



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 12.1c

Meeting Date: August 19, 2021

Subject: Approve the Charles A. Jones Career and Education Center's Program Name Change and/or Program Hours Change Requests

- ☐ Information Item Only
- ☒ Approval on Consent Agenda
- ☐ Conference (for discussion only)
- ☐ Conference/First Reading (Action Anticipated: _____)
- ☐ Conference/Action
- ☐ Action
- ☐ Public Hearing

Division: Academic Office

Recommendation: Approve program name changes and program hours changes

Background/Rationale: Pursuant to the Council on Occupational Education (COE) Policies and Rules for accreditation, the COE List of Approved Program names must exactly match our school catalogs. Any changes must be approved by our School Board. In 2017, we aligned our program names with the names attached to the federal CIP codes for CTE programs. The federal CIP code includes name categories that in some cases are very long. At that time, we requested name changes from the SCUSD school board, but did not realize due to COE policies, we were bound to use the entire name category every time we referred to the program in all media and program catalogs. For easier reference and more efficient processes, we are requesting to use shorter program names aligned to the same CIP categories, as follows: Heating, Ventilation, Air Conditioning and Refrigeration Service Technician; Medical Assistant; Nurse Assistant Training and Vocational Nursing. CAJ's Nurse Assistant Training program contains the minimum CA Dept. of Public Health recognized training hours of 164, plus 28 hours of skills training in the lab on campus to ensure skills competence. Total CAJ Nurse Assistant Training program hours is 192 hours. There are no changes needed to existing CIP codes.

Financial Considerations: None.

LCAP Goal(s): College, Career and Life Ready Graduates, Operational Excellence

Documents Attached:

1. Signature page for approvals to change CAJ program names/hours;
2. Approved CAJ Nurse Assistant Training Schedule showing 192 Hours of instruction;
3. CDPH Nurse Assistant Training program approval for CAJ showing new program name and minimum training hours.

Estimated Time of Presentation: N/A

Submitted by: Christine Baeta, Chief Academic Officer

Approved by: Jorge A. Aguilar, Superintendent

**Charles A. Jones Career and Education Center – 323100
Request for Program Changes Under 25%**

Approved Program Name	Heating, Air Conditioning, Ventilation and Refrigeration Maintenance Technology/Technician	Current CIP Code – No Change
Requested Program Name	Heating, Ventilation, Air Conditioning and Refrigeration Service Technician	47.0201

The changes herein are approved as noted:

Christina Pritchett, Board President (Trustee Area 3)
Sacramento City Unified School District

Date

Jorge A. Aguilar, Superintendent

Date

Charles A. Jones Career and Education Center – 323100
Request for Program Changes Under 25%

Approved Program Name	Medical / Clinical Assistant	Current CIP Code – No Change
Requested Program Name	Medical Assistant	51.0801

The changes herein are approved as noted:

Christina Pritchett, Board President (Trustee Area 3)
Sacramento City Unified School District

Date

Jorge A. Aguilar, Superintendent

Date

Charles A. Jones Career and Education Center – 323100
Request for Program Changes Under 25%

Approved Program Name	Nursing Assistant (Nursing Assistant / Aide and Patient Care Assistant / Aid)	Current Program Hours: 185	Current CIP Code – No Change
Requested Program Name	Nurse Assistant Training	New Hours: 192	51.3902

The changes herein are approved as noted:

Christina Pritchett, Board President (Trustee Area 3)
Sacramento City Unified School District

Date

Jorge A. Aguilar, Superintendent

Date

Charles A. Jones Career and Education Center – 323100
Request for Program Changes Under 25%

Approved Program Name	Vocational Nursing (Licensed Practical / Vocational Nursing Training)	Current CIP Code – No Change
Requested Program Name	Vocational Nursing	51.3901

The changes herein are approved as noted:

Christina Pritchett, Board President (Trustee Area 3)
Sacramento City Unified School District

Date

Jorge A. Aguilar, Superintendent

Date

CNA DAILY SCHEDULE Charles A. Jones S-1260 Theory Hours: 0700-1530 Lunch: 11:00-1130

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<p>Module 1: <u>INTRODUCTION</u> 2 hours A) Roles and responsibilities of a Certified Nurse Assistant (CNA) B) Title 22, division 5, California Code of Regulations, overview C) Requirements for nurse assistant certification D) Professionalism E) Ethics and Confidentiality</p> <p>Module 2: <u>PATIENT RIGHTS</u> 2 hours A) Title 22 B) Health and Safety Code C) Code of Federal Regulations</p> <p>Module 2: <u>HSC Patients' Rights</u> 1 hour D) Preventing, recognizing, and reporting residents' rights violations</p> <p>Module 17: <u>HSC ABUSE</u> 3 hours A) Preventing, recognizing, and reporting abuse</p> <p>THEORY: 8 HOURS</p>	<p>Module 17: <u>HSC ABUSE</u> 3 hours A) Mandated reporter, SOC 341</p> <p>Module 3: <u>INTERPERSONAL RELATIONSHIPS</u> 2 hours A) Communications B) Defense Mechanisms C) Sociocultural factors D) Attitudes toward illness and healthcare E) Patient safety</p> <p>Module 4: <u>PREVENTION AND MANAGEMENT OF CATASTROPHE AND UNUSUAL OCCURRENCES</u> 1 hour A) Emergency B) General safety rules C) Fire and disaster plans D) Roles and procedures for Certified Nurse Assistants (CNA) E) Patient safety</p> <p>Module 12: <u>EMERGENCY PROCEDURES</u> 2 hours A) Signs and symptoms of distress B) Immediate and temporary intervention C) Emergency codes</p> <p>THEORY: 8 HOURS</p>	<p>Module 6: <u>MEDICAL AND SURGICAL ASEPSIS</u> 2 hours A) Micro-organisms B) Universal precautions (Standard precautions) C) Basic principles of asepsis</p> <p>Module 5: <u>BODY MECHANICS</u> 2 hours A) Basic rules of body mechanics B) Transfer techniques C) Ambulation D) Proper use of body mechanics and positioning techniques</p> <p>Module 7: <u>WEIGHTS AND MEASURES</u> 1 hour A) The metric system B) Weight, length, and liquid volume C) Military time, 24-hour clock</p> <p><u>SKILLS LAB:</u> 3 hours Module 6 Module 5 Module 7</p> <p>THEORY: 5 HOURS SKILLS: 3 HOURS</p>	<p>Module 8: <u>PATIENT CARE SKILLS</u> 7 hours A) Bathing and medicinal baths B) dressing C) Oral Hygiene D) Hair care, hair shampooing, medicinal shampoo, nail care, and shaving E) Prosthetic devices</p> <p><u>SKILLS LAB:</u> 1 hour Module 8</p> <p>THEORY: 7 HOURS SKILLS 1 HOUR</p>	<p>Module 8: <u>PATIENT CARE SKILLS</u> 7 hours F) Skin care including prevention of decubitus ulcers G) Elimination needs H) Bowel and bladder retraining I) Weighing and measuring the patient</p> <p><u>SKILLS LAB:</u> 1 hour Module 8</p> <p>THEORY: 7 HOURS SKILLS: 1 HOUR</p>

DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
<p>Module 9: <u>PATIENT CARE PROCEDURES</u> 7 hours A) Collection of specimens, including stool, urine, and sputum B) Care of patients with tubing to include but not be limited to urinary, gastric, oxygen, and intravenous. This care does not include inserting, suctioning, or changing the tubes C) Intake and Output D) Bedmaking E) Cleansing enemas and laxative suppositories F) Admission, transfer, and discharge G) Bandages and nonsterile dry dressings, including the application of non-legend topical ointments to intact skin surfaces</p> <p><u>SKILLS LAB:</u> 1 hour Module 9</p> <p>THEORY: 7 HOURS SKILLS: 1 HOUR</p>	<p>Module 11: <u>NUTRITION</u> 2 hours A) Proper nutrition B) Feeding techniques C) Diet therapy</p> <p>Module 10: <u>VITAL SIGNS</u> 3 hours A) Purpose of vital signs B) Factors affecting vital signs C) Normal ranges D) Methods of measurement E) Temperature, pulse, respiration F) Blood pressure G) Abnormalities H) Recording</p> <p><u>SKILLS LAB:</u> 3 hours Module 10</p> <p>THEORY: 5 HOURS SKILLS: 3 HOURS</p>	<p>Module 13: <u>LONG TERM CARE RESIDENT</u> (2 Hours) A1) Special needs of persons with developmental and mental disorders including intellectual disability, cerebral palsy, epilepsy, Parkinson's disease and mental illness</p> <p>(2 Hours) A2) Special needs of persons with Alzheimer's disease and related dementias</p> <p>(1 Hour) B) Introduction to anatomy physiology C) Physical and behavioral needs and changes D) Community resources available E) Psychological, social, and recreational needs F) Common diseases and disorders including signs and symptoms</p> <p><u>SKILLS LAB:</u> 1 hour Communicating with Dementia Module 13 2 hours All skills</p> <p>THEORY: 5 HOURS SKILLS: 3 HOURS</p>	<p>Module 14: <u>REHABILITATIVE NURSING</u> 2 hours A) Promoting patients' potential B) Devices and equipment C) Activities of daily living D) Family interactions E) Complication of inactivity F) Ambulation G) Range of motion</p> <p>Module 16: <u>DEATH AND DYING</u> 2 hours A) Stages of grief B) Emotional and spiritual needs of the patient and family C) Rights of the dying patient D) Signs of approaching death E) Monitoring of the patient F) Post mortem care</p> <p><u>SKILLS LAB:</u> 3 hour Module 14 1 hour Module 16</p> <p>THEORY: 4 HOURS SKILLS: 4 HOURS</p>	<p>Module 15: <u>OBSERVATION AND CHARTING</u> 4 hours A) Observation of patients and reporting responsibility B) Patient care plan C) Patient care documentation D) Legal issues of charting E) Medical terminology and abbreviations</p> <p><u>SKILLS LAB:</u> 4 hours Practice all skills</p> <p>THEORY: 4 HOURS SKILLS: 4 HOURS</p>

DAY 11	DAY 12	DAY 13	DAY 14	DAY 15
<p><u>CLINICAL</u> Module 2: <u>RESIDENTS RIGHTS</u> 1 hour 1) Knock on door before entering 2) Pull privacy curtains during personal care 3) Keep patient information confidential 4) Treat patient with respect and dignity 5) Encourage patient to make choices 6) Explain procedures to patient</p> <p>Module 6: <u>MEDICAL AND SURGICAL ASEPSIS</u> 3 hours 1) Handwashing 2) Proper handling of linen</p> <p>Module 4: <u>PREVENTION AND MANAGEMENT OF CATASTROPHE AND ENVIRONMENTAL EMERGENCIES</u> 1 hour 1) Demonstrate fire/disaster procedures 2) Handles oxygen safely 3) Use of fire extinguisher</p> <p>Module 12: <u>EMERGENCY PROCEDURES</u> 1 hour 1) Apply postural supports as safety devices 2) Apply soft wrist restraints as safety devices 3) Heimlich maneuver for the conscious patient 4) Heimlich maneuver for the unconscious patient 5) Position call light properly</p> <p>Module 13: <u>RESIDENTS WITH SPECIAL NEEDS INCLUDING ALZHEIMER'S</u> 2 hours 1) Use of dementia related communication skills, including listening and speaking strategies 2) Identify your name and purpose of communication</p> <p>Clinical: 8 HOURS</p>	<p><u>CLINICAL</u> Module 6: <u>MEDICAL AND SURGICAL ASEPSIS</u> 2 hours 3) Use of standard precautions: <ul style="list-style-type: none"> Gloving Gowning Applying mask Continue practice Handwashing</p> <p>Module 5: <u>BODY MECHANICS</u> 2 hours 1) General use of gait belt 2) Assist patient to head of bed with two assistants 3) Turn and position the patient: <ul style="list-style-type: none"> Supine Side-lying Use of lift sheet </p> <p>Module 11: <u>NUTRITION</u> 2 hours 1) Feed the patient who is unable to feed themselves 2) Assist patient who can feed self</p> <p>Module 13: <u>RESIDENTS WITH SPECIAL NEEDS INCLUDING ALZHEIMER'S</u> 2 hours 3) Make eye contact at patient's eye level 4) Use of a continuum of verbal and other non-physical techniques such as redirect, for combative patients</p> <p>Clinical: 8 HOURS</p>	<p><u>CLINICAL</u> Module 6: <u>MEDICAL AND SURGICAL ASEPSIS</u> 3 hours 4) Dispose of trash and waste by double bagging</p> <p>Continue practice Handwashing, Proper Handling of linen, and standard precautions</p> <p>Module 5: <u>BODY MECHANICS</u> 2 hrs 4) Assist transfer from bed to chair or wheelchair 5) Assist transfer from chair or wheelchair to bed 6) Use of mechanical lift</p> <p>Module 11: <u>NUTRITION</u> 2 hours Continue practice 1) Feed the patient who is unable to feed themselves 2) Assist patient who can feed self</p> <p>Module 7: <u>WEIGHTS AND MEASURES</u> 1 hour 1) Measure oral intake 2) Measure urinary output 3) Use military time in documentation</p> <p>Clinical: 8 HOURS</p>	<p><u>CLINICAL</u> Module 10: <u>VITAL SIGNS</u> 2 hours 1) Measure and record temperature using mercury-free and electronic devices for: <ul style="list-style-type: none"> Oral Axillary Rectal </p> <p>Module 8: <u>PATIENT CARE PROCEDURES</u> 4 hours 1) Back Rub 2) Bed bath and partial bath</p> <p>Module 11: <u>NUTRITION</u> 2 hours 3) Verify patient is given the correct diet tray 4) Use of assistive devices such as orthopedic utensils, cups and other devices</p> <p>Clinical: 8 HOURS</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE SKILLS</u> 4 hours 3) Tub bath 4) Shower</p> <p>Module 10: <u>VITAL SIGNS</u> 2 hours 2) Measure and record pulse: radial and apical 3) Measure and record respiration</p> <p>Module 14: <u>REHABILITATIVE/ RESTORATIVE CARE</u> 2 hours 1) Perform range of motion exercises 2) Assist ambulation of patient using gait belt 3) Assist patient to ambulate with walker</p> <p>Clinical: 8 HOURS</p>

DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 5) Assist with oral hygiene 6) Mouth care on unconscious patient</p> <p>Module 15: <u>OBSERVATION AND CHARTING</u> 2 hours 1) Report appropriate information to charge nurse 2) Document vital signs, and activities of daily living timely and correctly</p> <p>Module 14: <u>REHABILITATIVE/ RESTORATIVE CARE</u> 2 hours 4) Assist patient to ambulate with cane 5) Proper use of rehabilitative devices</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 7) Denture care 8) Nail care</p> <p>Module 10: <u>VITAL SIGNS</u> 2 hours 5) Measure and record blood pressure: Manual (stethoscope, sphygmomanometer), and digital/electronic</p> <p>Module 15: <u>OBSERVATION AND CHARTING</u> 2 hours 3) Document changes in patient bodily functions and behavior 4) Participate in resident care planning</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 9) Comb patient hair 10) Shampoo bedridden resident 11) Shampoo w/ shower or tub bath</p> <p>Module 9: <u>RESIDENT CARE PROCEDURES</u> 4 hours 1) Collect and identify specimens: <ul style="list-style-type: none"> • Sputum • Urine: clean catch • Stool 2) Make occupied bed</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 6 hours 12) Use of medicinal shampoo 13) Shave patient w/ razor and electric shaver 14) Dress and undress patient 15) Change clothes of patient w/ IV</p> <p>Module 9: <u>RESIDENT CARE PROCEDURES</u> 2 hours 3) Make unoccupied bed 4) Administer commercially prepared cleansing enema</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 6 hours 16) Assist with use of urinal 17) Assist with use of the bedpan 18) Assist to toilet or bedside commode 19) Bladder retraining</p> <p>Module 9: <u>RESIDENT CARE PROCEDURES</u> 2 hours 5) Administer enemas- tap water, soap suds 6) Administer laxative suppository</p>
Clinical: 8 HOURS	Clinical: 8 HOURS	Clinical: 8 HOURS	Clinical: 8 HOURS	Clinical: 8 HOURS

DAY 21	DAY 22	DAY 23	DAY 24	
<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 20) Bowel retraining 21) Perineal care</p> <p>Module 9: <u>RESIDENT CARE</u> <u>PROCEDURES</u> 4 hours 7) Empty urinary bag 8) Care for patient with tubing:</p> <ul style="list-style-type: none"> • Oxygen • IV • Gastrostomy • Nasogastric • Urinary catheter 	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 22) Care and use of artificial limbs 23) Use and application of splints 24) Apply and remove behind-the-ear hearing aids</p> <p>Module 9: <u>RESIDENT CARE</u> <u>PROCEDURES</u> 4 hours 9) Apply antiembolic hose, elastic stockings (TED hose) 10) Admit, transfer, and discharge patient</p>	<p><u>CLINICAL</u> Module 8: <u>PATIENT CARE</u> <u>SKILLS</u> 4 hours 25) Measure height of patient in bed 26) Weigh patient in bed 27) Measure and weigh patient using upright scale</p> <p>Module 9: <u>RESIDENT CARE</u> <u>PROCEDURES</u> 4 hours 11) Apply non-sterile dressing 12) Apply topical non-prescription ointment</p>	<p>On campus 0700-1530</p> <p>SKILLS REVIEW FOR STATE EXAM</p> <p>PRACTICE ALL SKILLS</p>	<p>THEORY: 60 hrs SKILLS: 28 hrs CLINICAL: 104 hrs</p> <hr/> <p>TOTAL: 192 hours</p>
Clinical: 8 HOURS	Clinical: 8 HOURS	Clinical: 8 HOURS	SKILLS: 8 HOURS	

SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: _____

County: _____

Name and Main Address:

Theory Training Location Address: _____
(If different from Main address) _____

Telephone Number: _____

COMMENTS

Program Identification Number(s):

Program Expiration Date: _____

Training Program Schedule: _____

The written plan of the program is incomplete regarding:

Nurse Assistant Certification Training Program
(NATP) Application (CDPH 276S)
Nurse Assistant Training Program Skills Checklist (CDPH 276A)
Daily Nurse Assistant Training Program Schedule (CDPH 276B)
Nurse Assistant Training Program Individual Student Record
(CDPH 276C)
Disclosure Ownership and Control Interest Statement
(CDPH 276D)
Clinical Site Agreement (CDPH 276E)

Instructor(s):

Director of Staff Development (DSD) / Instructor Application
(CDPH 279)
Resume(s) with verifiable qualifications
1 year of verifiable experience in teaching adults **OR**
1 year of verifiable experience supervising nurse aides **OR**
Completion of a course in teaching adults (Attach the certificate
of completion)

☐ **Other (See Comments)**

Name of Approved RN Program Director

Susan Voisin

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS

School Name and Mailing Address:

Provider Identification Training Number:

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Charles a. Jones Career and Education Center
 5451 Lemon Hill Ave.
 Sacramento CA
 95824

School Phone: (916) 395-5800

County: Sacramento

School Theory Classroom Training Site Address: _____

(Only if different from the address listed above) _____

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a Skilled Nursing Facility or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check one):

☒ DAYS ☐ PM ☐ WEEKENDS

Name of Curriculum Used:

NATAP Model Curriculum (2018)

Student Fees:

\$2,185.00

Theory Hours:

7:00 AM- 3:30 PM

Clinical Hours:

6:30 AM-3:00 PM

We certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Laarni Gallardo BSN
 Signature of Registered Nurse Program Director

Laarni-gallardo@scusd.edu

Registered Nurse Program Director Email

Angela-hatter@scusd.edu

Owner/School Administrator Email

(916) 395-5800 ext. 701011

School Administrator phone including extension #

Angela Hatter
 Signature of Owner/School Administrator

Date

7-19-2021

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

Module	Name of the Module	Theory Hours	Clinical Hours
Module I:	Introduction	2	
Module II:	Patients' Rights	3	1
Module III:	Interpersonal Skills	2	
Module IV:	Prevention & Management of Catastrophe & Unusual Occurrences	1	1
Module V:	Body Mechanics	2	4
Module VI:	Medical and Surgical Asepsis; Infection Control	2	8
Module VII:	Weights and Measures	1	1
Module VIII:	Patient Care Skills	14	44
Module IX:	Patient Care Procedures	7	20
Module X:	Vital Signs	3	6
Module XI:	Nutrition	2	6
Module XII:	Emergency Procedures	2	1
Module XIII:	Long – Term Care Patient	5	4
Module XIV:	Rehabilitative Nursing	2	4
Module XV:	Observation and Charting	4	4
Module XVI:	Death and Dying	2	
Module XVII:	Abuse	6	
	Total hours	60	104

PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REVIEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:

- Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall include:
 - The student behavioral objective(s)
 - A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
 - The method of teaching
 - The method of evaluating knowledge and demonstrable skills
- Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
 - A listing of the duties and skills the nurse assistant must learn
 - Space to record the date when the nurse assistant performs each duty/skill
 - Spaces to note satisfactory or unsatisfactory performance
 - Signature of the approved Director of Staff Development / Instructor
- A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.
- A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.
- Clinical site agreement (CDPH 276E).
- Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

California Department of Public Health Use Only

Training Schedule Approved: X DAYS PM WEEKEND

Class Schedule – Hours: 7am - 3:30pm Clinical Schedule – Hours: 6:30am - 3pm

Date: 7/20/2021

Training Schedule Revision Date: 7/20/2021

☒ Approved By: Susan Voisin

(CDPH, ATCS, Training Program Review Unit Representative)

Received

03/24/2021

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
Fax (916) 324-0901 TPRU@cdph.ca.gov

Request for Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Training Site Approval (CTSA)

NOTE: NATP clinical training is allowed in nursing facilities: Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF/Developmentally Disabled (ICF/DD) or ICF/DD-nursing. HHP clinical training is allowed in SNFs, ICFs, Home Health, Hospice and Acute Care Hospitals. If the Department finds that a Nurse Aide Training and Competency Evaluation Program is not in compliance with the regulations or competency evaluation requirements, the Department may withdraw approval. An approved CTSA does not meet the requirements for the facility to "adopt an approved training program," California Health and Safety Code (HSC), §1337.1. This clinical site approval expires with the program expiration date.

THE NATP and HHP SHALL:

- Not conduct any clinical training in the nursing facility prior to approval by the Department and nursing facility, California Code of Regulations, Title (22 CCR), §71835(h)(3).
- Be responsible for all students and provide staff for clinical training in its entirety, 22 CCR, §71835(c).
- Assure the students have completed the Medical History, Physical Exam, and PPD signed off by the Physician, Physician Assistant, or Nurse Practitioner prior to any direct patient care, 22 CCR, §71835(f).
- Upon enrollment in a training program for nurse assistant certification, and prior to direct contact with residents, a candidate for training shall submit a training & examination application & the fingerprint cards to the State Department to receive a criminal record review through the Department of Justice, HSC, §1338.5(2)(A).
- Develop and provide a clinical training schedule with the nursing facility (content, date, time, training instructor), and retain the records of training for 4 years 22 CCR, §71835(b).
- Comply with the nursing facility policies and State and Federal laws and regulations.
- Be responsible for any damage to supplies, material, and equipment in nursing facility during training.
- Not impede on residence living area, i.e. patient dining room, recreational area etc.

THE NATP SHALL:

- Verify all students complete the required sixteen (16) federal hours prior to any direct contact and clinical training, Title 42, Code of Federal Regulations (42 CFR), §483.152(b)(1).
- Provide a minimum of 100 hours of clinical training between the hours of 6:00 a.m. and 8:00 p.m., 22 CCR, §71835(g).
- Only train 15 or fewer students per instructor, 22 CCR, §71835(m)(1).

No training ban per
NATCEP loss report

THE HHP SHALL:

- Provide 20 clinical hours for 40-hour HHP and 75 clinical hours for 120-hour HHP in a Department approved facility with emphasis on home care, 22 CCR, §74747(b) & (c).
- Provide personal care services by a registered nurse. Nutritionist, physical therapists, social workers & other health personnel may be involved in appropriate aspects of the training program, 22 CCR, §74747(d).

THE NURSING FACILITY SHALL:

- Allow the Agency to use the nursing facility for the clinical training according to agreed schedule.
- Not decrease facility staff because students are training in the facility and facility staff may not be used to proctor, shadow, or teach the training program students.
- Comply with all state and federal laws and regulations, 22 CCR, §71835(a).

By signing below, both parties agree with the terms listed above.

Name & Address of the Nursing Facility Asbury Park Nursing & Rehab Center 2257 Fair Oaks Blvd. Sacramento		F- 0 1 5 7		Name & Address of the NATP/HHP Charles A. Jones 5451 Lemon Hill Ave. Sacramento		S or HHP- 1 2 6 0	
Nursing Facility Administrator Name (Print Name) Doug Hawkins		ok		NATP/HHP Owner/Administrator Name (Print Name) Angela Hatter			
Nursing Facility Administrator (Signature) <i>Doug Hawkins</i>		Date 3/15/21		NATP/HHP Owner/Administrator (signature) <i>Angela Hatter</i>		Date 3/11/21	
Nursing Facility Director of Nursing (Print Name) Letty Marker		ok		NATP/HHP Program Director, RN (Print Name) Laarni Gallardo RN BSN			
Nursing Facility Director of Nursing (Signature) <i>Letty Marker</i>		Date 3/15/21		NATP/HHP Program Director, RN (Signature) <i>Laarni Gallardo RN BSN</i>		Date 03/11/21	
Approved For: <input checked="" type="checkbox"/> NATP <input type="checkbox"/> HHP				Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP			
Date 7/20/2021				TPRU Staff Initial: Susan Moisin			

Received

03/24/2021

California Department of Public Health (CDPH)
 Licensing and Certification Program (L&C)
 Aide and Technician Certification Section (ATCS)
 Training Program Review Unit (TPRU)
 MS 3301, P.O. Box 997416
 Sacramento, CA 95899-7416
 Fax (916) 324-0901 TPRU@cdph.ca.gov

Request for Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Training Site Approval (CTSA)

NOTE: NATP clinical training is allowed in nursing facilities: Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF/Developmentally Disabled (ICF/DD) or ICF/DD-nursing. HHP clinical training is allowed in SNFs, ICFs, Home Health, Hospice and Acute Care Hospitals. If the Department finds that a Nurse Aide Training and Competency Evaluation Program is not in compliance with the regulations or competency evaluation requirements, the Department may withdraw approval. An approved CTSA does not meet the requirements for the facility to "adopt an approved training program," California Health and Safety Code (HSC), §1337.1. This clinical site approval expires with the program expiration date.

THE NATP and HHP SHALL:

- Not conduct any clinical training in the nursing facility prior to approval by the Department and nursing facility, California Code of Regulations, Title (22 CCR), §71835(h)(3).
- Be responsible for all students and provide staff for clinical training in its entirety, 22 CCR, §71835(c).
- Assure the students have completed the Medical History, Physical Exam, and PPD signed off by the Physician, Physician Assistant, or Nurse Practitioner prior to any direct patient care, 22 CCR, §71835(f).
- Upon enrollment in a training program for nurse assistant certification, and prior to direct contact with residents, a candidate for training shall submit a training & examination application & the fingerprint cards to the State Department to receive a criminal record review through the Department of Justice, HSC, §1338.5(2)(A).
- Develop and provide a clinical training schedule with the nursing facility (content, date, time, training instructor), and retain the records of training for 4 years 22 CCR, §71835(b).
- Comply with the nursing facility policies and State and Federal laws and regulations.
- Be responsible for any damage to supplies, material, and equipment in nursing facility during training.
- Not impede on residence living area, i.e. patient dining room, recreational area etc.

THE NATP SHALL:

- Verify all students complete the required sixteen (16) federal hours prior to any direct contact and clinical training, Title 42, Code of Federal Regulations (42 CFR), §483.152(b)(1).
- Provide a minimum of 100 hours of clinical training between the hours of 6:00 a.m. and 8:00 p.m., 22 CCR, §71835(g).
- Only train 15 or fewer students per instructor, 22 CCR, §71835(m)(1).

No training ban per

THE HHP SHALL:

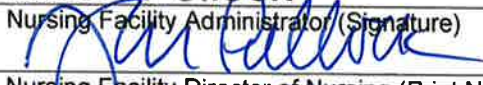
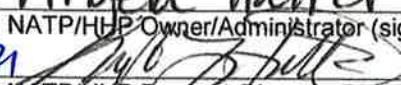
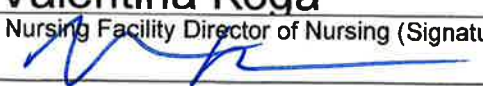
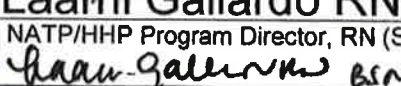
- Provide 20 clinical hours for 40-hour HHP and 75 clinical hours for 120-hour HHP in a Department approved facility with emphasis on home care, 22 CCR, §74747(b) & (c).
- Provide personal care services by a registered nurse. Nutritionist, physical therapists, social workers & other health personnel may be involved in appropriate aspects of the training program, 22 CCR, §74747(d).

THE NURSING FACILITY SHALL:

NATCEP loss report 7/19/2021

- Allow the Agency to use the nursing facility for the clinical training according to agreed schedule.
- Not decrease facility staff because students are training in the facility and facility staff may not be used to proctor, shadow, or teach the training program students.
- Comply with all state and federal laws and regulations, 22 CCR, §71835(a).

By signing below, both parties agree with the terms listed above.

Name & Address of the Nursing Facility Oakridge Healthcare Center 310 Oakridge Dr. Roseville CA 95678		F- 1 2 5 3		Name & Address of the NATP/HHP Charles A. Jones 5451 Lemon Hill Ave. Sacramento		S or HHP- 1 2 6 0	
Nursing Facility Administrator Name (Print Name) Jason Pollock		ok		NATP/HHP Owner/Administrator Name (Print Name) Angela Hatter			
Nursing Facility Administrator (Signature) 		Date 3/11/2021		NATP/HHP Owner/Administrator (signature) 		Date 3/11/21	
Nursing Facility Director of Nursing (Print Name) Valentina Koga		ok		NATP/HHP Program Director, RN (Print Name) Laarhi Gallardo RN BSN			
Nursing Facility Director of Nursing (Signature) 		Date 3/11/2021		NATP/HHP Program Director, RN (Signature) 		Date 03/11/21	
Approved For: <input checked="" type="checkbox"/> NATP <input type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Date 7/20/2021		TPRU Staff Initial: Susan Koisin	

Oak Ridge Healthcare Center

EXPIRES 3/31/2023

Received

03/24/2021

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
Fax (916) 324-0801 TPRU@cdph.ca.gov

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Name & Address of the Nursing Facility Sherwood Healthcare Center 4700 Elvas Ave. Sacramento CA		F- 0 3 4 3	Name & Address of the NATP/HHP Charles A. Jones 5451 Lemon Hill Ave. Sacramento		S or HHP- 1 2 6 0
Nursing Facility Administrator Name (Print Name) Dustin Murray		ok	NATP/HHP Owner/Administrator Name (Print Name) Angela Hatter		
Nursing Facility Administrator (Signature) Dustin Murray		Date 3/12/21	NATP/HHP Owner/Administrator (signature) Angela Hatter		Date 3/11/21
Nursing Facility Director of Nursing (Print Name) Vernica Lopez		ok	NATP/HHP Program Director, RN (Print Name) Laarni Gallardo RN BSN		
Nursing Facility Director of Nursing (Signature) Vernica Lopez		Date 3/12/21	NATP/HHP Program Director, RN (Signature) Laarni Gallardo RN BSN		Date 03/11/21
Approved For: <input checked="" type="checkbox"/> NATP <input type="checkbox"/> HHP Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP Date 7/20/2021 TPRU Staff Initial: Susan Voisin					

EXPIRES 3/31/2023