2016

#### **Nursing Assistant Program**

#### **Section One: Mission and Goals**

#### Mission of the department:

The CGCC Nursing Assistant Program transforms lives by instilling nursing assistant students with the necessary skills for succeeding in the health care job market and opening doors to future education.

#### Goals and objectives for the department for the next review cycle:

Goal: The CGCC Nursing Assistant Program will prepare students with the knowledge and skills needed to provide safe care to patients in long term and acute care settings.

Objective: The CGCC Nursing Assistant Program will be instrumental in assisting community health care facilities in satisfactorily meeting their nursing assistant workforce needs.

#### Nursing Assistant Program is offering these courses:

- 1) Nursing Assistant 1 (NA1) Course (NUR 90)
- 2) CNA2 Course (CEU 947J; non-credit). In-Active, effective spring 2015, due to required curriculum changes needing to be made and low enrollment in past courses. (Course was cancelled summer 2014 due to only 1 student enrolling).
- 3) Medication Aide Certification Course (CEU 946R; non-credit)

#### Section Two: Action on Previous Review's Recommendations

In October 2015, the Oregon State Board of Nursing (OSBN) conducted a biennial site survey of the CGCC Nursing Assistant Program and Certified Medication Aide Program. The survey findings, as well as the Plan of Correction, which was developed in response to the OSBN's findings/recommendations, are attached.

2016

#### Section Three: Assessment of Key Functions and Data Elements

#### Faculty:

The Nursing Assistant Program employs 3 Registered Nurses; all part time, including a part-time program director; all have been approved by the Oregon State Board of Nursing (OSBN) and copies of those approval letters are on file. One LPN is utilized as an in-kind clinical instructor; she also has been approved by the OSBN. For the Certified Medication Aide Course, the OSBN has approved 2 RNs and 2 LPNs as preceptors.

All Nursing faculty hold unencumbered Oregon RN (or LPN) licenses; those who are clinical instructors also hold current AHA BLS for Healthcare Provider cards. Many of them work in local facilities and participate in ongoing training through that employer. All are encouraged to participate in continuing education activities and several have completed required OSBN trainings in order to be approved for their positions here. These activities provide CGCC with individuals who are current and up to date with regards to tends in Nursing Assistant education. Faculty are aware of and encouraged to use the Professional Development funds allotted by the college.

#### Curriculum:

The curriculum for NA1 was newly revised spring 2015 to include OSBN changes to rules and authorized duties. OSBN approval assures that our curriculum content aligns with professional and state standards in order that course/program graduates are qualified to sit for the state certification exam. Our program director keeps in close communication with agency partners to gain input on how the program can continue to meet their training needs. Most students have an employment opportunity offered to them prior to taking the course.

Courses reviewed as per department schedule or within the last three years:

- The NA1 course completed the CGCC Course Assessment process winter 2014.
- 2) The NA1 Course and Certified Medications courses were reviewed most recently by the OSBN in 2015. A self-study was submitted and the OSBN conducted a site survey in October 2015.

- 3) Syllabi for NA1 and CMA have been updated fall term 2015.
- 4) NA Program policies have been reviewed/updated every 3 months. Most recent review: December 2015.

#### **Enrollment:**

Maximum student enrollment in courses is set by the OSBN. Currently, we can take up to 20 students in the NA1 course. Recent enrollment in this course has been 16 (summer 2015); 14 (fall 2015); 8 (winter 2016). Winter enrollment is lower due to scheduling issues with one of our community agencies but we expect enrollment to rebound in spring term. The need for nursing assistants and medication aides remains strong in our local community as evidenced by ongoing support from community agencies who hire program graduates. Two local agencies are also providing in-kind clinical instructors for 2015-2016 academic year.

Budget Resources: (see attachment). Additional funding sources and resources are being explored.

#### Section Four: Analysis of Assessment and New Recommendations

Based on analysis of the review:

- What new recommendations are being set by the department for the next review cycle?
  - 1) Continue to improve the program experience for the students, increase enrollment and improve student success.
  - 2) A program self-evaluation will be done of the CMA course in April 2016. The NA1 course will have a program self-evaluation due October 2016.
- What benchmarks will be used for assessment of the recommendations and any new activities being implemented during the next review cycle?
  - 1) Use the results of course assessments to assess effectiveness and improve program and teaching strategies. Enrollment numbers will be tracked and other avenues to

# 2016

encourage enrollment will be explored. Student success will be tracked through OSBN exam results.

2) Continued participation in OSBN's evaluations and surveys as well as their training opportunities.

#### Respectfully submitted,

Karren Middleton, RN, CGCC Nursing Assistant Program Director Doris R. Jepson, RN, MSN, Director of Nursing and Health Occupations

#### Attachments:

- OSBN report summaries for 2015 NA1 and CMA program reviews (full report on file)
- Site survey plan of correction
- OSBN letters of re-approval for NA1 and CMA programs
- Copy of 2015-2016 Budget for the Nursing Assistant (141) cost center



17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 (971) 673-0685 Fax: (971) 673-0684 Oregon.BN.INFO@state.or.us www.oregon.gov/OSBN

#### REPORT OF SURVEY VISIT COLUMBIA GORGE COMMUNITY COLLEGE OCTOBER 22 & 23, 2015

The Columbia Gorge Community College Nursing Assistant Training Program survey was conducted on October 22 & 23, 2015 by Debra K. Buck, RN, MS, Nursing Assistant Program Policy Analyst-Training and Assessment, for the Oregon State Board of Nursing.

- 1. PROGRAM DIRECTOR NAME Karren Middleton, RN
- 2. PRIMARY INSTRUCTOR NAME(S) Monica Bell, RN, Mercedes Bolton, RN, Carol Fisher, RN, Karren Middleton, RN, and Ann Shere, RN
- 3. NAME OF CLASSROOM TRAINING SITE(S) Columbia Basin Care Facility, Columbia Gorge Community College, Oregon Veterans Home, and The Dalles Health and Rehabilitation Center
- 4. NAME OF CLINICAL TRAINING SITE(S) Columbia Basin Care Facility, Oregon Veterans Home and The Dalles Health and Rehabilitation Center
- 5. INTERVIEWS WERE CONDUCTED WITH:
  Program Director/Primary Instructor <u>Karren Middleton, RN</u>
  Student(s) <u>Tyler Baskins, Cassie LaBone, Kristina Shelquist, and Kialie Starr</u>
- 6. INSPECTION OF PHYSICAL FACILITIES INCLUDED: Classroom/Lab Facility <u>Columbia Gorge Community College</u>

The report presents all standards for approval of training programs from OAR 851-061-0075 through 0120. Each standard is evaluated as "attained" or "not fully attained". The surveyor's comments are included for most standards and in every case when a standard was not fully attained.

#### SUMMARY LISTING OF COMMENDATIONS:

To the college administration for their support in the transition from the previous program director to the current program director.

To Karren Middleton for assuming the leadership of this program.

To the primary instructors for their dedication to their students' success.

#### **SUMMARY LISTING OF RECOMMENDATIONS:**

Develop a plan to evaluate all instructors and preceptors at least once every two years. Have the both the evaluator and the person being evaluated sign the evaluation form. Review, update, and develop as needed written policies necessary for the operation of the program. Include a signature and the dates to indicate when the policy was initiated, reviewed, or revised on the formal written policy.

Synchronize the information in the formal written policies with the information given to the students in the syllabus.

Submit a self-evaluation of the program in October 2016.

Develop a plan to submit program data timely upon request.

Implement a system to assure that accurate documentation supports the students' completion of the required skills on the laboratory & clinical skills checklist in accordance with the Board-approved curriculum.

Evaluate the effectiveness of the current teaching strategies used in lab and clinical and make the necessary changes to continue to increase the pass rate for first time candidates taking the Board-approved competency examination.

Utilize the Written and Skill Detail Reports to help diagnose weak areas in the content instruction.

Hold and encourage students to attend a review session for graduates a few days prior to the student's state certification exam test date.

Establish a system to ensure that all students' records meet the standards of OAR 851-061-0110(1)(d).

In all cases, "not fully attained" standards were deemed sufficiently met to merit the recommendation for continuing approval. All recommendations and commendations are intended as advisory to the training program.

The Columbia Gorge Community College Nursing Assistant Training Program continues to be approved, effective, October 23, 2015.

Evaluator- Debra K. Buck RN, MS

Signature Dolrak Buck RN

Program Director/Primary Instructor- Karen Middleton, RN

Signature Kouren Madelto ; KN



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#### REPORT OF SURVEY VISIT COLUMBIA GORGE COMMUNITY COLLEGE OCTOBER 23, 2015

The Columbia Gorge Community College Medication Aide Training Program survey was conducted on October 23, 2015 by Debra K. Buck, RN, MS, Nursing Assistant Program Policy Analyst-Training and Assessment, for the Oregon State Board of Nursing.

- 1. PROGRAM DIRECTOR NAME Karren Middleton, RN
- 2. PRIMARY INSTRUCTOR NAME(S) Monica Bell, RN, Mercedes Bolton, RN, Carol Fisher, RN, and Karren Middleton, RN
- 3. NAME OF CLASSROOM TRAINING SITE(S) Columbia Gorge Community College
- 4. NAME OF CLINICAL TRAINING SITE(S) Columbia Basin Care Facility, Oregon Veterans Home and The Dalles Health and Rehabilitation Center
- 5. INTERVIEWS WERE CONDUCTED WITH:
  Program Director/Primary Instructor <u>Karren Middleton</u>, RN
- 6. INSPECTION OF PHYSICAL FACILITIES INCLUDED: Classroom/Lab Facility <u>Columbia Gorge Community College</u>

The report presents all standards for approval of training programs from OAR 851-061-0075 through 0120. Each standard is evaluated as "attained" or "not fully attained". The surveyor's comments are included for most standards and in every case when a standard was not fully attained.

during instructional hours throughout the training period.

Standard: Met

Evidenced by:

Faculty Interview

Student Interviews

#### Comment:

The lab does have the appropriate materials, equipment, and supplies including a medication cart available for practice by students.

- (4) Resources shall include:
  - (a) Needed A-V equipment or modules; and
  - (b) Access to library resources.

Standard: Met

Evidenced by:

Faculty Interview

Student Interviews

#### Comments:

The instructor does have access to current and relevant audiovisuals and library resources. There is a plan for reviewing and updating resources on a routine basis.

## **SUMMARY LISTING OF COMMENDATIONS:**

To the college administration for their support in the transition from the previous program director to the current program director.

To Karren Middleton for assuming the leadership of this program.

To the primary instructors for their dedication to their students' success.

#### SUMMARY LISTING OF RECOMMENDATIONS:

Develop a plan to evaluate all instructors and preceptors at least once every two years. Review, update, and develop as needed written policies necessary for the operation of the program. Include a signature and the dates to indicate when the policy was initiated, reviewed, or revised on the formal written policy.

Synchronize the information in the formal written policies with the information given to the students in the syllabus.

Have the both the person doing the orientation and the person being oriented sign the orientation form.

Create a form to allow the students to evaluate the course content, instructional effectiveness, and other aspects of the learning experience through an anonymous and confidential process.

Submit a self-evaluation of the program in April 2016.

Develop a plan to submit program data timely upon request.

Maintain a copy of the student's current CNA 1 certification, nursing assistant training program certificate of completion, and proof of at least six months full time experience as a nursing assistant since graduation from a basic nursing assistant training program in all student records.

Make sure that documentation supports the gradual increasing of the number of clients to whom the student is administering medications.

Implement a system to assure that accurate documentation supports the students' completion of the required skills on the laboratory & clinical skills checklist in accordance with the Board-approved curriculum.

Evaluate the effectiveness of the current teaching strategies used in lab and clinical and make the necessary changes to continue to increase the pass rate for first time candidates taking the Board-approved competency examination.

Utilize the Written Detail Report to help diagnose weak areas in the content instruction. Hold and encourage students to attend a review session for graduates a few days prior to the student's state certification exam test date.

In all cases, "not fully attained" standards were deemed sufficiently met to merit the recommendation for continuing approval. However, due to the repeat number of "not fully attained" or "not met" standards, this program will be re-visited in one year. All recommendations and commendations are intended as advisory to the training program. The Columbia Gorge Community College Medication Aide Training Program continues to be approved, effective, October 23, 2015.

Evaluator- Debra K. Buck RN, MS

Signature Dolra Kruck RN

Program Director/Primary Instructor- Karen Middleton, RN

Signature



Columba Gorge Community College 400 E Scenic Drive The Dalles, Oregon 97058 541-506-6165 www.cgcc.edu

To: Oregon State Board of Nursing

December 20, 2015

Attn: Debra K. Buck, RN, MS

Re: Nursing Assistant and Medication Aide programs plans of correction in

response to survey dated October 23, 2015.

Haven Middleton, Ru

Dear Debra,

Please see the attached plans of corrections for both of my current programs, as well as new program policies. If anything else is needed please let me know.

Sincerely,

Karren Middleton, RN

**CGCC CNA Program Director** 

## **Basic Nursing Assistant/ Medication Aide Policy Statement**

#### Medication Aide Student Schedule and Clinical documentation

1. Student schedules must be completed and provided to the student, the clinical teaching associate, the Program director and the facility DNS prior to the start of clinicals. 2. Schedules will reflect the following: a gradual increase in the number of clients to whom the students are passing medications. 3. At the end of the clinical experience the student must meet with the program director OR the Primary instructor to assure documentation of requirements for class have been met.

| Program Direct             | or Date Initiated |
|----------------------------|-------------------|
| Date reviewed              |                   |
| Date reviewed              |                   |
| Date reviewed _            |                   |
| Date reviewed <sub>a</sub> |                   |
| Date reviewed              |                   |

# Basic Nursing Assistant/ Medication Aide Policy Statement

# Medication Aide Student Proof of eligibility

To ensure that each student is eligible to take the medication aide class, proof of eligibility must be on file prior to start of class.
 Documentation must include the following. 1. Proof of current CNA license (OSBN verification print-out) 2. Copy of CNA training Certificate from an accredited program 3. Letter of eligibility from employer stating that CNA has been employed for at least 6 months full time as a CNA

| Program Directo | r Date Initiated |
|-----------------|------------------|
| Date reviewed _ |                  |
| Date reviewed _ |                  |
| Date reviewed   |                  |
|                 |                  |
| Date reviewed   |                  |
| Date reviewed   |                  |
| Date reviewed   |                  |

# Basic Nursing Assistant/ Medication Aide Policy Statement

# **Evaluation of Program Instructors**

1. To ensure that each instructor involved in The NA and MA programs are evaluated at least once every 2 years, each instructor shall be evaluated by the Program director within 2 months of their yearly anniversary of hire to the program. A calendar will be kept with evaluation due dates, and each evaluation will be signed by both the instructor and the program director.

| Program Director | Date Initiated   |
|------------------|--|
| Date reviewed    | relinator", jakkovitas jakonne pyropuminosi. "To tulministinder v mes programati kilosistinin nam "nyvy apyropusia" kilos |
| Date reviewed    |  |

# MEDICATION AIDE CHECKLIST FOR CLASS COMPLETION

| STUDENT NAME                             |       |    |
|--|-------|----|
| 1. SURVEY GIVEN                          | YES   | NO |
| 2. ORIENTATION CHECKLIST                 | YES . | NO |
| 3. CLINICAL TIME SHEET                   | YES _ | NO |
| 4. CLINICAL PERFORMANCE SHEET            | YES   | NO |
| 5. CRITICAL ELEMENTS CHECK OFF           | YES _ | NO |
| 6. PRINT CERTIFICATION                   | YES   | NO |
| 7. PRINT APPLICATION (from OSBN website) | YES   | NO |
| STUDENT SIGNATURE                        |       |    |
| INSTRUCTOR SIGNATURE                     |       |    |

# Follow up to OSBN Site Visit 2015 (Nurses Aide) October 2015

- 1. Plan to evaluate all instructors at least once within each 2 year period. Each Instructor involved in the program must be evaluated by the program director within 2 months of their anniversary of joining the program a calendar will be kept with evaluation due dates. (evaluation to be signed by both evaluator and instructor)
- 2. RE: program policies, review the policies at the end of each course and make changes as applicable as changes are made, update the syllabus to reflect any policies that need to be provided to students (also see # 8)
- 3. Orientation forms to be signed by both parties
- 4. Create a form/system for confidential evaluation of the program by the students. This has been done in the past, but has not been consistently utilized, but, will in future classes.
- 5. Plan to submit a self eval in October of 2016
- 6. Program data will be supplied in a timely manner; returned by prospective due dates as requested by OSBN
- 7. To ensure that all student's records meet the standards of OAR 851-061-0110: At the end of each class and again at the completion of each clinical experience it will be required for each student to meet with the program director to go over and assure that all papers are complete and documentation is on file for class/clinical requirements before student receives certificate.
- 8. Until pass rates reach desired goal of 85% for this program, a form will be created for the clinical site, and the instructors to give feedback on which parts of our program appear to be successful and which need improvement; topics will include perception of student knowledge, classroom and clinical participation as well as any other observations that will help improve our program.
- 9. In an effort to increase student pass rates students will be scheduled for a class review 3 weeks after clinical completion prior to their exam date and strongly encouraged to attend.

# Follow up to OSBN Annual Site Visit (Medication Aide) October 2015

- 1. Plan to evaluate all instructors at least once within each 2 year period. Each employee involved in the program must be evaluated by the program director within 2 months of their anniversary of joining the program a calendar will be kept with evaluation due dates. (to be signed by both evaluator and instructor)
- 2. RE: program policies, review the policies at the end of each course and make changes as applicable as changes are made, update the syllabus to reflect any policies that need to be provided to students (also see # 10)
- 3. Orientation forms to be signed by both parties
- 4. Create a form/system for confidential evaluation of the program by the students this system has been used in the past, but has not been consistently utilized, but, will in future classes.
- 5. Plan to submit a self eval in April of 2016
- 6. Program data will be supplied in a timely manner; returned by prospective due dates as requested by OSBN
- 7. Create a policy that states CNA1 certificates must be on file, a letter from employer stating that CNA has been employed for 6 months full time prior to start of class and a printed license verification from OSBN website. All to be filed in student record.
- 8. Clinical schedules for Medication Aide students must be provided in writing to program director, Clinical facility DNS, the clinical teaching associate and the student prior to start of clinicals. In addition, it must be clear to whomever is doing the schedule that the student's clinical experience must include a gradual increase in number of clients to whom students are passing medications. (will create a formal policy stating how clinical documentation is to be done so that it is consistently showing that required skills have been demonstrated and shown competency by the student that will be given to the facility AND the clinical teaching associate as well as the scheduling requirements)



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November 13, 2015

Karren Middleton RN Columbia Gorge Community College 400 E Scenic Dr The Dalles, OR 97058

Dear Karren:

I am happy to inform you that the Columbia Gorge Community College Nursing Assistant Training Program continues to be approved, effective, October 23, 2015.

Please read through the enclosed survey report, sign both copies, and return one copy to the Board office with a written plan of correction within the next 30 days. The other copy is for your records. I have also enclosed a copy of the student evaluation summary for your records. I am positive that you will appreciate their comments.

I look forward to working with you and your faculty in the future.

Sincerely,

Debra KBuck RN

Debra K. Buck, RN, MS Policy Analyst- Training & Assessment



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> Fax: (971) 673-0684 Oregon.BN.INFO@state.or.us www.oregon.gov/OSBN

November 13, 2015

Karren Middleton RN Columbia Gorge Community College 400 E Scenic Dr The Dalles, OR 97058

Dear Karren:

I am happy to inform you that the Columbia Gorge Community College Medication Aide Training Program continues to be approved, effective, October 23, 2015. However, due to the number of repeat "not fully attained" or "not met" standards, this program will be re-visited in one year.

Please read through the enclosed survey report, sign both copies, and return one copy to the Board office with a written plan of correction within the next 30 days. The other copy is for your records.

I look forward to working with you and your faculty in the future.

Sincerely,

Dobra K Buck KN

Debra K. Buck, RN, MS Policy Analyst- Training & Assessment

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| 23,027 ( 5,392) 7,500 ( 3,625) 30,527 ( 9,017) 2,493 ( 267) 151 ( 19) 14 ( 6) 553 546 6,092 1,992 0 0 0 0 0 0 1,401 1,401 10,704 3,647 100 ( 60) 0 0 0 1,498 490 0 0 0 1,498 490 0 0 0 1,498 6,985 300 300 200 657 100 ( 60) 0 64,378 ( 3,628)   | Account    | unt                             | Audited<br>2012-13 | Audited<br>2013-14 | Adjusted<br>2014-15 | Proposed<br>2015-16 | Approved<br>2015-16 | Adopted<br>2015-16 | \$Chg<br>Incr(Decr) | Adopted<br>% of<br>Prior Bat |
|--|------------|---------------------------------|--------------------|--------------------|---------------------|---------------------|---------------------|--------------------|---------------------|------------------------------|
| Part The Incurrence   Part Properties   Part P | 100-12-141 | i F                             |                    |                    |                     |                     |                     |                    |                     |                              |
| SAPET PREPRIE         SABART PROPRIE         26.479         24.477         21.027         2.5027         (5.529)           SPICAL PART PROPRIE         1.357         11.1257         21.472         7.500 <td></td> <td>REQUIREMENTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |            | REQUIREMENTS                    |                    |                    |                     |                     |                     |                    |                     |                              |
| Part There is no control or con |            | SALARY EXPENSE                  |                    |                    |                     |                     |                     |                    |                     |                              |
| TOTAL SACIOLE SECURITY MARCES         118.378         11.1857         11.1126         7.500  | 11-6421    | PART TIME INSTRUCTOR WAGES      | 26,998             | 26,479             | 28,419              | 23,027              | 23,027              | 23,027             | ( 5.392)            | 81%                          |
| TOTAL SALARY EXPENSE         45,347         38,336         38,544         30,527         30,527         30,527         30,527         4,017           TOTAL SALARY EXPENSE         3,461         4,996         2,790         2,482         2,483         2,493   | 11-6442    | SPECIAL PROJECT WAGES           | 18,369             | 11,857             | 11,125              | 7,500               | 7,500               | 7,500              | (3,625)             | %19                          |
| OFFICE PAYROLL EXPENSE         3.461         4.995         2,780         2,483         2,483         ( 257)           SOCAL SCORING         2,31         194         170         161   |            | TOTAL SALARY EXPENSE            | 45,367             | 38,336             | 39,544              | 30,527              | 30,527              | 30,527             | ( 9,017)            |                              |
| SYCAL PROPRIETY NEW CREENS CAMPERS C |            | OTHER PAYROLL EXPENSE           |                    |                    |                     |                     |                     |                    |                     |                              |
| WORKERS REMETTEUNINS         213         194         170         161         151   | 11-6901    | SOCIAL SECURITY                 | 3,461              | 4,995              | 2,760               | 2.493               | 2.493               | 2.493              | (787.)              | %U0                          |
| STANTEWORKERAIS BINEFIT FIND         23         25         14         14         14         14         14         16         19         <  | 11-6902    | WORKERS COMPENSATION INS        | 213                | 194                | 170                 | 151                 | 151                 | 151                | ( 201)              | %0%                          |
| DECEMBRY   NEURANCE   1011   831   7   565   5 | 11-6903    | STATE WORKERS BENEFIT FUND      | 23                 | 25                 | 20                  | 14                  | 4                   | 14                 | <u> </u>            | %02<br>40%                   |
| PISACINICANCE   3,447   7,179   4,100   6,092   6,092   1,99 | 11-6904    | UNEMPLOYMENT INSURANCE          | 1,011              | 831                | 7                   | 553                 | 553                 | 553                | 546                 | %0062                        |
| Perso Bellit   Nisurance   0   | 11-6905    | PERS                            | 3,447              | 7,179              | 4,100               | 6,092               | 6,092               | 6,092              | 1,992               | 149%                         |
| HITTHIN HISPANCIE   Colorad  | 11-6906    | DISABILITY INSURANCE            | 0                  | 0                  | 0                   | 0                   | 0                   |                    |                     | L L                          |
| PERSITH INSURANCE   0  | 11-6907    | LIFE INSURANCE                  | 0                  | 0                  | 0                   | 0                   | 0                   | 0                  |                     | E C                          |
| TOTAL CHAPITATION FUND   0 0 0 1,401   1,401 | 11-6908    | HEALTH INSURANCE                | 0                  | 0                  | 0                   | 0                   | 0                   | 0                  |                     |                              |
| TOTAL OTHER PAYROLL EXPENSE         8,155         13,224         7,057         10,704         10,704         10,704         1,0774         3,647           MATERIALS & SERVICES         MATERIALS & SERVICES         1,373         1,474         937         2,212         2,212         2,212         1,275         2,367           INSTRUCTIONAL CONTRACTED SERV         1,375         1,474         937         2,212         2,212         2,212         1,276         1,276         2,09           POC CONTRACT EXPENSE         2,055         0 </td <td>11-6951</td> <td>PERS BENEFIT EQUALIZATION FUND</td> <td>0</td> <td>0</td> <td>0</td> <td>1,401</td> <td>1,401</td> <td>1.401</td> <td>1.401</td> <td>2 2</td>   | 11-6951    | PERS BENEFIT EQUALIZATION FUND  | 0                  | 0                  | 0                   | 1,401               | 1,401               | 1.401              | 1.401               | 2 2                          |
| MATERIALS & SERVICES         1,373         1,474         937         2,212         2,212         1,275         1,275           PCC CONTRACTED SERV         1,373         1,474         937         2,212         2,212         1,275         1,275           PCC CONTRACT EXPENSE         1,055         0  | ļ.         | TOTAL OTHER PAYROLL EXPENSE     | 8,155              | 13,224             | 7,057               | 10.704              | 10,704              | 10.704             | 3.647               | }                            |
| NSTRUCTIONAL CONTRACTED SERV         1,373         1,474         937         2,212         2,212         2,212         1,275           PCC CONTRACT EXPENSE         2,056         0         0         0         0         0         0         0           POSTAGE         17         0<  |            | MATERIALS & SERVICES            |                    |                    |                     |                     |                     |                    |                     |                              |
| PCC CONTRACT EXPENSE         2.055         0 <td>11-7206</td> <td>INSTRUCTIONAL CONTRACTED SERV</td> <td>1,373</td> <td>1,474</td> <td>937</td> <td>2.212</td> <td>2.212</td> <td>2 242</td> <td>1 275</td> <td>236%</td>  | 11-7206    | INSTRUCTIONAL CONTRACTED SERV   | 1,373              | 1,474              | 937                 | 2.212               | 2.212               | 2 242              | 1 275               | 236%                         |
| POSTAGE         POSTAGE           SHIPPING & FREIGHT         174         132         123         123         137         137         137         14         11           SHIPPING & FREIGHT         174         132         123         123         137         137         137         14         11           SHIPPING & PRINTING         185         0  | 11-7211    | PCC CONTRACT EXPENSE            | 2,055              | 0                  | 0                   | i C                 | i c                 | į<br>1             | 677.                | 6,00,7                       |
| SHIPPING & FREIGHT         174         132         123         137         137         137         137         144         11           PRINTING & DUPLICATING         185         0   | 11-7510    | POSTAGE                         | 17                 | 0                  | 0                   |                     | o c                 | o c                | <b>•</b>            | <u> </u>                     |
| PRINTING & DUPLICATING         185         0 <td>11-7521</td> <td>SHIPPING &amp; FREIGHT</td> <td>174</td> <td>132</td> <td>123</td> <td>137</td> <td>137</td> <td>137</td> <td>&gt; 5</td> <td>111%</td>  | 11-7521    | SHIPPING & FREIGHT              | 174                | 132                | 123                 | 137                 | 137                 | 137                | > 5                 | 111%                         |
| INSTRUCTIONAL SUPPLIES   2,687   1,008   1,498   1,498   1,498   490   1490   | 11-7601    | PRINTING & DUPLICATING          | 185                | 0                  | 0                   | 0                   | ;                   | <u> </u>           | <u>+</u> c          | 2 0                          |
| OFFICE SUIPPLIES         96         0  | 11-8006    | INSTRUCTIONAL SUPPLIES          | 2,793              | 2,687              | 1,008               | 1.498               | 1.498               | 1 498              | 490                 | 110%                         |
| CONFERENCE FIES         325         0         175         700         700         700         525         40           EMPLOYEE TRAVEL         110         216         0         300   | 11-8009    | OFFICE SUPPLIES                 | 96                 | 0                  | 0                   | 0                   | 0                   |                    | OFF                 | 2 6                          |
| EQUIPMENT REPAIR         110         216         0         300   | 11-8201    | CONFERENCE FEES                 | 325                | 0                  | 175                 | 200                 | 200                 | 2002               | 505                 | 400%                         |
| EQUIPMENT REPAIR         143         0         143         200         200         200         200         50         57         14           MISCELLANEOUS FEES         215         75         160         100         100         100         100         60<   | 11-8205    | EMPLOYEE TRAVEL                 | 110                | 216                | 0                   | 300                 | 300                 | 300                | 300                 | 2 2                          |
| MISCELLANEOUS FEES         215         75         160         100         100         100         60         60         65           INSTRUCTIONAL EQUIPMENT <\$5000   | 11-8508    | EQUIPMENT REPAIR                | 143                | 0                  | 143                 | 200                 | 200                 | 200                | 22                  | 140%                         |
| INSTRUCTIONAL EQUIPMENT <\$5000         824         350         859         0         0         0         (859)           TOTAL MATERIALS & SERVICES         8,309         4,934         3,405         5,147         5,147         5,147         1,742           TOTAL MATERIALS & SERVICES         8,309         4,934         3,405         5,147         5,147         1,742           CAPITAL OUTLAY         1,742         1,742         1,742         1,742           INSTRUCTIONAL EQUIPMENT >\$500            | 11-8517    | MISCELLANEOUS FEES              | 215                | 75                 | 160                 | 100                 | 100                 | 100                | 609                 | 63%                          |
| TOTAL MATERIALS & SERVICES         8,309         4,934         3,405         5,147         5,147         5,147         1,742           CAPITAL OUTLAY         CAPITAL OUTLAY         0   | 11-8803    | INSTRUCTIONAL EQUIPMENT <\$5000 | 824                | 350                | 859                 | 0                   | 0                   | 0                  | (859)               | 200                          |
| CAPITAL OUTLAY           INSTRUCTIONAL EQUIPMENT >\$5000         5,500           | ļ          | TOTAL MATERIALS & SERVICES      | 8,309              | 4,934              | 3,405               | 5,147               | 5,147               | 5,147              | 1,742               |                              |
| INSTRUCTIONAL EQUIPMENT > \$500         5,500            |            | CAPITAL OUTLAY                  |                    |                    |                     |                     |                     |                    |                     |                              |
| TOTAL CAPITAL OUTLAY         5,500         0 <td>11-9573</td> <td>INSTRUCTIONAL EQUIPMENT &gt;\$5000</td> <td>5,500</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>60</td>   | 11-9573    | INSTRUCTIONAL EQUIPMENT >\$5000 | 5,500              | 0                  | 0                   | 0                   | 0                   | 0                  | 0                   | 60                           |
| TOTAL EXPENDITURES 67,331 56,494 50,006 46,378 46,378 ( TOTAL CNA AND MEDICATION AIDE 67,331 56,494 50,006 46,378 46,378 (   |            | TOTAL CAPITAL OUTLAY            | 5,500              | 0                  | 0                   | 0                   | 0                   | 0                  | 0                   |                              |
| TOTAL CNA AND MEDICATION AIDE 67,331 56,494 50,006 46,378 46,378 (   | ı          | TOTAL EXPENDITURES              | 67,331             | 56,494             | 50,006              | 46,378              | 46,378              | 46,378             | (3,628)             |                              |
| 56,494 50,006 46,378 46,378 46,378 (   | 100-12-141 |                                 |                    |                    |                     |                     |                     |                    |                     |                              |
|  |            |                                 | 67,331             | 56,494             | 50,006              | 46,378              | 46,378              | 46,378             | (3,628)             |                              |