 staff, or restrict the staff privileges ~~of, of~~ of a person licensed by a
- 7 healing arts board in this state ~~solely~~ on the basis of a civil
- 8 judgment, criminal conviction, or disciplinary action imposed by
- 9 another state if that judgment, conviction, or disciplinary action

1 is based solely on the application of another state's law that
2 interferes with a person's right to receive ~~care~~ *sensitive services*
3 that would be lawful if provided in this state.

4 (b) This section does not apply to a civil judgment, criminal
5 conviction, or disciplinary action imposed in another state for
6 which a similar claim, charge, or action would exist against the
7 licensee under the laws of this state.

8 (c) For purposes of this ~~section~~, "~~healing~~ *section*":

9 (1) "*Healing arts board*" means any board, division, or
10 examining committee in the Department of Consumer Affairs that
11 licenses or certifies health professionals.

12 (2) "*Sensitive services*" has the same meaning as in Section
13 56.05 of the Civil Code.

14 SEC. 2. Section 850.1 is added to the Business and Professions
15 Code, to read:

16 850.1. (a) A healing arts board shall not deny an application
17 for licensure or suspend, revoke, or otherwise impose discipline
18 upon a licensee ~~solely~~ on the basis of a civil judgment, criminal
19 conviction, or disciplinary action in another state if that judgment,
20 conviction, or disciplinary action is based solely on the application
21 of another state's law that interferes with a person's right to receive
22 care that would be lawful if provided in this state.

23 (b) This section does not apply to a civil judgment, criminal
24 conviction, or disciplinary action imposed in another state for
25 which a similar claim, charge, or action would exist against the
26 applicant or licensee under the laws of this state.

27 (c) For purposes of this ~~section~~, "~~healing~~ *section*":

28 (1) "*Healing arts board*" means any board, division, or
29 examining committee in the Department of Consumer Affairs that
30 licenses or certifies health professionals.

31 (2) "*Sensitive services*" has the same meaning as in Section
32 56.05 of the Civil Code.

33 SEC. 3. Section 1220.1 is added to the Health and Safety Code,
34 to read:

35 1220.1. (a) An application for licensure made pursuant to this
36 chapter shall not be denied, nor shall any license issued pursuant
37 to this chapter be suspended, revoked, or otherwise limited, ~~solely~~
38 on the basis of a civil judgment, criminal conviction, or disciplinary
39 action imposed by another state if that judgment, conviction, or
40 disciplinary action is based solely on the application of another

1 state's law that interferes with a person's right to receive ~~care~~
2 *sensitive services* that would be lawful if provided in this state.

3 (b) This section does not apply to a civil judgment, criminal
4 conviction, or disciplinary action imposed by another state for
5 which a similar claim, charge, or action would exist against the
6 applicant or licensee under the laws of this state.

7 (c) *For purposes of this section, "sensitive services" has the*
8 *same meaning as in Section 56.05 of the Civil Code.*

9 SEC. 4. Section 1265.11 is added to the Health and Safety
10 Code, to read:

11 1265.11. (a) An application for licensure made pursuant to
12 this chapter shall not be denied, nor shall any license issued
13 pursuant to this chapter be suspended, revoked, or otherwise
14 limited, ~~solely~~ on the basis of a civil judgment, criminal conviction,
15 or disciplinary action imposed by another state if that judgment,
16 conviction, or disciplinary action is based solely on the application
17 of another state's law that interferes with a person's right to receive
18 ~~care~~ *sensitive services* that would be lawful if provided in this
19 state.

20 (b) This section does not apply to a civil judgment, criminal
21 conviction, or disciplinary action imposed by another state for
22 which a similar claim, charge, or action would exist against the
23 applicant or licensee under the laws of this state.

24 (c) *For purposes of this section, "sensitive services" has the*
25 *same meaning as in Section 56.05 of the Civil Code.*

26 SEC. 5. No reimbursement is required by this act pursuant to
27 Section 6 of Article XIII B of the California Constitution because
28 the only costs that may be incurred by a local agency or school
29 district will be incurred because this act creates a new crime or
30 infraction, eliminates a crime or infraction, or changes the penalty
31 for a crime or infraction, within the meaning of Section 17556 of
32 the Government Code, or changes the definition of a crime within
33 the meaning of Section 6 of Article XIII B of the California
34 Constitution.

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AMENDED IN SENATE APRIL 27, 2023
AMENDED IN SENATE MARCH 20, 2023

SENATE BILL

No. 544

Introduced by Senator Laird

February 15, 2023

An act to amend Section 11123 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 544, as amended, Laird. Bagley-Keene Open Meeting Act: teleconferencing.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

Existing law, until July 1, 2023, authorizes, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and suspends certain requirements of the act, including the above-described teleconference requirements.

This bill would amend existing law that will remain operative after July 1, 2023, to remove indefinitely the teleconference requirements

that a state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, and that each teleconference location be accessible to the public. The bill would require a state body to provide a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for at least one site, including, if available, access equivalent to the access for a member of the state body participating remotely. The bill would require any notice required by the act to specify the applicable teleconference telephone number, internet website or other online platform, and physical address indicating how the public can access the meeting remotely and in person. The bill would revise existing law to no longer require that members of the public have the opportunity to address the state body directly at each teleconference location, but would continue to require that the agenda provide an opportunity for members of the public to address the state body directly. The bill would require a member or staff to be physically present at the location specified in the notice of the meeting.

This bill would provide that it does not affect prescribed existing notice and agenda requirements and would require the state body to post an agenda on its internet website and, on the day of the meeting, at any physical meeting location designated in the notice of the meeting. The bill would prohibit the notice and agenda from disclosing information regarding any remote location from which a member is participating and define “remote location” for this purpose. The bill would provide that members of the public shall be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments prior to the meeting or in writing.

This bill would require a state body, upon discovering that a means of remote participation required by the bill has failed during a meeting and cannot be restored, to end or adjourn the meeting in accordance with prescribed adjournment and notice provisions, including information about reconvening.

This bill would require a state body that holds a meeting through teleconferencing pursuant to the bill and allows members of the public to observe and address the meeting telephonically or otherwise electronically to implement and advertise, as prescribed, a procedure

for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990.

This bill would require a member of a state body who attends a meeting by teleconference from a remote location to disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member and the general nature of the member's relationship with any such individuals.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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 11123 of the Government Code is
2 amended to read:
3 11123. (a) All meetings of a state body shall be open and
4 public and all persons shall be permitted to attend any meeting of
5 a state body except as otherwise provided in this article.
6 (b) (1) This article does not prohibit a state body from holding
7 an open or closed meeting by teleconference for the benefit of the
8 public and state body. The meeting or proceeding held by
9 teleconference shall otherwise comply with all applicable
10 requirements or laws relating to a specific type of meeting or
11 proceeding, including the following:
12 (A) The teleconferencing meeting shall comply with all
13 requirements of this article applicable to other meetings.
14 (B) The portion of the teleconferenced meeting that is required
15 to be open to the public shall be audible to the public at the location
16 specified in the notice of the meeting.
17 (C) If the state body elects to conduct a meeting or proceeding
18 by teleconference, it shall conduct teleconference meetings in a
19 manner that protects the rights of any party or member of the public
20 appearing before the state body. The state body shall provide a
21 means by which the public may remotely hear audio of the meeting,

1 remotely observe the meeting, or attend the meeting by providing
2 on the posted agenda a teleconference telephone number, an
3 internet website or other online platform, and a physical address
4 for at least one site, including, if available, access equivalent to
5 the access for a member of the state body participating remotely.
6 The applicable teleconference telephone number, internet website
7 or other online platform, and physical address indicating how the
8 public can access the meeting remotely and in person shall be
9 specified in any notice required by this article.

10 (D) The agenda shall provide an opportunity for members of
11 the public to address the state body directly pursuant to Section
12 11125.7.

13 (E) All votes taken during a teleconferenced meeting shall be
14 by rollcall.

15 (F) The portion of the teleconferenced meeting that is closed to
16 the public may not include the consideration of any agenda item
17 being heard pursuant to Section 11125.5.

18 (G) At least one member or staff of the state body shall be
19 physically present at the location specified in the notice of the
20 meeting.

21 (H) *This section does not affect the requirement prescribed by*
22 *this article that the state body post an agenda of a meeting in*
23 *accordance with the applicable notice requirements of this article,*
24 *including Section 11125, requiring the state body to post an agenda*
25 *of a meeting at least 10 days in advance of the meeting, Section*
26 *11125.4, applicable to special meetings, and Sections 11125.5 and*
27 *11125.6, applicable to emergency meetings. The state body shall*
28 *post the agenda on its internet website and, on the day of the*
29 *meeting, at any physical meeting location designated in the notice*
30 *of the meeting. The notice and agenda shall not disclose*
31 *information regarding any remote location from which a member*
32 *is participating.*

33 (I) *Members of the public shall be entitled to exercise their right*
34 *to directly address the state body during the teleconferenced*
35 *meeting without being required to submit public comments prior*
36 *to the meeting or in writing.*

37 (J) *Upon discovering that a means of remote participation*
38 *required by this section has failed during a meeting and cannot*
39 *be restored, the state body shall end or adjourn the meeting in*
40 *accordance with Section 11128.5. In addition to any other*

1 *requirements that may apply, the state body shall provide notice*
 2 *of the meeting's end or adjournment on the state body's internet*
 3 *website and by email to any person who has requested notice of*
 4 *meetings of the state body by email under this article. If the meeting*
 5 *will be adjourned and reconvened on the same day, further notice*
 6 *shall be provided by an automated message on a telephone line*
 7 *posted on the state body's agenda, internet website, or by a similar*
 8 *means, that will communicate when the state body intends to*
 9 *reconvene the meeting and how a member of the public may hear*
 10 *audio of the meeting or observe the meeting.*

11 (2) For the purposes of this subdivision, ~~“teleconference”~~ both
 12 *of the following definitions shall apply:*

13 (A) *“Teleconference” means a meeting of a state body, the*
 14 *members of which are at different locations, connected by*
 15 *electronic means, through either audio or both audio and video.*
 16 *This section does not prohibit a state body from providing members*
 17 *of the public with additional locations in which the public may*
 18 *observe or address the state body by electronic means, through*
 19 *either audio or both audio and video.*

20 (B) *“Remote location” means a location from which a member*
 21 *of a state body participates in a meeting other than any physical*
 22 *meeting location designated in the notice of the meeting. Remote*
 23 *locations need not be accessible to the public.*

24 (c) If a state body holds a meeting through teleconferencing
 25 pursuant to this section and allows members of the public to
 26 observe and address the meeting telephonically or otherwise
 27 electronically, the state body shall also do both of the following:

28 (1) Implement a procedure for receiving and swiftly resolving
 29 requests for reasonable modification or accommodation from
 30 individuals with disabilities, consistent with the federal Americans
 31 with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and
 32 resolving any doubt whatsoever in favor of accessibility.

33 (2) Advertise that procedure each time notice is given of the
 34 means by which members of the public may observe the meeting
 35 and offer public comment.

36 (d) The state body shall publicly report any action taken and
 37 the vote or abstention on that action of each member present for
 38 the action.

39 (e) *If a member of a state body attends a meeting by*
 40 *teleconference from a remote location, the member shall disclose*

1 *whether any other individuals 18 years of age or older are present*
2 *in the room at the remote location with the member, and the*
3 *general nature of the member's relationship with any such*
4 *individuals.*

5 ~~(e)~~

6 (f) For purposes of this section, “participate remotely” means
7 participation in a meeting at a location other than the physical
8 location designated in the agenda of the meeting.

9 SEC. 2. The Legislature finds and declares that Section 1 of
10 this act, which amends Section 11123 of the Government Code,
11 imposes a limitation on the public’s right of access to the meetings
12 of public bodies or the writings of public officials and agencies
13 within the meaning of Section 3 of Article I of the California
14 Constitution. Pursuant to that constitutional provision, the
15 Legislature makes the following findings to demonstrate the interest
16 protected by this limitation and the need for protecting that interest:

17 (a) By removing the requirement for agendas to be placed at
18 the location of each public official participating in a public meeting
19 remotely, including from the member’s private home or hotel
20 room, this act protects the personal, private information of public
21 officials and their families while preserving the public’s right to
22 access information concerning the conduct of the people’s business.

23 (b) During the COVID-19 public health emergency, audio and
24 video teleconference were widely used to conduct public meetings
25 in lieu of physical location meetings, and those public meetings
26 have been productive, increased public participation by all
27 members of the public regardless of their location and ability to
28 travel to physical meeting locations, increased the pool of people
29 who are able to serve on these bodies, protected the health and
30 safety of civil servants and the public, and have reduced travel
31 costs incurred by members of state bodies and reduced work hours
32 spent traveling to and from meetings.

33 (c) Conducting audio and video teleconference meetings
34 enhances public participation and the public’s right of access to
35 meetings of the public bodies by improving access for individuals
36 that often face barriers to physical attendance.

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Introduced by Senator Roth

February 17, 2023

An act to amend Section 480 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 802, as introduced, Roth. Licensing boards: disqualification from licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, as specified. Existing law requires a board to notify the applicant in writing, as specified, if a board decides to deny an application for licensure based solely or in part on the applicant's conviction history.

If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, this bill would require a board to notify the applicant in writing within 30 days after a decision is made, as specified.

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

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

- 1 SECTION 1. Section 480 of the Business and Professions Code
- 2 is amended to read:

1 480. (a) Notwithstanding any other provision of this code, a
2 board may deny a license regulated by this code on the grounds
3 that the applicant has been convicted of a crime or has been subject
4 to formal discipline only if either of the following conditions are
5 met:

6 (1) The applicant has been convicted of a crime within the
7 preceding seven years from the date of application that is
8 substantially related to the qualifications, functions, or duties of
9 the business or profession for which the application is made,
10 regardless of whether the applicant was incarcerated for that crime,
11 or the applicant has been convicted of a crime that is substantially
12 related to the qualifications, functions, or duties of the business or
13 profession for which the application is made and for which the
14 applicant is presently incarcerated or for which the applicant was
15 released from incarceration within the preceding seven years from
16 the date of application. However, the preceding seven-year
17 limitation shall not apply in either of the following situations:

18 (A) The applicant was convicted of a serious felony, as defined
19 in Section 1192.7 of the Penal Code or a crime for which
20 registration is required pursuant to paragraph (2) or (3) of
21 subdivision (d) of Section 290 of the Penal Code.

22 (B) The applicant was convicted of a financial crime currently
23 classified as a felony that is directly and adversely related to the
24 fiduciary qualifications, functions, or duties of the business or
25 profession for which the application is made, pursuant to
26 regulations adopted by the board, and for which the applicant is
27 seeking licensure under any of the following:

28 (i) Chapter 6 (commencing with Section 6500) of Division 3.

29 (ii) Chapter 9 (commencing with Section 7000) of Division 3.

30 (iii) Chapter 11.3 (commencing with Section 7512) of Division

31 3.

32 (iv) Licensure as a funeral director or cemetery manager under
33 Chapter 12 (commencing with Section 7600) of Division 3.

34 (v) Division 4 (commencing with Section 10000).

35 (2) The applicant has been subjected to formal discipline by a
36 licensing board in or outside California within the preceding seven
37 years from the date of application based on professional misconduct
38 that would have been cause for discipline before the board for
39 which the present application is made and that is substantially
40 related to the qualifications, functions, or duties of the business or

1 profession for which the present application is made. However,
2 prior disciplinary action by a licensing board within the preceding
3 seven years shall not be the basis for denial of a license if the basis
4 for that disciplinary action was a conviction that has been dismissed
5 pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425
6 of the Penal Code or a comparable dismissal or expungement.
7 Formal discipline that occurred earlier than seven years preceding
8 the date of application may be grounds for denial of a license only
9 if the formal discipline was for conduct that, if committed in this
10 state by a physician and surgeon licensed pursuant to Chapter 5
11 (commencing with Section 2000) of Division 2, would have
12 constituted an act of sexual abuse, misconduct, or relations with
13 a patient pursuant to Section 726 or sexual exploitation as defined
14 in subdivision (a) of Section 729.

15 (b) Notwithstanding any other provision of this code, a person
16 shall not be denied a license on the basis that the person has been
17 convicted of a crime, or on the basis of acts underlying a conviction
18 for a crime, if that person has obtained a certificate of rehabilitation
19 under Chapter 3.5 (commencing with Section 4852.01) of Title 6
20 of Part 3 of the Penal Code, has been granted clemency or a pardon
21 by a state or federal executive, or has made a showing of
22 rehabilitation pursuant to Section 482.

23 (c) Notwithstanding any other provision of this code, a person
24 shall not be denied a license on the basis of any conviction, or on
25 the basis of the acts underlying the conviction, that has been
26 dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42,
27 or 1203.425 of the Penal Code, or a comparable dismissal or
28 expungement. An applicant who has a conviction that has been
29 dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42
30 of the Penal Code shall provide proof of the dismissal if it is not
31 reflected on the report furnished by the Department of Justice.

32 (d) Notwithstanding any other provision of this code, a board
33 shall not deny a license on the basis of an arrest that resulted in a
34 disposition other than a conviction, including an arrest that resulted
35 in an infraction, citation, or a juvenile adjudication.

36 (e) A board may deny a license regulated by this code on the
37 ground that the applicant knowingly made a false statement of fact
38 that is required to be revealed in the application for the license. A
39 board shall not deny a license based solely on an applicant's failure

1 to disclose a fact that would not have been cause for denial of the
2 license had it been disclosed.

3 (f) A board shall follow the following procedures in requesting
4 or acting on an applicant's criminal history information:

5 (1) A board issuing a license pursuant to Chapter 3 (commencing
6 with Section 5500), Chapter 3.5 (commencing with Section 5615),
7 Chapter 10 (commencing with Section 7301), Chapter 20
8 (commencing with Section 9800), or Chapter 20.3 (commencing
9 with Section 9880), of Division 3, or Chapter 3 (commencing with
10 Section 19000) or Chapter 3.1 (commencing with Section 19225)
11 of Division 8 may require applicants for licensure under those
12 chapters to disclose criminal conviction history on an application
13 for licensure.

14 (2) Except as provided in paragraph (1), a board shall not require
15 an applicant for licensure to disclose any information or
16 documentation regarding the applicant's criminal history. However,
17 a board may request mitigating information from an applicant
18 regarding the applicant's criminal history for purposes of
19 determining substantial relation or demonstrating evidence of
20 rehabilitation, provided that the applicant is informed that
21 disclosure is voluntary and that the applicant's decision not to
22 disclose any information shall not be a factor in a board's decision
23 to grant or deny an application for licensure.

24 (3) If a board decides to deny an application for licensure based
25 solely or in part on the applicant's conviction history, the board
26 shall notify the applicant ~~in writing~~ *in writing, within 30 days after*
27 *a decision is made*, of all of the following:

28 (A) The denial or disqualification of licensure.

29 (B) Any existing procedure the board has for the applicant to
30 challenge the decision or to request reconsideration.

31 (C) That the applicant has the right to appeal the board's
32 decision.

33 (D) The processes for the applicant to request a copy of the
34 applicant's complete conviction history and question the accuracy
35 or completeness of the record pursuant to Sections 11122 to 11127
36 of the Penal Code.

37 (g) (1) For a minimum of three years, each board under this
38 code shall retain application forms and other documents submitted
39 by an applicant, any notice provided to an applicant, all other

1 communications received from and provided to an applicant, and
2 criminal history reports of an applicant.

3 (2) Each board under this code shall retain the number of
4 applications received for each license and the number of
5 applications requiring inquiries regarding criminal history. In
6 addition, each licensing authority shall retain all of the following
7 information:

8 (A) The number of applicants with a criminal record who
9 received notice of denial or disqualification of licensure.

10 (B) The number of applicants with a criminal record who
11 provided evidence of mitigation or rehabilitation.

12 (C) The number of applicants with a criminal record who
13 appealed any denial or disqualification of licensure.

14 (D) The final disposition and demographic information,
15 consisting of voluntarily provided information on race or gender,
16 of any applicant described in subparagraph (A), (B), or (C).

17 (3) (A) Each board under this code shall annually make
18 available to the public through the board's internet website and
19 through a report submitted to the appropriate policy committees
20 of the Legislature deidentified information collected pursuant to
21 this subdivision. Each board shall ensure confidentiality of the
22 individual applicants.

23 (B) A report pursuant to subparagraph (A) shall be submitted
24 in compliance with Section 9795 of the Government Code.

25 (h) "Conviction" as used in this section shall have the same
26 meaning as defined in Section 7.5.

27 (i) This section does not in any way modify or otherwise affect
28 the existing authority of the following entities in regard to
29 licensure:

30 (1) The State Athletic Commission.

31 (2) The Bureau for Private Postsecondary Education.

32 (3) The California Horse Racing Board.

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MEMORANDUM

DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 11: Dental Hygiene Educational Program Site Visit Update and Schedule.

1. Diablo Valley College (DVC)

- a. On September 6, 2022, the Dental Hygiene Board of California (DHBC) was notified of a change in clinical staffing and infection control oversight for DVC.
- b. Current Status
 - i. In temporary compliance.
 - ii. Permanent compliance due August 1, 2023.
 - iii. See DVC report.

2. Pasadena City College (PCC)

- a. Site visit generated due to a change in administration for PCC as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 12, 2022, a site visit was conducted at the PCC campus.
- c. Current Status:
 - i. Not in compliance.
 - ii. Compliance due September 1, 2023.
 - iii. See PCC reports.

3. Loma Linda University (LLU)

- a. Site visit generated due to a change in administration for LLU as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 13, 2022, a site visit was conducted at the LLU campus.
- c. Current Status:
 - i. Review in progress.
 - ii. Follow-up site visit scheduled for October 10, 2023.

4. Carrington College-Sacramento (Carrington-Sacramento)

- a. On March 8, 2023, a site visit was conducted to review facilities regarding their expansion request.
- b. Current Status:
 - i. Not in compliance.
 - ii. Compliance due July 15, 2023.
 - iii. See Carrington-Sacramento reports.

5. 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. Not in compliance.
 - ii. Compliance due July 15, 2023.
 - iii. See Carrington-San Jose reports.

6. Chabot College (Chabot)

- a. Site visit generated due to a review of Chabot's Self Study as submitted to CODA, as well as a change in in administration.
- b. On May 2, 2023, a site visit was conducted at the Chabot campus.
- c. Current Status:
 - i. Not in compliance.
 - ii. Compliance due September 15, 2023.
 - iii. See Chabot report.

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Cabrillo College	2019 / 2027	November 7, 2019 TBD / New Program Director
Carrington - Sacramento	2021 / 2028	February 10, 2021 March 8, 2023 (limited) TBD / New Program Director/Program Expansion
Carrington - San Jose	2021 / May 2, 2023	October 25, 2017 November 16, 2020 March 1, 2023 (limited) TBD / New Program Director/Program Expansion
Cerritos College	2016 / 2024	February 15, 2017 2024 / New Program Director
Chabot College	2015 / April 25-26, 2023	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 TBD / New Program Director
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022
Concorde Career College-San Diego	2021/ April 4, 2023	December 19, 2016 May 27, 2021 TBD / New Program Director and follow-up due to remodel
Cypress College	2015 / September 27-29, 2023	March 3, 2020 October 12, 2023 / New Program Director
Diablo Valley College	2017 / 2025	February 26, 2019
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2021 / February 23, 2023	October 27, 2021
Loma Linda University	2016 / February 20-21, 2024	October 13, 2022 October 10, 2023 / New Program Director
Moreno Valley College	2019 / 2027	May 30, 2017 October 11, 2023 / New Program Director
Oxnard College	2021 / 2028	November 4, 2021
Pasadena City College	2016 / March 26-28, 2024	October 12, 2022
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2014 / 2022	June 24, 2021

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
San Joaquin Valley College - Visalia	2019 / 2026	November 14, 2019
Santa Rosa Junior College	2015 / October 18-19, 2023	September 16, 2021
Shasta College	2015 / February 15-16, 2023	March 12, 2018 March 23, 2021
Southwestern College	2015 / March 8-9, 2023	September 22, 2021
Taft College	2016 / February 1-2, 2024	May 8, 2017 May 15, 2017 June 9, 2017 July 24, 2017
University of the Pacific	2021 / 2028	February 13, 2020
West Coast University	2017 / 2025	September 15, 2022
West Los Angeles College	2017 / 2025	October 30, 2018

January 31, 2023

Tonette Steeb CDA, RDH, MSED
Director of Dental Programs
Diablo Valley College
321 Golf Club Road
Pleasant Hill, CA 94523

Dear Ms. Steeb,

On September 6, 2022, the Dental Hygiene Board of California (DHBC) received a "Report of Program Change" on for the Diablo Valley College Dental Hygiene Educational Program (DVC). Based on the review of the report, it was noted that evidence of program compliance with the minimum dental hygiene educational program standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On November 17, 2022, the DHBC received an email with a document dated November 14, 2022, updating the DHBC on the permanent compliance on clinical staffing and infection control oversight for DVC.

On November 28, 2022, DVC responded to an email from the DHBC dated November 18, 2022, regarding a request for further information/clarification on clinical staffing and infection control oversight for DVC.

On January 25, 2023, the DHBC received an email with a document dated January 23, 2023, updating the DHBC on the permanent compliance on clinical staffing and infection control oversight for DVC.

The following determination of minimum DHEP standards are as follows:

1. Deficiency – Clinical Staffing and Infection Control Oversight

a. Documentation provided on January 23, 2023:

i. DVC stated:

1. "The search completed in Fall 2022 was unsuccessful. We will be updating the job description and reposting the position. We are happy to report that we will be in compliance for the Spring 2023 term."
2. "Adjunct faculty Angeline Yambao, RDH has agreed to cover the position at 20 hours per week. Her responsibilities will include overseeing Infection Control and Sterilization in Senior Clinic on Tuesdays and Thursdays. A copy of Angeline's license is provided as Exhibit A."
3. "We also have Andrea Cortez, RDA covering the position at 20 hours per week. Her responsibilities will include overseeing Infection Control and Sterilization in Junior Clinic on Wednesdays and Fridays. Andrea completed the DVC Dental Assisting

Program in 2021 and just recently took the DBC RDA Exam. A physical copy of her license is not yet available, so a screenshot showing verification of licensure is provided as Exhibit B and a copy of the letter sent to the DBC verifying completion of Infection Control and CA Law is provided as Exhibit C.”

4. “Clinical faculty will continue to oversee infection control and hazardous waste during each clinic session as we always have, with our dentists assigned to sterilization in Senior Clinic, and faculty in Junior Clinic based on the rotation schedule provided as Exhibit D.”

ii. DVC Provided:

1. Exhibit A: License for Angeline Yambao, RDH.
2. Exhibit B: License for Andrea Cortez, RDA.
3. Exhibit C: DVC letter sent to the DBC verifying completion of Infection Control and CA Law for Andrea Cortez, RDA.
4. Exhibit D: Clinical Faculty Schedule.

b. DHBC Review:

- i. Temporarily assigned staff currently overseeing the management of sterilization, infection control, and hazardous waste in temporary compliance with 16 CCR section 1105, subdivisions (i) and (k), in addition to CODA Standard 3-11.

c. Refer to:

i. 16 CCR Section 1105(i)

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

ii. 16 CCR Section 1105(k)

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

iii. CODA Standard 3-11

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

d. Determination:

i. **In temporary compliance.**

- ii. DVC shall provide evidence of permanent staff oversight of sterilization, infection control processes, and hazardous waste management pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standard 3-11.

iii. Evidence of permanent compliance to include:

1. Name of qualified staff assigned to provide oversight of sterilization, infection control processes, and hazardous waste management.
2. Curriculum Vitae or resume.
3. Copy of Basic Life Support certification.
4. If the hire is an RDA please provide an RDA license number.
5. If the hire is not an RDA, please provide evidence of:
 - a. A Dental Board of California (DBC)-approved two-hour course in the Dental Practice Act.
 - b. A DBC-approved eight-hour course in infection control.

DVC shall provide evidence of permanent compliance to the above deficiency no later than **August 1, 2023**, as your dental hygiene program is operating outside the structured parameters of the law and CODA Standards with these deficiencies which are putting students, faculty, and the public at risk.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If DVC does not correct the above deficiencies by the above dates, DVC risks the DHBC's approval of the DVC Dental Hygiene Educational Program and for DVC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Susan Lamb, President, Diablo Valley College
Joseph Gorga, Vice President of Equity and Instruction, Diablo Valley College
Charles Ramos, Dean of Physical and Biological Sciences, Diablo Valley College

October 25, 2022

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

During the DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

1. Deficiency 1 - Clinical Facilities

a. Site Visit Observation:

Insufficient clinic space provided to the DHEP to safely provide patient care:

i. Operatory chairs:

1. Less than three feet head-to-head between chairs.
 - a. Space insufficient impeding access to operatory chairs and egress from the clinic.
 - i. Cause of special concern if an emergency evacuation of the clinic is necessary.
 - b. Limits access to patients with special needs (e.g., wheelchair access, walkers, etc.)
 - c. Impedes patient privacy to prevent disclosure of Protected Health Information (PHI).
 - d. Prevents students from having 180-degree access to head of patient.
 - i. Impedes proper student ergonomics.
2. One chair inoperable for two weeks.
 - a. Limits student access to working facilities.
 - b. Undetermined as to repair timeline.
 - c. PCC lacks an equipment maintenance and replacement plan.

ii. Mobile Barriers:

1. Unstable.
 - a. Pose a tripping and/or falling hazard.
 - b. History of barriers causing patients, students, and faculty to trip, as well as an incident of a barrier falling on a faculty member causing injury (verbal history provided by faculty and students during faculty interview.)
2. Impede general access to operator chairs and egress from the clinic.
 - a. Cause of special concern if an emergency evacuation of the clinic is necessary.
3. Limit access to sink for proper handwashing.
4. Limit access to patients with special needs (e.g., wheelchair access, walkers, etc.)
5. Fail to provide patient privacy to prevent disclosure of PHI.
6. Prevent 180-degree access to head of patient for patient dental hygiene care.
 - a. Impedes correct student ergonomics for student instrumentation.

iii. Central Sterilization Facilities:

1. No barriers and open to the clinic and radiology.
 - a. Exposes patients, students, faculty, and staff to aerosols from the processing of instruments and equipment.
 - b. Exposes patients to potentially infectious materials as there is no separation of the central sterilization area from the entrance to the clinic.
2. Insufficient safe and contained storage of contaminated and sterilized instruments and equipment.

iv. Radiology Facilities:

1. Panoramic radiology unit lacking required radiation safety barriers.
 - a. Patients, students, staff, and faculty exposed to errant radiation causing a safety concern.
2. Radiology equipment inoperable for five weeks.
 - a. Students unable to process necessary radiographs to ensure proper patient treatment standards.
 - b. Students unable to complete necessary radiographic requirements to ensure competency in radiology education.
 - c. PCC lacks an equipment maintenance and replacement plan.

v. Emergency supplies:

1. Emergency supplies not centrally located to allow for ease of access by clinic personnel during an emergency.

b. Refer to:

i. 16 CCR Section 1105(i)

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

ii. 16 CCR Section 1105.2(d)(3)(A)(i)

(A) An educational program shall: (i) Provide infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005.

iii. 16 CCR Section 1105.2(d)(3)(C)

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

iv. 16 CCR Section 1005

v. CODA Standard 4-1

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

Clinical Facilities

The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located areas for hand hygiene; equipment allowing display of radiographic images during dental hygiene treatment; a working space for the patient's record adjacent to units; functional 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 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.

vi. 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.

vii. CODA Standard 6-5

The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

viii. Health and Safety Code (HSC) Division 109 Section 130203

(a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

ix. Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191.

x. 45 Code of Federal Regulations (CFR) Sections 160, 162, and 164.

xi. 8 CCR Section 5193. Bloodborne Pathogens.

xii. CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007

xiii. CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003

c. Determination:

i. **Not in compliance.**

- ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. PCC shall provide the following:

1. A narrative and equipment maintenance and replacement plan by **November 10, 2022**.
2. A narrative and plan for **temporary compliance** by **November 10, 2022**.
 - a. Evidence shall include, but not limited to:
 - i. Schematic of clinic and plan for adaptive use of clinic to ensure safe usage of the clinic and patient privacy.
 1. Plan shall include all areas of the clinic, including radiology and central sterilization facilities.
 - ii. Student clinic assignment schedule demonstrating:
 1. First-year students: Each student should be scheduled for at least eight to twelve hours of direct patient care per week in the dental hygiene clinic.
 2. Second-year students: Each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.
3. A narrative and plan for **permanent compliance** by **December 15, 2022**.

2. Deficiency 2 - Program Director Assignment

a. Site Visit Observation:

- i. Program director (PD) does not have the primary responsibility for all aspects of the program.
 1. Insufficient time devoted to DHEP administration.
 - a. PD schedule only provides approximately 24.6% (Fall schedule), 29.4% (Summer schedule), and 24.8% (Spring schedule) devoted to program administration.
 2. No evidence of PD providing input into the admissions process.
 3. No evidence of PD providing input into clinic maintenance decisions.

b. Refer to:

- i. 16 CCR Section 1105(j)
The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

- ii. 16 CCR Section 1105.1(a)
 “Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.
 - iii. CODA Standard 3-2
 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
 - iv. CODA Standard 3-4
 The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
- c. Determination:
 - i. **Not in compliance.**
 - ii. The PCC DHEP director must have the authority and responsibility to administer the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.
 - iii. PCC shall provide a narrative and evidence of a PD assignment in compliance with 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4 by **November 10, 2022**.

3. Deficiency 3 - Clinic Infection Control Staffing

a. Site Visit Observation:

- i. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.
 - 1. Students observed in sterilization area unsupervised.
 - a. Poses a health and safety risk for novice, unlicensed students.

b. Refer to:

- i. 16 CCR Section 1105(i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
- ii. 16 CCR Section 1105(k)
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
- iii. CODA Standard 3-11
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

c. Determination:

- i. **Not in compliance.**
- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11 by **November 10, 2022.**

4. Deficiency 4 - Policies and Procedures

a. Program Review:

- i. Lack of formal Curriculum Management Plan
- ii. Lack of formal Patient Care Quality Assurance Plan

b. Refer to:

i. 16 CCR section 1105(d)

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

ii. CODA Standard 2-24

The dental hygiene program must have a formal, written curriculum management plan, which includes: a) an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources; b) evaluation of the effectiveness of all courses as they support the program's goals and competencies; c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

iii. CODA Standard 6-2

The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria; b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided; c) mechanisms to determine the cause of treatment deficiencies; d) patient review policies, procedure, outcomes and corrective measures.

c. Determination:

i. **Not in compliance**

ii. PCC shall provide a formal Curriculum Management Plan and a formal Patient Care Quality Assurance Plan pursuant to 16 CCR section 1105(d), in addition to CODA Standards 2-24 and 6-2 by **December 15, 2022**.

5. Deficiency 5 - Admissions and DHBC Prerequisites

a. Program Review:

i. Missing DHBC prerequisites.

1. Admissions Policy (Appendix 0-A),

a. Page 1 States:

i. "CHEM 001AB or CHEM 002"

ii. Missing either Inorganic Chemistry or Biochemistry/Organic Chemistry with Biochemistry in policy.

ii. Admissions Policy.

1. Admissions files not filled out uniformly, nor all the same documentation present in each student's file.
 - a. Lack of evidence ensuring accepted students meet all DHBC requirements.
2. "DH Application Information Sheet" has a spot for recording if a "HS Diploma" was submitted and on some files "NO" is checked.
 - a. Lack of evidence ensuring accepted students meet all DHBC requirements.
3. No evidence of an "Admissions Committee", in addition to lack of evidence of PD providing admissions input ensuring accepted students meet all DHBC requirements.

b. Refer to:

i. 16 CCR Section 1105(f)

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

ii. 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.

c. Determination:

i. **Not in compliance**

- ii. PCC shall require prerequisites for the DHEP program pursuant to 16 CCR Section 1105(f) in addition to CODA Standard 2-3.
- iii. PCC shall provide a narrative and evidence of DHBC prerequisites pursuant to 16 CCR Section 1105(f) and CODA Standard 2-3 by **November 10, 2022**.

6. Deficiency 6 - Required Program Curriculum

a. Program Review:

- i. Radiology curriculum out of sequence.
 - 1. Placed in the Spring semester, not affording students to become competent in Radiology prior to exposure to clinical patients.
- ii. Special Needs Competency.
 - 1. PCC lacks a competency for "Special Needs" patients.
- iii. Patient Requirements.
 - 1. PCC does not demonstrate a minimum number of patient requirements ensuring:
 - a. Breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.
 - b. Breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
 - 2. PCC PD stated in an email on October 6, 2022: "We do not have a minimum number of patient requirements for categories listed in #15. The tracking is accomplished through the Clinical Evaluation grade sheet (please see attached)."

b. Refer to:

- i. 16 CCR Section 1105(c)
Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.
- ii. 16 CCR Section 1105.2(b)
The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.
- iii. 16 CCR Section 1105.2(c)
The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.

- iv. 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
 - v. 16 CCR Section 1105.2(f)
An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
 - vi. CODA Standard 2-9
The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.
 - vii. CODA Standard 2-12
Graduates must be competent in providing dental hygiene care for all patient populations including: 1) child 2) adolescent 3) adult 4) geriatric 5) special needs.
 - viii. CODA Standard 2-14
Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.
- c. Determination:
- i. **Not in compliance.**
 - ii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105(c), 1105.2(b), 1105.2(c), 1105.2(e), and 1105.2(f), in addition to CODA Standards 2-9, 2-12, and 2-14 by **December 15, 2022**.
 - iii. PCC's evidence shall include, but not limited to:
 - 1. Curriculum sequence.
 - 2. A master list of all competencies required for graduation.
 - 3. A master list of patient completion requirements for graduation.
 - 4. Tracking list for student completion requirements,

7. Deficiency 7 – Faculty

- a. Program Review:
 - i. Missing several current faculty biosketches.
 - ii. Several faculty missing current mandatory California Dental Practice Act and Infection Control Courses.
 - iii. Several faculty missing current Basic Life Support (BLS) certification.

b. Refer to:

i. 16 CCR Section 1105.1(b)

“Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

ii. 16 CCR Section 1016(b)(1)(A-C)

(1) Mandatory courses required by the Board for license renewal shall include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with § 1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or,

(iii) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

c. Determination:

- i. **Not in compliance.**
- ii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **December 15, 2022.**
- iii. PCC's evidence shall include, but not limited to:
 1. List of current faculty.
 2. Current DHBC Biosketches for all faculty.
 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above deficiencies **no later than the aforementioned dates**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk.

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 PCC does not correct the above deficiencies **no later than the aforementioned dates**, PCC risks the DHBC's approval of the PCC DHEP and for PCC's graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

December 19, 2022

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On December 15, 2022, PCC provided the following narrative and documentation to the DHBC, and the results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

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

i. Operatory chairs - less than three feet head-to-head between chairs.

1. PCC Response and Documentation:

"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections

- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*
- *minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)*
- *each junior student is in 3 clinic sessions (10.8 hours)*
 - *See Document #1 Spring Schedule)*
- *To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).*
 - *Senior DH Class has 13 students*
 - *M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.*
 - *Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will*

be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."

2. DHBC Determination:

- a. **In temporary compliance.**
- b. PCC does not provide plans for ongoing compliance past Spring 2023.
- c. PCC to provide plans for **permanent facility compliance** for future classes **by January 16, 2023.**

ii. Operatory chairs - one chair inoperable for two weeks.

1. PCC Response and Documentation:

"All non-operational dental chairs have been repaired. The program director and classified professional have reviewed communication plan and are aware that they can report any malfunctions to the Dean for an immediate attention. In addition to recording the need for repair into the Clinic Repair Log. All equipment is assessed on an on-going basis, the division and the college maintain sufficient operational budget to address the maintenance and repair of essential equipment in support of all educational programs. In the event that additional funds are needed to support essential equipment/supplies to support the educational program, the DH Program Director works with the Dean and Senior College Leadership to identify funding to support the program operations in a timely manner."

2. DHBC Determination:

- a. **In compliance.**

iii. Mobile Barriers:

1. PCC Response and Documentation:

"With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."

2. DHBC Determination:

- a. **In temporary compliance.**
- b. PCC does not provide plans for ongoing compliance past Spring 2023.

- c. PCC to provide plans for **permanent facility compliance** for future classes **by January 16, 2023**.

iv. Central Sterilization Facilities - Barriers.

1. PCC Response and Documentation:

"A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"

2. "Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."

3. DHBC Determination:

- a. **Not in compliance.**

- b. PCC to provide evidence of compliance by **January 16, 2023**.

v. Central Sterilization Facilities - Storage of contaminated and sterilized instruments and equipment.

1. PCC Response and Documentation:

"There are 2 cabinets in the "clean" area of the clinic where instruments are stored after the sterilization cycle, and at the end of each clinic session students empty the cabinet and store the sterile cassettes in a specifically designated boxes in their locker rooms. Contaminated instruments are placed into the instrument washer immediately after they are moved from the operatories, to be processed, then they are wrapped and sterilized immediately. If not possible to sterilize that day, the wrapped/packaged contaminated are stored in a specific cabinet for that purpose, above the instrument washer, in the "contaminated" area. (Document 3. picture)."

2. DHBC Determination:

- a. **In compliance.**

vi. Radiology Facilities - Panoramic radiology unit.

1. PCC Response and Documentation:

"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH

reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)”

2. DHBC Determination:

- a. **Not in compliance.**
- b. PCC to provide Los Angeles County Public Health, Radiation Safety Division report to DHBC.
- c. PCC to provide evidence of compliance by **January 16, 2023.**

vii. Radiology Facilities - Radiology equipment maintenance.

1. PCC Response and Documentation:

“Both x-ray units have been fixed and are operational. Additionally, a portable unit has been purchased for unforeseen radiology unit malfunctions. The Unit has been registered with Los Angeles County Department of Public Health. All faculty have been trained on the safe use of this newly acquired equipment. A special order of command has been established to communicate any malfunctions to the Dean for an immediate attention in addition to recording the need for repair into the Clinic Repair Log. The program is aware that the college maintains sufficient budget to support the repair and maintenance of essential equipment needed to support student education and clinical operations.”

2. DHBC Determination:

- a. **In compliance.**

viii. Emergency supplies - Location.

1. PCC Response and Documentation:

“All emergency supplies have been centrally located together to allow for ease of access by clinic personnel. All students, staff and faculty working within the dental clinic have been notified of the change in location of the emergency supplies. Oxygen tank has been moved next to the AED, both across the Emergency Cart have central location for all emergency equipment/medications. (Document #5 Emergency Equipment)”

2. DHBC Determination:

a. **In compliance.**

b. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

1. PCC does not provide plans for ongoing compliance past Spring 2023.

ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent compliance due January 16, 2023.**

2. Deficiency 2 - Program Director Assignment

a. Program director (PD) - assignment.

i. Insufficient time devoted to DHEP administration.

1. PCC Response and Documentation:

a. *“PD Assignment hours have been calculated to reflect the 51% Administrative hours for, currently 54.9% for Spring 2023 Semester. (See Document #6a). Additionally, the college is assessing the adequacy of reassigned time for program administration related duties, balancing honoring the collective bargaining agreement with the faculty union and the right to work under California employment law.”*

b. PCC provided a “Program Director Load Sheet” demonstrating a load of 61.45 hours per week for the PD, with 33.75 hours (54.92%) devoted to DHEP Administration and 27.7 hours (45.07%) devoted to teaching, class preparation and student counseling.

2. DHBC Determination:

a. Insufficient documentation provided to the DHBC.

b. **Not in compliance.**

- c. Evidence of compliance shall include, but not limited to:
 - i. Faculty weekly assignment schedule.
 - ii. Course Assignment Contract(s) demonstrating assignments and overload assignments.
 - ii. No evidence of PD providing input into the admissions process.
 - 1. PCC Response and Documentation:

“The DH Program Director regularly meets with PCC counselors and course evaluators to help resolve questions regarding course eligibility to meet DHBC Standards. Additionally, DH Program Director will review all applicant documentation to verify for accuracy and ensure compliance with DHBC required admissions standards. Each admitted students file will contain verification A written statement has been added to the Program Handbook. See Document 7.”
 - 2. DHBC Determination:
 - a. **In compliance.**
 - iii. No evidence of PD providing input into clinic maintenance decisions.
 - 1. PCC Response and Documentation:

“Program Director will work closely with the Dean of Health Sciences to prioritize clinic maintenance and provide periodic updates on needs of clinic to ensure clinic operates in accordance with DHBC and Public Health Standards.”
 - 2. DHBC Determination:
 - a. **In compliance.**
- b. Overall DHBC Determination:
 - i. **Not in compliance.**
 - ii. The PCC DHEP director must have the authority and responsibility to administer the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.
 - iii. PCC shall provide a narrative and evidence of a PD assignment in compliance with 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4 by **January 16, 2023**.

3. Deficiency 3 - Clinic Infection Control Staffing

a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation:

"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation. District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."

b. DHBC Determination:

i. No evidence of staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

ii. **Not in compliance.**

iii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11 by **January 16, 2023**.

4. Deficiency 4 - Policies and Procedures

a. PCC Policies

i. Lack of formal Curriculum Management Plan.

1. PCC Response and Documentation:

"A Curriculum Management Plan has been created and is attached (Document #8 CMP). The program faculty will meet on a scheduled basis each year to review various aspects of the program curriculum, to review student performance with curricular outcomes and plan appropriate modifications to the curriculum to ensure students meet program outcomes."

ii. Lack of formal Patient Care Quality Assurance Plan.

1. PCC Response and Documentation:

"PCC has an established process for Patient Care Quality Assurance Plan. Each semester students provide direct patient care, each student has to give a Patient

Satisfaction Survey to at least 3 patients, and additional Survey forms are available in the reception area for interested patients to complete. Surveys then were reviewed for comments by Program Director/Faculty and addresses accordingly (Document #9 Patient Survey) Towards the end of each semester random chart audits were performed (3 charts/student) for correct and complete documentation (Document #10 Chart Audit) CPP DH Program has moved to mostly digital record keeping utilizing EagleSoft Software. The process has been reviewed and new forms have been created for the future (Documents #11, 12, 13). Moving forward we will also look to collect this information electronically using a QR code to help increase the number of responses received for evaluative and improvement processes.”

b. DHBC Determination:

i. **In compliance**

- ii. PCC shall continue to provide formal Curriculum Management and Patient Care Quality Assurance Plans pursuant to 16 CCR section 1105(d), in addition to CODA Standards 2-24 and 6-2.

5. Deficiency 5 - Admissions and DHBC Prerequisites

a. Admissions and DHBC Prerequisites:

i. Missing DHBC prerequisites.

1. PCC Response and Documentation:

“Program prerequisites have been corrected to reflect the CHEM 002A and CHEM 002B only. Website has been updated, and these criteria will be used starting with the cohort applying for Fall 2023 to stay consistent with the DHBC standards. Document 13a”

ii. Lack of evidence ensuring accepted students meet all DHBC requirements.

1. PCC Response and Documentation:

“Each admitted student file now contains a Check list of items that will be within enclosure containing student records. All contents of each student file were updated and now appear in a uniform fashion to facilitate Program Director and office staff review and to ensure full compliance with all required documentation. All files have been updated to include all necessary documents (File Folders 6 and 6a)”

- iii. No evidence of an “Admissions Committee”, in addition to lack of evidence of PD providing admissions input ensuring accepted students meet all DHBC requirements.

- 1. PCC Response and Documentation:

- “After the end of Application submission period, an Application Review Committee consisting of DH Program Director and FT faculty will review applicants selected in accordance with the published admissions guidelines created by the program faculty. The committee will maintain written records of the meeting. The process added to the DH Program Handbook Admissions Policy. Document 14 Excerpt from DH Program Handbook”*

- b. DHBC Determination:

- i. **In compliance**

- ii. PCC shall continue to require prerequisites and maintain an “Admissions Committee” for the DHEP program pursuant to 16 CCR Section 1105(f) in addition to CODA Standard 2-3.

6. Deficiency 6 - Required Program Curriculum

- a. Program Curriculum:

- i. Radiology curriculum out of sequence.

- 1. PCC Response and Documentation:

- “The program acknowledges that previous course sequence did not support student achieving full competency prior to working with patients, as student activities were fully supervised by licensed staff the program continually ensured the safety of patients. Starting with the next admitted cohort the program has changed the course sequence to ensure all students will be demonstrate competency with radiologic skills prior to allowing them to work with clinical patients. These curricular changes will be effective with the new cohort starting Fall 2023. (See Document 15).
Report of Course Sequence Changes has been submitted to CODA”*

- ii. Special Needs Competency.

- 1. PCC Response and Documentation::

- “The program has created a Special Patient Competency, to address “Special Needs Patients” and this created competency will be completed by all students during the senior year of the program. This competency will be assessed and evaluated in the same manner as all other required program competencies. (Documents 16, 17)”*

iii. Patient Requirements

1. PCC Response and Documentation:

“The program has established the following Periodontal Competencies to address the variety and scope of patients that program students are expected be able to demonstrate an ability to provide appropriate care for by the end of the program. These competencies will be recorded as part of our developed student competency tracking tool to ensure that each student has demonstrated minimal competency with a minimum number of patients in all areas as required by the program. (Document 15a)

The program director and faculty have created a universal competency tracking tool which will be available to all faculty and students through CANVAS. Furthermore, students will continue to be informed of all competencies and patient completion requirements via the Tracking tool and these will be published in the student handbook. See attached. Meanwhile, the college is working with the program director and faculty to find an alternate Competency Tracking Platform for future use. Documents 18, 19.”

b. DHBC Determination:

i. **In compliance.**

- ii. PCC shall continue to provide compliance with required program curriculum pursuant to 16 CCR sections 1105(c), 1105.2(b), 1105.2(c), 1105.2(e), and 1105.2(f), in addition to CODA Standards 2-9, 2-12, and 2-14.

7. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation:

“All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”

b. Determination:

- i. Five faculty still missing DHBC requisites.

ii. **Not in compliance.**

- iii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **January 16, 2023.**

- iv. PCC's evidence shall include, but not limited to:
 - 1. List of current faculty.
 - 2. Current DHBC Biosketches for all faculty.
 - 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above deficiencies **no later than January 16, 2023**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's graduates to obtain a California license in dental hygiene.**

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

February 10, 2023

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On December 15, 2022, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance.

On January 20, 2023, and January 24, 2023, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance for the outstanding deficiencies. The results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

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

i. PCC Response and Documentation on December 15, 2022:

1. Operatory chairs - less than three feet head-to-head between chairs.

a. *"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections*

- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*
- *minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)*
- *each junior student is in 3 clinic sessions (10.8 hours)*
 - *See Document #1 Spring Schedule)*
- *To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).*
 - *Senior DH Class has 13 students*

- *M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.*
- *Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."*

2. Mobile Barriers:

- a. *"With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."*

3. Central Sterilization Facilities – Barriers.

- a. *"A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"*
- b. *"Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"The above outlined plan is a long-term temporary solution until the school designates or builds a new Dental Hygiene Clinic. Summer and Fall Semesters will be addressed similarly as the Spring Semester, utilizing dental operatories in Dental Assisting section, with 1:4 faulty to student ratio."*
2. *"For the near future, there are 2 new building constructions planned to expand the instructional space at Pasadena City College. The administration and the Board of Trustees are aware of the need for Dental Hygiene clinic limitations and DHBC recommendations. There are several possibilities that are being considered to stay compliant with room occupancy, patient/student safety in accordance with State and Federal Laws and regulations, and DHBC recommendations."*
3. *"Please see tentative schedules attached (Tentative Summer 2023 schedule, Tentative Fall 2023 Schedule)"*

4. *"The order on vinyl curtains had been out for delivery since early December, but due to supply chain interruptions and delays, the shipment was received yesterday, on January 17, 2023. The facilities is installing it currently."*
5. *"Please see Pictures 1 and 2 for partial installation. The installation will be completed today after patients are dismissed for today and there are no more clinic sessions scheduled. The Program Director will send to the Board a picture of the final product."*

iii. PCC Response and Documentation on January 24, 2023:

1. *"I uploaded a picture of completed work on the vinyl barrier that separates the Clinic from the Sterilization are in the BOX (Vinyl Barrier Installed)."*

iv. DHBC Determination:

1. **In temporary compliance.**
2. PCC to provide an update on plans for **permanent facility compliance** for future classes **by September 1, 2023.**

b. Radiology Facilities - Panoramic radiology unit.

i. PCC Response and Documentation on December 15, 2022:

1. *"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)"*

ii. PCC Response and Documentation on January 24, 2023:

1. *"Wendy Fregosa, Radiation Protection Specialist form Los Angeles County Public Health conducted an investigation on 01/23/2023. Ms. Fregosa measured the scatter radiation around the panoramic x-ray unit and detected no exposure to clinicians. She deemed the process of our clinic using the Panoramic x-ray unit safe. I will forward the written report as soon as we receive it."*

iii. DHBC Determination:

1. **Not in compliance.**

2. PCC to provide Los Angeles County Public Health, Radiation Safety Division report to DHBC **by March 1, 2023.**

c. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

- ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent facility compliance due September 1, 2023.**

2. Deficiency 2 - Program Director Assignment

a. Insufficient time devoted to DHEP administration.

i. PCC Response and Documentation on December 15, 2022:

1. *“PD Assignment hours have been calculated to reflect the 51% Administrative hours for, currently 54.9% for Spring 2023 Semester. (See Document #6a). Additionally, the college is assessing the adequacy of reassigned time for program administration related duties, balancing honoring the collective bargaining agreement with the faculty union and the right to work under California employment law.”*
2. PCC provided a “Program Director Load Sheet” demonstrating a load of 61.45 hours per week for the PD, with 33.75 hours (54.92%) devoted to DHEP Administration and 27.7 hours (45.07%) devoted to teaching, class preparation and student counseling.

ii. PCC Response and Documentation on January 20, 2023:

1. “Please see the documents attached, reflecting PD loads for Summer, Fall 2022, and Spring 2023.”
2. PCC provided a “Program Director Load Sheet” for Spring 2023 demonstrating a load of 57.95 hours per week for the PD, with 33.75 hours (58.24%) devoted to DHEP

Administration and 24.2 hours (41.7%) devoted to teaching, class preparation and student counseling.

b. DHBC Determination:

i. In compliance.

- ii. The PCC DHEP director shall continue to have the primary assignment, authority, and responsibility to administer the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.

3. Deficiency 3 - Clinic Infection Control Staffing

a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation on December 15, 2022:

1. *"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation."*
2. *"District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"Currently DH clinic has a part-time (20hrs/week) professional expert (RDA) working in the sterilization area. There is a job announcement that has been running for the last year, and there have not been any applicants for the position. School administration has funds allocated for a new full-time position as a DH Clinic Assistant and the Human Resources is finalizing the job descriptions for the position to be posted by the end of January. DH faculty or Supervising DDS are supervising students and professional experts any time they are in the sterilization area during each clinic session."*

b. DHBC Determination:

- i. **In temporary compliance.**
- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11.
- iii. PCC shall provide evidence of **permanent compliance** by **May 1, 2023**.

4. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation on December 15, 2022:

1. *“All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”*

ii. PCC Documentation on January 20, 2023:

1. PCC submitted faculty documents for four of the five faculty still missing DHBC requisites.

b. Determination:

- i. Two faculty still missing DHBC requisites.
- ii. **Not in compliance.**
- iii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **March 1, 2023**.
- iv. PCC's evidence shall include, but not limited to:
 1. List of current faculty.
 2. Current DHBC Biosketches for all faculty.
 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above remaining deficiencies **no later than the above stated dates**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance**

of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's graduates to obtain a California license in dental hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC

Micah Young, M.D., Dean, PCC

Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

March 3, 2023

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On December 15, 2022, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance.

On January 20, 2023, January 24, 2023, and March 1, 2023, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance for the outstanding deficiencies. The results of the review are as follows:

1. Deficiency 1 - Clinical Facilities

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

i. PCC Response and Documentation on December 15, 2022:

1. Operatory chairs - less than three feet head-to-head between chairs.

a. *"For the upcoming Spring Semester, both second- and first-year laboratory classes have been divided into two sections*

- *5 clinic sessions have been added to ensure that each week each senior student is in 5 (3.6 hours each) clinic sessions*

- minimum of 4 out of 5 sessions are direct patient contact hours (14.4 hours)
- each junior student is in 3 clinic sessions (10.8 hours)
 - See Document #1 Spring Schedule)
- To accomplish this DH will be utilizing the 3 Operatories in Dental Assisting Clinic (see Document #2 DA Operatories).
 - Senior DH Class has 13 students
 - M, W, F evenings 8 students will be in DH clinic (2 faculty), 3 students in DA clinic with one faculty member, 2 students will be on rotations with the 3rd faculty.
 - Monday, Wednesday afternoon, Friday morning and Friday afternoon, 2 different cohorts of the Senior DH students will be in DH clinic, 8 students at a time, each cohort twice a week (2 faulty)."

2. Mobile Barriers:

- a. "With dividing the first- and second-year classes into two cohorts, the barriers will be moved aside creating 6 feet access around each dental unit, with free access to the sink, allowing students 180-degree access to use ergonomically correct treatment positions. The distance and Existing Privacy screens on monitors will ensure Compliance to HIPAA protected information."

3. Central Sterilization Facilities – Barriers.

- a. "A clear, hospital-grade, cleanable, vinyl curtain has been installed between the "contaminated" and "clean" areas that will separate those areas. (In Progress, please see Document 20)"
- b. "Document 20" states: "Work in progress, separating the sterilization area from clinic/clinic entrance. Hardware is installed, waiting for the curtain separator, delayed due to Manufacturer. Will be completed before January 9th, the start of the Spring Semester."

ii. PCC Response and Documentation on January 20, 2023:

1. *"The above outlined plan is a long-term temporary solution until the school designates or builds a new Dental Hygiene Clinic. Summer and Fall Semesters will be addressed similarly as the Spring Semester, utilizing dental operatories in Dental Assisting section, with 1:4 faculty to student ratio."*
2. *"For the near future, there are 2 new building constructions planned to expand the instructional space at Pasadena City College. The administration and the Board of Trustees are aware of the need for Dental Hygiene clinic limitations and DHBC recommendations. There are several possibilities that are being considered to stay compliant with room occupancy, patient/student safety in accordance with State and Federal Laws and regulations, and DHBC recommendations."*
3. *"Please see tentative schedules attached (Tentative Summer 2023 schedule, Tentative Fall 2023 Schedule)"*
4. *"The order on vinyl curtains had been out for delivery since early December, but due to supply chain interruptions and delays, the shipment was received yesterday, on January 17, 2023. The facilities is installing it currently."*
5. *"Please see Pictures 1 and 2 for partial installation. The installation will be completed today after patients are dismissed for today and there are no more clinic sessions scheduled. The Program Director will send to the Board a picture of the final product."*

iii. PCC Response and Documentation on January 24, 2023:

1. *"I uploaded a picture of completed work on the vinyl barrier that separates the Clinic from the Sterilization area in the BOX (Vinyl Barrier Installed)."*

iv. DHBC Determination:

1. **In temporary compliance.**

2. PCC to provide an update on plans for **permanent facility compliance** for future classes **by September 1, 2023**.

b. Radiology Facilities - Panoramic radiology unit.

i. PCC Response and Documentation on December 15, 2022:

1. *"An inspection from County of Los Angeles Public Health Radiological Health Branch on May 20, 2019, no violations were noted. Additionally, during the visit CDPH reviewed and identified safety work zones for all radiographic machines. During their visit only one concern regarding implementing a Radiation Safety Program, which has been implemented since. (Please see the attached Document #4 Public Health Inspection May 20, 2019) Additionally, Los Angeles County Public Health, Radiation Safety Division has been contacted for an inspection. (in progress), Document Radiation Safety Request. (Document 21)"*

ii. PCC Response and Documentation on January 24, 2023:

1. *"Wendy Fregosa, Radiation Protection Specialist from Los Angeles County Public Health conducted an investigation on 01/23/2023. Ms. Fregosa measured the scatter radiation around the panoramic x-ray unit and detected no exposure to clinicians. She deemed the process of our clinic using the Panoramic x-ray unit safe. I will forward the written report as soon as we receive it."*

iii. PCC Response and Documentation on March 1, 2023:

1. *"Please see the attached document from LAPH Radiation Safety Division."*
2. PCC provided the report from the LAPH Radiation Safety Division.
 - a. Report stated: *"The investigation determined that minimal scatter radiation was recorded in all regions surrounding the Hygiene Panoramic X-ray room."*
 - b. **Report stated: "The following violation of a Los Angeles County Ordinance requires a response within thirty-five days: Los Angeles County Ordinance Number 11.22.620 requires the shielding design for all new or substantially**

modified radiation facilities be submitted to this office for review and approval prior to installation. As of this date, no plans have been filed with this office for the X-ray facility noted above. A Radiation shielding application form was left at the time of inspection and must be completed and returned to this office for evaluation within 35 days from the date of this letter."

iv. DHBC Determination:

1. **Not in compliance.**

2. PCC to provide a copy of all responses, plans, and replies to and from the Los Angeles County Public Health, Radiation Safety Division to the DHBC **by September 1, 2023.**

c. Overall DHBC Determination:

i. Clinical facilities **in temporary compliance.**

- ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. **A narrative and plan for permanent facility compliance due September 1, 2023.**

2. Deficiency 3 - Clinic Infection Control Staffing

- a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation on December 15, 2022:

1. *"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has*

been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation."

2. *"District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"Currently DH clinic has a part-time (20hrs/week) professional expert (RDA) working in the sterilization area. There is a job announcement that has been running for the last year, and there have not been any applicants for the position. School administration has funds allocated for a new full-time position as a DH Clinic Assistant and the Human Resources is finalizing the job descriptions for the position to be posted by the end of January. DH faculty or Supervising DDS are supervising students and professional experts any time they are in the sterilization area during each clinic session."*

b. DHBC Determination:

i. **In temporary compliance.**

- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11.

- iii. PCC shall provide evidence of **permanent compliance** by **May 1, 2023**.

3. Deficiency 7 – Faculty

a. Faculty Requisites:

i. PCC Response and Documentation on December 15, 2022:

1. *"All program faculty have submitted required DHBC Bio-sketches and copies of licensure and required BLS certification. Additionally, DH Program Director will review the faculty files during the fall semester of each year and work the Dean of*

Health Sciences to ensure that all faculty program files are in full compliance with DHBC guidelines and policies. (File Folders 22-25)”

ii. PCC Documentation on January 20, 2023:

1. PCC submitted faculty documents for four of the five faculty still missing DHBC requisites.

iii. PCC Response and Documentation on March 1, 2023:

1. *“As reported previously through and email regarding 2 Supervising DDS with incomplete biosketches (Methodology CE):*
 - *one of the DDS has retired as of January 1, 2023*
 - *Supervising DDS with the incomplete Biosketch,*
 - o **A contract for supervising DDS is unavailable, because as per Yuri Perez, Human Resources Assistant Director at PCC Human Resources, the supervising dentists do not have contracts. They are hired as Professional Experts and get paid \$51.50 per hour for 3 hours.**
 - *The DDS chose to complete the required Methodology CE course. The updated biosketch will be uploaded in the Box as soon as confirmation for the link is verified.”*

b. Refer to:

i. 16 CCR 1105.1(b)

“Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

c. Determination:

i. DHBC requisites **in compliance.**

- ii. Faculty assignments **not in compliance.**
- iii. PCC shall provide a narrative and evidence of compliance with required faculty assignments pursuant to 16 CCR sections 1105.1(b) by **September 1, 2023.**
- iv. PCC's evidence shall include, but not limited to:
 - 1. List of current faculty.
 - 2. Current contracts for all faculty demonstrating a full or part-time agreement with PCC.

You will be required to provide evidence of compliance to the above remaining deficiencies **no later than the above stated dates.** As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk. **Not complying with these deadlines could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of the PCC DHEP and for PCC's graduates to obtain a California license in dental hygiene.**

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC



June 30, 2023

Laura M. Ramirez, Ed.D.
Acting Superintendent/President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Ramirez,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On December 15, 2022, January 20, 2023, January 24, 2023, and March 1, 2023, PCC provided narrative and documentation to the DHBC demonstrating areas of permanent and temporary compliance.

On May 1, 2023, May 17, 2023, May 1, 2023, and June 30, 2023, PCC provided additional narrative and documentation to the DHBC demonstrating permanent compliance for Deficiency 3 due on June 30, 2023. The results of the review are as follows:

1. Deficiency 3 - Clinic Infection Control Staffing

a. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

i. PCC Response and Documentation on December 15, 2022:

1. *"The institution has allocated resources to hire personnel to serve in the capacity of the Dental Assistant to oversee the sterilization area for the clinic when in operation, additional funding has been made available to hire part-time staff (either Dental Hygienists, Dental Assistants or Supervising Dentist) to oversee sterilization activities when the clinic is in operation."*

2. *"District is looking into creating a permanent classified position to serve in the capacity of dental assistant for the DH clinics, until that time we will be working to recruit dental assistants to serve in the professional expert role and the district has made funding available to support the position."*

ii. PCC Response and Documentation on January 20, 2023:

1. *"Currently DH clinic has a part-time (20hrs/week) professional expert (RDA) working in the sterilization area. There is a job announcement that has been running for the last year, and there have not been any applicants for the position. School administration has funds allocated for a new full-time position as a DH Clinic Assistant and the Human Resources is finalizing the job descriptions for the position to be posted by the end of January. DH faculty or Supervising DDS are supervising students and professional experts any time they are in the sterilization area during each clinic session."*

iii. PCC Response and Documentation on May 1, 2023 and May 17, 2023:

1. Response on May 1, 2023:

"Two (2) Professional Experts have been hired to perform duties as a clinical assistant and the third Professional Expert is in the process of completing the hiring, to be completed within 2 weeks. Please see attached schedule and Letter of employment verification.

The duties of the Professional Experts include, but are not limited to:

The duties include, but are not limited to:

- *Operations and maintenance of*
 - o *instrument washer.*
 - o *sterilizers.*
- *Set up supplies needed for patients.*
- *Re-stocking Emergency cart supplies and maintain supplies in the emergency cart. Check expiration dates.*
- *Put away clinic instruments as sterilization cycles complete.*
- *Place instruments in the appropriate temporary student storage.*
- *Re-stock clinic supplies.*
- *Maintain clinic forms on bookshelf.*
- *Disinfect and set up X-ray rooms and units as needed.*
- *Disinfect and set up the External Evacuation units.*

- Take radiographs if necessary.
- Perform Weekly and Monthly maintenance of sterilizers and the instruments washer.
- Help front desk in organizing patient charts, checking-in patients.
- Perform clinic dental unit maintenance (traps, waterlines, etc.)"

2. May 17, 2023 Documentation for Hannah Gutierrez and Sonia Galaz:

- a. Resumes.
- b. Unsigned "Universal Precautions and Bloodborne Pathogens Educational Review" documents.
 - i. Course not approved by the DHBC nor the Dental Board of California.
- c. Unsigned "Health Insurance Portability and Accountability Act (HIPAA) Review" documents.
 - i. Course not approved by the DHBC nor the Dental Board of California.

b. DHBC review on May 30, 2023:

- i. Hannah Gutierrez is a current dental hygiene student at PCC with a graduation date of June 2023. A DH student does not qualify as a hired staff person responsible to oversee infection control in the clinic.
 - 1. Conflict of interest, as well as student "in class" during the hours required for overseeing sterilization.
- ii. Both Hannah Gutierrez and Sonia Galaz are unlicensed individuals and do not qualify to oversee infection control in the clinic.

1. 16 CCR 1105.2(d)(3)(A)(iii) states:

*(A) An educational program shall:
 (iii) Retain staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.*

c. PCC Response on June 30, 2023:

- i. "As the college's new fiscal year begins July 1, 2023 the college has appropriated funds and approved the hiring of new full-time classified

position to support the clinical/lab portions of the Dental Hygiene Program. We anticipate having the full-time position advertised for hiring within the next month and until we should still have part-time workers available to assist with the work needed to support the clinic."

- ii. "For 6 weeks Summer Intersession 07/05/2023 to 08/15/2023 PCC DH Program has 1 (one) clinic session per week, and there is a designated faculty to supervise, teach and guide the 3 (three) students that are assigned in the group in learning the essential skills of back-office management and processes."

d. DHBC review on June 30, 2023:

- i. PCC continues to delay and avoid fulfillment of the Board's requirements of hiring qualified or licensed staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.

e. DHBC Determination:

- i. **Not in compliance.**
- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), 16 CCR 1105.2(d)(3)(A)(iii), in addition to CODA Standard 3-11.
- iii. PCC shall provide evidence of **permanent compliance by September 1, 2023.**

You will be required to provide evidence of compliance to the above deficiency by **September 1, 2023**. Infection control should be of the highest priority for PCC. The Board has provided ample time for PCC to hire appropriate staff to oversee infection control. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies as detailed above, PCC is putting students, faculty, and the public at risk. **Not complying with Board deadlines will result in a citation and fine penalty for non-compliance and potential further action.** **Continued non-compliance of the law will encourage the matter to be brought before the Board where PCC risks the DHBC's approval of the DHEP and the ability for PCC's graduates to obtain a California license in dental hygiene.**

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

questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, DHBC

Micah Young, M.D., Dean, PCC

Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC



March 23, 2023

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

Dear Mr. Charles,

During the review of documentation for the expansion request by the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento), the Dental Hygiene Board of California (DHBC) discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the review are as follows:

1. Violation: Scheduling

- a. No breaks in between terms for Day or proposed Evening Cohorts.
- b. One term ends on a Friday, the next term begins on a Monday.
- c. Does not allow for rest, holidays, or religious observations.
- d. Carrington-Sacramento was previously cited during their February 11, 2021 Site Visit for similar scheduling concerns of students not provided sufficient time to devote to rest, studying and outside commitments.
- e. Schedule changes (lack of breaks) began in August of 2020 and not reported to the DHBC nor CODA.

1. Refer to:

- a. BPC Section 1941.5(a)

The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed

by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.

b. 16 CCR Section 1105(a) and (d)

(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.

(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.

c. 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.

2. Determination:

a. **Not in Compliance.**

b. Carrington- Sacramento is in violation of BPC Section 1941.5(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

c. Carrington- Sacramento shall provide evidence of compliance to the above violations **by April 6, 2023.**

As Carrington- Sacramento is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington- Sacramento is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington- Sacramento and for Carrington- Sacramento's graduates to obtain a California license in dental hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington
Sacramento



May 3, 2023

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

Dear Mr. Charles,

On March 23, 2023, the Dental Hygiene Board of California (DHBC) determined 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 for the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento).

On April 5, 2023, Carrington-Sacramento provided documentation to the DHBC in support of their scheduling practices. The results of the review are as follows:

1. Violation: Scheduling

- a. No breaks in between terms for Day or proposed Evening Cohorts.
- b. One term ends on a Friday, the next term begins on a Monday.
- c. Does not allow for rest, holidays, or religious observations.
- d. Carrington-Sacramento was previously cited during their February 10, 2021 Site Visit for similar scheduling concerns of students not provided sufficient time to devote to rest, studying and outside commitments.
- e. Schedule changes (lack of breaks) began in August of 2020 and not reported to the DHBC nor CODA.

2. Response:

- a. Carrington-Sacramento provided a narrative and supporting documentation regarding current scheduling practices.

3. Determination:

- a. **In Compliance.**

- b. Carrington-Sacramento shall continue to maintain compliance with BPC Section 1941.5(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington Sacramento



March 8, 2023

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. The results of the visit are as follows:

Violation: Infection Control and Environmental Infection Control

1. Site Visit:

- a. No ventilation nor room exhaust ventilation present in the central sterilization facilities for the sterilization section of the processing area.
- b. Floors visibly dirty.

2. Refer to:

- a. BPC Section 1941.5(a)
The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.
- b. 16 CCR Section 1105.2(d)(3)(C)
An educational program shall comply with local, state, and federal health and safety laws and regulations.

c. Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003

- Pages 22 through 23
 - i. "The sterilization section of the processing area should include the sterilizers and related supplies, with adequate space for loading, unloading, and cool down. The area can also include incubators for analyzing spore tests and enclosed storage for sterile items and disposable (single-use) items (260). Manufacturer and local building code specifications will determine placement and room ventilation requirements."
 - ii. "Other factors might apply (e.g., room exhaust ventilation or 10 air exchanges/hour) to ensure DHCP safety (266,271)."
- Page 44
 - i. Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or an EPA registered hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled (IB) (243,244).

3. Determination:

a. **Not in Compliance.**

- b. Carrington- Sacramento is in violation of BPC Section 1941.5(a), 16 CCR Section 1105.2(d)(3)(C), and the Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003.
- c. Carrington- Sacramento shall provide evidence of compliance to the above violations **by June 8, 2023.**

As Carrington- Sacramento is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington- Sacramento is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington- Sacramento and for Carrington- Sacramento's graduates to obtain a California license in dental hygiene.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a

responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington
Sacramento



June 1, 2023

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 May 24, 2023, Carrington-Sacramento provided documentation demonstrating compliance to deficiencies. 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.
- b. Floors visibly dirty.

2. Carrington- Sacramento Response:

- a. Deficiency (a):
 - i. Carrington-Sacramento stated: "The following medical grade HEPA Air Scrubber has be (sic.) installed on May 10, 2023: KwiKool Bioair Max KBX600 UV-C Ionizing HEPA Air Scrubber."
 - ii. Provided Exhibit 1: Sales Receipt for "Air Scrubber."
 - iii. Photos of installation provided.

b. Deficiency (b):

- i. Carrington-Sacramento stated: "The clinic floors were waxed on February 11, 2023. Regular maintenance occurs on Monday, Wednesday, and Friday evenings.
- ii. Provided Exhibit 2: Invoice for Floor Maintenance

3. Determination:

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

b. **Deficiency (a) not in compliance.**

- i. Carrington-Sacramento is in violation of BPC Section 1941.5(a), 16 CCR Section 1105.2(d)(3)(C), and the Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings - 2003.
- ii. Carrington-Sacramento shall provide evidence of compliance to deficiency (a) **by July 15, 2023.**

As Carrington- Sacramento is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington- Sacramento is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington- Sacramento and for Carrington- Sacramento's graduates to obtain a California license in dental hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Marie Frankos, MS, RDH, Program Director, Department of Dental Hygiene, Carrington
Sacramento

Attachments:

1. "Guidelines for Environmental Infection Control in Health-Care Facilities" Centers for Disease Control and Prevention (CDC), 2003, Updated 2019:
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>
 - a. Please refer to highlighted areas on pages 27 - 30.
2. "TEAM HUDDLE: Aerosol Management: Part 1 Engineering Control Options to Reduce Risk of Airborne Diseases." Organization for Safety, Asepsis and Prevention (OSAP) Infection Control in Practice, Volume 22, No.1, February 2023.



March 23, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

During the review of documentation for the expansion request by the Carrington College – San Jose Dental Hygiene Educational Program (Carrington- San Jose), the Dental Hygiene Board of California (DHBC) discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the review are as follows:

1. Violation: Scheduling

- a. No breaks in between terms for Day or proposed Evening Cohorts.
- b. One term ends on a Friday, the next term begins on a Monday.
- c. Does not allow for rest, holidays, or religious observations.
- d. Carrington-San Jose was previously cited during their February 11, 2021 Site Visit for similar scheduling concerns of students not provided sufficient time to devote to rest, studying and outside commitments.
- e. Schedule changes (lack of breaks) began in August of 2020 and not reported to the DHBC nor CODA.

1. Refer to:

- a. BPC Section 1941.5(a)

The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed

by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.

b. 16 CCR Section 1105(a) and (d)

(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.

(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.

c. 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.

2. Determination:

a. **Not in Compliance.**

b. Carrington- San Jose is in violation of BPC Section 1941.5(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

c. Carrington- San Jose shall provide evidence of compliance to the above violations **by April 6, 2023.**

As Carrington- San Jose is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington- San Jose is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington- San Jose and for Carrington- San Jose's graduates to obtain a California license in dental hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California

Ravinder Dayal, Provost, Carrington College

Danielle Mills, Vice Provost, Carrington College

Jennifer Doupnik, Dean of Curriculum, Carrington College

Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-San Jose



May 3, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

On March 23, 2023, the Dental Hygiene Board of California (DHBC) determined 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 for the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-San Jose).

On April 5, 2023, Carrington-San Jose provided documentation to the DHBC in support of their scheduling practices. The results of the review are as follows:

1. Violation: Scheduling

- a. No breaks in between terms for Day or proposed Evening Cohorts.
- b. One term ends on a Friday, the next term begins on a Monday.
- c. Does not allow for rest, holidays, or religious observations.
- d. Carrington-San Jose was previously cited during their November 16, 2020 Site Visit for similar scheduling concerns of students not provided sufficient time to devote to rest, studying and outside commitments.
- e. Schedule changes (lack of breaks) began in August of 2020 and not reported to the DHBC nor CODA.

2. Response:

- a. Carrington-San Jose provided a narrative and supporting documentation regarding current scheduling practices.

3. Determination:

- a. **In Compliance.**

- b. Carrington-San Jose shall continue to maintain compliance with BPC Section 1941.5(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

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



March 2, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

On Wednesday, March 1, 2023, the Dental Hygiene Board of California (DHBC) conducted a limited facility site visit for the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-SJ). The DHBC discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the visit are as follows:

Violation: Infection Control and Environmental Infection Control

1. Site Visit:

- a. No ventilation nor room exhaust ventilation present in the central sterilization facilities for the sterilization section of the processing area.
- b. Floors visibly dirty.

2. Refer to:

- a. BPC Section 1941.5(a)
The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.
- b. 16 CCR Section 1105.2(d)(3)(C)
An educational program shall comply with local, state, and federal health and safety laws and regulations.

c. Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003

- Pages 22 through 23
 - i. "The sterilization section of the processing area should include the sterilizers and related supplies, with adequate space for loading, unloading, and cool down. The area can also include incubators for analyzing spore tests and enclosed storage for sterile items and disposable (single-use) items (260). Manufacturer and local building code specifications will determine placement and room ventilation requirements."
 - ii. "Other factors might apply (e.g., room exhaust ventilation or 10 air exchanges/hour) to ensure DHCP safety (266,271)."
- Page 44
 - i. Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or an EPA registered hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled (IB) (243,244).

3. Determination:

a. **Not in Compliance.**

- b. Carrington-SJ is in violation of BPC Section 1941.5(a), 16 CCR Section 1105.2(d)(3)(C), and the Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings — 2003.
- c. Carrington-SJ shall provide evidence of compliance to the above violations **by June 1, 2023.**

As Carrington-SJ is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington-SJ is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington-SJ and for Carrington-SJ's graduates to obtain a California license in dental hygiene.

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

same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

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



June 1, 2023

Mitch Charles
President
Carrington College – San Jose
5883 Rue Ferrari Suite 125
San Jose, CA 95138

Dear Mr. Charles,

On Wednesday, March 1, 2023, the Dental Hygiene Board of California (DHBC) conducted a limited facility site visit for the Carrington College – San Jose Dental Hygiene Educational Program (Carrington-SJ). The DHBC discovered that evidence of program compliance with the minimum Dental Hygiene Educational Program (DHEP) standards set by the Business and Professions Code (BPC), California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was deficient. The results of the visit are as follows:

On May 15, 2023, Carrington-SJ provided documentation demonstrating compliance to deficiencies. 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.
- b. Floors visibly dirty.

2. Carrington-SJ Response:

- a. Deficiency (a):
 - i. Carrington-SJ stated: "The following medical grade HEPA Air Scrubber has be (sic.) installed on May 10, 2023: KwiKool Bioair Max KBX600 UV-C Ionizing HEPA Air Scrubber."
 - ii. Provided Exhibit 1: Sales Receipt for "Air Scrubber."
 - iii. Photos of installation provided.

b. Deficiency (b):

- i. Carrington-Sacramento stated: "The clinic floors have been waxed and are scheduled to be professionally scrubbed quarterly. The daily maintenance will be managed during the lunch break and at the end of the day."
- ii. Provided Exhibit 2: Invoice for Floor Maintenance

3. Determination:

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

b. **Deficiency (a) not in compliance.**

- i. Carrington-SJ is in violation of BPC Section 1941.5(a), 16 CCR Section 1105.2(d)(3)(C), and the Department of Health and Human Services, Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health-Care Settings - 2003.
- ii. Carrington-SJ shall provide evidence of compliance to deficiency (a) **by July 15, 2023.**

As Carrington-SJ is operating outside the structured parameters of California law and CODA Standards with this deficiency, Carrington-SJ is therefore putting students, faculty, and the public at risk. Not complying with this deadline could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law will encourage the matter to be brought before the Board for further action, including risking the DHBC's approval of Carrington-SJ and for Carrington-SJ's graduates to obtain a California license in dental hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

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Ravinder Dayal, Provost, Carrington College
Danielle Mills, Vice Provost, Carrington College
Jennifer Doupnik, Dean of Curriculum, Carrington College
Tara T. Clor, MEd, RDH, Program Director, Department of Dental Hygiene, Carrington-SJ

Attachments:

1. "Guidelines for Environmental Infection Control in Health-Care Facilities" Centers for Disease Control and Prevention (CDC), 2003, Updated 2019:
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>
 - a. Please refer to highlighted areas on pages 27 - 30.
2. "TEAM HUDDLE: Aerosol Management: Part 1 Engineering Control Options to Reduce Risk of Airborne Diseases." Organization for Safety, Asepsis and Prevention (OSAP) Infection Control in Practice, Volume 22, No.1, February 2023.



May 8, 2023

Susan Sperling, Ph.D.
President
Chabot College
25555 Hesperian Boulevard
Hayward, CA 94545

Dear Dr. Sperling,

The Dental Hygiene Board of California (DHBC) reviewed the Chabot College Dental Hygiene Program (Chabot) Self Study as prepared for the Commission on Dental Accreditation (CODA). Based on the results of the review, 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 March 30, 2023, Chabot was notified of deficiencies and given a May 31, 2023 deadline to correct those deficiencies. Additionally, the DHBC conducted a site visit at Chabot's campus on May 2, 2023. The current status of deficiencies of minimum DHEP standards are as follows:

i. **Deficiency 1 - Student Clinical Hours**

a. Documentation provided in the Self Study:

i. Previous CODA Recommendation:

1. RECOMMENDATION # 3 (DH Standard 3-12): Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or replace clerical or clinical staff.

ii. Chabot stated:

1. "Fourth semester consists of a total of 15-hours clinical experience in DHYG81B and 2-hours of Seminar in DH82B. Due to there being fifteen clinical stations available, and twenty

students in a full-class, students are not able to achieve a consistent minimum of 12-hours of clinical time per week." (Self Study p. 61)

2. "To remedy this situation, when there are sixteen to twenty students in the second-year class, an additional faculty has been allocated to provide clinical supervision for one 3-hour session per week. In providing this additional clinical experience/time, all students are able to receive the minimum of 12-hours of clinical experience. During this additional clinic session, students are active in radiology, recirculation and instrumentation in our SIM Classroom." (Self Study p. 62)
3. "Currently, there are only thirteen students in the second-year dental hygiene class. As such, there are no rotations scheduled for the students. However, in a full class of 20 students, there are only 15 chairs available for patient care. Due to the requirement of the 5:1 Student/Faculty ratio, clinical faculty are unable to supervise additional students on the clinical floor. In order to achieve the weekly required 12-15 hours of clinical experience, when there are 16-20 students in the DH2 class, an additional faculty person will be present on the floor for 1 additional 3-hour session during the week." (Self Study p. 103)
4. "When the additional 3-hour clinic session is implemented, we will be able to ensure our students the minimal number of weekly hours, as well as enrichment opportunities through supervised participation in assisting in: radiology, recirculation and use of the SIM lab for instrumentation, fully supervised." (Self Study p. 104)

iii. Chabot provided student schedules for Fall 2022 and Spring 2023.

b. DHBC review of Self Study:

- i. Insufficient hours devoted to student clinical practice in both the first- and second-year cohorts.

c. Refer to:

- i. 16 CCR Section 1105(i):
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to

support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

ii. 16 CCR Section 1105(k):

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

iii. CODA Standard 2-10:

Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment. The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.

iv. CODA Standard 2-11:

The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

v. CODA Standard 3-12:

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

d. Determination:

i. **Not in compliance.**

ii. Chabot shall provide evidence of adequate student clinical practice pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), in addition to CODA Standards 2-10, 2-11, and 3-12.

ii. **Deficiency 2 - Formal Patient Care Quality Assurance Plan**

a. DHBC Review of Self Study:

- i. A Formal Patient Care Quality Assurance Plan was not provided in the Self Study.

b. Refer to:

- i. 16 CCR Section 1105(d):

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

- ii. CODA Standard 6-2:

The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria; b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided; c) mechanisms to determine the cause of treatment deficiencies; d) patient review policies, procedure, outcomes and corrective measures.

c. DHBC Site Visit Review:

- i. Chabot provided a Formal Patient Care Quality Assurance Plan pursuant to 16 CCR section 1105(d) and CODA Standard 6-2.

d. Determination:

- i. **In compliance.**

- ii. Chabot shall continue to provide a Formal Patient Care Quality Assurance Plan pursuant to 16 CCR section 1105(d) and CODA Standard 6-2.

iii. **Deficiency 3 - Depth of Experience Competencies and Graduation Competencies**

a. DHBC review of Self Study:

- i. Current competencies required represent light, moderate, and heavy calculus case types, but does not include required classifications of periodontal diseases to include patients who exhibit moderate to severe periodontal disease. (Document 1 p. 592)
- ii. Lack of documentation of all clinical competencies required for graduation.

b. Refer to:

- i. 16 CCR Section 1105(c):
Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum
- ii. 16 CCR Section 1105.2(b):
The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.
- iii. 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
- iv. 16 CCR Section 1105.2(f):
An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
- v. CODA Standard 2-6:
The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program

competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

- vi. CODA Standard 2-12:
Graduates must be competent in providing dental hygiene care for all patient populations including: 1) child; 2) adolescent; 3) adult; 4) geriatric; and 5) special needs.
- vii. CODA Standard 2-13:
Graduates must be competent in providing the dental hygiene process of care which includes: a) comprehensive collection of patient data to identify the physical and oral health status; b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs; c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health; d) provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health; e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved; f) complete and accurate recording of all documentation relevant to patient care.
- viii. CODA Standard 2-14:
Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

c. DHBC Site Visit Review:

- i. Chabot provided evidence of Depth of Experience Competencies and Graduation Competencies pursuant to 16 CCR Section 1105(c), 16 CCR Section 1105.2(b), 16 CCR Section 1105.2(e), 16 CCR Section 1105.2(f), In addition to CODA Standards 2-6, 2-12, 2-13, and 2-14.

d. Determination:

- i. **In compliance.**
- ii. Chabot shall continue to provide Depth of Experience Competencies and Graduation Competencies pursuant to 16 CCR Section 1105(c), 16 CCR Section 1105.2(b), 16 CCR Section 1105.2(e), 16 CCR Section 1105.2(f), In addition to CODA Standards 2-6, 2-12, 2-13, and 2-14.

iv. **Deficiency 4 - Program Director Schedule**

a. Documentation provided in the Self Study:

- i. "The workload of a full-time Contract, Regular, or Temporary Leave Replacement unit member shall be thirty (30) A Hour units or their equivalent per Academic Year." (SS p. 92)

b. DHBC review of Self Study:

- i. Program Director schedule reports 49 hours scheduled with 30 hours devoted to administration for Fall 2022 and 51.5 hours with 30 hours devoted to administration for Spring 2023. (Document 2 pp. 113-114)
- ii. Program runs two courses in summer, but no hours devoted to program administration. (Document 2 p. 134)

c. Refer to:

- i. 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
- ii. CODA Standard 3-2:
The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

d. DHBC Site Visit Review:

- i. Chabot provided evidence of a Program Director schedule pursuant to 16 CCR Section 1105.1(a) and CODA Standard 3-2.

e. Determination:

- i. **In compliance.**

- ii. Chabot shall continue to provide a Program Director schedule pursuant to 16 CCR Section 1105.1(a) and CODA Standard 3-2.

v. **Deficiency 5 - Learning Resources**

a. DHBC Site Visit Review:

- i. Radiology "Dexters" (anatomical heads to practice radiology techniques) lacking cheeks and needs repair or replacement.
- ii. Additional model trimmer needed for dental materials laboratory.

b. Refer to:

- i. 16 CCR Section 1105(i):
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
- ii. CODA Standard 4-2 a)
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;
- iii. 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.

c. Determination:

- i. **Not in compliance.**
- ii. Chabot shall provide evidence of learning resources pursuant to 16 CCR Section 1105.1(i) and CODA Standards 4-2 a) and 4-3.

You will be required to provide evidence of compliance to the above deficiencies no later than **September 15, 2023**. As Chabot's dental hygiene educational program is

operating outside the structured parameters of California law and CODA Standards with these deficiencies, Chabot is therefore putting students, faculty, and the public at risk.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If Chabot does not correct the above deficiencies by **September 15, 2023**, Chabot risks the DHBC's approval of the Chabot College Dental Hygiene Educational Program and for Chabot graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

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. Jamal Cooks, Vice President, Academic Services, Chabot College
Gabriel Chaparro, MAEd, BA, Dean of Health, Kinesiology & Athletics, Chabot College
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Dental Hygiene Board of California Enforcement Statistics

FY 22/23

Report data as of 6/30/2023

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
Complaints Received													
Consumer Complaints	4	10	5	10	6	7	12	6	10	10	10	10	100
Board Initiated Complaints	0	1	1	20	22	37	25	44	12	33	64	37	296
Arrests/Convictions	3	0	7	5	2	7	9	7	1	7	10	5	63
Applicants	4	8	2	8	0	3	2	4	1	1	3	3	39
Totals	11	19	15	43	30	54	48	61	24	51	87	55	498

Complaint Case Type Received													
Criminal Charges/Convictions	7	7	9	13	2	10	11	11	1	8	13	8	100
Incompetence/Negligence	0	1	1	2	1	0	3	0	0	2	2	2	14
Non-Jurisdictional	2	4	3	4	4	4	3	5	9	6	4	4	52
Sexual Misconduct	0	0	0	0	0	0	0	0	0	0	1	0	1
Substance Abuse - No criminal charges	0	0	1	0	0	0	1	0	0	0	0	0	2
Unprofessional Conduct	2	1	0	22	23	38	25	44	11	34	63	38	301
Unlicensed	0	3	0	1	0	0	3	1	2	1	3	2	16
Unsafe/Unsanitary Conditions	0	0	0	1	0	0	2	0	0	0	0	0	3
Other	0	3	1	0	0	2	0	0	1	0	1	1	9

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
Complaint Closures w/no additional Disciplinary or Administrative Action													
Application Approved	6	6	3	9	0	3	3	3	2	1	5	1	42
Insufficient Evidence	0	1	0	0	1	0	0	0	0	0	0	0	2
No Violation	0	6	1	9	0	2	3	3	9	2	1	0	36
No Jurisdiction	7	4	4	5	3	4	0	0	10	4	5	5	51
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)	0	0	4	2	3	0	1	0	6	4	4	5	29
Totals	13	17	12	25	7	9	7	6	27	11	15	11	160

Investigations

Open Investigations

Desk Investigations	83	77	71	78	99	142	110	161	118	70	96	100
Field Investigations	28	32	30	34	35	35	36	36	34	37	43	47
Totals	111	109	101	112	134	177	146	197	152	107	139	147

Closed Investigations

Desk Investigations	16	30	25	26	8	11	38	43	27	124	48	44
Field Investigations	2	4	4	4	2	3	5	3	5	0	0	0
Totals	18	34	29	30	10	14	43	46	32	124	48	44

Case Aging for Investigations (Open Cases)

Desk Investigations

0-6 months	55	43	39	45	64	100	69	121	102	30	54	46
7-12 months	15	19	16	16	14	19	17	17	16	17	18	18
>1 yr - 1.5 years	10	9	8	10	13	14	10	10	11	11	9	11
>1.5 years - 2 years	3	5	6	4	5	6	9	9	6	7	9	10
>2 years	1	2	2	3	3	3	5	4	6	6	6	6

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
Field Investigations												
0-6 months	14	17	17	21	19	19	19	20	16	15	19	23
7-12 months	13	12	10	11	13	14	15	14	13	18	17	16
>1 yr - 1.5 years	1	3	3	2	3	2	2	2	5	4	7	9
>1.5 years - 2 years	0	0	0	0	0	0	0	0	0	0	0	0
>2 years	0	0	0	0	0	0	0	0	0	0	0	0

Total

Attorney General's Office (AG)

Discipline

Cases Transmitted to AG	0	0	0	0	3	2	0	0	3	0	0	1
Statement of Issues Filed	0	0	0	0	0	0	3	0	0	1	0	0
Accusations Filed	0	0	0	1	0	0	0	0	1	0	0	1
Accusations Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0
Revocation	0	0	0	0	0	0	0	0	0	0	0	0
Surrender	0	0	0	0	0	0	0	0	0	0	0	0
Probation	0	0	0	0	3	0	0	0	2	2	1	0

Probation Subsequent

Discipline

Subsequent Case Transmitted to AG	0	0	0	0	1	0	1	0	0	0	0	0
Petition to Revoke Probation Filed	0	0	1	0	0	0	0	1	0	0	0	0
Accusation/Petition to Revoked Probation Filed	0	2	0	1	0	0	0	0	0	0	0	0
Revoked	0	0	1	0	0	0	0	0	0	0	0	1
Surrendered	0	0	0	0	0	0	0	0	0	0	1	0
Probation Extended	0	0	0	0	0	0	0	0	0	0	0	0

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30
All AG Cases Pending Disciplinary Action												
Totals	20	19	18	19	18	17	18	16	16	14	13	12

Total

Case Aging for Pending AG Cases From Time of Transmittal												
0-6 months	13	12	12	5	8	7	8	8	10	9	4	5
7-12 months	6	6	5	14	10	7	7	5	3	2	6	5
>1 yr - 1.5 years	0	0	0	0	0	3	3	3	3	3	3	2
>1.5 years - 2 years	1	1	1	0	0	0	0	0	0	0	0	0
>2 years	0	0	0	0	0	0	0	0	0	0	0	0

Citation/Fine												
Citations Issued	18	4	20	7	2	0	28	30	14	120	45	36
Citations Modified	1	0	0	0	0	0	2	0	1	6	4	1
Citation Affirmed	2	1	0	1	0	0	2	0	0	7	2	1
Citations Dismissed	2	0	0	1	0	0	1	0	1	7	2	0
Total Amount Ordered FY 22/23	\$268,750.00											

Probation												
Active Probationers	20	18	17	17	18	21	20	19	20	20	21	21
Tolled Probationers	3	3	3	3	3	3	3	3	3	3	3	3
Biological Testing Probationers	14	13	13	13	14	14	13	13	15	15	16	16
Positive Drug Screen for Banned Substances	0	0	0	0	0	0	0	0	0	0	0	1
Violations of Probation Addressed	0	2	0	0	1	0	0	1	2	0	2	1

Attachment 2: Application Received and Licenses Issued Statistics

APPLICATIONS RECEIVED: FY 2022/23															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
Initial Licensure Applications															
RDH Application by Exam	149	128	40	32	27	39	23	13	52	74	72	151	800		
RDH Application by Credential	1	9	2	4	3	1	5	2	8	1	4	2	42		
RDHAP Application	8	11	4	4	4	6	14	11	3	9	13	8	95		
Fictitious Name Permit Application	0	5	4	2	4	1	0	1	2	3	1	2	75		
License Renewal Applications															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
RDH Renewal Application	1,270	1,461	1,506	1,653	864	1,216	1,610	1,528	808	668	704	526	13,814		
RDHAP Renewal Application	54	51	59	50	31	39	45	111	26	22	22	17	527		
RDHEF Renewal Application	1	0	2	0	2	2	1	1	0	1	0	2	12		
Fictitious Name Permit Renewal Application	7	8	6	11	9	6	8	24	4	3	4	3	93		
LICENSES AND PERMITS ISSUED															
Type of License	Prior Years		Current Year FY 2022/23												
	FY 2019/20	FY 2020/21	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD
RDH License	659	802	55	112	129	125	42	44	35	33	13	38	80	114	820
RDHAP License	31	71	2	14	10	2	1	5	8	9	15	5	4	8	83
Fictitious Name Permit	13	14	1	4	2	1	3	1	0	2	1	1	0	1	17

Attachment 2 Law and Ethics Examination

License Type	Registered Dental Hygienist (RDH)								
Exam Title	RDH Law & Ethics Exam								
	Tested	Passed	%	Failed	%	1st Attempt to Pass Exam	%	Multiple Attempts to Pass Exam	%
FY 2020/21	917	815	89%	102	11%	726	89%	89	11%
Out of State	22	20	91%	2	9%	20	100%	0	0%
FY 2021/22	895	764	85%	131	15%	634	83%	130	17%
Out of State	17	15	88%	2	12%	14	93%	1	7%
FY 2022/23	1,050	843	80%	207	20%	691	82%	152	18%
Out of State	34	21	59%	13	41%	15	71%	6	29%

License Type	Registered Dental Hygienist in Alternative Practice (RDHAP)								
Exam Title	RDHAP Law and Ethics Exam								
	Tested	Passed	%	Failed	%	1st Attempt to Pass Exam	%	Multiple Attempts to Pass Exam	%
FY 2020/21	97	79	81%	18	19%	60	76%	19	23%
FY 2021/22	95	63	66%	32	34%	45	71%	18	29%
FY 2022/23	113	87	77%	26	23%	63	72%	24	28%
Out of State (Only recognized in CA)	0	0	0%	0	0%	0	0%	0	0%

Attachment 3: Licensing Population

Dental Hygiene License Population as of June 30, 2023		
License Type	License Status	Total
Registered Dental Hygienist (RDH)	Active	17,922
	Inactive	1,692
	*Delinquent	4,105
	*Cancelled	10,739
	*Revoked	43
	*Surrendered	35
	*Other (Deceased)	220
	Retired	287
Registered Dental Hygienist in Alternative Practice (RDHAP)	Active	738
	Inactive	56
	*Delinquent	109
	*Cancelled	79
	*Revoked	1
	*Surrendered	3
	*Other (Deceased)	2
	Retired	11
Registered Dental Hygienist in Extended Functions (RDHEF)	Active	20
	Inactive	2
	*Delinquent	4
	*Cancelled	6
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Fictitious Name Permit (FNP)	Active	135
	Inactive	0
	*Delinquent	71
	*Cancelled	95
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Licensed Subtotal (Active, Inactive)		20,565
*Non-Licensed Subtotal (Delinquent, Cancelled, Revoked, Surrendered, Other)		15,810
Total		36,375

Attachment 3: Licensing Population

License Status Definitions	
Active	Current and updated license and allowed to practice in CA. Continuing Education (CE) hours completed within the preceding 24 months (biennially) is required to renew the license.
Inactive	Current license but cannot practice in CA. CE hours are not required for the biennial license renewal (exempt).
Delinquent	Biennial license renewal not completed after expiration date. May not practice in CA unless proof of renewal is received and in processing (BPC 121).
Cancelled	License not renewed for 60 months after the last expiration and may not be renewed, restored, reissued, or reinstated (BPC 1939). May not practice in CA.
Retired	Cannot practice in CA and not renewable unless licensee re-activates the retired license and pays a one-time fee to re-activate and meet other requirements
Revoked	Disciplinary action taken; may not practice in CA.
Surrendered	Disciplinary action taken; may not practice in CA.

*Non-Licensed includes -Delinquent, Cancelled, Revoked, Surrendered and other.

DHBC LICENSE POPULATION IN CALIFORNIA BY COUNTIES	
ALAMEDA	682
AMADOR	32
BUTTE	131
CALAVERAS	36
COLUSA	8
CONTRA COSTA	665
DEL NORTE	8
EL DORADO	218
FRESNO	418
GLENN	7
HUMBOLDT	72
IMPERIAL	22
INYO	12
KERN	272
KINGS	59
LAKE	38
LASSEN	17
LIVINGSTON	1
LOS ANGELES	2,778
MADERA	59
MARIN	145
MARIPOSA	6
MENDOCINO	48
MERCED	87
MODOC	3
MONO	9
MONTEREY	171
NAPA	94
NEVADA	81
ORANGE	1,665
PLACER	457
PLUMAS	10
RIVERSIDE	990
SACRAMENTO	810
SAN BENITO	56
SAN BERNARDINO	804
SAN DIEGO	1,704
SAN FRANCISCO	242
SAN JOAQUIN	324
SAN LUIS OBISPO	223
SAN MATEO	335
SANTA BARBARA	207
SANTA CLARA	853
SANTA CRUZ	200
SHASTA	173
SIERRA	2
SISKIYOU	24
SOLANO	230
SONOMA	404
STANISLAUS	255
SUTTER	56
TEHAMA	41
TRINITY	3
TULARE	192
TUOLUMNE	37
VENTURA	507
YOLO	90
YUBA	28
CA TOTAL	17,101
DHBC LICENSE POPULATION LOCATED IN OTHER STATES OR COUNTRY	
OUTSIDE OF CALIFORNIA	983
OUT OF THE COUNTRY	61



MEMORANDUM

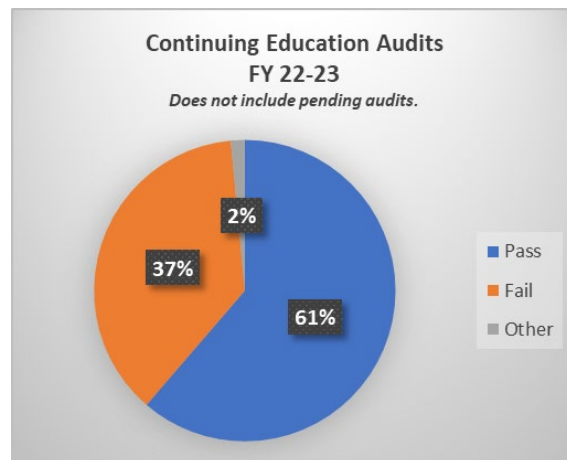
DATE	July 22, 2023
TO	Dental Hygiene Board of California
FROM	Sabra D'Ambrosio Continuing Education Audit Analyst
SUBJECT	FULL 13: Continuing Education Update

Continuing Education Update

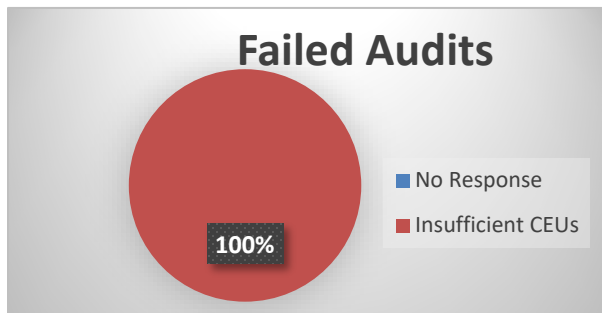
When initiating a CE audit, licensees are selected at random by the computer for staff to conduct the audit. The selected licensees have already completed their prior license renewals where they've attested under the penalty of perjury on the License Renewal Application that the number of required continuing education (CE) hours required by law to renew the license have been completed for the renewal.

In FY 2022/23, the Board initiated 696 Continuing Education (CE) audits through 6/30/2023. From the audits, there continues to be similar trends in the pass and fail rate of audited licensees.

Continuing Education Audits			
	FY 20/21	FY 21/22	FY 22/23
Pass	296	399	412
Fail	191	258	250
Other (Waived per 16 CCR 1017(m))	8	10	10
Pending	0	3	24
Total	495	670	696



The Board has received many reasons from licensees for failure to comply with the CE Audit. Frequently, licensees have expressed they have misplaced, destroyed, or lost their records. Pursuant to [Title 16 CCR 1017\(m\)](#), licensees shall retain for a period of three renewal cycles (6 years) the certificates of CE course completion issued to licensees and shall forward to the Board only upon request for an audit. A licensee who fails to retain the certification shall contact the CE provider to obtain a duplicate certification for submission to the Board and the licensee's record.



Failed audits are broken into two categories, No Response and Insufficient CEUs. Of those with insufficient CEUs, 22% failed to complete at least one mandatory CE course and 1% submitted a certificate with an invalid provider. The invalid provider may have had an expired permit, may not have been approved to teach a mandatory course, or may have had an invalid provider number.

Once a licensee has failed a CE audit, the file is forwarded to the Board's Enforcement Unit to work through them in issuing citation and fines with or without orders of abatement to address the CE deficiency. Pursuant to [Title 16 CCR 1139](#), the Board's Executive Officer or designee has the authority to issue a citation containing an order to pay a fine not to exceed \$5,000, and an order of abatement against a licensee for violation of the laws that govern the practice of dental hygiene. For failed CE audits, the Board has issued citation and fines in varying amounts ranging from \$250 - \$1,500 depending on the egregiousness of the failed audit. When issuing a citation, the Board considers many factors including but not limited to 1) The number of CE hours and type the licensee is deficient; 2) The licensee's reason for failing the audit; and 3) Whether the licensee completed mandatory CE hours in the required coursework of Infection Control, the Dental Practice Act, and Basic Life Support. Additionally, as with any citation that is issued, the Board references [Title 16 CCR 1140 Criteria to be Considered](#) when issuing a citation.

To communicate to licensees and the public, the Board has posted a link on the homepage of the website (www.dhbc.ca.gov) that opens directly to important continuing education information. Also, under the Licensee tab on the website, the open selection has a CE link to the same information. In addition, Board staff sent an email blast to all licensees and email subscribers about the CE Audit program and where to find CE information on our website.



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 14

Future Agenda Items



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 15

Closed Session – Full Board

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



Saturday, July 22, 2023

Dental Hygiene Board of California

Agenda Item 16

Adjournment.