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October 13, 2014
Commission on
State Mandates

October 10, 2014

Heather Halsey Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

Re: Incorrect Reduction Claim (IRC)

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, Chapter 1, 2nd E.S.; Statutes 1987, Chapter 1118 Fiscal Years: 2002-03, 2003-2004, and 2004-2005 Los Rios Community College District, Claimant

Dear Ms. Halsey:

The State Controller's Office (SCO) is transmitting our response to the above-entitled IRC.

The district did not comply with the requirements of the claiming instructions in developing its indirect cost rates. The SCO's adjustment to the indirect cost rates based on the SCO's FAM-29C methodology is supported by the Commission's decisions on previous IRCs (e.g., statement of decision adopted on January 24, 2014, for the San Mateo County and San Bernardino community college districts on this same program). The parameters and guidelines, which were duly adopted at a Commission hearing, require compliance with the claiming instructions. The claiming instructions and related general provisions of the SCO's Mandated Cost Manual provide ample notice for claimants to properly claim indirect costs.

The district did not collect any revenues from student health fees and did not offset its claims by any fee amount. The SCO's reduction of reimbursement to the extent of fee authority the district was authorized to impose is supported by Education Code section 76355, the Commission's decisions on prevision IRCs, as mentioned above, and the appellate court decision in *Clovis Unified School District v. Chiang*.

If you have any questions, please contact me by telephone at (916) 323-5849.

Sincerely,

JIM L. SPÁNO, Chief

Mandated Cost Audits Bureau

Division of Audits

JLS/sk

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RESPONSE BY THE STATE CONTROLLER'S OFFICE TO THE INCORRECT REDUCTION CLAIM (IRC) BY LOS RIOS COMMUNITY COLLEGE DISTRICT

Health Fee Elimination Program

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| Exhibit H – PDF page 150 | |

Tab 1

| 1 2 3 | OFFICE OF THE STATE CONTROLLER 300 Capitol Mall, Suite 1850 Sacramento, CA 94250 Telephone No.: (916) 445-6854 | | | | | |
|-------------|--|--|--|--|--|--|
| 4 | DEFO | DE THE | | | | |
| 5 | BErO | RE THE | | | | |
| 6 | COMMISSION ON STATE MANDATES | | | | | |
| 7 | STATE OF CALIFORNIA | | | | | |
| 8 | | | | | | |
| 9 | | N | | | | |
| 10 | INCORRECT REDUCTION CLAIM ON: | No.: CSM 08-4206-I-18 | | | | |
| 11 | Health Fee Elimination Program | AFFIDAVIT OF BUREAU CHIEF | | | | |
| 12 | Chapter 1, Statutes of 1984, 2 nd Extraordinary Session; and Chapter 1118, Statutes of 1987 | | | | | |
| 13 | LOS RIOS COMMUNITY | | | | | |
| 14 | COLLEGE DISTRICT, Claimant | | | | | |
| 15 | | | | | | |
| 16 | I, Jim L. Spano, make the following declarat | ions: | | | | |
| 17 | 1) I am an employee of the State Controller | 's Office and am over the age of 18 years. | | | | |
| 18 | 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000. Before that, I was employed as an audit manager for two years and three months. | | | | | |
| 19 | , , | · | | | | |
| 20 | 3) I am a California Certified Public Accou | ntant (CPA). | | | | |
| 21 | 4) I reviewed the work performed by the State Controller's Office (SCO) auditor. | | | | | |
| 22 | 5) Any attached conies of records are true conies of records as provided by the Los Rio | | | | | |
| 23 24 | 6) The records include claims for reimbursement, along with any attached supporting | | | | | |
| 25 | | | | | | |

7) A field audit of the claims for fiscal year (FY) 2002-03, FY 2003-04, and FY 2004-05 commenced on December 11, 2006, and ended on January 10, 2008.

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: June 15, 2010

OFFICE OF THE STATE CONTROLLER

By:

Jim L. Spans, Chief

Mandated Cost Audits Bureau

Division of Audits

State Controller's Office



STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE TO THE INCORRECT REDUCTION CLAIM BY LOS RIOS COMMUNITY COLLEGE DISTRICT

For Fiscal Year (FY) 2002-03, FY 2003-04, and FY 2004-05

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987

SUMMARY

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim that the Los Rios Community College District filed on February 5, 2009. The SCO audited the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2005. The SCO issued its final report on May 21, 2008 (Exhibit D).

The district submitted reimbursement claims totaling \$2,554,615—\$814,928 for FY 2002-03, \$865,621 for FY 2003-04 (\$866,621 less a \$1,000 penalty for filing a late claim), and \$874,066 for FY 2004-05 (**Exhibit H**). Subsequently, the SCO performed an audit for the period of July 1, 2002, through June 30, 2005, and determined that the entire amount claimed is unallowable. The costs are unallowable primarily because the district understated authorized health service fees. The following table summarizes the audit results.

| Cost Elements | A | ctual Costs Claimed | Allowable per Audit | | Audit Adjustment | |
|--|-----------|------------------------------|---------------------|------------------------------|---------------------|-------------------------------|
| July 1, 2002, through June 30, 2003 | | | | | | |
| Direct costs: Salaries Benefits Services and supplies | \$ | 501,152 115,242 12,117 | \$ | 498,087 114,542 6,287 | \$ | (3,065) (700) (5,830) |
| Total direct costs Indirect costs | | 628,511 186,417 | | 618,916 107,398 | | (9,595) (79,019) |
| Total direct and indirect costs Less authorized health service fees | | 814,928 | (| 726,314 1,293,681) | | (88,614) 1,293,681) |
| Subtotal Audit adjustments that exceed costs claimed | | 814,928 — | | (567,367) 567,367 | (| 1,382,295) 567,367 |
| Total program costs Less amount paid by the State ¹ | <u>\$</u> | 814,928 | | — (814,928) | <u>\$</u> | (814,928) |
| Allowable costs claimed in excess of (less than) an | oun | t paid | <u>\$</u> | (814,928) | | |
| July 1, 2003, through June 30, 2004 | | | | | | |
| Direct costs: Salaries Benefits Services and supplies | \$ | 516,187 128,945 19,506 | \$ | 508,796 127,151 13,031 | \$ | (7,391) (1,794) (6,475) |
| Total direct costs Indirect costs | | 664,638 201,983 | | 648,978 113,671 | | (15,660) (88,312) |

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | | | |
|--|---|-------------------------------------|------------------------------------|--|--|--|
| July 1, 2003, through June 30, 2004 (continued) | | | | | | |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty | 866,621 ———————————————————————————————————— | 762,649 (1,137,243) (1,000) | (103,972) (1,137,243) | | | |
| Subtotal Audit adjustments that exceed costs claimed | 865,621 | (375,594) 375,594 | (1,241,215) 375,594 | | | |
| Total program costs Less amount paid by the State ¹ | \$ 865,621 | <u>.</u> | \$ (865,621) | | | |
| Allowable costs claimed in excess of (less than) amount | ount paid | <u> </u> | | | | |
| July 1, 2004, through June 30, 2005 | | | | | | |
| Direct costs: Salaries Benefits Services and supplies | \$ 516,410 128,609 17,352 | \$ 513,946 128,004 8,590 | \$ (2,464) (605) (8,762) | | | |
| Total direct costs Indirect costs | 662,371 211,695 | 650,540 231,352 | (11,831) 19,657 | | | |
| Total direct and indirect costs Less authorized health service fees | 874,066 | 881,892 (1,123,546) | 7,826 (1,123,546) | | | |
| Subtotal Audit adjustments that exceed costs claimed | 874,066 —— | (241,654) 241,654 | (1,115,720) 241,654 | | | |
| Total program costs Less amount paid by the State ¹ | \$ 874,066 | | \$ (874,066) | | | |
| Allowable costs claimed in excess of (less than) amo | ount paid | <u> </u> | | | | |
| Summary: July 1, 2002, through June 30, 2005 | | | | | | |
| Direct costs: Salaries Benefits Services and supplies | \$ 1,533,749 372,796 48,975 | \$ 1,520,829 369,697 27,908 | \$ (12,920) (3,099) (21,067) | | | |
| Total direct costs Indirect costs | 1,955,520 600,095 | 1,918,434 452,421 | (37,086) (147,674) | | | |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty | 2,555,615 ———————————————————————————————————— | 2,370,855 (3,554,470) (1,000) | (184,760) (3,554,470) | | | |
| Subtotal Audit adjustments that exceed costs claimed | 2,554,615 | (1,184,615) 1,184,615 | (3,739,230) 1,184,615 | | | |
| Total program costs Less amount paid by the State | \$ 2,554,615 | (814,928) | \$(2,554,615) | | | |
| Allowable costs claimed in excess of (less than) amount paid \$ (814,928) | | | | | | |

Payment information current as of June 14, 2010.

The district believes that all direct and indirect costs claimed are reimbursable under the mandated program. The district also believes that it was not required to report authorized health service fees.

I. HEALTH FEE ELIMINATION PROGRAM CRITERIA

Parameters and Guidelines - May 25, 1989

On August 27, 1987, the Commission on State Mandates (CSM) adopted the parameters and guidelines for Chapter 1, Statutes of 1984, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (Exhibit B), because of Chapter 1118, Statutes of 1987.

Section V identifies the mandated program's scope and reimbursable activities as follows:

V. REIMBURSABLE COSTS

A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services program. Only services provided in 1986-87 fiscal year may be claimed.

B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1986-87.... [See Exhibit B for a list of reimbursable items.]

Section VI.B provides the following claim preparation criteria:

VI. CLAIM PREPARATION

B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service

Claimed costs should be supported by the following information:

1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

Section VII defines supporting data as follows:

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 1986-87 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

Section VIII defines offsetting savings and other reimbursements as follows:

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount... authorized by Education Code section 72246(a) [now Education Code section 76355]....

SCO Claiming Instructions

The SCO annually issues mandated costs claiming instructions, which contain filing instructions for mandated cost programs. The September 2003 claiming instructions provide indirect cost claiming instructions for FY 2002-03 (**Tab 3**). The September 2004 claiming instructions provide indirect cost claiming instructions for FY 2003-04 (**Tab 4**). The December 2005 claiming instructions provide indirect cost claiming instructions for FY 2004-05 (**Tab 5**).

II. THE DISTRICT CLAIMED UNALLOWABLE SALARIES AND BENEFITS

<u>Issue</u>

The district claimed unallowable salaries and benefits totaling \$16,019. The related indirect costs total \$4,889. The unallowable salary costs are attributable to (1) the increased level of health services that American River College (ARC) provided and (2) the insufficient supporting documentation that Cosumnes River College (CRC) and Sacramento City College (SCC) maintained. The district believes these costs are allowable.

SCO Analysis:

The district's claims identified the health services that the district provided during FY 1986-87, the mandated program's base year. For each college, we examined health service logs that covered a one-month period in each fiscal year. For CRC, we expanded our sample to include a second one-month period in FY 2003-04. The district provided the health service logs to identify actual health services provided. ARC's health service logs showed that it provided health services exceeding the services that the district provided during FY 1986-87. In addition, CRC's and SCC's health service logs included entries that did not identify the service provided. As a result, we were unable to verify that those services were mandate-related.

Our final audit report, Finding 1 (Exhibit D) includes a table that shows the percentage of unallowable or unsupported health services provided and the unallowable salaries and benefits for each college and fiscal year.

District's Response

Source Documentation

...In the final audit report, the Controller claims "[t]he health service logs identify actual health services provided." However, the logs only stated what ailments the students claimed they had. No description of the services used to treat these ailments is ever stated.

There is no indication that the students who identified a reason for their visit were able to accurately diagnose themselves or predict the services necessary for their treatment. Moreover, the audit disallows those visits for which no reason is stated by the patient. This penalizes the District for complying with federal privacy requirements (e.g., HIPAA), which are absolutely essential in providing health services. . . .

The final audit report concludes that the District's compliance with HIPAA requirements is "not relevant," but then suggests that the District could comply by providing the health service logs without patient names or that "District staff may contemporaneously identify the service(s) provided if the patient does not." Providing the logs without patient names would be no different because students may still choose to exercise their rights and not disclose the reason for their visit on the log. This suggestion ignores the fact that the logs are not maintained for mandate reimbursement purposes. Similarly, the very essence of privacy laws would be violated if staff contemporaneously recorded the reason for the visit after the patient has decided not to disclose this on the log.

The service logs used by the Controller were not prepared for mandate or financial cost accounting purposes nor are they required by the parameters and guidelines. Neither the parameters and guidelines nor the Controller's claiming instructions require the claimants to report the number or type of services actually *provided*, but only require the claimant to list an inventory of the services available and the costs associated with the mandate. The Controller cannot base an audit finding on lack of documentation that the District was never required to maintain.

In an attempt to refute these arguments, the final audit report states that "... the district provided no other documentation related to patient visits or the actual amount of time spent on reimbursable activities." Logs stating the ailments reported by those students who wished to disclose the reason for their visit do not become relevant to determining health services available simply because the Controller relied on the logs during the audit or because no other documentation existed. Similarly, the Controller cites the District's failure to "... provide any documentation that shows the actual time spent on unallowable activities." There is absolutely no requirement for the District to maintain records documenting time spent on non-mandated activities.

Finally, the audit report states that the Controller did not choose to review the health service logs, and that the District chose to supply them in response to a general request for supporting documentation. This statement is untrue. In an email dated January 22, 2007, Joyce Mendoza, Auditor, specifically requested that she be able to schedule visits to ".... the three campuses to look at their Health Services daily logs (i.e., logs identifying what services were provided on a given date)." A copy of this email is attached as Exhibit "E." The Controller incorrectly relied on documentation that was not prepared for mandate or financial cost accounting purposes, and which provided information only on the ailments reported by students and not the services provided or the costs of those services.

SCO's Comment

The district's response is factually inaccurate and presents information out of context. The program's parameters and guidelines, Section V, Reimbursable Costs, state:

V. REIMBURSABLE COSTS

A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of *providing* a health services program. Only services *provided* in 1986-87 fiscal year may be claimed. [Emphasis added.]

B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were *provided* [emphasis added] by the community college district in fiscal year 1986-87....

The parameters and guidelines, Section VI, subdivision B.1, Employee Salaries and Benefits, states:

VI. CLAIM PREPARATION

- B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service
 - 1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function [emphasis added]...

The parameters and guidelines, Section VII, Supporting Data, state:

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs.

Unallowable Salaries and Benefits

The audit report shows that we made adjustments to costs claimed for salaries and benefits based upon our review of health service logs provided by the district for each of its three colleges. Our review identified services that were not previously identified and services, per the logs, which were not provided during the base year. We documented our Analysis of Level of Health Services for Cosumnes River College (Tab 12), Sacramento City College (Tab 13), and American River College (Tab 14).

The district makes various statements as to whether the health service logs identify claimed ailments or services provided and whether the logs represent appropriate source documentation. The district states in part, "Logs stating the ailments reported . . . do not become relevant to determining health services available simply because the Controller relied on the logs during the audit or because no other documentation existed." The district provided the health service logs in response to our request for documentation of services provided. As such, the SCO used the logs for that purpose. Although we provided the opportunity, the district provided no other source documentation to support actual health services provided. If the district now contends that the health service logs are fully unreliable, then it has failed to document any of the services that it actually provided and its entire claim is unsupported and thus unallowable.

The district also makes various comments regarding the Health Insurance Portability and Accountability Act (HIPAA) and implies that it cannot identify services provided without violating HIPAA. We disagree. The parameters and guidelines require the district to not only identify services provided, but also to identify the actual hours that employees spent to provide those services. We do not state or imply that the district must identify those services by student name. Our final audit report recommendation provided the district with one alternative to provide such information; it is not the district's only alternative.

The district states, "Neither the parameters and guidelines nor the Controller's claiming instructions require the claimant to report the number or type of services actually provided. . . ." We disagree; the parameters and guidelines specifically state that claimants will be reimbursed only for services that they provided in FY 1986-87. They also require the claimant to identify the mandated functions performed and the actual number hours spent to provide those functions.

The district states that the SCO cited its failure to "provide any documentation that shows the actual time spent on unallowable activities" and states that there is no requirement to do so. The district quotes one phrase without providing the required context. The SCO's comment responded to the district's draft report response. The district contested the methodology that the SCO used to calculate the audit adjustment. Our final audit report responds to the district's comments by stating:

The district states, "The time spent by staff to provide service varies by the type of service provided. The extrapolation [finding] assumes every patient visit requires the same amount of staff time to provide service." However, the district did not provide any documentation that shows the actual time spent on unallowable activities [emphasis added]. The district did not provide any documentation that specifies the actual number of hours devoted to each mandated function as required by the parameters and guidelines. In addition, the district failed to provide any reasonable alternative methodology to calculate costs claimed that are attributable to unallowable activities. The district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question. We conclude that the audit methodology is reasonable in light of the district's lack of supporting documentation.

The same district employees performed both reimbursable and non-reimbursable activities. Clearly, if the district documents actual time spent performing mandated activities, then by default it would also document time spent performing non-reimbursable activities. However, the district failed to document actual time that employees spent performing mandated activities.

The district contends that the SCO was untruthful in stating that it did not choose the health service logs as supporting documentation. The district cites an e-mail message as evidence that the SCO chose such documents. The district's allegation is erroneous. In fact, the district itself states, "During the audit, the Controller requested 'documentation showing actual services that the district provided." The referenced e-mail is simply a point-in-time communication between the auditor and the district. The auditor contacted the district to review supporting documentation. The auditor cited health service logs because the district provided those documents during our previous audit of the district's Health Fee Elimination Program. However, before reviewing any documentation, the auditor interviewed each college's health services staff on March 12, 2007, March 13, 2007, and March 20, 2007. In each instance, district staff testified that the health services logs are the source documentation identifying health services provided. The district provided no other source documentation showing actual services provided.

District's Response

Services Provided vs. Services Rendered

During the audit, the Controller requested "documentation showing actual services that the district provided." The final audit report also contains the "recommendation" that the district maintain logs identifying the health services actually provided. However, there is no provision in the parameters and guidelines that requires the District to maintain such records. The District is only required to maintain

the availability of the same services as those offered in the 1986-87 fiscal year. Therefore, the only relevant documentation for the Controller's audit is that which supports the costs associated with maintaining the availability of these services, and not the actual services provided. The Controller incorrectly audited services *rendered*, rather than services *available*.

Not only is the final audit report's "recommendation" erroneous, it clearly oversteps the authority of the Controller by then suggesting, first, that the District should adopt uniform health service logs, and second, that the uniform logs should be those used by American River College during the audit years. The Controller does not have the authority to require documentation of services actually provided or to dictate to the District the proper procedure to document services actually provided.

The "recommendation" concludes that the District should "...claim only those costs related to heath services that the district provided in FY 1986-87." The statutory requirement is that at least the same level of services be available. There is no basis in law or fact that requires the entire variety of health care services available each year to actually have been utilized, which is to say rendered, each year.

SCO's Comment

The parameters and guidelines state, "Only services provided in 1986-87 fiscal year may be claimed." They also require the claimant to identify the mandated functions performed and the actual hours devoted to each function. Finally, they state that claimed costs must be "traceable to source documents and/or worksheets that show evidence of the validity of such costs." Therefore, the parameters and guidelines contain ample language that requires the district to maintain records identifying actual health services provided.

The district states, "The Controller incorrectly audited services rendered, rather than services available." There was no audit error. We audited services that the district "rendered" during the audit period to determine whether those services exceeded services that the district provided in FY 1986-87. When the district "renders" a service that it did not provide in FY 1986-87, the associated cost is not reimbursable under the mandated program.

The SCO's audit report recommendation is valid. We provide a recommendation to assist districts in complying with mandated program requirements. The parameters and guidelines require the district to document actual services provided; therefore, our recommendation is consistent with that requirement. We recommended that the district adopt uniform health service logs to assist the district in establishing consistency. We recommended that the district adopt logs that American River College used because those logs most closely mirrored the health services identified in the parameters and guidelines. The SCO does not "dictate to the district the proper procedure to document services." The district is responsible for providing documentation that meets the requirements of the parameters and guidelines.

The district states, "The statutory requirement is that at least the same level of services be available." This is irrelevant to the audit finding. Our audit disclosed that (1) the district provided services during the audit period that it did not provide during FY 1986-87, and (2) the district did not maintain source documentation that showed all services provided.

The district states, "There is no basis in law or fact that requires the entire variety of health care services available each year to actually have been utilized, which is to say rendered, each year." This is also irrelevant to the audit finding. The audit finding makes no comparison of services "available" to services "rendered" during each claim year.

District's Response

Calculation of Unallowable Costs

The final audit report calculates the unallowable salaries and benefits using a method that does not take into consideration the actual costs of providing the disallowed services. . . .

This method of calculation does not take into account the variance in monthly costs nor the variance in costs for different services . . . There is also no allowance for the seasonal workload variances caused by having fewer enrolled students during the summer. Further, this method assumes that all staff labor is applied only to patient visits. Therefore, the Controller's method of calculating the unallowable costs has no basis in fact.

In defense of this calculation method, the Controller cites the District's failure to provide a "reasonable alternative methodology" to calculate unallowable costs. It is not the duty of the Claimant to calculate the unallowable cost. Therefore, the Controller's method does not become relevant, accurate, or based in fact simply because the Claimant has not provided an alternate method.

The final audit report then states that the chosen methodology is reasonable because "[t]he district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question." This statement is absolutely untrue. If it were accurate, then there would be no basis for the entire claim and nothing for the Controller to audit. The auditor was provided with general ledger reports and other documentation (e.g., supporting payroll records).

SCO's Comment

The district's response disregards the primary issue, which is that the district failed to file correct mandated cost claims. During the audit period, the district provided health services that exceeded services that the district provided in FY 1986-87. The district states, "It is not the duty of the claimant to calculate the unallowable cost." This statement directly contradicts the SCO's claiming instructions. Form HFE-1.1, Claim Summary (Exhibit C) directs claimants to "enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year." However, during the audit period, the district submitted claims (Exhibit H) that show no deduction for the excess services provided.

Instead, the district submitted claims that included both reimbursable and non-reimbursable costs. The district infers that it supported its claims simply by providing general ledger reports and supporting payroll records. However, these documents do not segregate reimbursable and non-reimbursable costs. Further, the district provided no other documentation to segregate reimbursable and non-reimbursable costs. Essentially, the district failed to document actual mandated costs. Rather than concluding that the district's entire claim is unallowable, the SCO used a reasonable methodology to segregate reimbursable and non-reimbursable costs. During audit fieldwork, in its response to the draft audit report, and in this incorrect reduction claim, the district failed to identify any alternative methodology.

The district contests a portion of the SCO's methodology that is actually in the district's favor. The district states, "There is also no allowance for the seasonal workload variances caused by having fewer enrolled students during the summer." The district infers that it incurs less salary costs during the summer session than during the fall and spring semesters. However, the SCO conservatively assumed that the district incurred salary costs evenly throughout the year. Our audit finding resulted from substantive testing of health services that the district provided during the fall and spring semesters. If the SCO accounted for the alleged seasonal workload variances, the fall and spring semester monthly salary costs would be higher. Thus, the SCO's calculation would result in additional unallowable costs.

In addition, the district states, "This method of calculation does not take into account . . . the variance in costs for different services." The parameters and guidelines require claimants to "specify the actual number of hours devoted to each [mandated] function." The district failed to maintain records that document the actual cost of each mandated function that it performed, which in turn would enable the district to identify the cost of non-reimbursable activities.

District's Response

Unreasonable or Excessive

None of the adjustments were made because the costs claimed were excessive or unreasonable. Government Code Section 17561(d)(2) . . . requires the Controller to pay claims, provided that the Controller may audit the records of any school district to verify the actual amount of the mandated costs, and may reduce any claim that the Controller determines is excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable. It would therefore appear that the entire findings are based upon the wrong standard for review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

SCO's Comment

The SCO did conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper*, *necessary*, [emphasis added] or normal." The district's mandated cost claims exceeded the proper amount based on the reimbursable costs that the parameters and guidelines identify. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

III. THE DISTRICT CLAIMED UNALLOWABLE SERVICES AND SUPPLIES

<u>Issue</u>

The district claimed costs for services not reimbursable under the mandated program and services not provided in FY 1986-87. The district believes that athletic physicals are allowable and disagrees with the audit finding's recommendation.

SCO Analysis:

The district claimed costs for physical exams for intercollegiate athletics and salaries of health professionals present at athletic events. These costs are not reimbursable under the mandated program. The district also claimed laboratory service and immunization costs; however, the district did not provide these services during FY 1986-87.

<u>Unallowable Services and Supplies</u>

We prepared summary worksheets of how allowable and unallowable costs for services and supplies were determined for each year of the audit period. Our methodology for all three fiscal years of the audit (FY 2002-03, FY 2003-04, and FY 2004-05) was to find supporting documentation for all or most of the costs claimed. Our audit findings are based on our review of the supporting documentation. Costs claimed for any expenditures not selected for testing were allowable as claimed.

For FY 2002-03, the district claimed costs totaling \$12,117 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. We noted adjusting journal entries made by district personnel reducing claimed costs by \$1,182.96, although

the district did not provide any support for the entries. Due to the immateriality of the amounts, we did not take an audit finding on the unsupported adjustments. During our review of the documentation supporting costs claimed, we found that \$5,830 was incurred for physical examinations for intercollegiate athletics and for salaries of health professionals present at athletic events. Our worksheet and the documentation supporting the unallowable costs are documented as "Analysis of Services and Supplies – FY 2002-03 (Tab 15).

For FY 2003-04, the district claimed costs totaling \$19,506 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. We noted adjusting journal entries made by district personnel increasing claimed costs by \$874.11, although the district did not provide any support for the entries. Due to the immateriality of the amounts, we did not take an audit finding on the unsupported adjustments. During our review of the documentation supporting costs claimed, we found that \$6,475 was incurred for physical examinations for intercollegiate athletics and for salaries of health professionals present at athletic events. Our worksheet and the documentation supporting the unallowable costs are documented as "Analysis of Services and Supplies – FY 2003-04 (Tab 16).

For FY 2004-05, the district claimed costs totaling \$17,352 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. Our audit finding of \$8,762 consists of costs incurred for laboratory services (\$3,568) and immunizations (\$5,193). The costs were unallowable because the district did not claim costs for these services in the base year. In addition, the district did not contest the audit adjustment for services that were not provided in the base year.

District's Response

Athletics

This finding includes a disallowance of "\$12,305 to provide medical services at sporting events and physical exams for intercollegiate athletes." In support of this adjustment, the Controller cites Education Code Section 76355, subdivision (d)(2), which prohibits physical examinations for intercollegiate athletes and the salaries of health professionals at athletic events (among other things) from being included in authorized expenditures. However, this subdivision must be read in context. Education Code Section 76355, subdivision (a), permits the collection of student fees for health services. Subdivision (d)(1) requires that these fees, if collected, be deposited in a designated fund and be expended only as authorized. Subdivision (d)(2) prohibits expenditures from the fund for physical examinations for intercollegiate athletics or the salaries of health professionals for athletic events. The prohibition only applies to the expenditure of funds from the special account into which the student fees are deposited. Since this District does not collect a student health service fee, there is no such restricted fund and the expenditures are not subject to the requirements of Section 76355, subdivision (d)(2).

The Controller has already properly asserted that the parameters and guidelines define the scope of reimbursement. The parameters and guidelines expressly include *physicals for athletes*, as well as accident reports, a college physician, outside physician, registered nurse, examinations, first aid, and dressing changes, which would seem to satisfactorily encompass the scope of medical services provided at athletic events. There is no prohibition in the parameters and guidelines against reimbursement for medical services related to intercollegiate athletics. Therefore, this adjustment by the Controller is in direct contradiction to the parameters and guidelines of this mandate.

² Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

Lab and immunization Services

The District does not dispute this adjustment. However, the audit report "recommends" that the District only claim costs for "those health services that it provided in FY 1986-87." As discussed under Finding 1, the Controller is applying an incorrect standard. The Parameters and Guidelines require the District to make the same level of health services available. The costs of maintaining supplies and retaining trained personnel to make these services available are incurred regardless of whether students actually require a particular service each year. Therefore, it appears that the Controller applied the incorrect standard.

SCO's Comment

Athletics

We agree that Education Code section 76355, subdivision (d)(2) must be read in proper context. However, the district's response is incorrect.

Education Code section 76355, subdivision (e), states, "Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district." Education Code section 76355, subdivision (a), defines the authorized health services fees. Thus, the mandated program "maintenance of effort" requirement applies to those health services for which the district is authorized to levy a fee. Education Code section 76355, subdivision (d)(2) states:

Authorized expenditures shall not include, among other things, athletic trainers' salaries, athletic insurance, medical supplies for athletics, physical examinations for intercollegiate athletics, ambulance services, the salaries of health professionals for athletic events, any deductible portion of accident claims filed for athletic team members, or any other expense that is not available to all students. No student shall be denied a service supported by student health fees on account of participation in athletic programs. [Emphasis added.]

Because the mandated program does not require a "maintenance of effort" for athletic-related services, the district is not required to provide these services. Therefore, these costs are not mandated costs as defined by Government Code section 17514. In addition, the costs are unallowable because the related services were not available to all students. The unallowable costs are for services provided by the University of California – Davis Sports Medicine Program and Sacramento Knee & Sports Medical Corporation. These vendors provided services to intercollegiate athletes only, not all district students.

The district believes that the parameters and guidelines allow reimbursement for intercollegiate athletes' physicals and medical personnel present at athletic events. The parameters and guidelines do not identify a reimbursable activity for health professionals present at intercollegiate athletic events. They do include the following entry:

PHYSICALS Employees Students Athletes

However, this reimbursable activity does not include physicals that the district provides solely to intercollegiate athletes. Los Rios Community College District Board of Trustees Policy 2330 (Tab 6) states, "Responsibility for the supervision of the administration of California Community College intercollegiate athletic programs is exercised through the Commission on Athletics (COA)." COA bylaw 9.2.1 (Tab 7) states, "Each school shall obtain the services of a licensed physician to . . .

[d]evelop procedures to determine an athlete's medical eligibility to participate in practice or competition." [Emphasis added.] Sacramento City College's Student-Athlete Handbook states, "Athletes must have a thorough physical examination, which includes an orthopedic screening . . . prior to beginning participation in SCC Athletics." Thus, an intercollegiate athlete's physical is separate and distinct from a general physical that is available to all students (including athletes).

Lab and Immunization Services

The district does not dispute the audit adjustment. The district contests the audit recommendation, stating that "the Controller is applying an incorrect standard."

The parameters and guidelines state, "Only services provided in 1986-87 fiscal year may be claimed." Our audit recommendation states, "We recommend that the district claim costs only for those health services that it provided in FY 1986-87." The recommendation is consistent with the parameters and guidelines.

The district states, "The costs of maintaining supplies and retaining trained personnel to make these services available are incurred regardless of whether students actually require a particular service each year." This statement is irrelevant to the audit finding. The district reported the FY 1986-87 health services that it provided on claim form HFE-2, Component/Activity Cost Detail. The district reported that it did not provide immunizations and laboratory services in FY 1986-87. Therefore, these costs are not reimbursable under the mandated program.

IV. THE DISTRICT OVERSTATED ITS INDIRECT COST RATES CLAIMED

<u>Issue</u>

The district overstated its indirect cost rates for FY 2002-03 and FY 2003-04. The district understated its indirect cost rate for FY 2004-05. The overstated and understated indirect cost rates resulted in unallowable indirect costs totaling \$136,288.

The district prepared its FY 2002-03 and FY 2003-04 indirect cost rate proposals (ICRPs) using the methodology from Title 2, Code of Federal Regulations, Part 220 (Office of Management and Budget [OMB] Circular A-21). However, the district did not obtain federal approval for these ICRPs.

The district prepared its FY 2004-05 ICRP using the SCO's FAM-29C methodology. However, the district did not prepare the ICRP according to the SCO's claiming instructions. The district prepared the FY 2004-05 ICRP using FY 2003-04 actual cost data and did not properly allocate costs as indirect costs or direct costs.

SCO Analysis:

The parameters and guidelines state, "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions."

For FY 2002-03 and FY 2003-04, the SCO's claiming instructions (Tabs 3 and 4) state:

A college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's [FAM-29C] methodology....

For FY 2004-05, the SCO's claiming instructions (Tab 5) state:

A CCD [community college district] may claim indirect costs using the Controller's methodology (FAM-29C) . . . If specifically allowed by a mandated program's P's & G's [parameters and guidelines], a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in accordance with Office of Management and Budget (OMB) Circular A-21, Cost Principles for Educational Institutions; or (2) a flat 7% rate.

District's Response

This finding results from the District calculating the indirect cost rates using the CCSF-311 report's characterizations of the various accounts as direct or indirect costs. The Controller claims that the CCSF-311 report "does not identify accounts as direct or indirect." While the terms "direct" and "indirect" do not appear on the face of the report, it does make these classifications. The California Community College Budget and Accounting Manual provides direction for allocating expenses to specific accounts. These accounts are then directly translated to the CCSF-311 report and each is identified as a separate line item. A copy of Chapter 4 of the 2000 version of this manual is attached as Exhibit "F." For instance, "[t]he direct costs of classroom instruction are recorded by discipline within Activities 0100 through 4900." Account 5900 includes benefits and retirement incentives for staff that are recorded in accounts 0100 - 4900. These accounts are listed under the heading of "Instructional Activities" on the CCSF-311 report. The remaining accounts are listed under the general heading "Administrative and Support Activities."

CCFS-311

Both the District's method and the Controller's method utilize the same source document, the CCFS-311 annual financial and budget report required by the state. The difference in the claimed and audited methods is in the determination of which of those cost elements are direct costs and which are indirect costs. The Controller's method arbitrarily assigns certain costs to different categories. . . .

In the final audit report, the Controller asserts that "[t]he SCO calculated indirect cost rates based on its claiming instructions applicable in each fiscal year." This statement does not rebut the District's argument, because it is the development of the Controller's method, and not its application, that is arbitrary.

Regulatory Requirements

No particular indirect cost rate calculation is required by law. The Controller insists that the rate be calculated according to the claiming instructions. The parameters and guidelines state that "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The district claimed these indirect costs "in the manner" described by the Controller. The correct forms were used and the claimed amounts were entered at the correct locations. Further, "may" is not "shall"; the parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller.

The District utilized the CCSF-311 classification of accounts which is more rational and consistent than the Controller's evolving formula. Further, it should be noted that the Controller did not determine that the District's rate was excessive or unreasonable. In the audit report, the Controller asserts that because parameters and guidelines specifically references the claiming instructions, the claiming instructions thereby become authoritative criteria. Since the Controller's claiming instructions were never adopted as law, or regulations pursuant to the Administrative Procedure Act, the claiming instructions are a statement of the Controller's interpretation and not law.

Unreasonable or Excessive

The Controller is authorized to reduce a claim only if it determines the claim to be excessive or unreasonable (see Finding 1). Here, the District has computed its ICRPs following the guidance of the California Community Colleges Budget and Accounting Manual in conjunction with the CCSF-311 report, and the Controller has disallowed it without a determination of whether the product of the

District's calculation would, or would not, be excessive, unreasonable, or inconsistent with cost accounting principles. Neither State law nor the parameters and guidelines make compliance with the Controller's claiming instructions a condition of reimbursement. The district has followed the parameters and guidelines. . . .

SCO's Comment

Contrary to the district's response, the California Community Colleges Chancellor's Office's (CCCCO) Budget and Accounting Manual provides no guidance to calculate a district's indirect cost rate. The district misinterprets language that addresses the process of classifying expenditures by activity. The language that the district cites has no bearing on whether activities are appropriately allocated as direct or indirect when calculating an indirect cost rate. Similarly, the CCCCO's Annual Financial and Budget Report (CCFS-311) (Tab 8) neither identifies direct and indirect costs nor provides any direction to calculate a district's indirect cost rate.

CCFS-311

The district does not dispute that the SCO calculated the audited indirect cost rates according to the claiming instructions applicable to each fiscal year. Instead, the district states its *opinion* that the FAM-29C methodology is arbitrary. Title 2, California Code of Regulations (CCR), section 1185, subdivision (e)(3) states, "If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim." The district presented no evidence to support its assertion that the SCO's methodology is arbitrary. In addition, the district presents no authoritative criteria supporting the methodology that it used. Furthermore, neither this district nor any other district requested that the CSM review the SCO's claiming instructions pursuant to Title 2, CCR, section 1186 (i.e., the district did not exercise its right for public comment on the SCO's FAM-29C methodology). The district may not now request a review of the claiming instructions applicable to the audit period. Title 2, CCR, section 1186, subdivision (j) (2), states, "A request for review filed after the initial claiming deadline must be submitted on or before January 15 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year."

Regulatory Requirements

The district states, "No particular indirect cost rate calculation is required by law." The district infers that it may calculate an indirect cost rate in any manner that it chooses. We disagree with the district's interpretation of the parameters and guidelines. The phrase "may be claimed" simply permits the district to claim indirect costs. However, if the district chooses to claim indirect costs, then the parameters and guidelines require that it comply with the SCO's claiming instructions. If the district believes that the program's parameters and guidelines are deficient, it should initiate a request to amend the parameters and guidelines pursuant to Government Code section 17557, subdivision (d). However, any such amendment would not apply to this audit period.

The district states that it "claimed these indirect costs 'in the manner' described by the Controller." The district did *not* claim indirect costs in accordance with the SCO's claiming instructions. The district prepared its FY 2002-03 and FY 2003-04 ICRPs using OMB Circular A-21 methodology. However, the district failed to obtain federal approval for these ICRPs, as the claiming instructions require. The district prepared its FY 2004-05 ICRP using the FAM-29C methodology; however, the district did not allocate direct and indirect costs according to the claiming instructions.

The district states that it "utilized the CCSF-311 classification of accounts which is more rational and consistent. . . ." As previously discussed, the CCFS-311 (**Tab 8**) provides *no* direction in classifying costs as direct or indirect for indirect cost rate calculations.

The district also states:

In the audit report, the Controller asserts that because the parameters and guidelines specifically reference the claiming instructions, the claiming instructions thereby become authoritative criteria. Since the Controller's claiming instructions were never adopted as law, or regulations pursuant to the Administrative Procedure Act, the claiming instructions are a statement of the Controller's interpretation and not law.

We disagree. The CSM adopted the parameters and guidelines pursuant to Government Code section 17557. The parameters and guidelines specifically reference the SCO's claiming instructions for claiming indirect costs. Government Code section 17527, subdivision (g), states that in carrying out its duties and responsibilities, the CSM shall have the following powers:

(g) To adopt, promulgate, amend, and rescind rules and regulations, which shall not be subject to the review and approval of the Office of Administrative Law pursuant to the provisions of the Administrative Procedure Act [emphasis added]...

Therefore, the district's comments regarding the Administrative Procedure Act are without merit.

Unreasonable or Excessive

Government Code section 17558.5 requires the district to file a reimbursement claim for actual mandate-related costs. Government Code section 17561, subdivision (d)(2), allows the SCO to audit the district's records to verify actual mandate-related costs *and* reduce any claim that the SCO determines is excessive or unreasonable. In addition, Government Code section 12410 states, "The Controller shall audit all claims against the state, and may audit the disbursement of any state money, for correctness, legality, and for sufficient provisions of law for payment."

In any case, the SCO did conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper*, *necessary*, [emphasis added] or normal." The district's indirect cost rates exceeded the proper amount based on the audited indirect cost rates that the SCO calculated according to the claiming instructions.

The district states that it "computed its ICRPs following the guidance of the California Community Colleges Budget and Accounting Manual. . . ." As discussed above, the CCCCO Budget and Accounting Manual provides *no* guidance to calculate community college district indirect cost rates.

The district states, "Neither State law nor the parameters and guidelines make compliance with the Controller's claiming instructions a condition or [sic] reimbursement. The district has followed the parameters and guidelines." However, the district did not follow the parameters and guidelines. The parameters and guidelines state, "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The district did not comply with the claiming instructions applicable to each fiscal year during the audit period.

V. THE DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

<u>Issue</u>

For the audit period, the district understated authorized health service fees by \$3,554,470. The district believes that because it did not levy a health service fee, it is not required to report authorized health service fees.

³ Ibid.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the audit period, Education Code section 76355, subdivision (c), authorizes health fees for all students except those who: (1) depend exclusively on prayer for healing; (2) attend a community college under an approved apprenticeship training program; or (3) demonstrate financial need. (Effective with the Summer 2004 session, Education Code section 76355, subdivision (a), authorized a \$1 increase to health service fees.)

Government Code section 17514 defines "costs mandated by the state" as any increased costs that a school district is required to incur. To the extent community college districts can charge a fee, they are not required to incur a cost. In addition, Government Code section 17556 states that the CSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service.

District's Response

Government Code Section 17556

The Controller relies upon Government Code Section 17556 for the conclusion that "the COSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service."... The Controller misrepresents the law. Government Code Section 17556 prohibits the Commission on State Mandates from finding costs subject to reimbursement, that is, approving a test claim where there is authority to levy fees in an amount sufficient to offset the entire mandated costs. Here, the Commission has already made a finding of a new program or increased costs. It is not the position of the Controller to second-guess the Commission's determinations or to use audits to promote its own interpretation of Section 17556.

Government Code Section 17514

Nor can the Controller rely upon Government Code Section 17514 for the conclusion that to the extent community college districts can charge a fee, they are not required to incur a cost. . . . There is nothing in the language of the statute regarding the authority to charge a fee, any nexus of fee revenue to increased cost, nor any language which describes the legal effect of fees collected.

Education Code Section 76355

Education Code Section 76355, subdivision (a), in relevant part, provides: "The governing board of a district maintaining a community college <u>may require</u> community college students to pay a fee . . . for health supervision and services. . . . There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b), which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional." [Emphasis added by district.]

Parameters and Guidelines

The Controller... concludes that fees authorized by Education Code section 76355 must be deducted because "[t]o the extent districts have the authority to charge a fee, they are not required to incur a cost." The parameters and guidelines actually state:

Any offsetting savings that the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of [student fees] as authorized by Education Code Section 72246(a)⁴.

Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

In order for a district to "experience" these "offsetting savings" the district must actually have collected these fees. Note that the student health fees are named as a potential source of the reimbursement *received* in the previous sentence. The use of the term "any offsetting savings" further illustrates the permissive nature of the fees. Student fees actually collected must be used to offset costs, but not student fees that could have been collected and were not. . . .

Finally, the Department of Finance proposed, as part of the amendments that were adopted on May 25, 1989, that a sentence be added to the offsetting savings section expressly stating that if no health service fee was charged, the claimant would be required to deduct the amount authorized. The Commission declined to add this requirement and adopted the parameters and guidelines without this language. Therefore, it is evident that the Commission intends the language of the parameters and guidelines to be construed as written, and only those savings that are experienced are to be deducted.

Health Services Fee Amount

The Controller concludes that since the Chancellor's Office notified community college districts that they could charge a fee of \$12 per semester and \$9 per summer session for FY 2002-03 and FY 2003-04, and \$13 per semester and \$10 per summer session for FY 2004-05, the colleges will charge this amount. Districts receive notice of these fee amounts by letter from the Chancellor of the California Community Colleges. An example of one such notice is the Chancellor's letter dated March 5, 2001, attached as Exhibit "G." While Education Code Section 76355 provides for an increase in the student health services fee, it did not grant the Chancellor the authority to establish mandatory fee amounts or mandatory fee increases. . . . Therefore, the Controller cannot rely upon the Chancellor's notice as a basis to adjust the claim for "collectible" student health services fees.

Fees Collected vs. Fees Collectible

This issue is one of student health fees revenue actually received, rather than student health fees which might be collected. The Commission determined, as stated in the parameters and guidelines that the student health fees "experienced" (collected) would reduce the amount subject to reimbursement. Student fees not collected are student fees not "experienced" and as such should not reduce reimbursement. Further, the amount "authorized" will never equal actual revenues collected due to changes in a student's BOGG eligibility, bad debt accounts, and refunds.

Because districts are not required to collect a fee from students for student health services, and if such a fee is collected the amount is to be determined by the district and not the Controller, the Controller's adjustment is without legal basis. What the parameters and guidelines require districts to do is to reduce the amount of their claimed costs by the amount of student health services fee revenue actually received. Therefore, student health fees are merely collectible, they are not mandatory, and it is inappropriate for the Controller to reduce claim amounts by revenues not received.

SCO's Comment

Government Code Section 17556

The SCO does not "second-guess" CSM determinations, nor does it "use audits to promote its own interpretation" of statutory language. The district presents an argument that the statutory language applies only when the fee authority is sufficient to offset the "entire" mandated costs. The argument is invalid. The CSM recognized that the Health Fee Elimination Program's costs are not uniform among districts. Districts provided different levels of service in FY 1986-87 (the "base year"). Furthermore, districts provided these services at varying costs. As a result, the fee authority may be sufficient to pay for some districts' mandated program costs, while it is insufficient to pay the "entire" costs of other districts. Meanwhile, Education Code section 76355 (formerly section 72246) established a uniform health service fee assessment for students statewide. Therefore, the CSM adopted parameters and guidelines that clearly recognize an available funding source by identifying the health service fees as offsetting reimbursements. To the extent that districts have authority to charge a fee, they are not required to incur a cost.

Two court cases addressed the issue of fee authority.⁵ Both cases concluded that "costs" as used in the constitutional provision, exclude "expenses that are recoverable from sources other than taxes." In both cases, the source other than taxes was fee authority.

Government Code Section 17514

Government Code section 17514 states, "Costs mandated by the state' means any increased costs which a local agency or school district is *required* [emphasis added] to incur. . . ." If the district has authority to collect fees attributable to health service expenses, then it is not *required* to incur a cost. Therefore, mandated costs do not include those health service expenses that may be paid by authorized fees.

Education Code Section 76355

We agree that community college districts may choose not to levy a health service fee or to levy a fee less than the authorized amount. Regardless of the district's decision to levy or not levy the authorized health service fee, Education Code section 76355, subdivision (a), provides districts the authority to levy the fee.

Parameters and Guidelines

We disagree with the district's interpretation of the parameters and guidelines' requirement regarding authorized health service fees. The CSM clearly recognized the *availability* of another funding source by including the fees as offsetting savings in the parameters and guidelines. The CSM's staff analysis of May 25, 1989 (**Tab 10**), states the following regarding the proposed parameters and guidelines amendments that the CSM adopted that day:

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of [the] fee authority.

In response to that amendment, the [Department of Finance (DOF)] has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII [emphasis added].

Thus, it is clear that the CSM intended that claimants deduct authorized health service fees from mandate-reimbursable costs claimed. Furthermore, the staff analysis included an attached letter from the CCCCO dated April 3, 1989. In that letter, the CCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district concludes that the CSM "declined" to add the sentence proposed by the DOF. We disagree. The CSM did not revise the proposed parameters and guidelines amendments further, since the CSM's staff concluded that DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 11), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination

County of Fresno v. California (1991) 53 Cal. 3d 482; Connell v. Santa Margarita (1997) 59 Cal. App. 4th 382.

Program amended parameters and guidelines were Item 6 on the meeting agenda. The meeting minutes state, "There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro moved adoption of the staff recommendation on these items [emphasis added] on the consent calendar...The motion carried." Therefore, no community college districts objected and there was no change to the CSM's interpretation regarding authorized health service fees.

Health Services Fee Amount

We agree that the CCCCO is not authorized to direct districts to increase fees. Our finding states that the CCCCO *identified* the fees authorized by Education Code section 76355, subdivision (a). In addition, our audit finding includes no reference to "mandatory" fee amounts or fee increases.

The parameters and guidelines require districts to deduct authorized health service fees from claimed costs. The CCCCO identifies the fees authorized by the Education Code.

Fees Collected vs. Fees Collectible

The district states, ". . . the amount 'authorized' will never equal actual revenues collected due to changes in a student's BOGG eligibility, bad debt accounts, and refunds." The SCO calculated authorized health service fees based on enrollment and BOGG recipient data that the district reported to the CCCCO after each school term. The district is responsible for reporting accurate enrollment and BOGG recipient data, including any changes that result from BOGG eligibility or students who disenroll.

The district is authorized to assess health service fees. If the district fails to collect fees, it is not relieved from its responsibility to offset those fees from its mandated program claims nor is it permitted to claim bad debt expenses.

We agree that districts are not required to collect a fee. However, the Education Code authorizes the district to collect a fee and defines the authorized fee amount. To the extent that the Education Code authorizes the district to collect fees, it is not *required* to incur a cost. Pursuant to Government Code section 17514, mandated costs do not include any costs that the district may pay from authorized fees since the district is not *required* to incur a cost.

VI. ACTUAL AMOUNTS PAID BY THE STATE

The SCO's final audit report (Exhibit D) states that the State paid the district \$814,928 for its FY 2002-03 claim. The district believes that it was never "paid" this amount.

District's Response

The audit report asserts in several locations that the District was paid \$814,928 and this amount should be remitted to the state. The money was never "paid" to the District. According to the final audit report, "[t]he State discharged its FY 2002-03 indebtedness to the district by equally discharging the district's indebtedness to the State for other mandated program claims." The audit report does not provide proof that the debt was discharged.

SCO's Comment

The term "paid" is simply past tense of "pay," which is defined as "discharging indebtedness." The State discharged its FY 2002-03 indebtedness by equally discharging the district's indebtedness to the State. The SCO's claim adjustment notice dated October 25, 2006 (**Tab 9**), identifies the claim offsets that the SCO applied. The following table summarizes the district's indebtedness that the SCO discharged to "pay" the district's FY 2002-03 mandated program claim.

| Fiscal Year | District's Indebtedness Discharged | | | |
|---------------------------------|------------------------------------|--|--|--|
| 1998-99 1999-2000 2000-01 | \$ 155,544 634,185 25,199 | | | |
| Total | \$ 814,928 | | | |

VII. CONCLUSION

The State Controller's Office audited Los Rios Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2005. The district claimed unallowable costs totaling \$2,554,615. The costs are unallowable because the district claimed unallowable salaries and benefits and unallowable services and supplies, overstated its indirect cost rates, and understated authorized health services fees.

The district claimed unallowable salaries and benefits applicable to an increased level of health services versus health services provided in the FY 1986-87 base year.

The district claimed unallowable services and supplies, including costs related to intercollegiate athletics, laboratory services, and immunizations.

The district overstated its FY 2002-03 and FY 2003-04 indirect cost rates. It understated its FY 2004-05 indirect cost rate. The district prepared its FY 2002-03 and FY 2003-04 rates using OMB Circular A-21 methodology; however, the district's rates were not federally approved. The district prepared its FY 2004-05 rate using the SCO's FAM-29C methodology; however, the district did not allocate direct and indirect costs according to the SCO's claiming instructions.

The district understated authorized health service fees. The district did not levy health service fees and mistakenly believed that it was not required to deduct authorized health service fees from costs claimed.

In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the district's FY 2002-03 claim by \$814,928; (2) the SCO correctly reduced the district's FY 2003-04 claim by \$865,621; (3) the SCO correctly reduced the district's FY 2004-05 claim by \$874,066; and (4) the SCO paid the district \$814,928 for its FY 2002-03 claim.

Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

VIII. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on October 10, 2014, at Sacramento, California, by:

Jim L. Spano, Chief

Mandated Cost Audits Bureau

Division of Audits

State Controller's Office

Tab 3

number of private auto mileage traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

(k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. As noted previously, in order for a cost to be allowable, it must be allocable to a particular cost objective. With respect to indirect costs, this requires that the cost be distributed to benefiting cost objectives on bases, which produce an equitable result in relation to the benefits derived by the mandate.

A college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's methodology outlined in the following paragraphs. If the federal rate is used, it must be from the same fiscal year in which the costs were incurred.

The Controller allows the following methodology for use by community colleges in computing an indirect cost rate for state mandates. The objective of this computation is to determine an equitable rate for use in allocating administrative support to personnel that performed the mandated cost activities claimed by the community college. This methodology assumes that administrative services are provided to all activities of the institution in relation to the direct costs incurred in the performance of those activities. Form FAM-29C has been developed to assist the community college in computing an indirect cost rate for state mandates. Completion of this form consists of three main steps:

- 1. The elimination of unallowable costs from the expenses reported on the financial statements.
- 2. The segregation of the adjusted expenses between those incurred for direct and indirect activities.
- 3. The development of a ratio between the total indirect expenses and the total direct expenses incurred by the community college.

The computation is based on total expenditures as reported in "California Community Colleges Annual Financial and Budget Report, Expenditures by Activity (CCFS-311)." Expenditures classified by activity are segregated by the function they serve. Each function may include expenses for salaries, fringe benefits, supplies, and capital outlay. OMB Circular A-21 requires expenditures for capital outlays to be excluded from the indirect cost rate computation.

Generally, a direct cost is one incurred specifically for one activity, while indirect costs are of a more general nature and are incurred for the benefit of several activities. As previously noted, the objective of this computation is to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by the college. For the purpose of this computation we have defined indirect costs to be those costs which provide administrative support to personnel who perform mandated cost activities. We have defined direct costs to be those costs that do not provide administrative support to personnel who perform mandated cost activities and those costs that are directly related to instructional activities of the college. Accounts that should be classified

as indirect costs are: Planning, Policy Making and Coordination, Fiscal Operations, Human Resources Management, Management Information Systems, Other General Institutional Support Services, and Logistical Services. If any costs included in these accounts are claimed as a mandated cost, i.e., salaries of employees performing mandated cost activities, the cost should be reclassified as a direct cost. Accounts in the following groups of accounts should be classified as direct costs: Instruction, Instructional Administration, Instructional Support Services, Admissions and Records, Counseling and Guidance, Other Student Services, Operation and Maintenance of Plant, Community Relations, Staff Development, Staff Diversity, Non-instructional Staff-Retirees' Benefits and Retirement Incentives, Community Services, Ancillary Services and Auxiliary Operations. A college may classify a portion of the expenses reported in the account Operation and Maintenance of Plant as indirect. The claimant has the option of using a 7% or a higher indirect cost percentage if the college can support its allocation basis.

The indirect cost rate, derived by determining the ratio of total indirect expenses to total direct expenses when applied to the direct costs claimed, will result in an equitable distribution of the college's mandate related indirect costs. An example of the methodology used to compute an indirect cost rate is presented in Table 4.

Table 4 Indirect Cost Rate for Community Colleges

| MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGES | | | | | | | FORM FAM-29C | |
|---|------|--------------|----------------|-------------------|--------|-----|-----------------|--|
| (01) Claimant | - | | (02) Period of |) Period of Claim | | | | |
| (03) Expenditures by Activity | | | (04) Allowable | Costs | | | | |
| Activity | EDP | Total | Adjustments | Total | Indire | ct | Direct | |
| Subtotal Instruction | 599 | \$19,590,357 | \$1,339,059 | \$18,251,298 | | \$0 | \$18,251,298 | |
| Instructional Administration and Instructional Governance | 6000 | | | | | | | |
| Academic Administration | 6010 | 2,941,386 | 105,348 | 2,836,038 | | 0 | 2,836,038 | |
| Course and Curriculum Develop. | 6020 | 21,595 | 0 | 21,595 | | 0 | 21,595 | |
| Academic/Faculty Senate | 6030 | | | | | | | |
| Other Instructional Administration & Instructional Governance | 6090 | | | | | | | |
| Instructional Support Services | 6100 | | , | | | | | |
| Learning Center | 6110 | 22,737 | 863 | 21,874 | | 0 | 21,874 | |
| Library | 6120 | 518,220 | 2,591 | 515,629 | | 0 | 515,629 | |
| Media | 6130 | 522,530 | 115,710 | 406,820 | | 0 | 406,820 | |
| Museums and Galleries | 6140 | 0 | 0 | 0 | | 0 | 0 | |
| Academic Information Systems and Tech. | 6150 | | | | | | | |
| Other Instructional Support Services | 6190 | | | | | | | |
| Admissions and Records | 6200 | 584,939 | 12,952 | 571,987 | | 0 | 571,987 | |
| Counseling and Guidance | 6300 | | | | | | | |
| Counseling and Guidance | 6310 | | | | | | | |
| Matriculation and Student Assessment | 6320 | | | | , | | | |
| Transfer Programs | 6330 | | | | | | | |
| Career Guidance | 6340 | | | | | | | |
| Other Student Counseling and Guidance | 6390 | | | | | | | |
| Other Student Services | 6400 | | | | | | | |
| Disabled Students Programs & Services | 6420 | | | | | | | |
| Subtotal | | \$24,201,764 | \$1,576,523 | \$22,625,241 | | \$0 | \$22,625,241 | |

Table 4 Indirect Cost Rate for Community Colleges (continued)

MANDATED COST **FORM** INDIRECT COST RATE FOR COMMUNITY COLLEGES FAM-29C (01) Claimant (02) Period of Claim (03) Expenditures by Activity (04) Allowable Costs Activity **EDP** Total Adjustments Total Indirect Direct **Extended Opportunity** 6430 Programs & Services 0 0 0 **Health Services** 6440 Student Personnel Admin. 6450 289,926 12,953 276,973 0 276,973 0 Financial Aid Administration 6460 391,459 20,724 370,735 370,735 0 6470 0 Job Placement Services 83,663 83,663 83,663 0 Veterans Services 6480 25,427 25,427 0 25,427 Miscellaneous Student 6490 0 0 0 0 Services Operation & Maintenance of 6500 Plant **Building Maintenance and** 6510 1,079,260 44,039 0 1,035,221 1,035,221 Repairs **Custodial Services** 6530 1,227,668 33,677 1,193,991 0 1,193,991 Grounds Maintenance and 6550 596,257 70,807 0 525,450 525,450 Repairs 0 Utilities 6570 1,236,305 0 1,236,305 1,236,305 0 Other 6590 3,454 3,454 Planning, Policy Making, and 6600 565,366 587,817 22,451 565,366 0 Coordination General Inst. Support Services 6700 Community Relations 6710 0 0 6720 634,605 17,270 553,184 **Fiscal Operations** 617,335 (a) 64,151 **Human Resources** 6730 Management Noninstructional Staff Benefits 6740 & Incentives Staff Development 6750 Staff Diversity 6760 6770 Logistical Services Management Information 6780 Systems Subtotal \$30,357,605 \$1,801,898 \$28,555,707 \$1,118,550 \$27,437,157

Table 4 Indirect Cost Rate for Community Colleges (continued)

MANDATED COST FORM INDIRECT COST RATE FOR COMMUNITY COLLEGES FAM-29C (01) Claimant (02) Period of Claim (03) Expenditures by Activity (04) Allowable Costs EDP Activity Total Adjustments Total Indirect Direct 6700 General Inst. Sup. Serv. (cont.) Other General Institutional 6790 Support Services 6800 Community Services 703,858 0 Community Recreation 6810 20,509 683,349 683,349 0 Community Service Classes 6820 423,188 24,826 398,362 398,362 Community Use of Facilities 6830 89,877 10.096 79,781 0 79,781 6840 **Economic Development** Other Community Svcs. & 6890 **Economic Development Ancillary Services** 6900 0 0 0 0 Bookstores 6910 6920 89,051 1,206 87,845 0 87.845 Child Development Center 0 Farm Operations 6930 0 0 0 0 **Food Services** 6940 6950 420,274 6.857 413,417 0 Parking 413.417 6960 0 0 Student Activities 0 6970 0 Student Housing 0 0 0 0 0 0 Other 6990 0 **Auxiliary Operations** 7000 **Auxiliary Classes** 7010 1,124,557 12,401 1,112,156 0 1,112,156 Other Auxiliary Operations 7090 0 0 Physical Property Acquisitions 7100 814,318 814,318 0 0 \$34,022,728 \$2,692,111 \$31,330,617 \$1,118,550 \$30,212,067 (05) Total (06) Indirect Cost Rate: (Total Indirect Cost/Total Direct Cost) 3,70233% (07) Notes (a) Mandated Cost activities designated as direct costs per claim instructions.

Tab 4

perform the mandated activity. The claimant must give the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate shall not exceed the rate specified in the Parameters and Guidelines for the mandated program. The contractor's invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

(h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the Parameters and Guidelines for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the prorata portion of the rental costs can be claimed.

(i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the Parameters and Guidelines specify them as allowable. If they are allowable, the claiming instructions for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the prorata portion of the purchase price used to implement the reimbursable activities can be claimed.

(j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the Parameters and Guidelines may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

(k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. As noted previously, in order for a cost to be allowable, it must be allocable to a particular cost objective. With respect to indirect costs, this requires that the cost be distributed to benefiting cost objectives on bases, which produce an equitable result in relation to the benefits

derived by the mandate.

A community college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's methodology outlined in the following paragraphs.

The Controller allows the following methodology for use by community colleges in computing an indirect cost rate for state mandates. The objective of this computation is to determine an equitable rate for use in allocating administrative support to personnel that performed the mandated cost activities claimed by the community college. This methodology assumes that administrative services are provided to all activities of the institution in relation to the direct costs incurred in the performance of those activities. Form FAM-29C has been developed to assist the community college in computing an indirect cost rate for state mandates. Completion of this form consists of three main steps:

- 1. The elimination of unallowable costs from the expenses reported on the financial statements.
- 2. The segregation of the adjusted expenses between those incurred for direct and indirect activities.
- 3. The development of a ratio between the total indirect expenses and the total direct expenses incurred by the community college.

The computation is based on total expenditures as reported in "California Community Colleges Annual Financial and Budget Report, Expenditures by Activity (CCFS-311)." Expenditures classified by activity are segregated by the function they serve. Each function may include expenses for salaries, fringe benefits, supplies, and capital outlay. OMB Circular A-21 requires expenditures for capital outlays to be excluded from the indirect cost rate computation.

Generally, a direct cost is one incurred specifically for one activity, while indirect costs are of a more general nature and are incurred for the benefit of several activities. As previously noted, the objective of this computation is to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by the community college. For the purpose of this computation we have defined indirect costs to be those costs which provide administrative support to personnel who perform mandated cost activities. We have defined direct costs to be those costs that do not provide administrative support to personnel who perform mandated cost activities and those costs that are directly related to instructional activities of the college. Accounts that should be classified as indirect costs are: Planning, Policy Making and Coordination, Fiscal Operations, Human Resources Management, Management Information Systems, Other General Institutional Support Services, and Logistical Services. If any costs included in these accounts are claimed as a mandated cost, i.e., salaries of employees performing mandated cost activities, the cost should be reclassified as a direct cost. Accounts in the following groups of accounts should be classified as direct costs: Instruction, Instructional Administration, Instructional Support Services, Admissions and Records, Counseling and Guidance, Other Student Services, Operation and Maintenance of Plant, Community Relations, Staff Development, Staff Diversity, Non-instructional Staff-Retirees' Benefits and Retirement Incentives, Community Services, Ancillary Services and Auxiliary Operations. A college may classify a portion of the expenses reported in the account Operation and Maintenance of Plant as indirect. The claimant has the option of using a 7% or a higher indirect cost percentage if the college can support its allocation basis.

The indirect cost rate, derived by determining the ratio of total indirect expenses to total direct expenses when applied to the direct costs claimed, will result in an equitable distribution of the college's mandate related indirect costs. An example of the methodology used to compute an indirect cost rate is presented in Table 4.

Table 4 Indirect Cost Rate for Community Colleges

| INDIRECT COST | | FORM FAM-29C | | | | | |
|---|------|-----------------|-------------|----------------------|---------------------------------------|--------------|--|
| (01) Claimant | | | | (02) Period of Claim | | | |
| (03) Expenditures by Activity | | | | (04) Allowable | Costs | | |
| Activity | EDP | Total | Adjustments | Total | Indirect | Direct | |
| Subtotal Instruction | 599 | \$19,590,357 | \$1,339,059 | \$18,251,298 | \$0 | \$18,251,298 | |
| Instructional Administration and Instructional Governance | 6000 | | | | | | |
| Academic Administration | 6010 | 2,941,386 | 105,348 | 2,836,038 | 0 | 2,836,038 | |
| Course and Curriculum Develop. | 6020 | 21,595 | 0 | 21,595 | 0 | 21,595 | |
| Academic/Faculty Senate | 6030 | | | | | | |
| Other Instructional Administration & Instructional Governance | 6090 | | | | | | |
| Instructional Support Services | 6100 | | | | · · · · · · · · · · · · · · · · · · · | | |
| Learning Center | 6110 | 22,737 | 863 | 21,874 | 0 | 21,874 | |
| Library | 6120 | 518,220 | 2,591 | 515,629 | 0 | 515,629 | |
| Media | 6130 | 522,530 | 115,710 | 406,820 | 0 | 406,820 | |
| Museums and Galleries | 6140 | 0 | 0 | 0 | 0 | C | |
| Academic Information Systems and Tech. | 6150 | | | | | | |
| Other Instructional Support Services | 6190 | | | | | | |
| Admissions and Records | 6200 | 584,939 | 12,952 | 571,987 | 0 | 571,987 | |
| Counseling and Guidance | 6300 | | | | | | |
| Student Counseling and Guidance | 6310 | | | | | | |
| Matriculation and Student Assessment | 6320 | | | | | | |
| Transfer Programs | 6330 | | | | | | |
| Career Guidance | 6340 | | | | | | |
| Other Student Counseling and Guidance | 6390 | | | | | | |
| Other Student Services | 6400 | | | | | | |
| Disabled Students Programs & Services | 6420 | | | | | | |
| Subtotal | | \$24,201,764 | \$1,576,523 | \$22,625,241 | \$0 | \$22,625,241 | |

Table 4 Indirect Cost Rate for Community Colleges (continued)

MANDATED COST **FORM** FAM-29C INDIRECT COST RATE FOR COMMUNITY COLLEGES (01) Claimant (02) Period of Claim (04) Allowable Costs (03) Expenditures by Activity **EDP** Total Adjustments Total Indirect Direct Activity **Extended Opportunity** 6430 Programs & Services 0 0 0 0 **Health Services** 6440 0 Student Personnel Admin. 6450 289.926 12,953 276,973 276,973 0 Financial Aid Administration 6460 391,459 20.724 370,735 370,735 0 Job Placement Services 6470 83,663 0 83,663 83,663 0 0 **Veterans Services** 6480 25,427 25,427 25,427 Miscellaneous Student 0 6490 0 0 0 Services Operation & Maintenance of 6500 Plant **Building Maintenance and** 6510 1,079,260 44,039 1,035,221 72,465 962,756 Repairs **Custodial Services** 6530 1,227,668 33,677 1,193,991 83,579 1,110,412 Grounds Maintenance and 6550 596,257 70,807 525,450 36,782 488,668 Repairs Utilities 6570 1,236,305 0 1,236,305 86,541 1,149,764 Other 6590 3,454 3,454 Planning, Policy Making, and 6600 587,817 565,366 0 22,451 565,366 Coordination General Inst. Support Services 6700 Community Relations 6710 0 0 0 6720 634,605 17,270 617,335 553,184 (a) 64,151 **Fiscal Operations Human Resources** 6730 Management Noninstructional Staff Benefits 6740 & Incentives 6750 Staff Development Staff Diversity 6760 Logistical Services 6770 Management Information 6780 Systems \$30,357,605 \$1,801,898 \$28,555,707 \$1,397,917 \$27,437,157 Subtotal

Table 4 Indirect Cost Rate for Community Colleges (continued)

MANDATED COST **FORM** INDIRECT COST RATE FOR COMMUNITY COLLEGES FAM-29C (02) Period of Claim (01) Claimant (03) Expenditures by Activity (04) Allowable Costs EDP Total Adjustments · Total Indirect Activity Direct General Inst. Sup. Serv. (cont.) 6700 Other General Institutional 6790 Support Services Community Services and 6800 **Economic Development** Community Recreation 6810 703.858 20.509 683.349 0 683.349 Community Service Classes 6820 423,188 24.826 398,362 0 398.362 Community Use of Facilities 6830 89,877 10,096 79,781 79,781 **Economic Development** 6840 Other Community Svcs. & 6890 **Economic Development Ancillary Services** 6900 **Bookstores** 0 0 0 0 6910 0 0 Child Development Center 6920 89,051 1,206 87,845 87.845 0 Farm Operations 6930 0 0 0 0 **Food Services** 6940 0 0 0 0 0 Parking 6950 420,274 6.857 413,417 0 413,417 Student and Co-curricular 6960 0 0 0 0 0 Activities 6970 0 0 0 0 Student Housing 0 Other 6990 0 0 0 0 0 7000 **Auxiliary Operations** Contract Education 7010 0 1,124,557 12,401 1,112,156 1,112,156 Other Auxiliary Operations 7090 0 0 0 Physical Property Acquisitions 7100 814.318 814,318 0 0 \$31,330,617 \$1,397,917 (05) Total \$34,022,728 \$2,692,111 \$30,212,067 (06) Indirect Cost Rate: (Total Indirect Cost/Total Direct Cost) 4.63%

⁽⁰⁷⁾ Notes

⁽a) Mandated Cost activities designated as direct costs per claim instructions.

⁽b) 7% of Operation and Maintenance of Plant costs are shown as indirect in accordance with claiming instructions.



invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

(h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate is reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

(i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the parameters and guidelines for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

(j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

(k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C) outlined in the following paragraphs. If specifically allowed by a mandated program's P's & G's, a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in

accordance with Office of Management and Budget (OMB) Circular A-21, Cost Principles for Educational Institutions; or (2) a flat 7% rate.

The SCO developed FAM-29C to be consistent with OMB Circular A-21, cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The FAM-29C methodology uses a direct cost base comprised of salary and benefit costs and operating expenses. Form FAM-29C provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses total expenditures that districts report in their *California Community Colleges Annual Financial and Budget Report* (CCFS-311), Expenditures by Activity for the General Fund – Combined. The computation excludes Capital Outlay and Other Outgo in accordance with OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with OMB Circular A-21.

OMB Circular A-21, Section C.4, states that cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b. states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include Operation and Maintenance of Plant; Planning, Policy Making, and Coordination; General Institutional Support Services (excluding Community Relations); and depreciation or use allowance. Community Relations includes fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as a direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

| | IDATED (| | | | i | ORM |
|--|----------|--|-----------------------------|------------------|------------------|----------------------|
| INDIRECT COST RATE FOR (1) Claimant | R COMMU | INITY COLLEGE I | | (02) Period of C | | M 29-C |
| | | | | | | |
| | | ** | Less: Capital | FAM 29-C | | |
| A satisfies | EDD | Total Costs | Outlay and | Adjusted | 1 | Diment |
| Activity Instructional Activities | EDP | Per CCFS-311 | Other Outgo | Total | Indirect | Direct \$ 51,561,504 |
| Instructional Activities Instruct. Admin. & Instruct. Governance | 6000 | \$ 51,792,408 | | \$ 51,561,504 | 1000 | |
| | 6100 | 6,882,034 | (216,518) | | | 6,665,516 |
| Instructional Support Services | | 4,155,095 | (9,348) | | 1.4 | 4,145,747 |
| Admissions and Records | 6200 | 2,104,543 | (3,824) | | | 2,100,719 |
| Student Counseling and Guidance | 6300 | 4,570,658 | (1,605) | 4,569,053 | | 4,569,053 |
| Other Student Services | 6400 | 5,426,510 | (41,046) | | | 5,385,464 |
| Operation and Maintenance of Plant | 6500 | 8,528,585 | (111,743) | 8,416,842 | 8,416,842 | |
| Planning, Policy Making, and Coordination | 6600 | 5,015,333 | (23,660) | 4,991,673 | 4,991,673 | - |
| General Institutional Support Services | | | | - | Selection (| |
| Community Relations | 6710 | 885,089 | (6,091) | 878,998 | ar alleste rest. | 878,998 |
| Fiscal Operations | 6720 | 1,891,424 | (40,854) | 1,850,570 | 1,850,570 | angles (Alexander |
| Human Resources Management | 6730 | 1,378,288 | (25,899) | 1,352,389 | 1,352,389 | T-12 |
| Non-instructional Staff Retirees' Benefits and | | | | - | - | |
| Retirement Incentives | 6740 | 1,011,060 | | 1,011,060 | 1,011,060 | *** |
| Staff Development | 6750 | 108,655 | (8,782) | 99,873 | 99,873 | |
| Staff Diversity | 6760 | 30,125 | | 30,125 | 30,125 | Age 1 |
| Logistical Services | 6770 | 2,790,091 | (244,746) | 2,545,345 | 2,545,345 | |
| Management Information Systems | 6780 | 2,595,214 | (496,861) | 2,098,353 | 2,098,353 | |
| Other General Institutional Support Services | 6790 | 33,155 | (4,435) | 28,720 | 28,720 | |
| Community Services and Economic Development | 6800 | 340,014 | | 340,014 | | 340,014 |
| Anciliary Services | 6900 | 1,148,730 | (296) | 1,148,434 | | 1,148,434 |
| Auxiliary Operations | 7000 | | | - | | - |
| Depreciation or Use Allowance - Building | | | | - | 2,620,741 | |
| Depreciation or Use Allowance - Equipment | | The state of the s | of organization of Facility | - | 1,706,396 | |
| Totals | | \$100,687,011 | \$ (1,466,612) | \$ 99,220,399 | \$26,752,087 | \$ 76,795,449 |
| | | | | | (A) | (B) |
| Indirect Cost Rate (A)/(B) | | | | | 34.84% | _ |

Tab 6

Academic Advising Program P-2332

2300 STUDENT DEVELOPMENT

2330 Intercollegiate Athletics

Policy - 2000 Students | Table of Contents | Back | Next

1.0 Purpose and Scope

1.1 Intercollegiate Athletic Policies

- 1.1.1 Responsibility for the supervision of the administration of California Community College intercollegiate athletic programs is exercised through the Commission on Athletics (COA). The COA is under the authority of the Board of Directors of the Community College League of California (CCLC). The COA delegates to the Board of Directors of the Chief Executive Officers of the California Community Colleges the power to review the policies and procedures of the COA as specified in the Athletic Code of the California Community Colleges.
- 1.1.2 All colleges participating in intercollegiate athletics are required to be members in good standing of the COA and to function under the Athletic Code of the California Community Colleges.
- 1.2 The Los Rios District Board of Trustees recognizes that students who represent the District's colleges through their participation in intercollegiate athletics are responsible to a set of unique academic requirements. This obligation indicates that a structure to assist them in meeting those requirements is essential. In response to this necessity, the Board of Trustees has established the Academic Advising Program for Student Athletes at each of the District's colleges with the purpose of providing all student athletes with the support necessary to assist them in developing and achieving their educational objectives.

2.0 Program Goals

- 2.1 The goals of the Academic Advising Program include the following:
 - 2.1.1 An environment which promotes academic achievement for student athletes;
 - 2.1.2 Participation in the mandated matriculation program as formatted for student athletes;
 - 2.1.3 The acquisition of skills, habits, and attitudes necessary to achieve educational objectives;
 - 2.1.4 Knowledge of the rules, regulations and responsibilities which affect both athletic and educational objectives.

Policy Adopted:

6/15/94

Policy Revised:

Policy Reviewed:

Adm. Regulation: R-2332

Policy - 2000 Students | Table of Contents | Top of Page | Back | Next

Tab 7

BYLAW 9

Medical Guidelines

(Adopted & effective: October 19, 2007.)

9.1 PROLOGUE

- 9.1.1 The COA recognizes that each student athlete's medical history, current health, and physical limitations are unique. It also acknowledges that each sport at each college places differing demands on student athletes and that each college has different facilities and staffing needs due to program size and financial capabilities.
- 9.1.2 The following guidelines for athletic and medical care represent the minimum standard for medical care as set forth for COA sanctioned sports. It is understood that each college must use its experience and common sense to tailor these guidelines to its specific needs. Student athletes should understand that each college will use its best efforts to provide for the safety and welfare of the athletes, but each student must exercise his/her good judgment as well. The COA does not warrant to the college or to the student athlete that adherence to these guidelines will prevent injuries.
- 9.1.3 This bylaw is supplemented by Bylaw 6, Postconference Competition.

9.2 THE STUDENT ATHLETE HEALTH AND WELFARE TEAM

9.2.1 TEAM PHYSICIAN

Each school shall obtain the services of a licensed physician to oversee the implementation of the sports medicine program. This licensed physician shall herein be referred to as the team physician and is the final authority on all medical aspects of the athletic health and welfare program. The team physician is responsible for supervision of all medical aspects of the athletic health and welfare program and this includes:

- A. Develop procedures to determine an athlete's medical eligibility to participate in practice or competition. While other medical professionals may be consulted, the final decision concerning participation lies with the college's team physician.
- B. Approve protocols for the athletic program's first aid and emergency response consistent with the district policies.
- C. Establish rehabilitation programs used in the athletic training program.
- D. Provide medical direction to the athletic trainer(s)/athletic health care provider and staff.
- E. Participate as a member of the college's student athlete health and welfare team.

Tab 8

California Community Colleges

ANNUAL FINANCIAL AND BUDGET REPORT

(Financial Report for Fiscal Year 20xx-xx) (Budget Report for Fiscal Year 20xx-xx)

| District: | District Code: |
|------------------------------------|--|
| the budget adopted in accordance w | cial and Budget Report was prepared and with the <i>California Code of Regulations</i> , er, to the best of my knowledge, the data |
| District Chief Business Officer | Date |
| District Chief Executive Officer | Date |

In accordance with the *California Code of Regulations*, Section 58305(d), a copy of this report is due to the Chancellor's Office on or before October 10, 2009. Please submit the report as follows:

Chancellor's Office California Community Colleges Fiscal Services Unit 1102 Q Street, Suite 400 Sacramento, CA 95811-6511

California Community Colleges

ANNUAL FINANCIAL AND BUDGET REPORT

General Instructions

- A. On or before September 30, 20xx, this report is to be made available for review by the public. It is to be submitted to the Chancellor's Office **no later than October 10, 20xx**. A copy of this report is to be filed with the appropriate county officers for information and review. Refer to the Budget and CCFS 311 Calendar for the due dates for the district budget and CCFS 311.
- B. This report is divided into two parts:

PART 1 REVENUES, EXPENDITURES, AND FUND BALANCE DATA

- 10 General Fund
- 20 Debt Service Funds
- 30 Special Revenue Funds
- 40 Capital Projects Funds
- 50 Enterprise Funds
- 60 Internal Service Funds
- 70 Trust Funds

PART 2 SUPPLEMENTAL DATA

- a. Gann Appropriation Limit
- b. Analysis of Net Ending Balance for the General Fund
- c. Analysis of Compliance with the 50 Percent Law
- d. Detail of General Fund Revenues
- e. Expenditures by Activity for the General Fund
- f. Receipt and Expenditures of Lottery Proceeds
- g. Analysis of Interfund Transfers
- Worksheets and instructions for calculating compliance with the 50 Percent Law
- i. Balance Sheets by fund (in Excel only)
- C. The California Community Colleges Budget and Accounting Manual (2000 Edition) should be consulted for general accounting structure and procedures, and for specific information regarding funds, accounts, etc.
- D. Each page should be completed carefully and balanced. The district name and code number should be entered in the appropriate space on every page. The district should not use subfunds in this report. Only composite fund information should be used for each fund.
- E. This report should be completed in whole numbers. Do not report cents.
- F. Any questions regarding this report should be referred to:
 Chancellor's Office, California Community Colleges
 Fiscal Services Unit
 myarber@cccco.edu
 (916) 327-6818

(916) 323-3057 FAX

California Community Colleges

ANNUAL FINANCIAL AND BUDGET REPORT

Annual Budget and CCFS 311 Calendar

| Date | Action | Authority | | |
|---|--|--|--|--|
| June 15 | State Legislature sends Budget Act to Governor for signature | State Constitution, Article IV, 12(c) | | |
| July 1 | Adopt a tentative budget and forward to appropriate county officer. | Title 5, 58305(a) | | |
| As required by the county | Data to compute property tax | Title 5, 58305(b) | | |
| Three days prior to public hearing | Newspaper notification of public hearing on district budget | Title 5, 58301 | | |
| September 15. Allow 3 days for public review of budget before hearing | Schedule a public hearing of local governing board adopt district budget | Title 5, 58301 | | |
| September 15 | Adoption of district budget. | Title 5, 58305(c) | | |
| September 30 | File 311 with County and make 311 available for public review. | Title 5, 58305(d) | | |
| October 10 | Submit 311 to Chancellor's Office | Title 5, 58305(d) | | |

CCFS 311 – PART 1 Revenues, Expenditures, and Fund Balance Data General Information

| EDP No. | Description/Definition |
|------------|--|
| | - Funds. (See Budget and Accounting Manual, Chapter 2) |
| 801 | Total Revenues. (See Budget and Accounting Manual, Chapter 3) |
| 501 | Total Expenditures. (See Budget and Accounting Manual, Chapter 4) |
| 201 | Excess/(Deficiency) of Revenues over Expenditures. The difference between Total Revenues (EDP 801) and Total Expenditures (EDP 501). Use brackets when a deficiency occurs. |
| 901 | Net Increase/(Decrease) in Fund Balance. The net results of operations and other items (EDP 201 plus EDP 8900 less EDP 7000). Use brackets when there is a decrease. |
| 902 | Net Beginning Balance, July 1. This is the same amount reported as Net Ending Balance for the preceding June 30 as reported on the CCFS-311. |
| 903 | Prior Years Adjustments. (See Budget and Accounting Manual, Chapter 3— Property Taxes, Chapter 5–Fund Balance) |

The beginning fund balance for the current period should equal the ending balance, as previously stated for the prior period. For each of the seven schedules of *Revenues*, *Expenditures*, and *Fund Balance Data*, Net Beginning Balance - July 1 (line 902) should be the same as the prior year's Ending Fund Balance - June 30 (line 905).

This beginning balance must then be adjusted for any prior year or other adjustments to correctly reflect the beginning balance. Such adjustments are entered on line 903 - Prior Year Adjustments. These adjustments include items such as

- Prior year audit adjustments of revenues or expenditures affecting the prior year's ending balance;
- Mathematical mistakes: and
- Oversight of facts that existed at the time the financial statements were prepared.

Note: Adjustments to local property tax revenues are treated as adjustments to current revenues and not as prior years' adjustments.

Governmental Funds Group

10 General Fund:

11 Unrestricted Subfund

12 Restricted Subfund

REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

GENERAL FUND

| O Motual Tour. Loak Ak and Budget Teur. Loak Ak | | | | | | ···· | |
|--|----------------------|---|------------------------|---------------|--|--------------------|---------------|
| | | | <u>1</u> ED SUBFUND | | 12 D SUBFUND | <u>10</u> TOTAL | |
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| REVENUES: | \/ | · · · · · · · · · · · · · · · · · · · | _/ | \\\\ | | | \\ |
| Federal Revenues | 8100 | | | | | | |
| State Revenues | 8600 | | | | | | |
| Local Revenues | 8800 | | | | | | |
| TOTAL REVENUES | 801 | | | | | | |
| EXPENDITURES: | | | | | | | |
| Academic Salaries | 1000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Classified Salaries | 2000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Employee Benefits | 3000 | | | | | | |
| Supplies and Materials | 4000 | | | | | | |
| Other Operating Expenses and Services | 5000 | | | | | | |
| Capital Outlay | 6000 | | | | <u> </u> | | |
| TOTAL EXPENDITURES | 501 | | | | | | |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 201 | | | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | | | |
| OTHER OUTGO | 7000 | | | | · | | |
| NET INCREASE/(DECREASE) IN FUND BALANCE | 901 | | | | | | |
| BEGINNING FUND BALANCE: | | | | | | | |
| Net Beginning Balance, July 1 | 902 | | | | | | |
| Prior Years Adjustments (See Instructions on back) | 903 | | | | | | 45.0 |
| Adjusted Beginning Balance | 904 | | waster and the | | and the second | | |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | | | |

| District |
|----------|
| Code No |

Governmental Funds Group

20 Debt Service Funds:

21 Bond Interest and Redemption Fund22 Revenue Bond Interest and Redemption Fund

29 Other Debt Service Fund

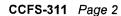
REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

DEBT SERVICE FUNDS

| For Actual Tear. 2000-00 and Budget Tear. 2000-00 | | | | DEBI SERV | ICE FONDS | | |
|--|---------------------------|---------------|--|--|---------------|----------------------------------|---------------|
| | State | | | 22 REVENUE BOND INTEREST AND REDEMPTION FUND | | 29 OTHER DEBT SERVICE FUND | |
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| REVENUES: | | | | | | | |
| Federal Revenues | 8100 | | | | | | •••• |
| State Revenues | 8600 | | | | | | |
| Local Revenues | 8800 | | | | | <u> </u> | |
| TOTAL REVENUES | 801 | | | | | | |
| Other Financing Sources (CA 8900): Interfund Transfers – In Other Incoming Transfers | 802 803 | | | | | | |
| TOTAL — OTHER FINANCING SOURCES | 808 | | | | | | |
| Other Outgo (CA 7000): Debt Retirement (Long-Term Debt) (CA 7100): Debt Reduction Debt Interest and Other Service Charges Transfers (Outgoing) (CA 7300 and 7400) Reserve for Contingencies | 711 712 730 7900 | | | | | A and American | |
| TOTAL — OTHER OUTGO | 708 | | | | | | |
| NET OTHER FINANCING SOURCES/(OTHER OUTGO) CA 8900/7000 | 202 | | | | | | |
| NET INCREASE/(DECREASE) IN FUND BALANCE | 901 | | | | | | |
| BEGINNING FUND BALANCE: | | | | | | | |
| Net Beginning Balance, July 1 | 902 | | | | | | |
| Prior Years Adjustments | 903 | 1 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | 584 | | 947 - 12 t |
| Adjusted Beginning Balance | 904 | | 11.24 | | | | Section 1 |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | | | |

| · · · · | District |
|---------|----------|
| | Code No |



Governmental Funds Group

30 Special Revenue Funds:

Bookstore Fund

Cafeteria Fund

Child Development Fund

Farm Operations Fund

34 35 39 Revenue Bond Project Fund Other Special Revenue Fund

REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

SPECIAL REVENUE FUNDS

| | State | | FUND | | FUND | | FUND |
|---|----------------------|---------------|---|---------------|-------------------|---------------|---|
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| REVENUES: | | | | | | | |
| Federal Revenues | 8100 | | | | | | |
| State Revenues | 8600 | | | | | | |
| Local Revenues | 8800 | | | ł | | | |
| TOTAL REVENUES | 801 | | | | | | |
| EXPENDITURES: | | | | | | | |
| Academic Salaries | 1000 | | | | | | |
| Classified Salaries | 2000 | | | | | | |
| Employee Benefits | 3000 | , | | | | | |
| Supplies and Materials | 4000 | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Other Operating Expenses and Services | 5000 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Capital Outlay | 6000 | | | | | | |
| TOTAL EXPENDITURES | 501 | | | | | | |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 201 | | | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | | | |
| OTHER OUTGO | 7000 | | | ! | | | |
| NET INCREASE/(DECREASE) IN FUND BALANCE | 901 | | | | | | |
| BEGINNING FUND BALANCE: | | | | | | | |
| Net Beginning Balance, July 1 | 902 | | | | | | |
| Prior Years Adjustments | 903 | | 54-24-3-6-6 | | office but engine | | in speak |
| Adjusted Beginning Balance | 904 | | er der ge | | and the second | | |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | | | |

| | District |
|---|----------|
| · | Code No |

Governmental Funds Group

Capital Projects Funds:

41 Capital Outlay Projects Fund

42 Revenue Bond Construction Fund

REVENUES, EXPENDITURES, AND FUND BALANCE DATA For Actual Year: 20xx-xx and Budget Year: 20xx-xx

CAPITAL PROJECTS FUNDS

| TO Actual real. 2004-44 and budget real. 2004-44 | CAFITAL PROJECTS FUNDS | | | | | | | |
|---|------------------------|-----------------------------|-----------------------|-----------------------------|---|--|--|--|
| | State | 4 CAPITAL OUTLAY | | 4 REVENUE BOND CO | | | | |
| | Use | OATTIAL COTEATT ROCESTOTORD | | TILLION BOILD CONCINCION ON | | | | |
| | Only | Actual | Budget | Actual | Budget | | | |
| Description | (EDP) | (1) | (2) | (1) | (2) | | | |
| REVENUES: | | | 1 | | | | | |
| Federal Revenues | 8100 | | | | | | | |
| State Revenues | 8600 | | | | | | | |
| Local Revenues | 8800 | | | | • | | | |
| TOTAL REVENUES | 801 | | | | | | | |
| EXPENDITURES: | | | | | | | | |
| Academic Salaries | 1000 | | | | | | | |
| Classified Salaries | 2000 | | | | *************************************** | | | |
| Employee Benefits | 3000 | | | | | | | |
| Supplies and Materials | 4000 | | | | *************************************** | | | |
| Other Operating Expenses and Services | 5000 | | | | | | | |
| Capital Outlay | 6000 | | | | | | | |
| TOTAL EXPENDITURES | 501 | • | | | | | | |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 201 | | | | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | | | | |
| OTHER OUTGO | 7000 | | | | | | | |
| NET INCREASE/(DECREASE) IN FUND BALANCE | 901 | | | | | | | |
| BEGINNING FUND BALANCE: | | | | | · | | | |
| Net Beginning Balance, July 1 | 902 | | | | | | | |
| Prior Years Adjustments | 903 | | and the second second | | And the second section of the second | | | |
| Adjusted Beginning Balance | 904 | | | | | | | |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | | | | |

| | District |
|--|----------|
| | Code No |

Proprietary Funds Group

50 Enterprise Funds:

51 Bookstore Fund52 Cafeteria Fund

53 Farm Operations Fund59 Other Enterprise Fund

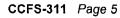
REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

ENTERPRISE FUNDS

| of Actual Teal. 20xx-xx and bauget Teal. 20xx-xx | 1 4 4 | | FILLIS | | FUND |
|--|----------------------|---------------|--|---|------------------------|
| | State | | FUND | | FUND |
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| TOTAL INCOME | 801 | | | | |
| COST OF SALES | 510 | | | | |
| GROSS PROFIT OR (LOSS) | 520 | | | | |
| EXPENDITURES: | | | | | |
| Academic Salaries | 1000 | | | *************************************** | |
| Classified Salaries | 2000 | | | *************************************** | |
| Employee Benefits | 3000 | | | *************************************** | |
| Supplies and Materials | 4000 | | | ••••• | |
| Other Operating Expenses and Services | 5000 | | | *************************************** | |
| Capital Outlay | 6000 | | | | |
| TOTAL EXPENDITURES | 501 | · | | | |
| NET PROFIT OR (LOSS) | 201 | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | |
| OTHER OUTGO | 7000 | | | | |
| NET INCREASE/(DECREASE) IN RETAINED EARNINGS | 901 | | | | |
| BEGINNING FUND BALANCE: | | } | | | |
| Net Beginning Balance, July 1 | 902 | | | | |
| Prior Years Adjustments | 903 | | A STATE OF THE STA | | No. 364 |
| Adjusted Beginning Balance | 904 | | | | Continue to the second |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | |

| | | District |
|------|--|----------|
| | | Code No |



Proprietary Funds Group 60 Internal Service Funds:

61 Self-Insurance Fund

69 Other Internal Services Fund

REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

INTERNAL SERVICE FUNDS

| TOT MOLECULE TOUR MONTH DANGE TOUR MANAGE | 1 | <u>61</u> <u>69</u> | | | 9 |
|---|--|---------------------|---------------|----------------|---------------|
| | State | SELF-INSUR | ANCE FUND | OTHER INTERNAL | |
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| TOTAL INCOME | 801 | | | | |
| EXPENDITURES: Academic Salaries Classified Salaries Employee Benefits Supplies and Materials Other Operating Expenses and Services Capital Outlay TOTAL EXPENDITURES | 1000 2000 3000 4000 5000 6000 | | | | |
| NET INCOME/(LOSS) | 201 | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | |
| OTHER OUTGO | 7000 | | | | |
| NET INCREASE/(DECREASE) IN RETAINED EARNINGS | 901 | | | | |
| BEGINNING FUND BALANCE: Net Beginning Balance, July 1 Prior Years Adjustments Adjusted Beginning Balance | 902 903 904 | | | | |
| ENDING FUND BALANCE, JUNE 30 | 905 | | | | |

| District |
|--------------|
| Code No. |

Fiduciary Funds Group

70 Trust Funds:

71 Associated Students Trust Fund

75 Scholarship and Loan Trust Fund

72 Student Representation Fee Trust Fund 76 Investment Trust Fund

77 Deferred Compensation Trust Fund

73 Student Body Center Fee Trust Fund 74 Student Financial Aid Trust Fund

79 Other Trust Funds

REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

TRUST FUNDS

| | State | | FUND | | FUND | | FUND |
|--|----------------------|------------|---------------|---------------|---------------|---------------|---------------|
| Description | Use Only (EDP) | Actual (1) | Budget (2) | Actual (1) | Budget (2) | Actual (1) | Budget (2) |
| REVENUES: Federal Revenues | 8100 | | | | | | |
| State Revenues Local Revenues | 8600 8800 | | | | | | |
| TOTAL REVENUES | 801 | | | | | | |
| EXPENDITURES: Academic Salaries Classified Salaries Employee Benefits | 1000 2000 3000 | | | | | | |
| Supplies and Materials Other Operating Expenses and Services | 4000 5000 | | | | | | |
| Capital Outlay TOTAL EXPENDITURES | 6000 501 | | | | | | |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 201 | | | | | | |
| OTHER FINANCING SOURCES | 8900 | | | | | | |
| OTHER OUTGO | 7000 | | | | | | |
| NET INCREASE/(DECREASE) IN FUND BALANCE | . 901 | | | | | | |
| BEGINNING FUND BALANCE: | | | | | | | |
| Net Beginning Balance, July 1 | 902 | | | ļ ;····· | | | |
| Prior Years Adjustments | 903 | | 1966 | | | | |
| Adjusted Beginning Balance | 904 | | 1995 | | ii. | | 100 |
| ENDING FUND BALANCE, JUNE 30 | 905 | <u> </u> | | | | | <u> </u> |

| District |
|----------|
| Code No |

PART 2

SUPPLEMENTAL DATA

Gann Appropriation Limit

Analysis of Net Ending Balance for the General Fund

Analysis of Compliance with the 50 Percent Law

Detail of General Fund Revenues

Expenditures by Activity for the General Fund

Receipt and Expenditures of Lottery Proceeds

Analysis of Interfund Transfers

Worksheets and instructions for calculating compliance with the 50 Percent Law

Balance Sheets by fund (in Excel only)

Gann Appropriation Limit

SUPPLEMENTAL DATA

Proposition 4: Gann Appropriation Limit

Proposition 4 (November 1979, Special Election) added Article XIIIB to the State *Constitution* to place limitations on the expenditures of State and local governments.

SB 1352, Chapter 1205/80, provided the implementation of Article XIIIB. Subsequently, that legislation was amended by SB 98 (Chapter 82/89), AB 198 (Chapter 83/89), and AB 751 (Chapter 1395/89).

Using the method prescribed by the Chancellor's Office and approved by the Department of Finance, please provide district information for the budget year, pursuant to *Government Code* Sections 7908(c) and 7910, as follows:

Budget Year: 20xx-xx

| Description | State Use Only (EDP) | S11 Amount |
|--|----------------------------|---------------|
| Appropriations limit. | 11 | \$ |
| Appropriations subject to limit. | 12 | \$ |
| Amount of State aid apportionments and subventions included within the proceeds of taxes of the district. | 13 | \$ |
| Amounts excluded from the appropriations subject to limit, such as unreimbursed federal, State, or court mandates. | 14 | (\$) |

Instructions:

Under Article XIIIB of the *Constitution* (and subsequent legislation), districts are required to compute an annual appropriation limit. A Gann Worksheet for the budget year has been provided to complete the computational process (FSAM Memo 02-05 - Revised). The data to be reported above are obtained from the Gann Worksheet, as follows:

| EDP No | From Gann Worksheet | Worksheet Source Line # |
|--------|--|----------------------------|
| 11 | Appropriations limit. | I.G. |
| 12 | Appropriations subject to limit. | II.H. |
| 13 | State aid apportionments and subventions. | II.A. <i>plus</i> II.B. |
| 14 | Amounts excluded from the appropriations subject to limit. | II.G |

| | District |
|--|----------|
| | Code No. |

Analysis of Net Ending Balance For the General Fund

SUPPLEMENTAL DATA Actual Year: 20xx-xx

| Description | | General Fund Total No. S <u>10</u> |
|--|-----|---------------------------------------|
| A. NET ENDING BALANCE | 905 | |
| Identify the following legally restricted or Board designated amounts within the net ending balance: | | |
| B. Noncash Assets (Items of noncash nature not readily available to meet fund expenditures) | | |
| Investments (at cost) | 611 | |
| Student Loans Receivable | 612 | |
| Stores, Inventories, and Prepaid Items | 613 | |
| Subtotal B | 619 | |
| C. Amounts restricted by law (legal requirement) includes specific tax revenues, grants, and appropriations for restricted purposes. | | |
| Federal and State | 621 | |
| Local | 622 | |
| Subtotal C | 629 | |
| D. Subtotal, Reserved (B + C) | 675 | |
| E. Amounts committed by contract/other legal obligations: | | |
| Capital Outlay and Equipment Replacement | 631 | |
| Collective Bargaining Contracts, Personal Services, | 1 | |
| and/or Consulting Contracts | 632 | |
| Other | 633 | |
| Subtotal E | 639 | |
| F. Amounts for district's self-insurance program | 649 | |
| G. Amounts for court order payments | 659 | |
| H. Amounts designated by Board action for specific future purposes excluding amounts above: | | |
| Capital Outlay and Equipment Replacement | 661 | |
| Personal Services and/or Consulting Contracts | 662 | |
| General Reserve | 663 | |
| Other | 664 | |
| Subtotal H | 669 | |
| I. TOTAL, DESIGNATED AMOUNTS (D through H) | 679 | |
| J. UNCOMMITTED BALANCE (A less I) | 690 | |

| · <u>··</u> ···· | · | District |
|------------------|---|----------|
| | | Code No |

Supplemental Data

Analysis of Net Ending Balance for the General Fund

This analysis is for the purpose of identifying the Board designated and legally restricted amounts within the net ending fund balance of the General Fund. The intent is to provide the district with the opportunity to report the result of governing board actions to designate parts of the district's net ending fund balance for specific future liabilities and other purposes and to identify amounts within the net ending balance for which the district has little or no discretion as to use.

Board designations are the results of formal Board action, which would require further formal Board action to change. Adoption of the district's final budget would not be sufficient for this purpose. An exception is the establishment of the General Reserve.

Instructions

District shall maintain detailed documentation for each subcategory (items B through H) as specified.

A. For the General Fund, enter the net ending balance (from Part I—Revenues, Expenditures, and Fund Balance Data—EDP 905).

The following are category descriptions of legal restrictions and Board designations for this analysis. The district shall maintain and have available detailed listings of items and amounts, which make up the figures reported for each category and subcategory.

- B. The amounts of noncash assets that are not readily available to meet the fund(s) current operation(s) needs. Revolving cash accounts and/or investments which are readily liquid are not to be reported here. The amount of investments (i.e., stocks and bonds) which are not readily liquid or marketable, should be reported.
- C. The amounts of moneys restricted by law or limited by provision(s) and/or purpose(s) of grant(s); i.e., unexpended restricted fees/taxes, State and Federal categorical grant money not accounted for as deferred income, etc. Federal and State moneys, which are reimbursements of general purpose money already spent, are not to be reported.

- D. Subtotal, Reserved. This figure is a subtotal of items B and C.
- E. The amount of contract(s) or other legal obligation(s) designated by Board action to come from the net ending balance.
- F. The amounts for district's self-insurance program designated by Board action to come from the net ending balance. Such amounts shall not be available for other future district operations.
- G. The amounts required to be paid by court order(s) designated by Board actions to come from the net ending balance.
- H. The amounts designated by Board action for specific future purposes (subject to change) to come from the net ending balance (excluding amounts reported in categories B through G).

Analysis of Compliance with the 50 Percent Law (ECS 84362)

The Current Expense of Education

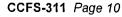
SUPPLEMENTAL DATA

Actual Year: 20xx-xx S11 GENERAL FUND-UNRESTRICTED SUBFUND

| Actual Teal. 20xx-xx | 311 0 | ENERAL FUND-UNRESTRICTED SUBFUND | | | | |
|--|-------------------------------|---|--|--|--|--|
| Object Category | State Use Only (EDP) | ECS 84362(a) Instruc. Salary Costs (AC 0100-5900 and AC 6110) (1) | ECS 84362(b) Total (AC 0100-6799) (2) | | | |
| Academic Salaries (CA 1000): Instructional Salaries (CA 1100 and 1300) Noninstructional Salaries (CA 1200 and 1400) Subtotal Academic Salaries | 407 408 409 | | | | | |
| Classified Salaries (CA 2000): Noninstructional Salaries (CA 2100 and 2300) Instructional Aides (CA 2200 and 2400) Subtotal Classified Salaries | 411 416 419 | | | | | |
| Employee Benefits (CA 3000) | 429 | | | | | |
| Supplies and Materials (CA 4000) | 435 | | | | | |
| Other Operating Expenses and Services (CA 5000) | 449 | | | | | |
| Equipment Replacement (CA 6400 Equipment, subsidiary "Replacement") | 451 | | | | | |
| TOTAL (409 + 419 + 429) and (435 + 449 + 451) | 459 | | | | | |
| Less Exclusions for Current Expense of Education | 469 | () | () | | | |
| TOTALS for ECS 84362, 50 Percent Law (459 - 469) | 470 | | | | | |
| Percentage of CEE (470, col. 1 ÷ 470, col. 2) | 471 | ·% | 100.00% | | | |
| 50 Percent of Current Expense of Education (50% of 470, col. 2) | 472 | | | | | |
| Nonexempted Deficiency from second preceding fiscal year (if applicable) | 473 | | | | | |
| Amount Required to be Expended for Salaries of Classroom Instructors (472 + 473) | 474 | | | | | |

Use Worksheet A or B in the Appendix when completing this form. Please send the worksheet to the Chancellor's Office.

| District |
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| Code No. |



Supplemental Data Analysis of Compliance with the 50 Percent Law

Instructions

As an aid to completing this from, use either Worksheet A or B included in the Appendix; or use an equivalent worksheet developed by the district. Worksheet A or B provides directions for identifying costs of Salaries of Classroom Instructors (SCI), for Current Expense of Education (CEE), and for authorized exclusions from CEE. The worksheet boxes for key expenditures such as Academic Salaries (Instructional and Total) are cross-referenced to the boxes on this page.

The worksheet is a public document for review by interested parties prior to submittal of the CCFS-311 to the Chancellor's Office. The worksheet is subject to independent audit by the contracted district auditor.

NOTE: Districts not achieving 50 percent are encouraged to file an application for exemption from the 50 Percent Law. If no application for exemption is made, the law prohibits consideration of an exemption (T5, Section 59213). Annually, the March Board of Governors' agenda includes a report on every district that does not achieve 50 percent. The BOG takes action on the Chancellor's recommendations for full, partial or no exemption. Districts with a deficiency are subject to T5, section 59213 which specifies that districts submit a plan by June 30 of the current fiscal year detailing how the deficiency will be expended for salaries of classroom instructors. Failure to provide this plan will result in the amount of the deficiency being withheld from state allocations.

To be eligible for consideration of an exemption, applications for an exemption <u>must be filed with the Chancellor's Office not later than September 15. Please call for further instructions on filing and application for exemption.</u>

Crosswalk Table for Determining Salaries of Classroom Instructors and Current Expense of Education

General Fund-Unrestricted
Objects of Expenditures

| <u> </u> | Objects o | | Current Expense | of Education | |
|----------|--------------------------|-----|--------------------------------------|------------------------------|--|
| ! | | | Sal. of Clsrm. | | |
| | | | Instr. | Total | |
| | • | | (AC 0100-5900 | CEE ^{2/} | |
| | | | & AC 6110) ^{1/} | (AC 0100-6799) | |
| | OBJECT | EDP | (1) | (2) | |
| 1000 | Academic Salaries: | | | | |
| | Instructional | 407 | 1100, 1300 | 1100, 1300 | |
| | Noninstructional | 408 | Assertation of the second | 1200, 1400 | |
| 2000 | Classified Salaries: | | | | |
| • | Noninstructional | 411 | | 2100, 2300 | |
| | Instructional Aides | 416 | 2200 ^{3/} | 2200 | |
| l | · | | 2400 ^{3/} | 2400 | |
| 3000 | Employee Benefits | 429 | 3000 ^{4/} | 3000 | |
| 4000 | Supplies and Materials | 435 | | 4000 | |
| 5000 | Other Operating Expenses | 449 | 5000 5/ | 5000 | |
| 6400 | Equipment Replacement | 451 | | 6400 ^{6/} | |
| | Less Exclusions | 469 | Exclusions as defined | | |
| TOTA | <u> </u> | 470 | Salaries of Classroom Instructors | Current Expense of Education | |

^{1/} Column 1, Salaries of Classroom Instructors includes applicable expenditures (by object) under activity codes 0100-5900 and activity code 6110, Learning Center.

2/ Column 2 includes all costs in the accounts listed in column 1.

3/ Includes those Instructional Aides costs in the subaccounts identified as Direct Instruction.

4/ Includes Employee Benefits, CA 3100 through 3900, subaccount Academic Instructors and Instructional Aides (Direct Instruction).

5/ Includes only direct instructional costs associated with Instructional Service Agreements.

6/ Includes those equipment costs in the replacement subaccount.

Reference: California Education Code, Section 84362

California Code of Regulations, Title 5, Section 59200

Budget and Accounting Manual, Chapters 4 and 5 (2000 Edition)

CALIFORNIA COMMUNITY COLLEGES Detail of General Fund Revenues

Annual Financial and Budget Report

S10 General Fund: S11 Unrestricted

S12 Restricted

SUPPLEMENTAL DATA Actual Year: 20xx-xx

| Actual Year: 20xx-xx | _ | Fund S11 | Fund S12 | Fund S10 |
|---|---------------|-----------------------|------------|--|
| | | Tuna 511 | i dila 012 | Total |
| | State | Unrestricted | Restricted | General Fund |
| | Use | | | |
| | Only | Actual | Actual | Actual |
| Description | (EDP) | (1) | (1) | (1) |
| Federal Revenues (CA 8100): | · · · · · · · | | | |
| Forest Reserve | 8110 | | | |
| Higher Education Act | 8120 | | | |
| Workforce Investment Act | 8130 | | | |
| Temporary Assistance for Needy Families (TANF) | 8140 | | | |
| Student Financial Aid | 8150 |] | | |
| Veterans Education | 8160 | | | |
| Vocational and Technical Education Act (VTEA) | 8170 | | | |
| Other Federal Revenues | 8190 | | · | |
| TOTAL FEDERAL REVENUES | 8100 | | | |
| State Revenues (CA 8600): | | | | |
| General Apportionments (CA 8610): | | | | |
| Apprenticeship Apportionment | 121 | | | |
| State General Apportionment | 122 | | | |
| Other General Apportionments | 123 | | 4.1 | |
| General Categorical Programs (CA 8620): | ŀ | | | |
| Child Development | 124 | | | |
| Extended Opportunity Programs and Services (EOPS) | 125 | | | •••••• |
| Disabled Students Programs and Services (DSPS) | 126 | 44 | | •••••• |
| Temporary Assistance for Needy Families (TANF) | 127 | 6,4 ₀ - 11 | | ••••••••• |
| CA Work Oppor. & Responsibility to Kids (CalWORKs) | 128 | | | *************************************** |
| Telecommunications & Tech. Infrastructure Pgm. (TTIP) | 129 | | | *************************************** |
| Other General Categorical Programs | 130 | 9 | | •••••• |
| 1 | 100 | | | |
| Reimburseable Categorical Programs (CA 8650): | | | | |
| Instructional Improvement Grant | 132 | 41.00 | | |
| Other Reimburseable Categorical Programs | 133 | 2.00 | | |
| State Tax Subventions (CA 8670): | 1 | | | |
| Homeowners' Property Tax Relief | 134 | | 14.5 | |
| Timber Yield Tax | 135 | | 314 | |
| Other State Tax Subventions | 136 | | 1 | |
| State Non-Tax Revenues (CA 8680): | ľ | | | |
| State Lottery Proceeds | 137 | | | ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| State Mandated Costs | 138 | | | |
| Other State Non-Tax Revenues | 139 | | | |
| Other State Revenues | 8690 | | | |
| TOTAL STATE REVENUES | 8600 | | | |
| IOIAL OTATE REFERENCE | 1 0000 | <u> </u> | I | l |

| | | District |
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| | | Code No |

Supplemental Data

Detail of General Fund Revenues

Instructions

Description of each revenue item is in Chapter 3 of the California Community Colleges Budget and Accounting Manual (2000 Edition).

Property taxes and State tax subventions reported in EDP 8811, 8812, 8813, 8816, 8817, 134, 135, and 136 are used for apportionment purposes and must be reported accurately. *Education Code* Section 84751 prescribes that these forms of property tax shall be used in calculating a district's revenue level for each fiscal year.

In accordance with Education Code Section <u>84571(d)</u>, 47.5 % of redevelopment property tax revenues received pursuant to Health and Safety Code Sections 33492.15, 33607.5, 33607.7 (except those amounts allocated exclusively for educational facilities) are recorded in the applicable property tax account. Redevelopment property tax revenues allocated exclusively for educational facilities (52.5%) pursuant to these Health and Safety Code sections are recorded in Account 8890, Other Local Revenues, for either the General Fund or Capital Projects Fund.

Tax levies for voted indebtedness are reported in the appropriate Debt Service Fund, which reflects the debt repayment, rather than in the General Fund.

State funds received under the Community College Construction Act and Scheduled Maintenance and Special Repair Programs are accounted for in the Capital Outlay Projects Fund and should not be reported as State revenues on this form.

Lottery revenue that is restricted for instructional materials pursuant to *Government Code* Section 8880.4 (Proposition 20 – Cardenas Textbook Act of 2000) should be recorded in Account 137—*State Lottery Proceeds* as restricted revenue. Lottery revenue not restricted for instructional materials is considered unrestricted General Fund revenue and should be recorded in Account 137—*State Lottery Proceeds* as unrestricted revenue.

Capital Outlay charges authorized by *Education Code* Section 76141 for nonresident students who are both citizens and residents of a foreign country can be expended only for purposes of capital outlay, maintenance, and equipment and therefore should be recorded in Account 8880—*Nonresident Tuition* as restricted revenue. Nonresident tuition fees authorized by *Education Code* Section 76140 should be recorded in Account 8880—*Nonresident Tuition* as unrestricted revenue.

CALIFORNIA COMMUNITY COLLEGES Detail of General Funds Revenues

Annual Financial and Budget Report

S10 General Fund: S11 Unrestricted

S12 Restricted

SUPPLEMENTAL DATA Actual Year: 20xx-xx

| Actual Teal. 2000-00 | | Fund S11 | Fund S12 | Fund S10 |
|--|--------------|---------------------------------------|------------|---|
| · | Ctata | Linuantriated | Restricted | Total General Fund |
| | State Use | Unrestricted | Restricted | General Fund |
| | Only | Actual | Actual | Actual |
| Description | (EDP) | (1) | (1) | (1) |
| Local Revenues (CA 8800): | (3.7) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Property Taxes (CA 8810): | | | | |
| Tax Allocation, Secured Roll | 8811 | | | |
| Tax Allocation, Supplemental Roll | 8812 | | | |
| Tax Allocation, Unsecured Roll | 8813 | | | ••••• |
| Prior Years Taxes | 8816 | | | •••••• |
| Education Revenue Augmentation Fund (ERAF) | 8817 | | | |
| Contrib., Gifts, Grants, & Endowments | 8820 | | | |
| Contract Services (CA 8830): | | | | |
| Contract Instructional Services | 140 | · | | |
| Other Contract Services | 141 | | | |
| Sales and Commissions | 8840 | | | |
| Rentals and Leases | 8850 | | | |
| Interest and Investment Income | 8860 | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| Student Fees and Charges Community Service Classes | 8872 | | | |
| Dormitory | 8873 | | | *********************** |
| Enrollment | 8874 | | *** | *************************************** |
| Field Trips & Use of Nondistrict Facilities | 8875 | | | |
| Health Services | 8876 | | | |
| Instruct, Mtrls. Fees & Sales of Mtrls. | 8877 | B . | | |
| Insurance | 8878 | | | |
| Student Records | 8879 | | | |
| Nonresident Tuition | 8880 | | | |
| Parking Svcs. & Public Transportation | 8881 | 100 | | |
| Other Student Fees and Charges | 8885 | | | |
| Other Local Revenues | 8890 | | | |
| TOTAL LOCAL REVENUES | 8800 | | | |
| TOTAL REVENUES (8100 + 8600 + 8800) | 801 | | | |
| Other Financing Sources (CA 8900): | | | | |
| Proceeds of General Fixed Assets | 8910 | | | |
| Proceeds of General Long-Term Debt | 8940 | | | |
| Incoming Transfers | 8980 | | | |
| TOTAL OTHER FINANCING SOURCES | 8900 | | | |
| TOTAL REVENUES AND OTHER FINANCING SOURCES | 899 | <u> </u> | <u> </u> | |

| | | District |
|--|--|----------|
| | | Code No. |

Supplemental Data

Expenditures by Activity

Instructions

The actual expenditures of the General Fund are captured by their activity classification and identified further by object of expenditure classification as defined in Chapter 4 of the California Community Colleges *Budget and Accounting Manual* (2000 Edition). The activity name and the four-digit numbers correspond to the classification title and controlling account number in Chapter 4, subsection: Classification of Expenditures by Activity.

Similarly, as defined in Chapter 4, subsection: Classification of Expenditures by Object, the objects are captured as combined academic and classified salaries and benefits as instructional (Col. 1) or noninstructional (Col. 2) categories; the material and supplies and other operating expenses are combined as operating expenses (Col. 3), capital outlay (Col. 4), and other outgo (Col. 5) giving total expenditures by activity (Col. 6). Only the salaries and benefits expenditures for instructors and instructional aides (direct instruction) shall be reported under Instructional by the appropriate activity line. Column 2, Noninstructional—Salaries and Benefits, are those not reported in Column 1.

Expenditures by Activity S10 General Fund-Combined (Total Unrestricted and Restricted)

SUPPLEMENTAL DATA

Actual Year: 20xx-xx

S10 GENERAL FUND-COMBINED

| | State | SALARIES A | ND BENEFITS | Operating | Capital | Other | |
|--|----------------------|----------------------------|--------------------------------|--------------------------|-------------------------|------------------------|--|
| Activity Clas-sification | Use Only (EDP) | Instruc- tional* (1) | Noninstruc- tional** (2) | Expenses (4000-5000) (3) | Outlay (6000) (4) | Outgo (7000) (5) | Total (1000-7000) (6) |
| Agriculture and Natural Resources | 0100 | <u></u> | | | | (5) | |
| Architecture and Environmental Design | 0200 | | | | | A CONTRACTOR OF | *************************************** |
| Environmental Sciences and Technologies | 0300 | | | | | | |
| Biological Sciences | 0400 | | | | | | |
| Business and Management | 0500 | | | | | | |
| Communications | 0600 | | | | | | |
| Information Technology | 0700 | | | | | | |
| Education | 0800 | | | | | | |
| Engineering and Industrial Technology | 0900 | | | | | | |
| Fine and Applied Arts | 1000 | | | , | | 7.5 | |
| Foreign Language | 1100 | | | | | | |
| Health | 1200 | | | | | | |
| Family and Consumer Sciences | 1300 | | | | | | |
| Law | 1400 | | | | - | | |
| Humanities (Letters) | 1500 | | | | | | |
| Library Science | 1600 | | | | | | 5-110-110-110-110-110-110-110-110-110-11 |
| Mathematics | 1700 | | | | | 4.5 | |
| Military Studies | 1800 | | | | | | |
| Physical Sciences | 1900 | | | | | | |
| Psychology | 2000 | | | | | \neg | |
| Public and Protective Services | 2100 | | | | | | |
| Social Sciences | 2200 | | | | | | |
| Commercial Services | 3000 | | | | | | |
| Interdisciplinary Studies | 4900 | | | | | 4.45 | |
| Instruct. Staff-Retirees' Bnfts. & Retirement Incents. | 5900 | | 100 | \$100 miles | 40.0 | | |
| Subtotal-Instructional Activities | 599 | | | | | 11.12.23 | |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.

| | District |
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| | Code No. |

SUPPLEMENTAL DATA Actual Year: 20xx-xx

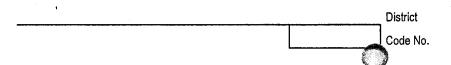
Expenditures by Activity S10 General Fund–Combined

(Total Unrestricted and Restricted)

S10 GENERAL FUND-COMBINED

| TULUAL I GAL. ZUNN-NN | OTO CENERAL FORB-COMBINED | | | | | | |
|--|---------------------------|--|-------------------------|-----------------------|---|--|---|
| | State Use | SALARIES AN | ND BENEFITS Noninstruc- | Operating Expenses | Capital Outlay | Other Outgo | Total |
| | Only | tional* | tional** | (4000-5000) | (6000) | (7000) | (1000-7000) |
| Activity Classification | (EDP) | (1) | (2) | (3) | (4) | (5) | (6) |
| Instruct. Admin. & Instruct. Governance (6000) | | | | | | | |
| Academic Administration | 6010 | 100 | | | | | • |
| Course and Curriculum Development | 6020 | | , | | | conservation for the state of | ••••• |
| Academic/Faculty Senate | 6030 | | | | | and the same of the property of | |
| Other Instruct, Admin. & Instruct. Governance | 6090 | 72.27 | | | | | |
| Subtotal-Instructional Administration | 6000 | | | | | | |
| Instructional Support Services (6100) | | | | | | 1 | |
| Learning Center | 6110 | | | | | | |
| Library | 6120 | | | | | | |
| Media | 6130 | | | | • | | · · · · · · · · · · · · · · · · · · · |
| Museums and Galleries | 6140 | * | | | | | |
| Academic Information Systems and Tech. | 6150 | | | | ••••• | | |
| Other Instructional Support Services | 6190 | | | | | | |
| Subtotal-Instructional Support Services | 6100 | | | | | Section (1995) the control | |
| Admissions and Records | 6200 | | | | | | |
| Student Counseling and Guidance (6300) | | | | | | | |
| Counseling and Guidance | 6310 | and the second | , | | • | | • |
| Matriculation and Student Assessment | 6320 | 4 | | | | | |
| Transfer Programs | 6330 | | | | | | |
| Career Guidance | 6340 | | | | | | |
| Other Student Counseling and Guidance | 6390 | | | | | | |
| Subtotal–Student Counseling and Guidance | 6300 | | | | | A STATE OF THE STA | |
| Other Student Services (6400) | | | | | | | |
| Disabled Students Programs & Services (DSPS) | 6420 | | | | • | | |
| Extended Opportunity Prgms. & Svcs. (EOPS) | 6430 | | | | | | |
| Health Services | 6440 | and the state of t | | | | | |
| Student Personnel Administration | 6450 | | | | | . Add to the same of the | |
| Financial Aid Administration | 6460 | | | | | | |
| Job Placement Services | 6470 | | | | | · Property of the second secon | |
| Veterans Services | 6480 | | | | | | |
| Miscellaneous Student Services | 6490 | | | | | | |
| Subtotal-Other Student Services | 6400 | \$ | | | | | |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.



CALIFORNIA COMMUNITY COLLEGES Annual Financial and Budget Report

Expenditures by Activity S10 General Fund–Combined (Total Unrestricted and Restricted)

SUPPLEMENTAL DATA

Actual Year: 20xx-xx S10 GENERAL FUND-COMBINED

| Actual rear. 20xx-xx | 510 GENERAL FOND-COMBINED | | | | | | |
|--|---------------------------|-----------------------|-------------|--|---------|-------------------------------|---|
| | State | SALARIES AN | ND BENEFITS | Operating | Capital | Other | |
| | Use | Instruc- | Noninstruc- | Expenses | Outlay | Outgo | Total |
| | Only | tional* | tional** | (4000-5000) | (6000) | (7000) | (1000-7000) |
| Activity Classification | (EDP) | (1) | (2) | (3) | (4) | (5) | (6) |
| Operation and Maintenance of Plant (6500) | | | | | | | |
| Building Maintenance and Repairs | 6510 | 72.5 | | | | 200 | |
| Custodial Services | 6530 | 44, 3416 | | | | | |
| Grounds Maintenance and Repairs | 6550 | 1000 | | | | | |
| Utilities | 6570 | | | | | di e | |
| Other Operation and Maintenance of Plant | 6590 | 44.0 | | | | | |
| Subtotal-Operation and Maintenance of Plant | 6500 | | | V4.000 | | | |
| Planning, Policymaking, and Coordination | 6600 | CONTRACTOR OF THE | | | | 100 200 3 | |
| General Institutional Support Services (6700) | | | | | | | |
| Community Relations | 6710 | | | | | | |
| Fiscal Operations | 6720 | | | | | | |
| Human Resources Management | 6730 | | | | | a service of | |
| Noninstrl. Staff-Retirees' Bnfts. & Retire. Incents. | 6740 | | | activities to | | 4 | |
| Staff Development | 6750 | | | A NORMAN CONTRACTOR OF THE ANALYSIS OF THE PROPERTY OF THE PRO | | | |
| Staff Diversity | 6760 | | | | | | |
| Logistical Services | 6770 | and the second second | | | | to All Company of the Company | |
| Management Information Systems | 6780 | 6.1 | | | | 1.0 | |
| Other General Institutional Support Services | 6790 | | | | | 100 | |
| Subtotal-General Institutional Support Services | 6700 | | | | | A Property of | |
| Community Svcs. & Economic Develop. (6800) | | | | | | School Service | |
| Community Recreation | 6810 | | | | | | |
| Community Service Classes | 6820 | | | | | 40 | |
| Community Use of Facilities | 6830 | | | | | 14,61 | |
| Economic Development | 6840 | | | | | | |
| Other Community Svcs. & Economic Develop. | 6890 | | | | | | *************************************** |
| Subtotal-Community Services | 6800 | | | | | | |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.

| District |
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| Code No. |

CALIFORNIA COMMUNITY COLLEGES Annual Financial and Budget Report

Expenditures by Activity S10 General Fund-Combined (Total Unrestricted and Restricted)

SUPPLEMENTAL DATA

Actual Year: 20xx-xx

S10 GENERAL FUND-COMBINED

| Actual Teal. 20XX-XX | | 310 GENERAL FOND-COMBINED | | | | | |
|--|-------|--|-------------------------------|-------------------------|----------------|------------------------|---|
| | State | SALARIES AND BENEFITS | | Operating | Capital | Other | |
| | Use | Instruc- | Noninstruc- | Expenses | Outlay | Outgo | Total |
| ! | Only | tional* | tionai** | (4000-5000) | (6000) | (7000) | (1000-7000) |
| Activity Classification | (EDP) | (1) | (2) | (3) | (4) | (5) | (6) |
| Ancillary Services (6900) | | | | | | | |
| Bookstores | 6910 | | ., | | | | |
| Child Development Centers | 6920 | | | | | | |
| Farm Operations | 6930 | 4.0 | | | | | |
| Food Services | 6940 | | | | | | |
| Parking | 6950 | | | | | · some a second | • |
| Student and Co-curricular Activities | 6960 | | | | ļ | | |
| Student Housing | 6970 | Maria de la companya | | | | Printer and the | |
| Other Ancillary Services | 6990 | | | | | | |
| Subtotal-Ancillary Services | 6900 | 1.25 | | | | 4.0 | |
| Auxiliary Operations (7000) | | | | | | | |
| Contract Education | 7010 | | | | | | |
| Other Auxiliary Operations | 7090 | | | | | | |
| Subtotal-Auxiliary Operations | 7000 | | | | | | |
| Physical Prop. and Related Acquisitions (7100) | 7100 | | | | | product of the Control | |
| Long-Term Debt and Other Financing (7200) | | | | | 100 | | |
| Long-Term Debt | 7210 | | Section 1 | | 190 | | |
| Tax Revenue Anticipation Notes | 7220 | - | Contraction (Contraction) | | | | |
| Other Financing | 7290 | 9536 | and the state of the state of | | | The second second | • |
| Subtotal-Long-Term Debt and Other Financing | 7200 | | | | | | |
| Transfers, Student Aid, and Other Outgo (7300) | | 100 | | | and the second | | |
| Transfers | 7310 | | 1,000 | | | * | |
| Student Aid | 7320 | | | 100 | 4.0 | | |
| Other Outgo | 7390 | 100 | 4.7 | | | | |
| Subtotal-Transfers, Student Aid, and Other Outgo | 7300 | 24 | | According to the second | 100 | | |
| TOTAL EXPENDITURES AND OTHER OUTGO | 391 | | | | | | |

 ^{*} Salaries and benefits of instructors and instructional aides in instructional assignments.
 ** Salaries and benefits of staff in noninstructional assignments.

| | District |
|--|----------|
| | Code No. |

Supplemental Data Receipt and Expenditures of Lottery Proceeds Instructions

Government Code 8880.5. Allocations for education:

(k) As a condition of receiving any moneys pursuant to subdivision (a) or (b), each district and county superintendent of schools shall establish a separate account for the receipt and expenditure of those moneys, which account shall be clearly identified as a lottery education account.

- 1. Enter the reported June 30 balance (from the previous CCFS-311 report).
- 2. Enter any adjustments to the lottery funds between the reported ending balance (item 1) and the adjusted July 1 beginning balance (item 3).
- 3. As noted in Accounting Advisory No. 2000-01 (Proposition 20 Lottery Funds for Instructional Materials), expenditures of lottery revenue restricted for instructional materials must be accounted for in the restricted subfund of the General Fund and recorded to revenue account 8680 State Non-Tax Revenues-State Lottery Proceeds. The expenditures are to be recorded within the subsidiary categories of Object 4000 Supplies and Materials: Software; Books; Magazines and Periodicals; and Instructional Supplies and Materials as appropriate. Also included are educational software licensing expenditures recorded within Object 5000 and educational software purchases recorded within Object 6400 Equipment if the cost and useful life requirements are met as prescribed in the Budget and Accounting Manual.

Part I. Actual Fiscal Year Data

- 4. (a) Enter cash received for the first three guarters of the year.
 - (b) Enter the net accrued amount for April-June quarter.
- 5. Enter the amount of lottery proceeds expended for these object groupings by major activity code (AC): Instructional, Instructional and Institutional Support, and Others. Library Books and Equipment are the only capital outlay object of expenditure for which lottery proceeds may be expended and reported under item 8.
- 11. Enter June 30 balance (lines 3 + 4 10). This amount is also the July 1 beginning balance for Part II, Budget Data.

Part II. Budget Fiscal Year Data

- 12. Enter the anticipated lottery proceeds for the fiscal year based on current projections.
- 13-17. These items are defined at lines 5-9 above.

CALIFORNIA COMMUNITY COLLEGES Annual Financial and Budget Report SUPPLEMENTAL DATA

Receipt and Expenditures of Lottery Proceeds

L11 GENERAL FUND

| | | | Actual Year | : 20xx-xx / Bu | idget Year: 20 |)xx-xx | _{ |
|------------|--|-------------------------------|--|---|----------------|---------------------------------|----|
| | Description | State Use Only (EDP) | Instructional Activities (0100-5900) (1) | Instructional & Institutional Support Activities (6000-6700) | Others (3) | Total (Col. 1 thru 3) (4) | |
| 1. | 6/30/xx Reported Ending Balance | 902 | | | | | |
| 2. | Adjustments | 903 | | | | | 1 |
| 3. | Adjusted Beginning Balance (lines 1 + 2) | 904 |] | | | | 1 |
| Par | t I. Actual Fiscal Year Data | | | | | | 1 |
| 4. | State Lottery Proceeds: | 1 | | | | | l |
| [| (a) Cash Received | 869A | | 1 | | | |
| ł | (b) Accrued | 860A | | | | | 1 |
| Exp | penditures: | | | | | | İ |
| 5. | Salaries and Benefits (Obj. 1000-3000) | 100A | | | | ļ | 1 |
| 6. | Supplies & Materials (Object 4000) | 210A | | 1 | 1 | i | |
| 1 | (a) Software | 210A 220A | | | | ļ | 1 |
| ļ | (b) Books, Magazines, & Periodicals(c) Instructional Supplies & Materials | 230A | ļ | | | | ł |
| | (e) Noninstructional Supplies & Mtrls | 240A | | | | | |
| 7. | Other Oper. Exp. & Srvcs (Object 5000) | 400A | | | | | l |
| 8. | Capital Outlay | | | | | | į |
| " | (a) Library Books (Object 6300) | 630A | | } | | | |
| j | (b) Equipment (Object 6400) | 640A | | | | | |
| 9. | Other | 650A | | | | | L |
| 10. | Total Expenditures (add lines 5 thru 9) | 501A | | | | | |
| 11. | 6/30/xx Balance (lines 3 + 4 - 10) | 905A | | a.c. | | | |
| Par | t II. Budget Fiscal Year Data | | ļ | | | | |
| ł | State Lottery Proceeds (estimated) | 869B | | ļ | | | ĺ |
| 1 | enditures: | | | | | | l |
| | Salaries and Benefits (Obj. 1000-3000) | 100B |) | | | | |
| 14. | • | | | | | · | İ |
| l | (a) Software | 210B | | · | | | İ |
| | (b) Books, Magazines, & Periodicals | 220B 230B | | | | | ĺ |
| | (c) Instructional Supplies & Materials(e) Noninstructional Supplies & Mtrls | 240B | <u> </u> | | | | |
| 15 | Other Oper. Exp. & Srvcs (Object 5000) | 400B | | | | | |
| i i | Capital Outlay | 4000 | | | | | |
| 10. | (a) Library Books (Object 6300) | 630B | | | | | |
| | (b) Equipment (Object 6400) | 640B | | | | | |
| 17. | Other | 650B | | | | | |
| 18. | Total Expenditures (add lines 13 thru 17) | 501B | - | | | | |
| 19. | 6/30/xx Projected Balance | | 1836/2007 postatel 1936 postat postal (h. A. Mariana (h. A. Marian | house the secondary. Life income and these recisions when the | | | |
| l | (add lines 11 + 12 - 18) | 905B | | | 1 | | |

| 19. 6/30/xx Projected Balance (add lines 11 + 12 - 18) | 905B | | |
|---|------|------|--------------|
| ALIFORNIA COMMUNITY COLLEGES | | | |
| | | | District |
| | | | Code No. |

Annual Financial and Budget Report

SUPPLEMENTAL DATA Actual Year: 20xx-xx

Analysis of Interfund Transfers

| Fund Number | In/Out | Fund Title | Amount Transferred In | Amount Transferred Out |
|----------------|--------|------------|--------------------------|---------------------------|
| | | | | |
| | | | | |
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| | · | | | |
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| | | | | |
| | · | | | |

| | District |
|--|----------|
| | Code No. |

Supplemental Data

Analysis of Interfund Transfers

Instructions

This form has been designed to provide a trail of Interfund Transfers between reported funds of the district.

For each Interfund Transfer transaction, enter the fund receiving the Interfund Transfer. Enter the corresponding dollar amount under the column titled "Amount Transferred In". On the next line, enter the fund transferring the money to the fund listed previously. Enter the corresponding dollar amount under the column titled "Amount Transferred Out".

The sum of amounts reported as Interfund Transfers –In should equal the total of the sums for all funds reported as Interfund Transfers-Out.

Tab 9

COMMAND ===>

LRS-RA 20061025 180011 CC34050

SCROLL ===> SCREEN 4 R 1 C 1 CC34050

CONTROLLER OF CALIFORNIA

P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS NOTICE IS FOR INFORMATION PURPOSE ONLY.

NO WARRANT WILL BE MAILED.

THE NET PAYMENT AMOUNT WAS ZERO.

PGM NBR: 00234

Ρ

BOARD OF TRUSTEES

LOS RIOS COMM COLL DIST

SACRAMENTO COUNTY

1919 SPANOS COURT

SACRAMENTO CA 95825

PAYEE: TREASURER, LOS RIOS COMM COLL DIST

FUND NAME: GENERAL FUND

CLAIM SCHEDULE NBR: MA64136A ISSUE DATE: 10/25/2006

REIMBURSEMENT OF STATE MANDATED COSTS

ANY QUERIES REGARDING THIS CLAIM PLEASE CALL GWEN @916-3242341

PROG: HEALTH FEE ELIMINATION (CC) ACL: 1/84

CLAIMED AMT: 814,928.00 2002/2003 ACTUAL PAYMENT

100.000000

TOTAL ADJUSTMENTS:

TOTAL APPROVED CLAIMED AMT:

814,928.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT: PRORATA BALANCE DUE:

.00

APPROVED PAYMENT AMOUNT:

814,928.00

PAYMENT OFFSETS (ACL NBR, NAME, FY, AMT.): HEALTH FEE ELIMINATION (00/01 25,199-1/84

1/84 1/84 HEALTH FEE ELIMINATION (99/00 634,185-HEALTH FEE ELIMINATION (98/99 155,544-

.00 NET PAYMENT AMOUNT:

Tab 10

Hearing: 5/25/89 File Number: CSM-4206

Staff: Deborah Fraga-Decker

WP 0366d

PROPOSED PARAMETERS AND GUIDELINES AMENDMENTS Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987 Health Fee Elimination

Executive Summary

At its hearing of November 20, 1986, the Commission on State Mandates found that Chapter 1, Statutes of 1984, 2nd E.S., imposed state mandated costs upon local community college districts by (1) requiring those community college districts which provided health services for which it was authorized to and did charge a fee to maintain such health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter and (2) repealing the district's authority to charge a health fee. The requirements of this statute would repeal on December 31, 1987, unless subsequent legislation was enacted.

Chapter 1118, Statutes of 1987, was enacted September 24, 1987, and became effective January 1, 1988. Chapter 1118/87 modified the requirements contained in Chapter 1/84, 2nd E.S., to require those community college districts which provided health services in fiscal year 1986-87 to maintain such health services in the 1987-88 fiscal year and each fiscal year thereafter. Additionally, the language contained in Chapter 1/84, 2nd E.S., which repealed the districts' authority to charge a health fee to cover the costs of the health services program was allowed to sunset, thereby reinstating the districts' authority to charge a fee as specified. Parameters and guidelines amendments are appropriate to address the changes contained in Chapter 1118/87 because this statute amended the same Education Code sections previously enacted by Chapter 1/84, 2nd E.S., and found to contain a mandate.

Commission staff included the Department of Finance suggested non-substantive amendment to the staff's proposed parameters and guidelines amendments. The Chancellor's Office, the State Controller's Office, and the claimant are in agreement with these amendments. Therefore, staff recommends that the Commission adopt the parameters and guidelines amendments as requested by the Chancellor's Office and as developed by staff.

Claimant

Rio Hondo Community College District

Requesting Party

California Community Colleges Chancellor's Office

| Chronology | |
|------------|---|
| 12/2/85 | Test Claim filed with Commission on State Mandates. |
| 7/24/86 | Test Claim continued at claimant's request. |
| 11/20/86 | Commission approved mandate. |
| 1/22/87 | Commission adopted Statement of Decision. |
| 4/9/87 | Claimant submitted proposed parameters and guidelines. |
| 8/27/87 | Commission adopted parameters and guidelines |
| 10/22/87 | Commission adopted cost estimate |
| 9/28/88 | Mandate funded in Commission's Claims Bill, Chapter 1425/88 |

Summary of Mandate

Chapter 1/84, 2nd E.S., effective July 1, 1984, repealed Education Code (EC) Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. The statute also required that any community college district which provided health services for which it was authorized to charge a fee shall maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter.

Prior to the passage of Chapter 1/84, 2nd E.S., the implementation of a health services program was at the local community college district's option. If implemented, the respective community college district had the authority to charge a health fee up to \$7.50 per semester for day and evening students, and \$5 per summer session.

Proposed Amendments

The Community Colleges Chancellor's Office (Chancellor's Office) has requested parameters and guidelines amendments be made to address the changes in mandated activities effectuated by Chapter 1118/87. (Attachment G) In order to expedite the process, staff has developed language to accomplish the following: (1) change the eligible claimants to those community college districts which provided a health services program in fiscal year 1986-87; and (2) change the offsetting savings and other reimbursements to include the reinstated authority to charge a health fee. (Attachment B)

Recommendations

The Department of Finance (DOF) proposed one non-substantive amendment to clarify the effect of the fee authority language on the scope of the reimbursable costs. With this amendment, the DOF believes the amendments to the parameters and guidelines are appropriate for this mandate and recommends the Commission adopt them. (Attachment C)

The Chancellor's Office recommends that the Commission approve the amended parameters and guidelines developed by staff with the additional language suggested by the DOF. (Attachment D)

The State Controller's Office (SCO), upon review of the proposed amendments, finds the proposals proper and acceptable. (Attachment E)

The claimant, in its recommendation, states its belief that the revisions are appropriate and concurs with the proposed changes. (Attachment F)

Staff Analysis

Issue 1: Eligible Claimants

The mandate found in Chapter 1/84, 2nd E.S., was for a new program with a required maintenance of effort at the fiscal year 1983-84 level. Chapter 1118/87 superseded that level of service by requiring that community college districts which provided a health services program in fiscal year 1986-87 maintain that level of effort in fiscal year 1987-88 and each subsequent year thereafter. Additionally, this expanded the group of eligible claimants because the requirement is no longer imposed on only those community college districts which had charged a health fee for the program. At the time of enactment of Chapter 1118/87, there were 11 community college districts which provided the health services program but had never charged a health fee for the service.

Therefore, staff has amended the language in Item III. "Eligible Claimants" to reflect this change in the scope of the mandate.

Issue 2: Reimbursement Alternatives

In response to Chapter 1/84, 2nd E.S., Item VI.B. contained two alternatives for claiming reimbursement costs. This gave claimants a choice between claiming actual costs for providing the health services program, or funding the program as was done prior to the mandate when a health fee could be charged.

The first alternative was in Item VI.B.l. and provided for the use of the formula which the eligible claimants were authorized to utilize prior to the implementation of Chapter 1/84, 2nd E.S.--total eligible enrollment multiplied by the health fee charged per student in fiscal year 1983-84. With the sunset of the repeal of the health fee authority as contained in Chapter 1/84, 2nd E.S., claimants can now charge the health fee as was allowed prior to fiscal year 1983-84, thereby funding the program as was done prior to the mandate. Therefore, this alternative is no longer applicable to this mandate and has been deleted by staff.

The second alternative was in Item VI.B.2. and provided for the claiming of actual costs involved in maintaining a health services program at the fiscal year 1983-84 level. This alternative is now the sole method of reimbursement for this mandate. However, it has been amended to reflect that Chapter 1118/87 requires a maintenance of effort at the fiscal year 1986-87 level.

Issue 3: Offsetting Savings and Other Reimbursements

With the sunset of the repeal of the fee authority contained in Chapter 1/84, 2nd E.S., Education Code (EC) section 72246(a) again provides community college districts with the authority to charge a health fee as follows:

"72246.(a) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than seven dollars and fifty cents (\$7.50) for each semester, and five dollars (\$5) for summer school, or five dollars (\$5) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, authorized by Section 72244, or both."

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of this fee authority.

In response to that amendment, the DOF has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII.

Issue 4: Editorial Changes

In preparing the proposed parameters and guidelines amendments, it was not necessary for staff to make any of the normal editorial changes as the original parameters and guidelines contained the language usually adopted by the commission.

Staff, the DOF, the Chancellor's Office, the SCO, and the claimant are in agreement with the recommended amendments which are shown in Attachment A with additions indicated by underlining and deletions by strikeout.

Staff Recommendation

Staff recommends the adoption of the staff's proposed parameters and guidelines amendments, which are based on the original parameters and guidelines adopted in response to Chapter 1/84, 2nd E.S., and amended in response to Chapter 1118/87, as well as incorporating the amendment recommended by the DOF. All parties concur with these amendments.

Adopted: 8/27/87

PARAMETERS AND GUIDELINES Chapter 1118, Statutes of 19847//2/d/d//E/\$/ Health Fee Elimination

I. SUMMARY OF MANDATE

Chapter 1, Statutes of 1984, 2nd E.S. repealed Education Code Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. This statute also required that health services for which a community college district charged a fee during the 1983-84 fiscal year had to be maintained at that level in the 1984-85 fiscal year and every year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the community colleges districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987, amended Education Code section 72246 to require any community college district that provided health services in 1986-87 to maintain health services at the level provided during the 1986-87 fiscal year in 1987-88 and each fiscal year thereafter.

II. COMMISSION ON STATE MANDATES' DECISION

At its hearing on November 20, 1986, the Commission on State Mandates determined that Chapter 1, Statutes of 1984, 2nd E.S. imposed a "new program" upon community college districts by requiring any community college district which provided health services for which it was authorized to charge a fee pursuant to former Section 72246 in the 1983-84 fiscal year to maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter. This maintenance of effort requirement applies to all community college districts which levied a health services fee in the 1983-84 fiscal year, regardless of the extent to which the health services fees collected offset the actual costs of providing health services at the 1983-84 fiscal year level.

At its hearing of April 27, 1989, the Commission determined that Chapter II18, Statutes of 1987, amended this maintenance of effort requirement to apply to all community college districts which provided health services in fiscal year 1986-87 and required them to maintain that level in fiscal year 1987-88 and each fiscal year thereafter.

III. ELIGIBLE CLAIMANTS

Community college districts which provided health services $f \not \circ f' / f \not \in in$ 19836-847 fiscal year and continue to provide the same services as a result of this mandate are eligible to claim reimbursement of those costs.

IV. PERIOD OF REIMBURSEMENT

Chapter 1, Statutes of 1984, 2nd E.S., became effective July 1, 1984. Section 17557 of the Government Code states that a test claim must be submitted on or before November 30th following a given fiscal year to establish for that fiscal year. The test claim for this mandate was filed on November 27, 1985; therefore, costs incurred on or after July 1, 1984, are reimbursable. Chapter 1118, Statutes of 1987, became effective January 1, 1988. Title 2, California Code of Regulations, section 1185.3(a) states that a parameters and guidelines amendment filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines; therefore, costs incurred on or after January 1, 1988, for Chapter 1118, Statutes of 1987, are reimbursable.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim if applicable. Pursuant to Section 17561(d)(3) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSEMENTABLE COSTS

A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services programwithout/the/authofity $t\phi/l/\psi/a/f$ ee. Only services provided $f\phi r/f$ ee/in 19836-47 fiscal year may be claimed.

B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1983+84=986-87:

ACCIDENT REPORTS

APPOINTMENTS

College Physician - Surgeon
Dermatology, Family Practice, Internal Medicine
Outside Physician
Dental Services
Outside Labs (X-ray, etc.)
Psychologist, full services
Cancel/Change Appointments
R.N.
Check Appointments

```
ASSESSMENT, INTERVENTION & COUNSELING
   Birth Control
   Lab Reports
   Nutrition
   Test Results (office)
   ۷D
   Other Medical Problems
   CD
   URI
   ENT
   Eye/Vision
   Derm./Allergy
   Gyn/Pregnancy Services
   Neuro
   Ortho
   GU
   Dental
   GI
   Stress Counseling
   Crisis Intervention
   Child Abuse Reporting and Counseling
   Substance Abuse Identification and Counseling
   Aids
   Eating Disorders
   Weight Control
   Personal Hygiene
   Burnout
EXAMINATIONS (Minor Illnesses)
   Recheck Minor Injury
HEALTH TALKS OR FAIRS - INFORMATION
   Sexually Transmitted Disease
   Drugs
   Aids
   Child Abuse
   Birth Control/Family Planning
   Stop Smoking
   Library - videos and cassettes
FIRST AID (Major Emergencies)
FIRST AID (Minor Emergencies)
FIRST AID KITS (Filled)
IMMUNIZATIONS
   Diptheria/Tetanus
   Measles/Rubella
   Influenza
   Information
INSURANCE
   On Campus Accident
   Voluntary
```

Insurance Inquiry/Claim Administration

```
LABORATORY TESTS DONE
   Inquiry/Interpretation
   Pap Smears
PHYSICALS
   Employees
   Students
   Athletes
MEDICATIONS (dispensed OTC for misc. illnesses)
   Antacids
   Antidiarrhial
   Antihistamines
   Aspirin, Tylenol, etc.
   Skin rash preparations
   Misc.
   Eye drops
   Ear drops
   Toothache - Oil cloves
   Stingkill
   Midol - Menstrual Cramps
PARKING CARDS/ELEVATOR KEYS
   Tokens
   Return card/key
   Parking inquiry
   Elevator passes
   Temporary handicapped parking permits
REFERRALS TO OUTSIDE AGENCIES
   Private Medical Doctor
   Health Department
   Clinic
   Dental
   Counseling Centers
   Crisis Centers
   Transitional Living Facilities (Battered/Homeless Women)
   Family Planning Facilities
   Other Health Agencies
TESTS
   Blood Pressure
   Hearing
   Tuberculosis
      Reading
      Information
   Vision
   Glucometer
   Urinalysis
   Hemoglobin
   E.K.G.
   Strep A testing
   P.G. testing
   Monospot
   Hemacult
```

Misc.

MISCELLANEOUS

Absence Excuses/PE Waiver
Allergy Injections
Bandaids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Misc.
Information
Report/Form
Wart Removal

COMMITTEES

Safety Environmental Disaster Planning

SAFETY DATA SHEETS Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

BODY FAT MEASUREMENTS

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

WORK SHOPS

Test Anxiety Stress Management Communication Skills Weight Loss Assertiveness Skills

VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a list of each item for which reimbursement is claimed under this mandate.//\(\mathbb{I}\)\fore\(\delta\)\(

A. Description of Activity

- 1. Show the total number of full-time students enrolled per semester/quarter.
- 2. Show the total number of full-time students enrolled in the summer program.
- 3. Show the total number of part-time students enrolled per semester/quarter.
- 4. Show the total number of part-time students enrolled in the summer program.

B. Qyaining/Ayteynatiyes

Claimed costs should be supported by the following information:

Witernative/Vi//Vees/Previously/Collected/in/1983/84/Fiscal/Xear/

- Preksy/corrected/in/the/raba/fiscar/year/to/support the/hearth/serfices/program/

A7ternative/21//Actual Costs of Claim Year for Providing 19836-847 Fiscal Year Program Level of Service.

1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 19836-847 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of \$7.50 per full-time student per semester, \$5.00 per full-time student for summer school, or \$5.00 per full-time student per quarter, as authorized by Education Code section 72246(a). This shall also include payments (fees) pay received from individuals other than students who wereare not covered by farmer Education Code Section 72246 for health services.

IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with;

and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

| Signature of Authorized Representative | Date |
|--|---------------|
| Title | Telephone No. |

0350d

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET SACRAMENTO, CALIFORNIA 95814 (916) 445-8752 445-1163

February 22, 1989





Mr. Robert W. Eich Executive Director Commission on State Mandates 1130 "K" Street, Suite LL50 Sacramento, CA 95814-3927

Dear Mr. Eich:

As you know, the Commission on August 27, 1987 adopted Parameters and Guidelines for claiming reimbursements of mandated costs related to community college health services. Fees formerly collected by community colleges had been eliminated by Chapter 1, Statutes of 1984, Second Extraordinary Session. Last year's mandate claims bill (AB 2763) included funding to pay all these claims through 1988-89.

The Governor's partial approval of AB 2763 last September included a stipulation that claims for the current year would be paid this fiscal year, but prior-year claims will be paid in equal installments from the next three budget acts. The Governor did not address the fact that the ongoing costs of providing the mandated level of service will continue to exceed the maximum permissible fee of \$7.50 per student per semester.

On behalf of all eligible community college districts, the Chancellor's Office proposes the following changes in the Parameters and Guidelines:

- o Payment of 1988-89 mandated costs in excess of maximum permissible fees. (This amount is payable from AB 2763.)
- o Payment of all prior-year claims in installments over the next three years. (Funds for these payments will be included in the next 3 budget acts.)
- o Payment of future-years mandated costs in excess of the maximum permissible fees. (No funding has yet been provided for these costs.)

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Meetes

DAVID MERTES Chancellor

DM:PR:mh

cc: Deborah Fraga-Decker, CSM Douglas Burris Joseph Newmyer Gary Cook

Memorandum

. March 22, 1989

. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

Jean : Department of Finance

Proposed Amendments to Parameters and Guidelines for Claim No. CSM-42O6 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

Pursuant to your request, the Department of Finance has reviewed the proposed amendments to the parameters and guidelines related to community college health services. These amendments, which are requested by the Chancellor's Office, reflect the impact that Chapter 1118/87 has on the original parameters adopted by the Commission for Chapter 1/84 on August 27, 1987. Specifically, Chapter 1118/87:

- requires districts which were providing health services in 1986-87, rather than 1983-84, to continue to provide such services, irrespective of whether or not a fee was charged for the services; and
- (2) allows all districts to again charge a fee of up to \$7.50 per student for the services. In this regard, we would point out that the proposed amendment to "VIII. Offsetting Savings, and Other Reimbursements" could be interpreted to require that, if a district elected not to charge fees it would not have to deduct anything from its claim. We believe that, pursuant to Section 17556 (d) of the Government Code, an amount equal to \$7.50 per student must be deducted whether or not it is actually charged since the district has the authority to levy the fee. We suggest that the following language be added as a second paragraph under "VIII": "If a claimant does not levy the fee authorized by Education Code Section 72246 (a), it shall deduct an amount equal to what it would have received had the fee been levied."

With the amendment described above, we believe the amendments to the parameters and guidelines are appropriate for this mandate and recommend the Commission adopt them at its April 27, 1989, meeting.

Any questions regarding this recommendation should be directed to James M. Apps or Kim Clement of my staff at 324-0043.

Fred Klass

Assistant Program Budget Manager

cc: see second page

cc: Glen Beatie, Stat' Controller's Office Pat Ryan, Chancel ''s Office, Community College Juliet Musso, Legislative Analyst's Office Richard Frank, Attorney General

LR:1988-2

RECEIVED

APR 0 5 1989

COMMISSION ON STATE MANDATES

IFORNIA COMMUNITY COLLEGES

pril 3, 1989

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206

Amendments to Parameters and Guidelines Chapter 1, Statues of 1984, 2nd E.S.

Chapter 118, Statues of 1987

Health Fee Elimination

Dear Mr. Eich:

on response to your request of March 8, we have reviewed the proposed language changes necessary to amend the existing parameters and guidelines to meet the requirements of Chapter 1118, Statutes of 1987.

The Department of Finance has also provided us a copy of their uggestion to add the following language in part VIII: "If a claimant loss not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

The the additional language suggested by the Department of Finance, the Chancellor's Office recommends approval of the amended parameters and guidelines as drafted for presentation to the Commission on april 27, 1989.

Sincerely,

DAVID MERTES Chancellor

OM: PR: mh

oc: Jim Apps, Department of Finance Glen Beatie, State Controller's Office Richard Frank, Attorney General's Office Juliet Muso, Legislative Analyst's Office Douglas Burris Joseph Newmyer Gary Cook





GRAY DAVIS

Controller of the State of California P.O. BOX 942850 SACRAMENTO, CA 94250-0001

April 3, 1989

Is. Deborah Fraga-Decker Program Analyst Commission on State Mandates 1130 K Street, Suite LL50 Sacramento, CA 95814



🚋 🕾 Ns. Fraga-Decker:

RE: Proposed Amendments to Parameters and Guidelines: Chapter 1/84, 2nd E.S., and Chapter 1118/87 - Health Fee Elimination

We have reviewed the amendments proposed on the above subject and find the proposals proper and acceptable.

However, the Commission may wish to clarify section "VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS" that the required offset is the amount received or would have received per student in the claim year.

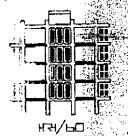
ii you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Giann Haas, Assistant Chief Division of Accounting

GH/GB:dvl

SC81822



RIO HONDO COMMUNITY COLLEGE DISTRICT

8600 Workman Mill Road • Whittier, CA 90608 • Phone (218) 692-0921

10 089

March 16, 1989

Ms. Deborah Fraga-Decker Program Analyst Commission on State Mandates 1130 K Street, Suite LL50 Sacramento, CA 95814

REFERENCE: CSM-4206

AMENDMENTS TO PARAMETERS AND GUIDELINES CHAPTER 1, STATUTES OF 1984, 2ND E.S.

CHAPTER 1118, STATUTES OF 1987

HEALTH FEE ELIMINATION

Dear Deborah:

We have reviewed your letter of March 7 to Chancellor David Mertes and the attached amendments to the health fee parameters and guidelines. We believe these revisions to be most appropriate and concur totally with the changes you have proposed.

I would like to thank you again for your expertise and helpfulness throughout this entire process.

Yours very truly,

Timothy M. Nood Vice President

Administrative Affairs

TMW: hh

Tab 11

MINUTES

COMMISSION ON STATE MANDATES
May 25, 1989
10:00 a.m.
State Capitol, Room 437
Sacramento, California

Present were: Chairperson Russell Gould, Chief Deputy Director, Department of Finance; Fred R. Buenrostro, Representative of the State Treasurer; D. Robert Shuman, Representative of the State Controller; Robert Martinez, Director, Office of Planning and Research; and Robert C. Creighton, Public Member.

There being a quorum present, Chairperson Gould called the meeting to order at 10:02 a.m.

tem 1 Minutes

4-4-14-14

Chairperson Gould asked if there were any corrections or additions to the minutes of the Commission's hearing of April 27, 1989. There were no corrections or additions.

The minutes were adopted without objection.

Consent Calendar

The following items were on the Commission's consent agenda:

- Proposed Statement of Decision Chapter 406, Statutes of 1988 Special Election - Bridges
- Item 3 Proposed Statement of Decision Chapter 583, Statutes of 1985 Infectious Waste Enforcement
- Item 4 Proposed Statement of Decision Chapter 980, Statutes of 1984 Court Audits
- Proposed Statement of Decision Chapter 1286, Statutes of 1985 Homeless Mentally III

Minutes Hearing of May 25, 1989 Page 2

- Item 6 Proposed Parameters and Guidelines Amendment Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987
 Health Fee Elimination
- Item 7 Proposed Parameters and Guidelines Amendment Chapter 8, Statutes of 1988

 Democratic Presidential Delegates
- Item 10 Proposed Statewide Cost Estimate Chapter 498, Statutes of 1983 Education Code Section 48260.5 Notification of Truancy
- Item 12 Proposed Statewide Cost Estimate Chapter 1226, Statutes of 1984 Chapter 1526, Statutes of 1985 Investment Reports

There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro moved adoption of the staff recommendation on these items on the consent calendar. Member Martinez seconded the motion. The vote on the motion was unanimous. The motion carried.

The following items were continued:

- Item 13 Proposed Statewide Cost Estimate Chapter 1335, Statutes of 1986
 Trial Court Delay Reduction Act
- Item 16 Test Claim Chapter 841, Statutes of 1982 Patients' Rights Advocates
- Item 17 Test Claim
 Chapter 921, Statutes of 1987
 Countywide Tax Rates

The next item to be heard by the Commission was:

Item 8 Proposed Parameters and Guidelines Amendment Chapter 961, Statutes of 1975
Collective Bargaining

The party requesting the proposed amendment, Fountain Valley School District, did not appear at the hearing. Carol Miller, appearing on behalf of the Education Mandated Cost Network, stated that the Network was interested in the issue of reimbursing a school district for the time the district Superintendent spent in, or preparing for, collective bargaining issues.

The Commission then discussed the issue of reimbursing the Superintendent's time as a direct cost to the mandated program or as an indirect cost as required by the federal publications OASC-10, and Federal Management Circular 74-4. Upon conclusion of this discussion, the Commission, staff, and Ms. Miller, agreed that the Commission could deny this proposed amendment by the Fountain Valley School District, and Ms. Miller could assist another district in an attempt to amend the parameters and guidelines to allow reimbursement of the Superintendent's cost relative to collective bargaining matters.

Member Creighton then inquired on the issue of holding collective bargaining sessions outside of normal working hours and the number of teachers the parameters and guidelines reimburse for participating in collective bargaining sessions. Ms. Miller stated that because of the classroom disruption that can result from the use of a substitute teacher, bargaining sessions are sometimes held outside of normal work hours for practical reasons. Ms. Miller also stated that the parameters and guidelines permit reimbursement for five substitute teachers.

Member Martinez moved and Member Buenrostro seconded a motion to adopt the staff recommendation to deny the proposed amendments to the parameters and guidelines. The roll call vote on the motion was unanimous. The motion carried.

Item 9 Proposed Statewide Cost Estimate Chapter 498, Statutes of 1983 Education Code Section 51225.3 Graduation Requirements

Carol Miller appeared on behalf of the claimant, Santa Barbara Unified School District, Jim Apps and Don Enderton appeared on behalf of the Department of Finance, and Rick Knott appeared on behalf of the San Diego Unified School District.

Carol Miller began the discussion on this matter by stating her objection to the Department of Finance raising issues that were already argued in the parameters and guidelines hearings for this mandate. Based on this objection, is. Miller requested that the Commission adopt staff's recommendation and allow the Controller's Office to handle any audit exceptions.

Jim Apps stated that because school districts did not report funds that have been received by them, then the data reported in the survey is suspect. Therefore, the Department of Finance is not convinced that the cost estimate based on the data received by the schools is legitimate.

Discussion continued on the validity of the cost estimate and on the figures presented to the Commission for its consideration.

Member Creighton then made a motion to adopt staff's recommendation. Member Shuman seconded the motion. The vote on the motion was: Member Buenrostro, no; Member Creighton, aye; Member Martinez, no; Member Shuman, aye; and Chairperson Gould, no. The motion failed.

Minutes Hearing of May 25, 1989 Page 4

Chairperson Gould made an alternative motion that staff, the Department of Finance, and the school districts, conduct a pre-hearing conference and agree on an estimate to be presented to the Commission at a future hearing. Member Buenrostro seconded the motion. The roll call vote on the motion was unanimous. The motion carried.

Item 11 Statewide Cost Estimate
Chapter 815, Statutes of 1979
Chapter 1327, Statutes of 1984
Chapter 757, Statutes of 1985
Short-Doyle Case Management

Pamela Stone, representing the County of Fresno, stated that the county was in agreement with the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years, and was opposed to the reduction of the costs estimate being proposed by the Department of Mental Health's late filing.

Lynn Whetstone, representing the Department of Mental Health, stated that the Department agrees with the methodology used by Commission staff to develop the cost estimate, however, the Department questioned the manner in which Commission staff extrapolated its survey figures into a statewide estimate. Ms. Whetstone stated that due to the reasons stated in its late filing, the Department believes that the cost estimate be reduced to \$17,280,000.

Member Shuman moved, and Member Martinez seconded a motion to adopt the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years. The roll call vote on the motion was unanimous. The motion carried.

Item 14 State Mandates Apportionment System
Request for Review of Base Year Entitlement
Chapter 1242, Statutes of 1977
Senior Citizens' Property Tax Postponement

Leslie Hobson appeared on behalf of the claimant, County of Placer, and stated agreement with the staff analysis.

There were no other appearances and no further discussion.

Member Creighton moved approval of the staff recommendation. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 15 Test Claim Chapter 670, Statutes of 1987 Assigned Judges

Vicki Wajdak and Pamela Stone appeared on behalf of the claimant, County of Fresno. Beth Mullen appeared on behalf of the Administrative Office of

minutes Hearing of May 25, 1989 Page 5

the Courts. Jim Apps appeared on behalf of the Department of Finance. Allan Burdick appeared on behalf of the County Supervisors Association of California. Pamela Stone restated the claimant's position that the revenue losses due to this statute were actually increased costs because Fresno is now required to compensate its part-time justice court judges for work performed or another county while on assignment. Beth Mullen stated her opposition to this interpretation because Fresno's part-time justice court judge cannot be assigned elsewhere until all work required to be performed for Fresno has been completed; therefore, Fresno is only required to compensate the judge for its own work.

There followed discussion by the parties and the Commission regarding the applicability of the Supreme Court's decisions in County of Los Angeles and Lucia Mar. Chairperson Gould asked Commission Counsel Gary Hori whether this statute imposed a new program and higher level of service as contemplated by these two decisions. Mr. Hori stated that it did meet the definition of new program and higher level of service as contemplated by the Supreme Court.

Member Creighton moved to adopt the staff recommendation to find a mandate on counties whose part-time justice court judge is assigned within the home county. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 18 Test Claim
Chapter 1247, Statutes of 1977
Chapter 797, Statutes of 1980
Chapter 1373, Statutes of 1980
Public Law 99-372
Attorney's Fees - Special Education

Chairperson Gould recused himself from the hearing on this item.

Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the laimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the federal Education of the Handicapped Act, school districts are subject to the provisions of Public Law 94-142 and Public Law 99-372. Member Buenrostro then inquired whether staff was comfortable with discussing the issue of a state executive order incorporating federal law.

Minutes Hearing of May 25, 1989 Page 6

Staff informed the Commission that it was not comfortable discussing this issue, and further noted that it appeared that Mr. Parker was basing his reasoning for finding P.L. 99-372 to be a state mandated program, on the Board of Control's finding that Chapter 1247, Statutes of 1977, and Chapter 797, Statutes of 1980, were a state mandated program. Staff noted that Board of Control's finding is currently the subject of the litigation in Huff v. Commission on State Mandates (Sacramento County Superior Court Case No. 352295).

Member Creighton moved and Member Martinez seconded a motion to continue this item and have legal counsel and staff review the arguments presented by Mr. Parker. The vote on the motion was unanimous. The motion carried.

With no further items on the agenda, Chairperson Gould adjourned the hearing at 11:45 a.m.

ROBERT W. EICH Executive Director

RWE:GLH:cm:0224g

Tab 12

Cosumnes River College

ud. 4 9 01 Page 11

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

512.05.07

Analysis of Level of Health Services - CRC

| | | Allalysi | s of Level of Health Servi | CES - CINO | |
|----|--------------------------|---------------|--|------------|-------------|
| _ | <u> </u> | | 3G/17-20 | | |
| | | | April 2003 | | |
| | Date | Student ID | Reason for Visit | Allowable | Unallowable |
| 1 | 04/03/2003 | 0949478 | appt for results of TB | 1 | |
| 2 | 04/29/2003 | 0774531 | Band-aid | 1 | |
| 3 | 04/22/2003 | | Blood pressure | 1 | |
| 4 | | | Blood pressure | 1 | |
| | 04/30/2003 | | Blood pressure | 1 | |
| 6 | 04/04/2003 | | burn | 1 | |
| 7 | 04/23/2003 | | chest pains | 1 | |
| | 04/01/2003 | | cold | 1 | |
| | 04/23/2003 | | cold | 1 | |
| | 04/09/2003 | | cut finger | 1 | |
| | 04/24/2003 | | ear check | 1 | |
| | 04/28/2003 | | Eye checkup | 1 | |
| | 04/30/2003 | | fell on sidewalk | 1 | |
| | 04/09/2003 | | headache | 1 | |
| | 04/30/2003 | | headache | 1 | |
| | 04/08/2003 | | Low blood/pregnant | 1 | |
| | 04/08/2003 | | Nose bleed | 1 1 | |
| | | Not indicated | Not indicated | | 1 |
| | 04/07/2003 | | Not indicated | | 1 |
| _ | 04/07/2003 | | Not indicated | - | 1 |
| 21 | 04/08/2003 | | Not indicated | | 1 |
| | 04/10/2003 | | Not indicated | | 11 |
| | 04/23/2003 | | Not indicated | | 11 |
| | 04/24/2003 | | Not indicated | | 1 |
| | 04/25/2003 | | Not indicated | | 11 |
| | 04/28/2003 | | Not indicated | | 1 |
| 27 | | | Not indicated | | 11 |
| | 04/03/2003 | | P.E. class chest pain | 1 1 | |
| | | Not indicated | pads | 1 | |
| | 04/10/2003 | | pain | 1 | |
| | 04/30/2003 | | pain | 1 | |
| | 04/21/2003 | | Pain reliever | 1 1 | |
| | 04/22/2003 | | Quit kit (for smoking) | 1 | |
| | 04/22/2003 | | Quit kit (for smoking) rolled rt ankle | 1 | |
| | 04/08/2003 | | | 1 1 | |
| | 04/30/2003 | | saw dust in eye | 1 | |
| | | | TB | 1 | |
| | 04/01/2003 04/04/2003 | | ТВ | 1 | |
| | | | ТВ | 1 | |
| | 04/07/2003 | | ТВ | 1 | |
| | 04/09/2003 | | ТВ | 1 | |
| | 04/09/2003 | | ТВ | 1 1 | |
| | 04/09/2003 | | TB | 1 | |
| | 04/28/2003 | | ТВ | 1 1 | |
| | 04/28/2003 | | TB blood pressure | 1 1 | |
| | 04/07/2003 | | TB check | 1 | |
| | 04/07/2003 | | TB check | 1 | |
| 40 | 04/20/2003 | | LID CHECK | <u> </u> | 1 |

Aud. 41707 Page 12

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

1205,01

Analysis of Level of Health Services - CRC

| | | Analysis | s of Level of h | ieaith Servic | es - CRC | |
|----|------------|---------------|-----------------|---------------|----------|---|
| | 04/28/2003 | | TB check 🦳 | | 1 | |
| 50 | 04/02/2003 | 7365 | TB reading | | 1 | |
| 51 | 04/02/2003 | 64028 | TB reading | | 1 | |
| 52 | 04/03/2003 | 6540 | TB reading | | 1 | - |
| 53 | 04/10/2003 | 7621 | TB reading | | 1 | |
| 54 | 04/11/2003 | 5614 | TB reading | | 1 | |
| 55 | 04/11/2003 | 7184 | TB reading | | 1 | |
| 56 | 04/28/2003 | | TB reading | | 1 | |
| 57 | 04/24/2003 | 0842931 | TB results | | 1 | |
| 58 | 04/01/2003 | Not indicated | TB test | | 1 | |
| 59 | 04/01/2003 | 7169 | TB test | | 1 | |
| | 04/02/2003 | | TB test | | 1 | |
| | 04/04/2003 | | TB test | | 1 | |
| 62 | 04/09/2003 | 5614 | TB test | from | 1 | |
| 63 | 04/21/2003 | 0004933 | TB test | 139117-21 | 7 1 | |
| 64 | 04/21/2003 | 0004619 | TB test | | 1 | |
| 65 | 04/22/2003 | 0842931 | TB test | | 1 | |
| 66 | 04/22/2003 | 0002873 | TB test | | 1 | |
| 67 | 04/22/2003 | | TB test | | 1 | |
| 68 | 04/23/2003 | 0004933 | TB test | | 1 | |
| 69 | 04/23/2003 | | TB test | | 1 | |
| | 04/24/2003 | | TB test | | 1 | |
| 71 | 04/25/2003 | 0710448 | TB test | | 1 | |
| 72 | 04/25/2003 | | TB test | | 1 | |
| | 04/28/2003 | | TB test | | 1 | |
| | 04/28/2003 | | TB test | | 1 | |
| | 04/30/2003 | | TB test | | 1 | |
| 76 | 04/30/2003 | 7177 | TB test | | 1 | |
| 77 | | | TB test | | 1 | |
| 78 | 04/23/2003 | 0004619 | TB test result | | 1 | |
| | 04/07/2003 | | Throat | | 1 | |
| 80 | 04/28/2003 | 0819275 | throat probs | J | 1 | |
| | | | | | | |

70 10 12.50% error rate 20/2

Note: Per Reona James, no activity from 4/12 - 4/20 due to school break.

ud. 4901 W/S No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

3205.07

Analysis of Level of, Health Services - CRC

| | | Allalysis | of Level of Health Service | es - CRC | |
|----|--------------------------|--|---------------------------------------|----------------|--------------|
| | | | November 2003 | | • |
| ŀ | Date | Student ID | Reason | Allowable | Unallowable |
| T1 | 11/03/2003 | | blood pressure | Allowable 1 | Ullallowable |
| 2 | 11/25/2003 | | blood pressure | 1 | |
| | 11/25/2003 | At a second seco | credit | 1 | |
| _ | 11/06/2003 | | | 1 | |
| 4 | | | eye drop | 1 | |
| 5 | 11/03/2003 | | finger cut had fallen | 1 | |
| 6 | | | | 1 | |
| 7 | 11/26/2003 11/26/2003 | | headache/migraine | 1 | |
| 8 | | | headache/migraine Health information | 1 | |
| 9 | 11/11/2003 | | · · · · · · · · · · · · · · · · · · · | 1 | |
| | 11/13/2003 | | Health information | <u> </u> | |
| 11 | 11/14/2003 | | Health kit | 1 | |
| | 11/17/2003 | | Health test | 1 | |
| | 11/13/2003 | | hurt finger | 1 | |
| 14 | 11/03/2003 | | interview | 1 | |
| | 11/12/2003 | | interview . | 1 | |
| 16 | | | interview | 1 1 | |
| 17 | 11/17/2003 | | Minor cut | 1 | |
| 18 | | | Need aspirin | 1 | |
| | 11/07/2003 | | Need aspirin | 1 1 | |
| | 11/07/2003 | | Nose bleed | 1 | |
| 21 | | | Not indicated | | 1 |
| | 11/03/2003 | | Not indicated | <u></u> | 1 |
| | 11/06/2003 | | Not indicated | | 1 |
| | 11/06/2003 | | Not indicated | | 1 |
| | 11/11/2003 | | Not indicated | | 1 |
| | 11/11/2003 | | Not indicated | | 1 |
| | 11/11/2003 | | Not indicated | | 1 |
| | 11/14/2003 | | Not indicated | | 1 |
| | 11/18/2003 | | Not indicated | | 1 |
| | 11/20/2003 | | Not indicated | | 1 |
| 31 | | | Not indicated | | 1 |
| | 11/24/2003 | | Not indicated | | 1 |
| | 11/12/2003 | | Nurse | <u> </u> | 1 |
| | 11/25/2003 | | Question | 1 1 | |
| | 11/20/2003 | | result | 1 | |
| | 11/17/2003 | | Self | | 1 |
| | 11/14/2003 | | smoking kit | 1 | |
| 38 | 11/03/2003 | 0675647 | T.B | 1 | |
| | 11/25/2003 | | TB | 1 | |
| | 11/13/2003 | | TB check | 1 | |
| | 11/21/2003 | | TB reading | 1 | |
| | 11/07/2003 | | TB results | 1 | |
| | 11/20/2003 | | TB results | 1 | |
| | 11/05/2003 | | TB test | 1 | |
| | 11/05/2003 | | TB test | 1 | |
| | 11/11/2003 | | TB test | 1 | |
| | 11/17/2003 | | TB test | 11 | |
| 48 | 11/18/2003 | 0914499 | TB test | 1 | |

wd. 490 W/S No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

2.05.01

Analysis of Level of Health Services - CRC

| | | | | Ç-4 | | • | |
|----|------------|---------|---------------|--|--------|----|---|
| 49 | 11/05/2003 | 0675647 | TB to be read | Γ | 1 | | |
| 50 | 11/17/2003 | 0817901 | test / | | 1 | | |
| 51 | 11/18/2003 | 0817901 | test | from | , 1 | | |
| 52 | 11/18/2003 | 0768417 | Test | T 26/21 | 1-28 1 | | _ |
| 53 | 11/18/2003 | 0021899 | Test | | 1 | | |
| 54 | 11/20/2003 | 0943123 | Test | | 1 | | |
| | | | | , | 40 | 14 | _ |

25.93% error rate

and. 49 mys No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

12-05-07

Analysis of Level of Health Services - CRC

| | | | 3G12H | | |
|----|------------|------------|-----------------------------|------------------|-------------|
| | | | May 2005 [/] | | |
|] | | Student ID | Reason | Allowable | Unallowable |
| 1 | 05/04/2005 | | aspirin | 1 | |
| 2 | 05/16/2005 | **** | aspirin | 1 | |
| 3 | 05/13/2005 | | band aid | 1 | |
| 4 | 05/06/2005 | | bandage | 1 | |
| 5 | 05/12/2005 | | blood drive | 1 | |
| 6 | 05/10/2005 | | blood pressure | 1 | |
| 7 | 05/17/2005 | | blood pressure | 1 | |
| 8 | 05/17/2005 | | blood pressure | 1 | |
| 9 | 05/02/2005 | 0011942 | borrow crutches | 1 | |
| 10 | 05/09/2005 | 0965150 | check TB test | 1 | |
| 11 | 05/11/2005 | 1022911 | drop off operation papers | 1 | |
| 12 | 05/05/2005 | | finger injury | 1 | |
| 13 | 05/06/2005 | | get info | 1 | |
| 14 | 05/06/2005 | | headache | 1 | |
| 15 | 05/05/2005 | | Health assessment | 1 | |
| 16 | 05/17/2005 | | Health assessment | 1 | |
| 17 | 05/13/2005 | | Health class | 1 | |
| | 05/06/2005 | | Health HW | 1 | |
| | 05/04/2005 | | inquiry - ice bag | . 1 | |
| 1 | | | Insurance | 1 | |
| | | | Interview | 1 | |
| | 05/16/2005 | | itching | 1 | |
| 23 | 05/03/2005 | 0003856 | left index finger | 1 | |
| 24 | 05/04/2005 | 1024820 | meeting w/ Michelle | | 1 |
| 25 | 05/16/2005 | 1002060 | need to talk | | 1 |
| 26 | 05/02/2005 | 1012131 | Not indicated | | 1 |
| 27 | 05/05/2005 | 0961061 | Not indicated | | 1 |
| 28 | | | Not indicated | | 11 |
| 29 | 05/12/2005 | | Not indicated | | 1 |
| | 05/13/2005 | | Not indicated | | 1 |
| | 05/03/2005 | | painful toes | 1 | |
| | 05/10/2005 | | pencil poke to hand | 1 | |
| | 05/06/2005 | | personal | | 1 |
| | 05/09/2005 | | personal | | 1 |
| | 05/03/2005 | | personal stuff | | 1 |
| | 05/12/2005 | | Questions about health care | 1 | |
| | 05/11/2005 | | sick | 1 | |
| | 05/16/2005 | | TB reading | 1 | |
| 39 | 05/09/2005 | 0124650 | TB result | 1 | |
| 40 | 05/12/2005 | 0918860 | TB result | 1 | |
| 41 | 05/03/2005 | 124650 | TB skin test | 1 | |
| | 05/09/2005 | | TB skin test | 1 | |
| | 05/11/2005 | | TB skin test | 1 | |
| | 05/13/2005 | | TB skin test | 1 | |
| | 05/02/2005 | | TB test | 1 | |
| | 05/02/2005 | | TB test | 1 | |
| | 05/03/2005 | | TB test | 1 | |
| 48 | 05/03/2005 | 0778731 | TB test | 1 | |

aud. 419 01 Page 6

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

542,07

| | | | S Of Level Of Health Service | 263 - CIVO | |
|----|------------|---------|------------------------------|------------|----|
| 49 | 05/03/2005 | | TB test | 1 | |
| 50 | 05/03/2005 | 1046681 | TB test | 1 | |
| 51 | 05/03/2005 | 1049558 | TB test | 1 | |
| 52 | 05/05/2005 | 1049558 | TB test | 1 | |
| 53 | 05/05/2005 | 0561602 | TB test | 1 | |
| 54 | 05/13/2005 | | TB test | 1 | |
| 55 | 05/13/2005 | 1028566 | TB test | 1 | |
| 56 | 05/13/2005 | 0958310 | TB test | 1 | |
| 57 | 05/16/2005 | | TB test | 1 | |
| 58 | 05/16/2005 | 1033511 | TB test | 1 | |
| 59 | 05/17/2005 | 0780460 | TB test | 1 | |
| 60 | 05/18/2005 | 0986401 | TB test | 1 | |
| 61 | 05/21/2005 | | TB test | 1 | |
| 62 | 05/05/2005 | 0767311 | TB test / blood pressure | 1 | |
| 63 | 05/16/2005 | 0958310 | TB test results | 1 | |
| | 05/16/2005 | | TB test results | 1 | |
| 65 | 05/18/2005 | 0974280 | TB test results | 1 | |
| 66 | 05/18/2005 | 1033511 | TB test results | 1 | |
| 67 | 05/23/2005 | | TB test results | 1 | |
| | 05/16/2005 | | TB testing | 1 | |
| 69 | 05/16/2005 | 0974280 | TB testing | 1 | |
| 70 | 05/18/2005 | 0003856 | temperature | 1 | |
| 71 | 05/10/2005 | 0985264 | thyroid function screening | 1 | |
| | 05/16/2005 | | tooth problem | 1 | |
| | 05/02/2005 | | Visine eye drops | 1 | |
| 74 | 05/04/2005 | 0665299 | workshop | 1 | |
| | | | | 64 | 10 |
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64 10 13.51% error rate 36/2

Cosumnes River College Health Office Sign-In Sheet

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| Re | Intervieus | Ceso | | 7 | te, | 1/2 | | | | enote, highing, BP | ox pagls. | - | 1 | H | く | deo | 115 Masin | | TB resolit | TB TEST | PE. CLHSS ELIPST | TR VRADE | CH | - |
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| | 2:17 | 2.30 | 122 Ju | 12.0 | 1:10 | 1224 | 7 | 7 | 12:58 | 5.55 | 9:53 | 12:28 | 1.55 | 2:10 | 8.26 | 3,00 | 95.6 | 12,000 | 7.75 | 2:36 | 10.04mm | (2:430 | 3:4 | |
| | | | | 7 | | d | g/ | 10 | | γ· | | | | <u>_0</u> | 2 | | ~ | | | | | | | |
| Date | 126 | 6 | 2.5 | 31 | | \mathbb{I} | 3/1 | 7 | 100 | 165 | 40/ | <u>ئ</u> | 5 | 60 | 0 | 20/ | (5) | 2/67 | 105 | . 33 | १०५ | 3-03 | 3-03 | |
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Cosumne, River College Health Office Sign-In Sheet

| | | | | | | | | 1 | 12 | | | | | | | | AL | d. te | H. | 10 | L Pa | SN | 7 | 20 | |
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| | | | | | | | | 36 | 11 / | | | | | | | | ijε | | +/ | 4- | ⊾ I q | 80 | | | |
| Reason for Visit | +B | throat probs. | TB CHELL | 7 <i>B</i> | | TBues | EYE CINCLILY | TB Chock | | TB Test | band-aid | 73 705 | 78 TEST | Fair | HOM-1 ACHE | <i>y</i> | TB slin fest | SAW Dust in Ryz | Blood presoure V | fell on sidewalk | | Vinact bit/ sting. | Sore thout loid | | |
| Student | | \ \ | | | 7 | | \ |) | 7 | | 7 | | | | | | • | \ | | | > | : | X | | |
| Staff | _ | | / | 1 | | \ | • | | | 7 | • | 1 | 7 | 7 | | | | | / | 11 | | X | | | |
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| Z | > | | 7 | 7 | 7 | | > | | 7 | 7 | | 1 | 1 | | | 7 | 7 | 7 | | | | | | | |
| Student ID # or Staff Ext. # | | 0819275 | | | 5296550 | | | 8 hholeo | | 7261 | 10-774531 | | ケイ・ | hensoca | C4784790 | | 1926 | ganrode | 3101 | " | 0911987 | X138D | 12887770 | \$ | |
| Name (Please PRINT) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | 4/25 | 4/188 | 1-16.03 | Y-28-23 | 4-28-03 | 4/28/63 | 1/28/103 | 136/02 | 11246 | 1/23/03 | | -30-03 | 1-30-03 | -30-03 | (-30-03 | 1-3008 | 10/01 | 50/05 | -30-03 | 1 | 10/1 | 1/5 | 3/. | | |



Cosumnes River College Health Office Sign-In Sheet

| | | | - | | | | | | | | | | | | | | . t. t. | ate; | # | 10 | _ W | age | | 21 | 1 |
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| Reason for Visit | lon | | | | 3 | | | | | | 4 | | | | | | |) | ' | 181 | HAD FOLLER MAN LANS | | real | | ř |
| ason 1 | eye irritation | | | Blod Pressure | سارسا م | | | | | <i>1</i> | 43 | 3 | | | 242 | | havo | Inteniew | | VISIT REDNA | 3 | نسلا | , og | Tesst | Í |
| Re | ١٤٤١ | 75 | | Incs | - | 7 | ત્ર | 15541 | 4 | assestmen | Smoke hi | appin | 2 | なな | 1 Feb. | | T.B. to | ten | f | 1 | Perce | 218 | fa | 5 7 | |
| | aha | reis) | Arm | Blos | #84 | interview | Phenoe | 11 | 4VI | 255 | Ž | an | 1 | FINGE | Flood Fresham | | 7.B. | 7/1 | | 1/151/ | HAD | 7 | 78 | 11 | |
| Student | | \ | 7 | / | | 7 | | | > | | | | | | | , | · | 7 | | | 1 | | | | |
| | ^ | | • | د | | | د. | | | 7 | 1 | | | | | | - | | | | | | * | | |
| Staff | | | | | | | | | | | \ | | | | | | | | | | , | | | | |
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| tudent ID# Staff Ext. # | Hh |)5 | ,57 | SC-5 | 478 | 71 | 39 | | | 25 | 16/2 | | F | <i>و</i> لا | 2615 | | 46 | 780 | 304 | 7 | 7 59 | j | しわり | 202 | |
| Student ID # or Staff Ext. # | 09 45 84H | 15-01-81 | 0907657 | 26-280DG | 0907477 | 2726180 | 5733539 | | | 8961 | 16/2 860 | | 7 | 890214 | 2007615 | | 449542 | 0812780 | 408 629 | なったそ | 79 | Ω | 67369 | 0551602, | |
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| H | | 8:20 | 8:55 | 9.45 | | 2:15 | | 12:15 | 35:21 | | ~ | 3 | | 17:05 | | | 1:50 | | ব) | 552 | , 0 } | 3. = | 1 | 3:10 | |
| Date | 10/24/63 | 127/02 | 27/02 | 25/63 | रम्थ | 0/03 | 20105 | 60/00/ | 200 | 0.08 | 20/0% | 60/96 | 3/12 | 183 | 2 3 | 15.0 | 3-03 | 070 | 233 | 2 | w | 0 | 60% | 80/6 | |
| O. | 0 | Clos | 101 | 0/2 | 20 | 0/20 | 0 | 70 | 5 | 片 | 1 | 0 | 10 | 10 | Ë | w | 1 % | | - | └ > | <u> </u> | (F) | 12 | | r |



Cosumnes River College Health Office Sign-In Sheet

| | | | | | | | . . | | l |
|----------|---------|---------------------|--|----------|--------------|---------------------------------------|------------|------------------------|-------|
| Date | Time | Name (Please PRINT) | Student ID # <u>or</u> Staff Ext. # | M | F | Staff | Student | Reason for Visit | |
| 11/400 | 10.20 | | Stalf 73501 | | \checkmark | | | eyes do | |
| 11-10-03 | \$1:30 | 5 | | | | | 1 | | |
| | 5 | | | | | | | | |
| 11/7/13 | 8:35 | | SANGE 7172 | | 1 | V | | readasprin | |
| 11/7/03 | 9:35 | | 0551602 | | | | | TBRESILTS | |
| 1/7/03 | 10-40 | | Calworks. | | | | | weed asporing | |
| 11/2/03 | 11.45 | | 0910844 | | \ | | | Nose Beed | |
| 11/11/03 | 8:40 | | 0911904 | | > | | V | | |
| 11-11-03 | 9:30 | | 0005358 | | V | | | 78 test | |
| 11/11-00 | 10:00 8 | | 092462 | | X | | X | | |
| MINIM | 11:20 | | Shf 7359 | | | | | | - |
| 11/11/03 | 1:55 | | 0946879 | | | | X | Health Informations 3- | 14 |
| 11/12/03 | 12:00 | | 6913272 | | Х | | X | interview (| _ |
| 11/12/03 | 8:55 | | 0911904 | | X | | | nurse | - |
| 1-13-03 | 9:30 | | 0005356 | | V | <u> </u> | | TRCK | |
| 11-13-03 | 10:55 | | 0946879 | | | | | Health Information | - V |
| 11-13-0] | 11:40 1 | | 216-11-3206 | | V | | / | Hurt Finger | pate. |
| 11-14-03 | 9:55 | | 6804528 | V | | | | Sucking Kit | Ela |
| 11-14-05 | 11:00 | | · | | 1 | | <u> </u> | Health Kit | 国 |
| 11/14/03 | | | | X | | | X | | 图 |
| 11/17/ | 9:00 | Y | 0722433 | | X | | , × | seff | Page |
| 01/17/03 | 1(135 | | 0768417 | X | | | / | Health tedt |] s |
| 1/17/63 | 12:17 | | 405-01-1542 | X | | · · · · · · · · · · · · · · · · · · · | V | Minior cut | 79 |
| (11/103) | 1.20 | | 0913272 | | X | İ | 11/ | Internal | 1 12 |
| 11/17/10 | 8:000 | | namani | | ✓ | | . / | | |



Cosumnes River College Health Office Sign-In Sheet

| ate | Time | Name (Please PRINT) | Student | Staff | Student ID or Staff Ext # | F | M | Reason for Visit |
|----------------|----------|------------------------|---------|--|--|-----------|-----------|------------------------|
| 17-03 | 3:40 AV | | yes | | 0943123 | V | | TB test |
| 18-03 | | | ies | | 0914499 | 1 | | TBtest |
| 18103 | 4:55 | | | | 0817901 | V | | Test |
| 180 | 9:00 | | V | | 0722433 | 1 | _ | |
| -1/103 | 11:44 | | ✓ | | 0768417 | , | ✓ | Test |
| -1810 | 34:10 | | | | 0021899 | V | | TOST |
| Teole | 03/01/26 | | | | | <u></u> | V | |
| 20/03 | 11.00 | | | | 0672431 | <u> </u> | | |
| | 11:35 | | | | 0943123 | | | test |
| 10/08 | | | | | 0817901 | V | | sesult |
| 20/03 | | | yes | · | 0914499 | 1 | | TB Results Jacks 41 |
| 2/113 | 1030 | | _ l × | | | | 么 | TB Ru /36/13-14 |
| 4/09 | 11-20 | 70 | X | | 0829842 | | / | |
| 15/03 | | | yes | | 0727782 | | V | TE & Blood prague Tost |
| 25/03 | | | ves | | 0687284 | Y | | Question |
| | 35 | | YES | | 0952343 | <u> ~</u> | | oredit |
| 200 | 4:55 | | 100 | | 689, | 0 | | Biodressere |
| 20 | V2 00 | | yes | | 0959491 | | | hourdache Imparaina |
| 26 | 215 | | J | | | / | | nendache |
| 1103 | 1150 | | ues | | 3 | 4 | | Agot. |
| 103 | 12.04 | | 0. | ······································ | · · | | | The test |
| 475 | 1230b | | | | 00000000000000000000000000000000000000 | V | | THE VIEW OF |
| 12/03 | 8:55 | | year | | 0978777 | | $\sqrt{}$ | Feel like In Sect |
| | 7.5 | | | | 0777783 | | | Feel WEIn Sich |
| _ <i>&</i> | 12 30 | | | | | 1 | • | ÉF. |

| Cosumnes River College Health Office | Aud. 41 |
|---|---------|
| Date: 5/2/05 Time: 11:30 am | |
| Please Print (Leat First) | |
| Name: | |
| Please circle one. Student Staff | |
| Student ID# 1642001 | |
| Staff Extension: | |
| Please circle one: Male | |
| Reason for visit: Interview 35/15 Cosumnes River College Health Office Date: 5-2-05 Time: 1:00 | |
| Please Print (Last, First) | |
| Name: | |
| Please circle one: Student Staff | |
| Student ID# 001/942 | |
| Staff Extension: 7276 | |
| Please circle one: Female Male | |
| Reason for visit: borrow crutches | 36/15 |

Note: Intake cards were being used during this sample month. Two cards were copied (above) for the workpapers to show as an example.

Tab 13

Sacramento City College

ud. 4/9 on Page 25

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

512.05.07

| | | 36/41 | |
|--------------|------------|-----------------------|-----------------------|
| | | September 2002 | |
| Provided By | | lame Reason for Visit | Allowalbe Unallowable |
| 1 Clark, J. | 09/24/02 | abrasion rt elbow | 1 |
| 2 Clark, J. | 09/26/02 | acid stomach | 1 |
| 3 Clark, J. | 09/30/02 | acid stomach | 1 |
| 4 Clark, J. | 09/24/02 | allergies | 1 |
| 5 Clark, J. | 09/05/02 | Back pain | 1 1 |
| 6 Clark, J. | 09/12/02 | Back pain | 1 |
| 7 Clark, J. | 09/30/02 | Back pain_ | 1 1 |
| 8 Clark, J. | 09/11/02 | bite on stomach | 1 |
| 9 Clark, J. | 09/03/02 | bodyfat | 1 1 |
| 10 Clark, J. | 09/03/02 | bodyfat | 1 |
| 11 Clark, J. | 09/03/02 | bodyfat | 1 |
| 12 Clark, J. | 09/03/02 | bodyfat | 1 1 |
| 13 Clark, J. | 09/03/02 | bodyfat | 1 |
| 14 Clark, J. | 09/03/02 | bodyfat | 1 |
| 15 Clark, J. | 09/03/02 | bodyfat | 1 1 |
| 16 Clark, J. | 09/03/02 | bodyfat | 1 1 |
| 17 Clark, J. | 09/04/02 | bodyfat | 1 1 |
| 18 Clark, J. | 09/04/02 | bodyfat | 1 1 |
| 19 Clark, J. | 09/04/02 | bodyfat | 1 |
| 20 Clark, J. | 09/06/02 | bodyfat | 1 |
| 21 Clark, J. | 09/06/02 | bodyfat | 1 |
| 22 Clark, J. | 09/09/02 | bodyfat | 1 |
| 23 Clark, J. | 09/09/02 [| bodyfat | 1 |
| 24 Clark, J. | 09/09/02 / | bodyfat | 1 |
| 25 Clark, J. | 09/09/02 | bodyfat | 1 |
| 26 Clark, J. | 09/09/02 | bodyfat | 1 1 |
| 27 Clark, J. | 09/12/02 | bodyfat | 1 |
| 28 Clark, J. | 09/12/02 | bodyfat | 1 |
| 29 Clark, J. | 09/12/02 | bodyfat | 1 |
| 30 Clark, J. | 09/12/02 | bodyfat | 1 |
| 31 Clark, J. | 09/12/02 | bodyfat | 1 |
| 32 Clark, J. | 09/25/02 | bodyfat | 1 1 |
| 33 Clark, J. | 09/25/02 | bodyfat | 1 |
| 34 Clark, J. | 09/26/02 | bodyfat | 1 1 |
| 35 Clark, J. | 09/03/02 | bodyfat | 1 1 |
| 36 Clark, J. | 09/03/02 | bodyfat | 1 |
| 37 Clark, J. | 09/03/02 | bodyfat | 1 |
| 38 Clark, J. | 09/03/02 | bodyfat | 1 |
| 39 Clark, J. | 09/03/02 | bodyfat | 1 |
| 40 Clark, J. | 09/04/02 | bodyfat | 1 1 |
| 41 Clark, J. | 09/05/02 | bodyfat | 1 1 |
| 42 Clark, J. | 09/10/02 | bodyfat | 1 |
| 43 Clark, J. | 09/11/02 | bodyfat | 1 |
| 44 Clark, J. | 09/06/02 | ВР | 1 |
| 45 Clark, J. | 09/19/02 | ВР | 1 1 |
| 46 Clark, J. | 09/26/02 | BP | 1 |
| 47 Clark, J. | 09/17/02 | ВР | 1 |
| 48 Clark, J. | 09/04/02 | chest lightness | 1 |
| 49 Clark, J. | 09/16/02 | cold | 1 1 |
| 50 Clark, J. | 09/25/02 | cold | 1 |
| 51 Clark, J. | 09/26/02 | cold | 1 |
| 52 Clark, J. | 09/09/02 | cramps | 1 |
| 53 Clark, J. | 09/12/02 | cramps | 1 |
| 54 Clark, J. | 09/17/02 | cramps | 1 1 |

Aud. 49 07 W/S No. 26

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

12/05/07

Analysis of Level of Service Provided - SCC 09/23/02 55 Clark, J dizziness 56 Clark, J. 09/16/02 1 fell, had slight seizure 09/03/02 1 57 Clark, J. headache 58 Clark, J. 09/03/02 headache 1 59 Clark, J. 09/10/02 headache 60 Clark, J. 09/13/02 headache 1 09/16/02 61 Clark, J. headache 1 62 Clark, J. 09/16/02 1 headache 63 Clark, J. 09/16/02 1 headache 09/25/02 1 64 Clark, J. headache 1 65 Clark, J. 09/30/02 headache 66 Clark, J. 09/17/02 help to bathroom 1 67 Clark, J. 09/27/02 lbuprofen 09/04/02 68 Clark, J. Not indicated 1 69 Clark, J. 09/04/02 Not indicated 1 70 Clark, J. 09/09/02 Not indicated 1 71 Clark, J. 09/10/02 Not indicated 1 72 Clark, J. 09/11/02 F 1 Not indicated 09/12/02 73 Clark, J. Not indicated 09/13/02 74 Clark, J. Not indicated 1 75 Clark, J. 09/17/02 Not indicated 1 09/19/02 76 Clark, J. 1 Not indicated 09/27/02 77 Clark, J. Not indicated 1 78 Clark, J. 09/03/02 Not indicated 79 Clark, J. 09/24/02 out ill 80 Clark, J. 09/05/02 1 pain abdomen 81 Clark, J. 09/09/02 physical 1 82 Clark, J. 09/26/02 possible seizure 1 83 Clark, J. 09/03/02 PPD 09/03/02 PPD 84 Clark, J. 1 PPD 85 Clark, J. 09/03/02 1 09/03/02 PPD 86 Clark, J. 1 87 Clark, J. 09/03/02 PPD 1 88 Clark, J. PPD 1 09/03/02 09/03/02 89 Clark, J. PPD 1 09/03/02 PPD 90 Clark, J. 1 09/03/02 PPD 91 Clark, J. 1 PPD 09/04/02 1 92 Clark, J. 93 Clark, J. 09/04/02 PPD 1 94 Clark, J. 09/06/02 PPD 1 95 Clark, J. 09/06/02 PPD 1 96 Clark, J. 09/06/02 PPD 1 97 Clark, J. 09/06/02 PPD 1 98 Clark, J. PPD 09/09/02 1 99 Clark, J. 09/09/02 PPD 1 PPD 09/09/02 100 Clark, J. 1 PPD 101 Clark, J. 09/09/02 1 102 Clark, J. 09/10/02 PPD 1 103 Clark, J. 09/10/02 PPD 1 PPD 1 104 Clark, J. 09/10/02 105 Clark, J. 09/10/02 PPD 1 PPD 106 Clark, J. 09/10/02 1 09/13/02 PPD 107 Clark, J. 1 09/13/02 PPD 108 Clark, J. 1 109 Clark, J. 09/13/02 PPD 1 110 Clark, J. 09/16/02 PPD 1 PPD 09/16/02 1 111 Clark, J.

ud. 4 9 W/S No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

912,07 12.05,07

Analysis of Level of Service Provided - SCC 36141 09/16/02 PPD 112 Clark, J PPD 113 Clark, J. 09/16/02 1 114 Clark, J. PPD 1 09/16/02 115 Clark, J. 09/17/02 PPD 1 PPD 116 Clark, J. 09/17/02 1 09/17/02 PPD 1 117 Clark, J. 09/17/02 PPD 1 118 Clark, J. 119 Clark, J. 09/23/02 PPD 1 120 Clark, J. 09/23/02 PPD 1 PPD 1 121 Clark, J. 09/23/02 PPD 1 122 Clark, J. 09/23/02 PPD 1 123 Clark, J. 09/23/02 09/23/02 PPD 1 124 Clark, J. PPD 1 125 Clark, J. 09/23/02 PPD 126 Clark, J. 09/24/02 1 127 Clark, J. 09/25/02 PPD 1 128 Clark, J. 09/25/02 PPD 1 PPD 1 129 Clark, J. 09/25/02 PPD 1 130 Clark, J. 09/25/02 131 Clark, J. 09/25/02 PPD 1 132 Clark, J. 09/25/02 PPD 1 PPD 09/25/02 1 133 Clark, J. PPD 09/27/02 1 134 Clark, J. 135 Clark, J. 09/30/02 PPD 1 PPD 136 Clark, J. 09/30/02 1 09/30/02 PPD 1 137 Clark, J. PPD 1 138 Clark, J. 09/30/02 139 Clark, J. PPD 09/09/02 140 Clark, J. 09/06/02 PPD 1 PPD 1 141 Clark, J. 09/13/02 PPD 142 Clark, J. 09/13/02 1 09/13/02 PPD 1 143 Clark, J. PPD 144 Clark, J. 09/16/02 1 PPD 145 Clark, J. 1 09/16/02 PPD read 1 146 Clark, J. 09/05/02 09/05/02 PPD read 1 147 Clark, J. 09/05/02 PPD read 1 148 Clark, J. 09/05/02 PPD read 1 149 Clark, J. 150 Clark, J. 09/06/02 PPD read 1 151 Clark, J. 09/06/02 PPD read 1 152 Clark, J. 09/06/02 PPD read 1 09/06/02 1 153 Clark, J. PPD read PPD read 154 Clark, J. 09/06/02 1 155 Clark, J. PPD read 1 09/06/02 09/09/02 156 Clark, J. PPD read 1 09/11/02 PPD read 1 157 Clark, J. 1 158 Clark, J. 09/11/02 PPD read 159 Clark, J. 09/11/02 PPD read 1 160 Clark, J. 09/11/02 PPD read 1 1 161 Clark, J. PPD read 09/12/02 1 162 Clark, J. 09/12/02 PPD read PPD read 1 163 Clark, J. 09/12/02 09/13/02 PPD read 1 164 Clark, J. 09/16/02 PPD read 1 165 Clark, J. 166 Clark, J. 09/16/02 PPD read 1 PPD read 167 Clark, J. 09/16/02 1 168 Clark, J. 09/16/02 PPD read 1

Aud. # W/S No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC

| | | 39141 | | |
|---------------|----------|---------------------|-----|----|
| 169 Clark, J. | 09/16/02 | (PPD read | 1 | |
| 170 Clark, J. | 09/16/02 | PPD read | 1 | |
| 171 Clark, J. | 09/19/02 | PPD read | 1 | |
| 172 Clark, J. | 09/24/02 | PPD read | 1 | |
| 173 Clark, J. | 09/26/02 | PPD read | 1 | |
| 174 Clark, J. | 09/26/02 | PPD read | 11 | |
| 175 Clark, J. | 09/27/02 | PPD read | 1 | |
| 176 Clark, J. | 09/27/02 | PPD read | 1 | |
| 177 Clark, J. | 09/30/02 | PPD read | 1 | |
| 178 Clark, J. | 09/30/02 | PPD read | 1 | |
| 179 Clark, J. | 09/09/02 | pre-physical | 1 | |
| 180 Clark, J. | 09/09/02 | pre-physical | 1 | |
| 181 Clark, J. | 09/30/02 | pre-physical | 1 | |
| 182 Clark, J. | 09/27/02 | small cut on head | 1 | |
| 183 Clark, J. | 09/05/02 | special parking | 1 | |
| 184 Clark, J. | 09/09/02 | special parking | 1 | |
| 185 Clark, J. | 09/25/02 | swollen left eyelid | 1 | |
| 186 Clark, J. | 09/03/02 | tampon | 11 | |
| 187 Clark, J. | 09/04/02 | toothache | 1 | |
| 188 Clark, J. | 09/06/02 | upset stomach | 1 | |
| 189 Clark, J. | 09/30/02 | upset stomach | 1 | |
| | | | 178 | 11 |

5.82% error rate 39/2

Note: Pre-physical is taking of the vitals such as blood pressure, bodyfat, weight, paperwork, etc.

aud. 419 on Page 29

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC

5 05 0 39.31

| Analysis of Level of Service Provided - SCC 10 | | | | | |
|--|-------------|----------|-----------------------------|--|--|
| l | | | | | |
| ļ | D | | April 2004 | Allowable Unallowable | |
| | Provided By | | Reason for Visit | Allowable Unallowable | |
| | Clark, J. | 04/23/04 | 1/2 inch cut on arm | | |
| | Cousin, P. | 04/15/04 | Advil | | |
| | Clark, J. | 04/29/04 | allergic reaction | | |
| | Clark, J. | 04/01/04 | allergies | | |
| | Clark, J. | 04/01/04 | allergies | 1 1 | |
| | Clark, J. | 04/22/04 | allergies | 1 1 | |
| | Clark, J. | 04/01/04 | back pain | 1 1 | |
| | Clark, J. | 04/29/04 | back pain | 1 | |
| | Clark, J. | 04/29/04 | back pain after fight | 1 1 | |
| | Clark, J. | 04/21/04 | back pain, requests Tylenol | 1 | |
| | Clark, J. | 04/28/04 | bladder infection | 1 | |
| | Cousin, P. | 04/15/04 | Bodyfat | 1 | |
| | Tanner, J. | 04/02/04 | bodyfat | 1 | |
| | Tanner, J. | 04/19/04 | Bodyfat | 1 | |
| | Tanner, J. | 04/27/04 | bodyfat | 1 1 | |
| | Clark, J. | 04/01/04 | bodyfat | 1 | |
| | Clark, J. | 04/15/04 | bodyfat | 1 | |
| | Clark, J. | 04/19/04 | bodyfat | 1 1 | |
| | Clark, J. | 04/19/04 | bodyfat | 1 | |
| | Clark, J. | 04/21/04 | bodyfat | 11 | |
| | Clark, J. | 04/22/04 | bodyfat | 1 1 | |
| | Clark, J. | 04/22/04 | bodyfat | 1 | |
| 23 | Clark, J. | 04/28/04 | bodyfat | 1 | |
| 24 | Clark, J. | 04/28/04 | bodyfat | 1 | |
| 25 | Clark, J. | 04/28/04 | bodyfat | 1 | |
| 26 | Clark, J. | 04/15/04 | bodyfat | 1 . | |
| 27 | Clark, J. | 04/15/04 | bodyfat | 1 | |
| 28 | Clark, J. | 04/19/04 | bodyfat | 1 | |
| 29 | Clark, J. | 04/29/04 | bodyfat | 1 | |
| | Clark, J. | 04/30/04 | bodyfat | 1 | |
| | Clark, J. | 04/30/04 | bodyfat | 1 | |
| | Cousin, P. | 04/16/04 | Bodyfat and BP | 1 | |
| | Tanner, J. | 04/19/04 | bodyfat, BP | 1 | |
| | Tanner, J. | 04/20/04 | bodyfat, BP | 1 | |
| | Tanner, J. | 04/20/04 | bodyfat, BP | 1 | |
| | Tanner, J. | 04/21/04 | bodyfat, BP | 1 1 | |
| | Tanner, J. | 04/27/04 | bodyfat, BP | 1 1 | |
| | Clark, J. | 04/19/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/19/04 | bodyfat, BP | 1 1 | |
| | Clark, J. | 04/19/04 | bodyfat, BP | 1 1 | |
| | Clark, J. | 04/19/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/21/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/22/04 | bodyfat, BP | 1 1 | |
| | Clark, J. | 04/27/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/15/04 | bodyfat, BP | 1 1 1 | |
| | Clark, J. | 04/15/04 | bodyfat, BP | | |
| | Clark, J. | 04/16/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/16/04 | bodyfat, BP | 1 1 | |
| | | 04/16/04 | | 1 1 | |
| | Clark, J. | | bodyfat, BP | 1 1 | |
| | Clark, J. | 04/19/04 | bodyfat, BP | | |
| | Clark, J. | 04/20/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/20/04 | bodyfat, BP | 1 | |
| | Clark, J. | 04/20/04 | bodyfat, BP | 1 | |
| 54 | Clark, J. | 04/27/04 | bodyfat, BP | 1 1 | |

ud. 4901 W/S No. 36

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| Solitark John Joh | | | Analysis of Level of Se | | | |
|--|-------|-----------------|-------------------------|--|----|---------------------------------------|
| 56 Tanner, J. 04/02/04 BP 1 1 57 Tanner, J. 04/22/04 BP 1 1 58 Tanner, J. 04/21/04 BP 1 1 59 Tanner, J. 04/22/04 BP 1 1 60 Tanner, J. 04/22/04 BP 1 1 60 Tanner, J. 04/22/04 BP 1 61 Clark, J. 04/12/04 BP 1 62 Clark, J. 04/12/04 BP 1 62 Clark, J. 04/12/04 BP 1 62 Clark, J. 04/12/04 BP 1 63 Clark, J. 04/12/04 BP 1 64 Clark, J. 04/15/04 BP 1 66 Clark, J. 04/15/04 BP 1 66 Clark, J. 04/15/04 BP BP BP BP BP BP BP B | F-5-1 | ~ - | | / | | |
| 57 Tanner, J. 04/20/04 BP 1 | | | | | | |
| 58 Tanner, J. 04/21/04 59 Tanner, J. 04/22/04 60 Tanner, J. 04/22/04 61 Clark, J. 04/12/04 62 Clark, J. 04/12/04 63 Clark, J. 04/12/04 63 Clark, J. 04/12/04 65 Tanner, J. 04/12/04 66 Clark, J. 04/12/04 66 Clark, J. 04/15/04 67 Clark, J. 04/15/04 68 Clark, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/22/04 70 Tanner, J. 04/22/04 71 Tanner, J. 04/26/04 72 Tanner, J. 04/26/04 73 Clark, J. 04/15/04 75 Cousin, P. 04/15/04 76 Clark, J. 04/15/04 77 Clark, J. 04/15/04 78 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/28/04 79 Clark, J. 04/19/04 70 Clark, J. 04/19/04 70 Clark, | | | | | | |
| 59 Tanner, J. 04/22/04 BP 1 | | | | | | |
| 60 Tanner, J. 04/02/04 61 Clark, J. 04/12/04 62 Clark, J. 04/15/04 63 Clark, J. 04/15/04 63 Clark, J. 04/15/04 64 Clark, J. 04/15/04 65 Tanner, J. 04/15/04 66 Clark, J. 04/15/04 67 Clark, J. 04/15/04 68 Clark, J. 04/15/04 69 Tanner, J. 04/15/04 60 Tanner, J. 04/15/04 60 Tann | | | | | | |
| 61 Clark, J. 04/12/04 62 Clark, J. 04/16/04 63 Clark, J. 04/21/04 64 Clark, J. 04/29/04 65 Tanner, J. 04/19/04 66 Clark, J. 04/15/04 66 Clark, J. 04/15/04 67 Clark, J. 04/15/04 68 Clark, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/15/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/21/04 70 Tanner, J. 04/22/04 71 Tanner, J. 04/25/04 72 Tanner, J. 04/25/04 73 Clark, J. 04/15/04 74 Cousin, P. 04/15/04 75 Cousin, P. 04/15/04 76 Clark, J. 04/15/04 77 Clark, J. 04/15/04 78 Clark, J. 04/15/04 79 Clark, J. 04/21/04 79 Clark, J. | | | | | | |
| 62 Clark, J. 04/15/04 63 Clark, J. 04/29/04 64 Clark, J. 04/29/04 65 Tanner, J. 04/19/04 66 Clark, J. 04/15/04 67 Clark, J. 04/15/04 68 Clark, J. 04/15/04 68 Clark, J. 04/15/04 68 Clark, J. 04/15/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/22/04 70 Tanner, J. 04/22/04 71 Tanner, J. 04/22/04 72 Tanner, J. 04/22/04 73 Clark, J. 04/15/04 73 Clark, J. 04/15/04 75 Cousin, P. 04/15/04 76 Clark, J. 04/15/04 77 Tanner, J. 04/22/04 78 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/15/04 79 Clark, J. 04/28/04 79 Clark, J. 04/15/04 79 Clark, J. | | | | | | |
| 63 Clark, J. 04/29/04 BP 1 65 Tanner, J. 04/19/04 BP and Bodyfat 1 66 Clark, J. 04/19/04 BP and Bodyfat 1 67 Clark, J. 04/15/04 BP and Bodyfat 1 68 Clark, J. 04/15/04 BP and Bodyfat 1 69 Tanner, J. 04/21/04 BP and Bodyfat 1 70 Tanner, J. 04/21/04 BP, Bodyfat 1 71 Tanner, J. 04/22/04 BP, Bodyfat 1 72 Tanner, J. 04/26/04 BP, Bodyfat 1 73 Clark, J. 04/15/04 BP, Bodyfat 1 74 Cousin, P. 04/15/04 BP, Bodyfat 1 75 Cousin, P. 04/15/04 BP, Bodyfat 1 76 Clark, J. 04/15/04 BP, Bodyfat 1 77 Tanner, J. 04/26/04 BP, Bodyfat 1 78 Clark, J. 04/15/04 Consult 1 79 Clark, J. 04/15/04 Consult 1 76 Clark, J. 04/15/04 Consult 1 77 Tanner, J. 04/21/04 Consult 1 78 Clark, J. 04/19/04 Consult 1 79 Clark, J. 04/28/04 Cuttfinger yesterday, painful 1 79 Clark, J. 04/28/04 Cutt finger yesterday, painful 1 80 Clark, J. 04/28/04 Cut finger yesterday, painful 1 81 Clark, J. 04/28/04 Cut nand 1 82 Clark, J. 04/28/04 Cut nand 1 83 Clark, J. 04/28/04 Cut nand 1 84 Tanner, J. 04/28/04 Cut nand 1 85 Clark, J. 04/28/04 Cut nand 1 86 Cousin, P. 04/15/04 Eye irritation 1 87 Clark, J. 04/28/04 Eye irritation 1 88 Clark, J. 04/28/04 Eye irritation 1 89 Clark, J. 04/28/04 Eye irritation 1 80 Clark, J. 04/28/04 Eye irritation 1 81 Clark, J. 04/28/04 Eye irritation 1 82 Clark, J. 04/28/04 Eye irritation 1 86 Cousin, P. 04/15/04 Headache 1 87 Clark, J. 04/15/04 Headache 1 88 Clark, J. 04/15/04 Headache 1 89 Clark, J. 04/15/04 Headache 1 99 Clark, J. 04/15/04 Headache 1 90 Clark, J. 04/15/04 Headache 1 91 Clark, J. 04/28/04 Headache 1 92 Clark, J. 04/15/04 Headache 1 93 Clark, J. 04/15/04 Headache 1 94 Cousin, P. 04/15/04 Health-missing class 1 95 Clark, J. 04/15/04 Health-missing class 1 96 Clark, J. 04/15/04 Health-missing class 1 97 Clark, J. 04/15/04 Health-missing class 1 99 Clark, J. 04/15/04 Health-class 1 90 Clark, J. 04/15/04 Health-missing class 1 90 Clark, J. 04/15/04 Health-missing class 1 91 Clark, J. 04/15/04 Health-missing class 1 91 Clark, J. 04/15/04 Health-missing class 1 91 Clark, J. 04/15/04 Health-missing class 1 91 Clark, J. 04/15/04 H | | | fr | <u> </u> | 1 | |
| 64 Clark, J. 04/19/04 65 Tanner, J. 04/19/04 66 Clark, J. 04/15/04 67 Clark, J. 04/15/04 68 Clark, J. 04/15/04 68 Clark, J. 04/15/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/21/04 69 Tanner, J. 04/22/04 69 Tanner, J. 04/25/04 60 Tanner, J. 04/25/04 60 Tanner, J. 04/15/04 60 Tanner, J. 04/15/04 60 Tanner, J. 04/15/04 60 Tanner, J. 04/21/04 60 Tanner, J. 04/21/04 60 Tanner, J. 04/21/04 60 Tanner, J. 04/22/04 61 Tanner, J. 04/22/04 62 Tanner, J. 04/22/04 63 Tanner, J. 04/28/04 64 Tanner, J. 04/28/04 65 Tanner, J. 04/28/04 66 Cousin, P. 04/15/04 67 Tanner, J. 04/22/04 68 Tanner, J. 04/28/04 69 Clark, J. 04/15/04 | | | | 11 | |
| 66 Clark, J. 04/19/04 BP and Bodyfat 1 67 Clark, J. 04/15/04 BP and Bodyfat 1 68 Clark, J. 04/15/04 BP and Bodyfat 1 68 Clark, J. 04/15/04 BP and Bodyfat 1 69 Tanner, J. 04/21/04 BP and Bodyfat 1 70 Tanner, J. 04/22/04 BP, Bodyfat 1 71 Tanner, J. 04/22/04 BP, Bodyfat 1 72 Tanner, J. 04/26/04 BP, Bodyfat 1 73 Clark, J. 04/15/04 BP, Bodyfat 1 73 Clark, J. 04/15/04 Consult 1 74 Cousin, P. 04/15/04 Consult 1 75 Cousin, P. 04/15/04 Consult 1 76 Clark, J. 04/15/04 Consult 1 77 Tanner, J. 04/26/04 Consult 1 78 Clark, J. 04/15/04 Consult 1 79 Clark, J. 04/15/04 Consult 1 79 Clark, J. 04/15/04 Consult 1 80 Clark, J. 04/15/04 Cut finger yesterday, painful 1 80 Clark, J. 04/28/04 Cut finger yesterday, painful 1 81 Clark, J. 04/28/04 Cut finger yesterday painful 1 82 Clark, J. 04/28/04 Cut on hand 1 83 Clark, J. 04/28/04 cut on hand 1 83 Clark, J. 04/28/04 eye irritation 1 84 Tanner, J. 04/02/04 eye irritation 1 85 Tanner, J. 04/02/04 eye irritation 1 86 Cousin, P. 04/15/04 eye irritation 1 87 Clark, J. 04/15/04 eye irritation 1 88 Clark, J. 04/15/04 eye irritation 1 89 Clark, J. 04/15/04 headache 1 80 Clark, J. 04/15/04 headache 1 80 Clark, J. 04/15/04 headache 1 81 Clark, J. 04/15/04 headache 1 82 Clark, J. 04/15/04 headache 1 83 Clark, J. 04/15/04 headache 1 84 Clark, J. 04/15/04 headache 1 85 Clark, J. 04/15/04 headache 1 86 Cousin, P. 04/15/04 headache 1 87 Clark, J. 04/15/04 headache 1 88 Clark, J. 04/15/04 headache 1 89 Clark, J. 04/15/04 headache 1 90 Clark, J. 04/15/04 headache 1 91 Clark, J. 04/15/04 headache 1 92 Clark, J. 04/15/04 headache 1 93 Clark, J. 04/15/04 headache 1 94 Cousin, P. 04/15/04 headache 1 95 Clark, J. 04/15/04 headache 1 96 Cousin, P. 04/15/04 headache 1 97 Clark, J. 04/15/04 headache 1 98 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 90 Clark, J. 04/15/04 headache 1 91 Clark, J. 04/15/04 headache 1 92 Clark, J. 04/15/04 headache 1 93 Clark, J. 04/15/04 headache 1 96 Cousin, P. 04/15/04 headache 1 97 Clark, J. 04/15/04 headache 1 98 Clark, J. 04/15/04 headache 1 99 Clark, J. | | | | | 11 | |
| 66 Clark, J. 04/15/04 BP and Bodyfat 1 67 Clark, J. 04/15/04 BP and Bodyfat 1 68 Clark, J. 04/15/04 BP and Bodyfat 1 70 Tanner, J. 04/21/04 BP, Bodyfat 1 71 Tanner, J. 04/22/04 BP, Bodyfat 1 71 Tanner, J. 04/26/04 BP, Bodyfat 1 72 Tanner, J. 04/26/04 BP, Bodyfat 1 73 Clark, J. 04/15/04 broken tooth 1 74 Cousin, P. 04/15/04 consult 1 75 Cousin, P. 04/15/04 consult 1 76 Clark, J. 04/15/04 consult 1 77 Tanner, J. 04/28/04 consult 1 78 Clark, J. 04/15/04 consult 1 79 Clark, J. 04/15/04 consult 1 79 Clark, J. 04/28/04 cut finger yesterday, painful 1 79 Clark, J. 04/28/04 cut hand in woodshop 1 80 Clark, J. 04/28/04 cut hand in woodshop 1 81 Clark, J. 04/28/04 cut hand in woodshop 1 82 Clark, J. 04/28/04 eye irritation 1 83 Clark, J. 04/28/04 eye irritation 1 84 Tanner, J. 04/28/04 eye irritation 1 85 Tanner, J. 04/26/04 eye irritation 1 86 Cousin, P. 04/17/04 Headache 1 87 Clark, J. 04/29/04 headache 1 88 Clark, J. 04/16/04 headache 1 89 Clark, J. 04/29/04 headache 1 90 Clark, J. 04/16/04 headache 1 91 Clark, J. 04/29/04 headache 1 92 Clark, J. 04/29/04 headache 1 93 Clark, J. 04/29/04 headache 1 94 Clark, J. 04/29/04 headache 1 95 Clark, J. 04/29/04 headache 1 96 Clark, J. 04/15/04 headache 1 97 Clark, J. 04/29/04 headache 1 98 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 90 Clark, J. 04/15/04 headache 1 91 Clark, J. 04/15/04 headache 1 92 Clark, J. 04/15/04 headache 1 96 Cousin, P. 04/15/04 headache 1 97 Clark, J. 04/29/04 headache 1 98 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 90 Clark, J. 04/15/04 headache 1 91 Clark, J. 04/15/04 headache 1 92 Clark, J. 04/15/04 headache 1 93 Clark, J. 04/15/04 headache 1 96 Cousin, P. 04/15/04 headache 1 97 Clark, J. 04/15/04 headache 1 98 Clark, J. 04/15/04 headache 1 99 Clark, J. 04/15/04 headache 1 100 Cousin, P. 04/15/04 headache 1 100 Cousin, P. 04/15/04 headache 1 101 Cousin, P. 04/15/04 headache 1 102 Cousin, P. 04/15/04 headache 1 103 Tanner, J. 04/02/04 headache 1 1 | 64 | Clark, J. | 04/29/04 | BP | 1 | |
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| BP, Bodyfat | 67 | Clark, J. | 04/15/04 | BP and Bodyfat | 1 | |
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| T1 Tanner, J. 04/26/04 Depth | 69 | Tanner, J. | 04/21/04 | BP, Bodyfat | 1 | |
| 72 Tanner, J. 04/26/04 73 Clark, J. 04/15/04 74 Cousin, P. 04/15/04 75 Cousin, P. 04/15/04 76 Clark, J. 04/15/04 77 Tanner, J. 04/21/04 78 Clark, J. 04/15/04 79 Clark, J. 04/21/04 79 Clark, J. 04/28/04 80 Clark, J. 04/28/04 81 Clark, J. 04/28/04 82 Clark, J. 04/28/04 83 Clark, J. 04/28/04 84 Tanner, J. 04/28/04 85 Tanner, J. 04/28/04 86 Cousin, P. 04/15/04 87 Clark, J. 04/15/04 88 Clark, J. 04/15/04 88 Clark, J. 04/15/04 89 Clark, J. 04/15/04 89 Clark, J. 04/29/04 90 Clark, J. 04/29/04 91 Clark, J. 04/29/04 92 Clark, J. 04/29/04 93 Clark, J. 04/29/04 94 Cousin, P. 04/15/04 95 Clark, J. 04/15/04 96 Clark, J. 04/15/04 97 Clark, J. 04/15/04 98 Clark, J. 04/15/04 99 Clark, J. 0 | 70 | Tanner, J. | 04/22/04 | BP, Bodyfat | 1 | |
| T22 Tanner, J. 04/26/04 | 71 | Tanner, J. | 04/26/04 | BP, bodyfat | 1 | |
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| 83 Clark, J. 04/28/04 84 Tanner, J. 04/02/04 85 Tanner, J. 04/26/04 86 Cousin, P. 04/17/04 87 Clark, J. 04/15/04 88 Clark, J. 04/15/04 89 Clark, J. 04/22/04 90 Clark, J. 04/29/04 91 Clark, J. 04/29/04 92 Clark, J. 04/13/04 93 Clark, J. 04/20/04 94 Cousin, P. 04/15/04 95 Clark, J. 04/20/04 96 Cousin, P. 04/15/04 97 Clark, J. 04/29/04 98 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/20/04 99 Clark, J. 04/15/04 99 Clark, J. 04/15/04 99 Clark, J. 04/15/04 99 Clark, J. 04/12/04 99 Clark, J. 04/12/04 99 Clark, J. 04/12/04 99 Clark, J. 04/15/04 | | | 04/21/04 | eye irritation | 1 | |
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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 S07-MCC-0018

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| 123 Clark, J. 04/27/04 124 Clark, J. 04/14/04 125 Clark, J. 04/14/04 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/21/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/15/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/22/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/28/04 134 Clark, J. 04/28/04 135 Clark, J. 04/28/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/16/04 137 Clark, J. 04/16/04 148 Clark, J. 04/16/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/02/04 149 Clark, J. 04/16/04 | 121 Clark, J. | 04/20/04 | | 1 | |
| 124 Clark, J. 04/14/04 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/19/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/15/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/22/04 137 Clark, J. 04/23/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/28/04 132 Clark, J. 04/28/04 133 Clark, J. 04/28/04 134 Clark, J. 04/28/04 135 Clark, J. 04/28/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/26/04 132 Clark, J. 04/26/04 133 Clark, J. 04/26/04 134 Clark, J. 04/26/04 135 Clark, J. 04/26/04 136 Clark, J. 04/26/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/26/04 139 Clark, J. 04/26/04 140 Clark, J. 04/26/04 150 Several medical concerns & no 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 122 Clark, J. | | | 1 | |
| 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/19/04 128 Clark, J. 04/19/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/15/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/23/04 137 Clark, J. 04/23/04 138 Tanner, J. 04/23/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/26/04 132 Clark, J. 04/26/04 133 Clark, J. 04/26/04 134 Clark, J. 04/26/04 135 Clark, J. 04/26/04 136 Clark, J. 04/26/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Tanner, J. 04/26/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/12/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/02/04 149 Clark, J. 04/16/04 150 Tanner, J. 04/02/04 | 123 Clark, J. | 04/27/04 | PPD | 1 | |
| 126 Clark, J. 04/14/04 S PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/19/04 PPD 1 129 Tanner, J. 04/22/04 PPD read 1 130 Tanner, J. 04/22/04 PPD read 1 131 Clark, J. 04/15/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/16/04 PPD read 1 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/26/04 PPD read 1 139 Tanner, J. 04/26/04 PPD read 1 140 Clark, J. 04/26/04 Rash 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 142 Clark, J. 04/16/04 Several medical parking 1 143 Clark, J. 04/12/04 Special parking 1 144 Clark, J. 04/12/04 Special parking 1 145 Clark, J. 04/12/04 Several medical concerns & no 1 146 Clark, J. 04/12/04 Special parking 1 147 Clark, J. 04/16/04 Several medical concerns & no 1 148 Tanner, J. 04/02/04 Several parking 1 149 Clark, J. 04/16/04 Several parking 1 140 Clark, J. 04/16/04 Several parking 1 141 Clark, J. 04/16/04 Several parking 1 142 Clark, J. 04/16/04 Several parking 1 144 Clark, J. 04/16/04 Several parking 1 145 Clark, J. 04/16/04 | 124 Clark, J. | 04/14/04 | | 1 | |
| 127 Clark, J. 04/14/04 128 Clark, J. 04/19/04 129 Tanner, J. 04/21/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/22/04 137 Clark, J. 04/23/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/16/04 139 Tanner, J. 04/16/04 139 Tanner, J. 04/16/04 139 Tanner, J. 04/16/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 150 Tanner, J. 04/02/04 | 125 Clark, J. | 04/14/04 | PPD | 1 | |
| 128 Clark, J. 04/19/04 PPD 1 1 1 1 1 1 1 1 1 | 126 Clark, J. | 04/14/04 | PPD | 1 | |
| 129 Tanner, J. 04/21/04 PPD read 1 | 127 Clark, J. | 04/14/04 | PPD | 1 | |
| 130 Tanner, J. 04/22/04 PPD read 1 131 Clark, J. 04/15/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/22/04 PPD read 1 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/28/04 PPD read 1 139 Tanner, J. 04/26/04 PPD read 1 140 Clark, J. 04/26/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/15/04 PPD read 1 143 Clark, J. 04/15/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Tanner, J. 04/20/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 150 Tanner, J. 04/02/04 PPD read | 128 Clark, J. | 04/19/04 | | 1 | |
| 131 Clark, J. 04/15/04 PPD read 1 | 129 Tanner, J. | 04/21/04 | PPD read | 1 | |
| 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 14 15 15 15 16 16 16 16 16 | 130 Tanner, J. | 04/22/04 | PPD read | 1 | |
| 133 Clark, J. 04/16/04 134 Clark, J. 04/12/04 135 Clark, J. 04/22/04 136 Clark, J. 04/23/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 140 Clark, J. 04/16/04 141 Clark, J. 04/15/04 142 Clark, J. 04/15/04 143 Clark, J. 04/15/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/02/04 148 Tanner, J. 04/02/04 150 Tanner, J. 04/02/04 160 Clark, J. 04/02/04 178 test read 1 PPD re | 131 Clark, J. | 04/15/04 | PPD read | 1 | |
| 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/22/04 PPD read 1 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/26/04 Rash 1 139 Tanner, J. 04/26/04 Rash 1 140 Clark, J. 04/26/04 Several medical concerns & no 1 141 Clark, J. 04/16/04 Shortness of breath 1 142 Clark, J. 04/15/04 Skin rash on abdomen 1 143 Clark, J. 04/01/04 Special parking 1 144 Clark, J. 04/12/04 Special parking 1 145 Clark, J. 04/16/04 Special parking 1 146 Clark, J. 04/01/04 Stomach upset 1 147 Clark, J. 04/02/04 Stomach upset 1 148 Tanner, J. 04/02/04 Swollen glands & sore tongue 1 149 Clark, J. 04/16/04 Upset stomach 1 150 Tanner, J. 04/02/04 Upset stomach 1 150 Tanner, J. 04/02/04 Upset stomach 1 170 Clark, J. 04/02/04 Upset stomach 1 180 Clark, J. 04/16/04 Upset stomach 1 190 Clark, J. 04/02/04 Upset stomach 1 190 Clark, J. 04 | 132 Clark, J. | 04/16/04 | PPD read | 1 | |
| 135 Clark, J. 04/22/04 PPD read 1 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/26/04 Rash 1 139 Tanner, J. 04/26/04 rash on arms 1 140 Clark, J. 04/16/04 several medical concerns & no 1 141 Clark, J. 04/16/04 shortness of breath 1 142 Clark, J. 04/15/04 skin rash on abdomen 1 143 Clark, J. 04/01/04 special parking 1 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/16/04 stomach upset 1 147 Clark, J. 04/01/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 133 Clark, J. | 04/16/04 | PPD read | 1 | |
| 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/26/04 PPD read 1 138 Tanner, J. 04/26/04 Rash 1 139 Tanner, J. 04/26/04 rash on arms 1 140 Clark, J. 04/26/04 several medical concerns & no 1 141 Clark, J. 04/16/04 shortness of breath 1 142 Clark, J. 04/15/04 skin rash on abdomen 1 143 Clark, J. 04/01/04 special parking 1 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/16/04 special parking 1 146 Clark, J. 04/01/04 stomach upset 1 147 Clark, J. 04/02/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 134 Clark, J. | 04/16/04 | | 1 | |
| 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/26/04 Rash 1 139 Tanner, J. 04/26/04 rash on arms 1 140 Clark, J. 04/16/04 I several medical concerns & no 1 141 Clark, J. 04/16/04 I shortness of breath 1 142 Clark, J. 04/15/04 I skin rash on abdomen 1 143 Clark, J. 04/01/04 special parking 1 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/16/04 special parking 1 146 Clark, J. 04/01/04 I stomach upset 1 147 Clark, J. 04/02/04 I stomach upset 1 148 Tanner, J. 04/02/04 I swollen glands & sore tongue 1 149 Clark, J. 04/16/04 I TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 135 Clark, J. | 04/22/04 | | 1 | |
| 138 Tanner, J. 04/26/04 Rash 1 139 Tanner, J. 04/26/04 rash on arms 1 140 Clark, J. 04/26/04 several medical concerns & no 1 141 Clark, J. 04/16/04 I shortness of breath 1 142 Clark, J. 04/15/04 I skin rash on abdomen 1 143 Clark, J. 04/01/04 I special parking 1 144 Clark, J. 04/12/04 I special parking 1 145 Clark, J. 04/16/04 I special parking 1 146 Clark, J. 04/01/04 I stomach upset 1 147 Clark, J. 04/22/04 I stomach upset 1 148 Tanner, J. 04/02/04 I swollen glands & sore tongue 1 149 Clark, J. 04/16/04 I TB test read 1 150 Tanner, J. 04/02/04 I upset stomach 1 | 136 Clark, J. | 04/23/04 | | 1 | |
| 139 Tanner, J. 04/26/04 rash on arms 1 140 Clark, J. 04/26/04 several medical concerns & no 1 141 Clark, J. 04/16/04 shortness of breath 1 142 Clark, J. 04/15/04 skin rash on abdomen 1 143 Clark, J. 04/01/04 special parking 1 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/16/04 special parking 1 146 Clark, J. 04/01/04 stomach upset 1 147 Clark, J. 04/02/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 137 Clark, J. | 04/28/04 | PPD read | 1 | · |
| 140 Clark, J. 04/26/04 several medical concerns & no 1 141 Clark, J. 04/16/04 I shortness of breath 1 142 Clark, J. 04/15/04 I skin rash on abdomen 1 143 Clark, J. 04/01/04 I special parking 1 144 Clark, J. 04/12/04 I special parking 1 145 Clark, J. 04/16/04 I special parking 1 146 Clark, J. 04/01/04 I stomach upset 1 147 Clark, J. 04/22/04 I stomach upset 1 148 Tanner, J. 04/02/04 I swollen glands & sore tongue 1 149 Clark, J. 04/16/04 I TB test read 1 150 Tanner, J. 04/02/04 I upset stomach 1 | 138 Tanner, J. | 04/26/04 | Rash | 1 | |
| 141 Clark, J. 04/16/04 I shortness of breath 1 142 Clark, J. 04/15/04 I skin rash on abdomen 1 143 Clark, J. 04/01/04 I special parking 1 144 Clark, J. 04/12/04 I special parking 1 145 Clark, J. 04/16/04 I special parking 1 146 Clark, J. 04/01/04 I stomach upset 1 147 Clark, J. 04/22/04 I stomach upset 1 148 Tanner, J. 04/02/04 I swollen glands & sore tongue 1 149 Clark, J. 04/16/04 I TB test read 1 150 Tanner, J. 04/02/04 I upset stomach 1 | 139 Tanner, J. | 04/26/04 | rash on arms | 1 | |
| 142 Clark, J. 04/15/04 I skin rash on abdomen 1 143 Clark, J. 04/01/04 I special parking 1 144 Clark, J. 04/12/04 I special parking 1 145 Clark, J. 04/01/04 I special parking 1 146 Clark, J. 04/01/04 I stomach upset 1 147 Clark, J. 04/22/04 I stomach upset 1 148 Tanner, J. 04/02/04 I swollen glands & sore tongue 1 149 Clark, J. 04/16/04 I TB test read 1 150 Tanner, J. 04/02/04 I upset stomach 1 | 140 Clark, J. | 04/26/04 | several medical concerns & no | 1 | |
| 143 Clark, J. 04/01/04 special parking 1 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/01/04 special parking 1 146 Clark, J. 04/01/04 stomach upset 1 147 Clark, J. 04/22/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 141 Clark, J. | 04/16/04 | shortness of breath | 1 | |
| 144 Clark, J. 04/12/04 special parking 1 145 Clark, J. 04/16/04 special parking 1 146 Clark, J. 04/01/04 stomach upset 1 147 Clark, J. 04/22/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 142 Clark, J. | 04/15/04 | skin rash on abdomen | 1 | |
| 145 Clark, J. 04/16/04 special parking 1 146 Clark, J. 04/01/04 stomach upset 1 147 Clark, J. 04/22/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | | 04/01/04 | special parking | 1 | |
| 146 Clark, J. 04/01/04 Y stomach upset 1 147 Clark, J. 04/22/04 Stomach upset 1 148 Tanner, J. 04/02/04 Swollen glands & sore tongue 1 149 Clark, J. 04/16/04 Stomach TB test read 1 150 Tanner, J. 04/02/04 Stomach upset stomach 1 | 144 Clark, J. | 04/12/04 | special parking | 1 | |
| 147 Clark, J. 04/22/04 stomach upset 1 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 145 Clark, J. | 04/16/04 | special parking | 11 | |
| 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 146 Clark, J. | 04/01/04 | stomach upset | 1 | |
| 148 Tanner, J. 04/02/04 swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 upset stomach 1 | 147 Clark, J. | 04/22/04 | stomach upset | 1 | |
| 149 Clark, J. 04/16/04 150 Tanner, J. 04/02/04 150 Tanner, J. 04/02/04 | | | swollen glands & sore tongue | 1 | |
| 150 Tanner, J. 04/02/04 upset stomach 1 | 149 Clark, J. | 04/16/04 | TB test read | 1 | |
| 151 Clark .I 04/21/04 unset stomach for 3 days 1 | | 04/02/04 | upset stomach | 1 | |
| upset storilation 5 days | 151 Clark, J. | 04/21/04 | upset stomach for 3 days | 1 | |

142 5.96% error rate 3G/2

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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

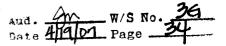
Analysis of Level of Service Provided - SCC

13.05.07.37

| 36 42 - 46 + | | | | | |
|----------------|----------------------|----------------------|----------|-----------------------------|------------------------|
| | February 2005 | | | | |
| | Provided B | y Date | Name | Reason for Visit | Allowable Unallowable |
| 1 | Clark, J | 02/08/05 | Hame | Acid reflux | 1 |
| | Clark, J | 02/28/05 | | Back pain | 1 1 |
| | Clark, J | 02/01/05 | | Body fat test | 1 1 |
| | Clark, J | 02/01/05 | | Body fat test | 1 1 |
| | Clark, J | 02/01/05 | | Body fat test | - - - |
| | Clark, J | 02/01/05 | <u> </u> | Body fat test | 1 1 |
| | Clark, J | 02/01/05 | | Body fat test | 1 |
| | Clark, J | 02/01/05 | | Body fat test | 1 1 |
| | Clark, J | 02/01/05 | | Body fat test | 1 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/02/05 | | Body fat test | 1 |
| | Clark, J | 02/08/05 | | Body fat test | 1_ |
| | Clark, J | 02/08/05 | | Body fat test | 1 |
| | Clark, J | 02/08/05 | | Body fat test | 1 |
| | Clark, J | 02/09/05 | | Body fat test | 1 |
| | Clark, J | 02/10/05 | | Body fat test | 1 |
| | Clark, J | 02/14/05 | | Body fat test | 1 |
| 23 | Clark, J | 02/14/05 | | Body fat test | 1 |
| 24 | Clark, J | 02/14/05 | | Body fat test | 1 |
| 25 | Clark, J | 02/15/05 | | Body fat test | 1 |
| 26 | Clark, J | 02/15/05 | | Body fat test | 1 |
| 27 | Clark, J | 02/15/05 | | Body fat test | 1 |
| 28 | Clark, J | 02/15/05 | | Body fat test | 1 |
| 29 | Clark, J | 02/15/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 | | Body fat test | 1 |
| | Clark, J | 02/16/05 J | | Body fat test | 1 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 |
| | Clark, J | 02/17/05 02/17/05 | | Body fat test | 1 |
| | Clark, J | 02/17/05 | | Body fat test | |
| | Clark, J | 02/17/05 | | Body fat test | 1 1 |
| | Clark, J | 02/17/05 | | Body fat test Body fat test | 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 |
| | Clark, J Clark, J | 02/17/05 | | Body fat test | 1 1 |
| | Clark, J | 02/17/05 | | Body fat test | 1 1 |
| | Clark, J Clark, J | 02/17/05 | | Body fat test | 1 |
| 1 3.1 | rjuiaik, J | 02/1/00 | | Body fat test | |

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| | | Analysis of Level of Service Provided - SCC | | |
|-----------|----------------|---|----------------|-------------|
| | | 30/42-46 | | |
| 55 Tanne | | Body fat test | 1 | |
| 56 Tanne | r, J 02/01/05 | Body fat test | 1 | |
| 57 Tanne | r, J 02/02/05 | Body fat test | 1 | |
| 58 Tanne | r, J 02/02/05 | Body fat test | 1 | |
| 59 Tanne | | Body fat test | 1 | |
| 60 Tanne | | Body fat test | 1 | |
| 61 Tanne | | | 1 | |
| 62 Tanne | | Body fat test | 1 | |
| 63 Tanne | | Body fat test | 1 | |
| 64 Tanne | | Body fat test | 1 | |
| 65 Tanne | | Body fat test | 1 | |
| 66 Tanne | | | 1 | |
| 67 Tanne | | Body fat test | 1 | |
| 68 Tanne | | Body fat test | 1 1 | |
| 69 Tanne | | Body fat test | i | |
| 70 Tanne | | Body fat test | i | |
| 70 Tanne | | Body fat test | 1 | |
| | | | 1 | |
| 72 Tanne | | Body fat test | | |
| 73 Tanne | | Body fat test | 1 | * |
| 74 Tanne | | Body fat test | 1 1 | |
| 75 Tanne | | Body fat test | | |
| 76 Tanne | | | 1 | |
| 77 Tanne | | Body fat test | - | |
| 78 Tanne | | Body fat test | 1 | |
| 79 Tanne | | Body fat test | 1 | |
| 80 Tanne | | Body fat test | 1 | |
| 81 Tanne | | Body fat test | 1 | |
| 82 Tanne | | Body fat test | 1 | |
| 83 Tanne | | Body fat test | 1 | |
| 84 Tanne | | Body fat test | 1 | |
| 85 Tanne | | | 1 | |
| 86 Tanne | | Body fat test | 1 | |
| 87 Tanne | | Body fat test | 1 | |
| 88 Tanne | | Body fat test | 1 | |
| 89 Tanne | | Body fat test | 1 | |
| 90 Tanne | | Body fat test | 1 | |
| 91 Tanne | | Body fat test | 1 | |
| 92 Tanne | | Body fat test | 1 | |
| 93 Tanne | | Body fat test | 1 | |
| 94 Tanne | | | 1 | |
| 95 Tanne | | Body fat test | 1 | |
| 96 Tanne | | Body fat test | 1 | |
| 97 Tanne | | Body fat test | 1 | |
| 98 Tanne | er, J 02/08/05 | | 1 | |
| 99 Tanne | er, J 02/08/05 | Body fat test | 1 | |
| 100 Tanne | er, J 02/11/05 | Body fat test | 1 | |
| 101 Tanne | | Body fat test | 1 | |
| 102 Tanne | er, J 02/15/05 | Body fat test | 1 | |
| 103 Tanne | er, J 02/15/05 | Body fat test | 1 | |
| 104 Tanne | | | 1 | |
| 105 Tanne | | Body fat test | 1 | |
| 106 Tanne | | Body fat test | 1 | |
| 107 Tanne | | Body fat test | 1 | |
| 108 Tanne | | Body fat test | 1 | |
| 109 Tanne | | Body fat test | 1 | |
| 110 Tanne | | Body fat test | 1 | |
| 111 Tanne | | | 1 | |



Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| | | ervice Provided - SCC | |
|----------------|----------|---|--|
| | | 12-46 | |
| 112 Tanner, J | 02/16/05 | Body fat test | 1 |
| 113 Tanner, J | 02/16/05 | Body fat test | 1 |
| 114 Tanner, J | 02/16/05 | Body fat test | 1 |
| 115 Tanner, J | 02/16/05 | Body fat test | 1 |
| 116 Tanner, J | 02/16/05 | Body fat test | 1 |
| 117 Tanner, J | 02/16/05 | Body fat test | 1 |
| 118 Tanner, J | 02/16/05 | Body fat test | 1 |
| 119 Tanner, J | 02/16/05 | Body fat test | 1 |
| 120 Tanner, J | 02/16/05 | Body fat test | 1 |
| 121 Tanner, J | 02/16/05 | Body fat test | 1 |
| 122 Tanner, J | 02/16/05 | Body fat test | 1 |
| 123 Tanner, J | 02/16/05 | Body fat test | |
| | | | 1 |
| 124 Tanner, J | 02/16/05 | Body fat test | 1 |
| 125 Tanner, J | 02/22/05 | Body fat test | <u> </u> |
| 126 Tanner, J | 02/22/05 | Body fat test | 1 |
| 127 Tanner, J | 02/22/05 | Body fat test | 1 |
| 128 Tanner, J | 02/22/05 | Body fat test | 1 |
| 129 Tanner, J | 02/22/05 | Body fat test | 1 |
| 130 Tanner, J | 02/22/05 | Body fat test | 1 |
| 131 Tanner, J | 02/22/05 | Body fat test | 1 |
| 132 Tanner, J | 02/23/05 | Body fat test | 1 |
| 133 Tanner, J | 02/23/05 | Body fat test | 1 |
| 134 Tanner, J | 02/23/05 | Body fat test | 1 |
| 135 Tanner, J | 02/23/05 | Body fat test | 1 |
| 136 Tanner, J | 02/23/05 | Body fat test | 1 |
| 137 Tanner, J | 02/23/05 | Body fat test | 1 |
| 138 Tanner, J | 02/23/05 | Body fat test | 1 |
| 139 Tanner, J | 02/23/05 | Body fat test | 1 |
| 140 Tanner, J | 02/23/05 | Body fat test | 1 |
| 141 Tanner, J | 02/24/05 | Body fat test | 1 |
| 142 Tanner, J | 02/26/05 | Body fat test | 1 |
| 143 Clark, J | 02/28/05 | Boil | 1 |
| | 02/25/05 | BP | 1 |
| 144 Clark, J | | BP | |
| 145 Clark, J | 02/16/05 | BP | |
| 146 Tanner, J | 02/01/05 | *************************************** | 1 |
| 147 Tanner, J | 02/04/05 | BP | 1 |
| 148 Tanner, J | 02/10/05 | BP | 1 |
| 149 Tanner, J | 02/11/05 | BP | 1 |
| 150 Tanner, J | 02/15/05 | BP | 1 |
| 151 Tanner, J | 02/16/05 | BP | 11 |
| 152 Tanner, J | 02/22/05 | BP | 1 |
| 153 Tanner, J | 02/23/05 | BP | 1 |
| 154 Tanner, J | 02/02/05 | c/o "runny nose" | 1 |
| 155 Tanner, J | 02/07/05 | c/o back pain | 1 |
| 156 Tanner, J | 02/03/05 | c/o cold symptoms | 1 |
| 157 Tanner, J | 02/03/05 | c/o headache | 1 |
| 158 Tanner, J | 02/22/05 | c/o headache | 1 |
| 159 Tanner, J | 02/28/05 | c/o headache | 1 |
| 160 Tanner, J | 02/01/05 | c/o sinus headache | 1 |
| 161 Tanner, J | 02/24/05 | c/o upset stomach | 1 1 |
| 162 Cousin, P. | 02/11/05 | class assignment | 1 |
| 163 Clark, J | 02/02/05 | Cold | 1 |
| | | Cold | 1 |
| 164 Clark, J | 02/02/05 | | |
| 165 Clark, J | 02/07/05 | Cold | 1 |
| 166 Clark, J | 02/15/05 | Cold | 1 |
| 167 Tanner, J | 02/28/05 | Conjunctivites | 1 |
| 168 Cousin, P. | 02/17/05 | contractions, paramedics calle | 1 |

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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| | Analysis of Level of S | ervice Provided - SCC | |
|----------------|------------------------|-----------------------------|-------------|
| | | 5142-46- | |
| 169 Clark, J | 02/02/05 | Cough | 1 |
| 170 Clark, J | 02/10/05 | Cramps | 1 |
| 171 Tanner, J | 02/16/05 | Cramps | 1 |
| 172 Tanner, J | 02/28/05 | Cramps | 1 |
| 173 Clark, J | 02/14/05 | cut finger | 1 |
| 174 Tanner, J | 02/15/05 | cut finger | 1 |
| 175 Tanner, J | 02/23/05 | Cut on finger | 1 |
| 176 Tanner, J | 02/11/05 | Cut on neck | 1 |
| 177 Tanner, J | 02/03/05 | Dizzy | 1 |
| 178 Cousin, P. | 02/10/05 | eyedrops | 1 |
| 179 Tanner, J | 02/07/05 | Feeling dizzy | 1 |
| 180 Clark, J | 02/07/05 | Feeling ill | 1 |
| 181 Clark, J | 02/28/05 | Fell in LRC | 1 |
| 182 Clark, J | 02/10/05 | Felt faint in dance class | 1 |
| 183 Clark, J | 02/14/05 | Felt faint while exercising | 1 |
| 184 Cousin, P. | 02/01/05 | HCD class | 1 |
| 185 Cousin, P. | 02/01/05 | HCD class | 1 |
| 186 Cousin, P. | 02/02/05 | HCD class | 1 |
| 187 Clark, J | 02/02/05 | Headache | 1 |
| 188 Clark, J | 02/17/05 | Headache | 1 |
| 189 Clark, J | 02/28/05 | Headache | 1 |
| 190 Tanner, J | 02/22/05 | Hearing Test | 1 |
| 191 Clark, J | 02/08/05 | Help to bathroom | 1 |
| 192 Clark, J | 02/14/05 | Help to bathroom | 1 |
| 193 Clark, J | 02/15/05 | Help to bathroom | 1 |
| 194 Clark, J | 02/17/05 | Help to bathroom | 1 |
| 195 Clark, J | 02/10/05 | Hit in face w/exercise belt | 1 |
| 196 Clark, J | 02/17/05 | Hit L hand on door | 1 |
| 197 Tanner, J | 02/07/05 | Hives | 1 |
| 198 Cousin, P. | 02/03/05 | Ibuprofen, headache | 1 |
| 199 Cousin, P. | 02/10/05 | Ibuprofen, headache | 1 |
| 200 Clark, J | 02/28/05 | Infected cuticle | 1 |
| 201 Clark, J | 02/16/05 | Infected ear lobes | 1 |
| 202 Clark, J | 02/01/05 | Injured L. ring finger | 1 |
| 203 Cousin, P. | 02/01/05 | insurance | 1 |
| 204 Clark, J | 02/14/05 | Irritated R eye | 1 |
| 205 Tanner, J | 02/14/05 | Itching due to chlorine | 1 |
| 206 Cousin, P. | 02/02/05 | letters to instructors | 1 |
| 207 Cousin, P. | 02/03/05 | letters to instructors | 1 |
| 208 Cousin, P. | 02/04/05 | letters to instructors | 1 |
| 209 Cousin, P. | 02/11/05 | letters to instructors | 1 |
| 210 Clark, J | 02/08/05 | Low back pain | 1 |
| 211 Clark, J | 02/02/05 | Neck pain | 1 |
| 212 Tanner, J | 02/23/05 | Need to rest | 1 |
| 213 Clark, J | 02/02/05 | Not feeling well | 1 |
| 214 Clark, J | 02/07/05 | Not feeling well | 1 |
| 215 Tanner, J | 02/03/05 | Note for work | 1 |
| 216 Clark, J | 02/07/05 | Pain R ankle | 1 |
| 217 Tanner, J | 02/22/05 | Personal Care | 1 |
| 218 Tanner, J | 02/22/05 | Personal Care | 1 |
| 219 Clark, J | 02/01/05 | PPD | 1 |
| 220 Clark, J | 02/01/05 | PPD | 1 |
| 221 Clark, J | 02/01/05 | PPD | 1 |
| 222 Clark, J | 02/01/05 | PPD | 1 |
| 223 Clark, J | 02/01/05 | PPD | 1 |
| 224 Clark, J | 02/01/05 | PPD | 1 |
| 225 Clark, J | 02/02/05 | PPD | 1 |
| | | | |

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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| | Analysis of Level of Se | | |
|----------------|-------------------------|-----------|--------------|
| | | 36/42-46 | |
| 226 Clark, J | 02/02/05 | PPD . | 1 |
| 227 Clark, J | 02/07/05 | PPD | 1 |
| 228 Clark, J | 02/07/05 | PPD | 1 |
| 229 Clark, J | 02/08/05 | PPD | 1 |
| 230 Clark, J | 02/08/05 | PPD | 1 |
| 231 Clark, J | 02/09/05 | PPD | 1 |
| 232 Clark, J | 02/14/05 | PPD | 1 |
| 233 Clark, J | 02/14/05 | PPD | 1 |
| 234 Clark, J | 02/28/05 | PPD | 1 |
| 235 Clark, J | 02/28/05 | PPD | 1 |
| 236 Clark, J | 02/28/05 | PPD | 1 |
| 237 Clark, J | 02/28/05 | PPD | 1 |
| 238 Tanner, J | 02/01/05 | PPD | 1 |
| 239 Tanner, J | 02/01/05 | PPD | 1 |
| 240 Tanner, J | 02/01/05 | PPD | 1 |
| 241 Tanner, J | 02/02/05 | PPD | 1 |
| 242 Tanner, J | 02/02/05 | PPD | 1 |
| 243 Tanner, J | 02/02/05 | PPD | 1 |
| 244 Tanner, J | 02/04/05 | PPD | 1 1 |
| 245 Tanner, J | 02/04/05 | PPD | |
| 246 Tanner, J | 02/07/05 | PPD | <u> </u> |
| 240 Tanner, J | 02/07/05 | PPD | 1 |
| 248 Tanner, J | 02/09/05 | PPD | 1 |
| 249 Tanner, J | 02/11/05 | PPD | 1 |
| | | PPD | |
| 250 Tanner, J | 02/22/05 | | 1 |
| 251 Tanner, J | 02/22/05 | PPD | 1 |
| 252 Tanner, J | 02/22/05 | PPD | |
| 253 Tanner, J | 02/22/05 | PPD | 1 |
| 254 Tanner, J | 02/22/05 | PPD | 1 |
| 255 Tanner, J | 02/22/05 | PPD | 1 |
| 256 Tanner, J | 02/23/05 | PPD | 1 |
| 257 Tanner, J | 02/23/05 | PPD | 1 |
| 258 Tanner, J | 02/26/05 | PPD | 1 |
| 259 Tanner, J | 02/28/05 | PPD | 1 |
| 260 Tanner, J | 02/28/05 | PPD | 1 |
| 261 Tanner, J | 02/28/05 | PPD | 1 |
| 262 Tanner, J | 02/28/05 | PPD | 1 |
| 263 Tanner, J | 02/28/0 | PPD | 1 |
| 264 Tanner, J | 02/28/05 | PPD | 1 |
| 265 Tanner, J | 02/28/05 | PPD | 1 |
| 266 Clark, J | 02/14/05 | PPD | 1 |
| 267 Clark, J | 02/02/05 | PPD read | 1 |
| 268 Clark, J | 02/02/05 | PPD read | 1 |
| 269 Clark, J | 02/07/05 | PPD read | 1 |
| 270 Clark, J | 02/09/05 | PPD read | 1 |
| 271 Clark, J | 02/09/05 | PPD read | 1 |
| 272 Clark, J | 02/09/05 | PPD read | 1 |
| 273 Clark, J | 02/10/05 | PPD read | 1 |
| 274 Clark, J | 02/16/05 | PPD read | 1 |
| 275 Clark, J | 02/16/05 | PPD read | 1 |
| 276 Tanner, J | 02/02/05 | PPD read | 1 |
| 277 Tanner, J | 02/03/05 | PPD read | 1 |
| 278 Tanner, J | 02/03/05 | PPD read | |
| 279 Tanner, J | 02/03/05 | PPD read | 1 |
| 280 Tanner, J | 02/03/05 | PPD read | 1 1 |
| 281 Tanner, J | 02/03/05 | PPD read | 1 |
| 282 Tanner, J | 02/03/05 | PPD read | 1 |
| Zozji anner, J | 02/03/03 | In Direau | <u> </u> |

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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC

| Analysis of Level of Service Provided - SCC | | | | |
|---|----------|------------------------|-------------|---------------------------------------|
| r t | | -3G/42-46 | ~ · · · · · | |
| 283 Tanner, J | 02/03/05 | PPD read | 1 1 | |
| 284 Tanner, J | 02/03/05 | PPD read | 1 | |
| 285 Tanner, J | 02/04/03 | PPD read | 1 1 | |
| 286 Tanner, J | 02/04/05 | PPD read | 1 | |
| 287 Tanner, J | 02/04/05 | PPD read | 1 1 | |
| 288 Tanner, J | 02/04/05 | PPD read | 1 | |
| 289 Tanner, J | 02/09/05 | PPD read | 1 | |
| 290 Tanner, J | 02/11/05 | PPD read | 1 | |
| 291 Tanner, J | 02/11/05 | PPD read | 1 | |
| 292 Tanner, J | 02/14/05 | PPD read | 1 | |
| 293 Tanner, J | 02/16/05 | PPD read | 1 | |
| 294 Tanner, J | 02/24/05 | PPD read | 1 | |
| 295 Tanner, J | 02/24/05 | PPD read | 1 | |
| 296 Tanner, J | 02/24/05 | PPD read | 1 | |
| 297 Tanner, J | 02/24/05 | PPD read | 1 | |
| 298 Tanner, J | 02/24/05 | PPD read | 1 | |
| 299 Tanner, J | 02/24/05 | PPD read | 1 | |
| 300 Tanner, J | 02/26/05 | PPD read | 1 1 | |
| 301 Tanner, J | 02/07/05 | Prephysical | 1 | |
| 302 Tanner, J | 02/26/05 | Prephysical | 1 | |
| 303 Clark, J | 02/17/05 | Problem w/left ear | 1 | |
| 304 Clark, J | 02/10/05 | Puffy L eye | 1 1 | |
| 305 Cousin, P. | 02/14/05 | Quit Kit | 1 | |
| 306 Cousin, P. | 02/14/05 | Quit Kit | 1 | |
| 307 Cousin, P. | 02/14/05 | Quit Kit | 1 | |
| 308 Cousin, P. | 02/14/05 | Quit Kit | 1 | |
| 309 Cousin, P. | 02/14/05 | Quit Kit | 1 1 | |
| 310 Cousin, P. | 02/14/05 | Quit Kit | 1 | |
| 311 Cousin, P. | 02/14/05 | Quit Kit | 1 1 | |
| 312 Cousin, P. | 02/14/05 | Quit Kit | 1 1 | |
| 313 Cousin, P. | 02/14/05 | Quit Kit | 1 1 | |
| 314 Cousin, P. | 02/15/05 | Quit Kit | 1 1 | |
| 315 Cousin, P. | 02/15/05 | Quit Kit | 1 | |
| 316 Cousin, P. | 02/16/05 | Quit Kit | 1 1 | |
| 317 Clark, J | 02/17/05 | Rash on arm | 1 1 | |
| 318 Tanner, J | 02/24/05 | Rash on face | 1 1 | |
| 319 Clark, J | 02/07/05 | Raw area upper lip | 1 1 | |
| 320 Cousin, P. | 02/02/05 | Sinus meds | 1 1 | · · · · · · · · · · · · · · · · · · · |
| 321 Tanner, J | 02/22/05 | Skin fold test | 1 1 | |
| 322 Cousin, P. | 02/17/05 | smashed hand, ice pack | 1 1 | |
| 323 Clark, J | 02/15/05 | Sore throat | 1 | |
| 324 Clark, J | 02/01/05 | Special Parking | 1 | |
| 325 Clark, J | 02/01/05 | Spider bite | 1 1 | |
| 326 Cousin, P. | 02/04/05 | stomach ache | 1 1 | |
| 327 Clark, J | 02/17/05 | Temp. not feeling well | 1 1 | |
| 328 Cousin, P. | 02/17/05 | temperature | 1 1 | |
| | | Tromporate o | 328 | 0 |

0% error rate

Note: HCD, or "Human Career Development" is a class that helps students become more successful in college. The class informs students of what resources/services are available to them.

HEALTH SERVICES SIGN-IN

P. COMSIN

| • | HEALTH SERVICE | S SIGN-IN | |
|---------|--|--------------------------------|-----|
| Date | P. COUSIN | Reason for visit | ,46 |
| | | NO | |
| | | | |
| | | | |
| 8/15/04 | | Consult | |
| 415 | | Consult | |
| 4/15 | | advil | |
| 4/15 | | | |
| 4/15 | | | |
| 4115 | | BODY FAT | |
| 4/15 | a de la companya della companya della companya de la companya dell | Health class 30/29 | -3 |
| 1 4/15 | 4 | Health - Missing Class | |
| 4/16 | | PPD | |
| 4/16 | | | |
| 4/16 | 6 52 | 30dy fat & B/P + 05-212-120 | |
| 4/17 | | Head ach | |
| | | | |
| | Note: one page provided as | example | |
| | | | |
| | · | | |
| | | | |
| | | | |
| | | | |

JUDY

SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

| NAME | REASON FOR VISIT | DICPOCITION |
|-------------|--------------------|------------------|
| NAME | | DISPOSITION |
| | Go Swoller Gland | Suferiel |
| | Sore they x/mo. | |
| | Coupet | Seven " pepto be |
| | Stomack | |
| | C/o feeling | Somp 98.6 2 |
| | achy. | Jomps 10.6 |
| | BP | 130/74 |
| | | |
| | Budyfal | 33,5 |
| | Drugga | Q Q,U |
| | | 110/80 |
| | | 110/80 |
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| OTE! one ga | ge provided at exa | uple |
| <u> </u> | | T |
| | | |
| | | |
| | | |

Aud. 419 01 Page 40

Joyce's

SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

J. CLARK

DATE 4-1-04

| NAME | REASON FOR VISIT | DISPOSITION |
|---|--|-------------------------|
| | Stomach upset | advised to go |
| | nomiting | Rome given pepts kismal |
| | allergies | benadry |
| | | . 0 |
| 10 mg | back pair | Muprofen |
| | 10 | |
| | allergies | advised |
| | 10001-0 | ann a and do |
| | parkers | menth |
| 2 | Thought of | 142% |
| | | |
| | , and the second | |
| NOTE! one pag | e provided as example | uple |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

aud. 41901 Page 41

JOYCE

SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 9-3-02

| | | | |
|------------|------------------|-------------|-------------|
| NAME &/SS# | REASON FOR VISIT | DISPOSITION | |
| | . | 11.420 | |
| 4 | | | |
| 0. | | 12.23 | |
| | | · | |
| | | 17.5% | |
| | | 13.2% | |
| | | | |
| | PPO | Swen | |
| .0 | | | |
| | (Langow | que | 36 25-27 |
| | | + | |
| | - PAD | gruer / | |
| | 040 | + | |
| | PRO | que | - |
| | | 0 | |
| | | 29.8% | |
| | | | |
| | PPD | queen | · |
| | | 1 | |
| | | | |
| | | | |

JC/drr horecord.096

NOTE: one page provided as an example

HEALTH SERVICES SIGN-IN Page W/S No. 26 Page 419 21 Page

Name & ID # Reason for visit **Date** 39/32-31 against door

NOTE! one page provided as example

J. TANNER

| 2/1/2005 | PPD | Judy |
|----------|--------------------|------|
| 2/1/2005 | BP | Judy |
| 2/1/2005 | Body fat test | Judy |
| 2/1/2005 | c/o sinus headache | Judy |
| 2/1/2005 | Body fat test | Judy |
| 2/1/2005 | PPD | Judy |
| 2/1/2005 | PPD | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/2/2005 | PPD | Judy |
| 2/2/2005 | PPD | Judy |
| 2/2/2005 | PPD read | Judy |
| 2/2/2005 | c/o "runny nose" | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/2/2005 | PPD | Judy |
| 2/2/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | PPD read 3G 32-31 | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/200 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | Body fat test | Judy |
| 2/3/2005 | c/o headache | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/2005 | PPD read | Judy |
| 2/3/2005 | Note for work | Judy |

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SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 2/3/05

| NAME | REASON FOR VISIT | DISPOSITION |
|------|------------------|-------------|
| | | 122/80 |
| | | 18.2 |
| | | 150/90 |
| | | 9 40 % |
| | | 116/10 |
| | | 27.6 |
| | | 100/60 |
| | | B 31.7 |
| | AD read | ne |
| | | 0 |
| | Pa read | Nog \ |
| | | 9 736/43 |
| | PPD read | Mez |
| 0 | | |
| | for read | My |
| | | |
| | | 104/62 |
| | | 24.5 |
| | | 130/66 |
| - 0 | | 37.00 |
| | | 118/68 |
| | | 37.5 |

J. CLARK

| Date | Name | Reason for visit | Seen by |
|----------|------|------------------------|---------|
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | Special Parking | Joyce |
| 2/1/2005 | | IPPD I | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | PPD | Joyce |
| 2/1/2005 | | Spider bite | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | PPD | Joyce |
| 2/1/2005 | | Injured L. ring finger | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | Body fat test | Joyce |
| 2/1/2005 | | IPPD I | Joyce |
| 2/1/2005 | | IPPD | Joyce |
| 2/1/2005 | | PPD | Joyce |
| 2/2/2005 | | PPD | Joyce |
| 2/2/2005 | | PPD read | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | Not feeling well | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | Neck pain | Joyce |
| 2/2/2005 | | Headache | Joyce |
| 2/2/2005 | | Cough | Joyce |
| 2/2/2005 | | Cold | Joyce |
| 2/2/2005 | | Cold | Joyce |
| 2/2/2005 | | Body fat test | Joyce |
| 2/2/2005 | | PPD | Joyce |
| 2/2/2005 | | PPD read | Joyce |
| 2/7/2005 | | Not feeling well | Joyce |
| 2/7/2005 | | Pain R ankle | Joyce |
| 2/7/2005 | | PPD read | Joyce |
| 2/7/2005 | | PPD | Joyce |
| 2/7/2005 | | Feeling ill | Joyce |
| 2/7/2005 | | Cold | Joyce |
| 2/7/2005 | | PPD | Joyce |
| 2/7/2005 | | Raw area upper lip | Joyce |
| 2/8/200 | | PPD | Joyce |
| 2/8/2005 | | Body fat test | Joyce |
| 2/8/2005 | | Body fat test / | Joyce |
| 2/8/2005 | \$ | Body fat test | Joyce |

nate 41901 Page 46

SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 2-1-05

| NAME | REASON FOR VISIT | DISPOSITION |
|------|------------------|---------------|
| | | 23.52 |
| | | |
| | Apecial | |
| | parking | |
| | PRO | gruer |
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| | | . / |
| ,9 | | |
| | | 36,500 |
| | | |
| | PRO | gruen 36 |
| | | |
| | better by a | |
| | spider | |
| | | 90/66,27.42 |
| | | |
| | | 126/10, 32.6% |
| | 7 | |
| | PRD | given |
| | | |
| | reng finger | |
| | Thing Kinger | |

Tab 14

American River College

| | October 2002 |] <u>_</u> | | | | | | | | | | | 190 | 58 | -50 | <u>1 —</u> | | | 10/25 | | | | | | |
|-----------------|-------------------------------|------------|--|--|--|--|----------|----------|---------------------------------------|--|--|------------------|------------|----------|----------------|------------|----------------|--|--|---------|------------|--------------|--|----------|--------------|
| Code | Description | 10/1 | 10/2 | 10/3 | 10/4 | 10/7 | 10/8 | 10/9 | 10/10 | 10/14 | 10/15 | 10/16 | 10/17 | 10/18 | 10/21 | 10/22 | 10/23 | 10/24 | 10/25 | 10/28 | 10/29 | 10/30 | 10/31 | Totals | Unallowa |
| dministra | | | <u> </u> | | | ļ., | | | | | | | | | | | | | | | | <u> </u> | | | |
| 2 | Absence Note | <u> </u> | | | 1 | 1 | | | | l | | 2 | 1 | L | | | 1 | | 1 | | 1 | | | 8 | 8 |
| 3 | Absence Report | | | 2 | l | L | | | | | | | | | | | | | | | | | | 2 | 2 |
| 4 | Allied Health Record | | 2 | 4 | 3 | | 1 | 1 | | | 2 | | 1 | | | 2 | | | | | | 1 | | 17 | |
| 5 | Athletic PE Follow up | | | Ţ | Ţ | [] | | | | | | | | | | | | | | | | | | 0 | |
| 6 | Equipment Loan | | | | 1 | | | | 1 | | | | | | | | | | | | | | | 2 | |
| 7 | General info | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 8 | HDCP Record | <u> </u> | 1 | 1 | | | | | | | | | | · | | | | | | | | | | 0 | 1 |
| 9 | Insurance Follow up | | 1 | <u> </u> | | | | | | | | | | | | | | | | | | | | 0 | i |
| 10 | Insurance Info | - | - | | | 1 | | - | | | | | | | | 1 | 1 | | | | | | 2 | 5 | |
| 11 | Parking Permit | 1 | | | | 1 | 2 | | 3 | 1 | | 1 | | | 1 | | | - | 1 | | 1 | ├ | ┝╼┥ | 12 | |
| 13 | W/D | <u> </u> | ┼ | | | | - | | | ' | 1 | ' - | | | - ' | | 1 | | ├─ ं─┤ | | 2 | | 1 | 5 | |
| 14 | Workman's Compensation | - | ┼ | | | | - | | | | - '- | | | | | | - | - | 1-1 | | | | | 2 | |
| | | - ├- | + | 1 | 1 | - | | | | - | - | | | | <u> </u> | | | 2 | L | | | | ┝┯┤ | 25 | |
| 15 | Other | 2 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1_1_ | 2 | 5 | | 1 | | 2 | | 1 | | | | | 2 | | |
| 17 | Other | | - | 1 | ļ | | | | <u> </u> | | | | | | <u> </u> | | <u> </u> | L | | | 1 | | | 2 | |
| | <u>sessment</u> | | | 1 | <u> </u> | | | igsquare | | | | | | | | | | | | | | | ļ | ļ | |
| 101 | Cardiovascular | | — | <u> </u> | | L | | | | | | | | | | | <u></u> | | | | | | igspace | 0 | |
| 102 | Dental | | | | | ļ | | 1 | | | 1 | | | | | | | | | | | | | 2 | |
| 103 | Dermatology | L | 2 | 5 | | | L | 3 | 3 | 6 | | 3 | | | 4 | | 1 | | | 3 | | 1 | | 31 | <u> </u> |
| 104 | ENT | | | | | | | | | | | | | | 2 | 1 | | | | 1 | | 2 | | 6 | L |
| 105 | Eye | 2 | I | | | 1 | | | | | | | 1 | | | | | | | | | | L | 4 | · |
| 106 | Endocrine | | T | | | | 1 | | | | | | | | | | | | | | | | | 1 | |
| 107 | Gl | 1 | 1 | T | | 1 | | | | | | 1 | | | 1 | | | | | | | | | 5 | |
| 108 | GU | | | 1 | | | | | | | | | | | | | | | | | | | | 0 | |
| 109 | GYN | | | 1 | † | | 1 | | | 1 | <u> </u> | - | 1 | | | | | | | | | | | 4 | 4 |
| 110 | Headache | | | t | | | | | 1 | <u></u> | | | 1 | | 3 | | | | | | | 1 | | 5 | |
| 111 | Musculoskeletal | | | 1 | | | 1 | 4 | 5 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | | | | | | 1 | 21 | |
| 112 | Neurological | - | - | +- | ├ | - | - | | | | | 1 | | <u> </u> | 1 | | - | | | 1 | | | | 3 | |
| 113 | Respiratory | 1 | 1 | 1 | - | - | | \vdash | 1 | | 2 | 1 | 1 | - | - ' | | | | | 1 | | - | | 9 | |
| | | <u> '</u> | '- | + | ├ | | | | | | | | | | | | | | 1 | 1 | | | | 2 | |
| 114 | STD | | | | ├ | | | | | | | <u> </u> | | | | | | <u> </u> | ' | | | ļ | | - | |
| 115 | Substance Abuse | <u> </u> | + | | ļ | ! - | | | | | | | | | | | <u> </u> | ļ | | | | | | | |
| 116 | Mental/Emotional | - | | ├ | ļ | | | | | 1 | | | 1 | | - | 2 | | | | | <u> </u> | | | 4 | |
| 117 | Other | L | <u></u> | <u> </u> | | | | | | | 1_1_ | | | | <u> </u> | 1 | | | | | | | 3 | 5 | |
| | g-Education | | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | | | | | | | | ļ | ļ | | |
| 200 | AIDS info | | <u> </u> | <u> </u> | L | <u> </u> | L | | L | ļ | ļ | | ļ <u> </u> | | L | | | ļ | اا | | | ļ | | 0 | |
| 202 | Health info | 4 | 2 | 1 | | 2 | 3 | 7 | 2 | 2_ | 5 | 11 | 5 | 1 | 6 | 3 | 2 | 2 | 1 | 1 | 1 | | 1 | 52 | |
| 203 | Pregnancy | | | | | | | | | | | | | | | | | | | | | | | 0 | L |
| 204 | Family Planning | | | 1 | | | 1 | | | | 2 | | | <u> </u> | L | | | L | | 1 | | |] | 5 | |
| 205 | Mental Health | | | | | | | | | | | | | | | | | | | | | { | | 0 | ĺ . |
| 207 | Sexuality | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | | 0 | |
| 208 | Stress | | T^{-} | 1 | | | | | | | 1 | | | | | | | | | | | | | 1 | |
| 209 | Substance Abuse | | | † | | | | \sqcap | | i | 1 | | | | | | | | | | | 1 | | 0 | |
| 210 | Nutrition | - | | t^- | | | | | | | | | | | | | 1 | | | | - | | \vdash | 1 | |
| 211 | Blood Borne Pathogen training | - | | t | \vdash | | | - | | - | t | | | | Ι | | | | | | | | | 0 | |
| | | <u> </u> | + | +- | | ├- | 1 | \vdash | | | 1 | | | | | | - | | | | | | + | 2 | |
| 214 | STD Counseling | | ┼ | ┼ | ₩ | | | | | ļ | ' | <u> </u> | | | | | | | | | ļ <u>.</u> | | | 0 | |
| 215 | Other | - | + | 1 | | | | | | | | | | | | | ļ | | | | | | | <u> </u> | |
| creening 301 | | <u> </u> | ₩- | - | ├ | <u></u> | | | | | | | | | | | | <u> </u> | | | | | ┝╼┤ | | |
| | Blood Glucose | | 1 | 1 | 1 | 1 | l l | ı 1 | Ī | I | 1 | | | i | | 1 | | | | | l | ı | 2 1 | 4 | , 50° |

| | | | | | | | AI | lalys | 18 01 | Level | OI HE | eaith S | ervic | es - <i>F</i> | IRC | | | | | | | | | | |
|-----------------|--------------------------------------|----------|--|--|--------------|--|-----------------|---------------|----------------|--|-----------------|-------------|---------------|--|-------------------|--|--|--|---|----------|--------------|-----------------|--|------------|---|
| | | | | | | | | | | | | | 20 | 100 | ريس | 2 | | | | | | | 1 | | |
| . | October 2002 | 1 | | | | ******* | | | | | | | 00 | 100 | -50 | 1_ | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | 10/30 | 10/31 | | Unallowable |
| 302 | Blood Pressure | 3 | 1 | 2 | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 1 | 5 | 1 | | 2 | 41 | |
| 303 | Hearing | ļ | | | 1 | | | | ļ | | | | | ļ | | <u> </u> | | L | <u> </u> | | | | | 1 | : |
| 304 | Height | | 1 | <u> </u> | | | | 1 | | | | | | | | | | | | | | | | 0 | |
| 305 | TB Skin Test | 2 | 7 | | 6 | 9 | 2 | | 1 | 7 | 7 | 1 | 5 | 2 | 3 | 2 | 1 | | | 4 | 2 | 1 | | 62 | |
| 306 | TB Skin Test Reading | | 5 | 1 | 8 | 4 | | 5 | 4 | | | 6 | | 3 | 2 | <u> </u> | 3 | 1 | 2 | | | 4 | 1 | 49 | |
| 307 | TB Symptoms Review | L | | İ., | <u> </u> | <u> </u> | | | 1 | | | 1 | | | | | | | | | | | | 2 | |
| 308 | Temperature | | | | | | | 1 | | | | | | | | 1 | | | | 1 | | | | 3 | |
| 309 | Vision | | | | 1 | | | | | | | | | | | | | | | | | | | 1 | |
| 310 | Weight | | | | 1 | 2 | 1 | 1 | 1 | 1 | 2 | | | 1 | 2 | 2 | | | | 1 | 1 | 1 | | 17 | |
| 311 | Pregnancy Test | | П | | | | | | | | 2 | | | | | | | | | | | | | 2 | |
| <u>Immuniza</u> | tions | | | | | | | | | | | | Ī | | | | | T | | | | | | | |
| 400 | Tetanus | 1 | T | 1 | | | | 2 | | 2 | | 1 | | | 1 | | | | | | 1 | 2 | 5 | 15 | 15 |
| 401 | MMR | 2 | 1 | | † | | | | <u> </u> | 1 | | | | | | | | | | | | | 1 | 5 | 5 |
| 402 | Hep B | 1 | 1 | | † | <u> </u> | | | 1 | | 1 | | | | T | 1 | i – | | | | | 1 | | 3 | 3 |
| First Aid - | | | \vdash | <u> </u> | † | <u> </u> | | - | | | | | | | | · · · · · · · · · · · · · · · · · · · | | . | | - | | | \vdash | | |
| 500 | First Aid Minor | | | | 2 | 1 | 1 | 1 | 2 | | 1 | 2 | 1 | | 1 | | | | 1 | | | 1 | \vdash | 14 | |
| 501 | First Aid Major | 1 | | 2 | ╁▔ | † <u>'</u> | i i | Ė | - - | | | ! - | <u> </u> | | | | <u> </u> | | - - | | | <u> </u> | 1 | 3 | |
| 502 | Follow-up Visit | <u> </u> | | - - | | | | | | | | · · · · · · | | | | | | - | | | | - | \vdash | 0 | |
| 503 | Medication | 2 | 1 | | | 2 | | 1 | 1 | 1 | - | 3 | 1 | | 3 | | | | | 1 | | 1 | 1 | 17 | |
| 504 | Rest | | ' - | ╁ | \vdash | _ | 1 | 2 | | | 1 | 2 | | | 1 | | | | 1 | ┝╌ | | | 1 | 9 | |
| 505 | Special HDCP Care | - | | 1 | 1 | <u> </u> | <u> </u> | | | | - '- | | | | ' | | | | | | 1 | | | 3 | |
| 506 | Other (Band aids, sewing kits, pins) | - | | 1 | ┝ᆣ | ┼ | - | 1 | 1 | 2 | 1 | | 1 | | | | | | | 1 | 1 | 1 | 1 | 10 | |
| Emergen | | | | +- | ├ | | | - | <u> </u> | | | | ' | | | | | | | | ···· | - '- | | 10 | |
| 600 | Health Center | | | | ┼ | | | - | | | <u> </u> | <u> </u> | | | ļ | | | 1 | 1 | | | | | 1 | |
| 601 | Campus | 1 | - | | ┼ | ├ | 1 | 1 | | ļ | 1 | 1 | | | 1 | | | - '- | 1 | | 1 | ├── | ╁┷┷┤ | 7 | |
| 604 | Calling an ambulance | | | - | - | | - '- | ' | | | ' | | | | <u> </u> | | - | | '- - | | | | | i | |
| | - Consults | | ├ | ├ | ├ | | | | <u> </u> | | | | | | | | | | | | | | + | <u>-</u> - | <u> </u> |
| 700 | ARC Counselor | 1 | ├ | | | ├ | | | | | | | <u> </u> | | | | | - | | | | | | | |
| 700 701 | County Clinic | | - | - | | <u> </u> | 1 | | 1 | ļ | | | | | - | | - | | 1 | 1 | | | | 4 | |
| | | | ├ | ₩ | ├ | 1 | - | 2 | | | 1 | 1 | 1 | | 1 | 1 | 1 | | ' | 1 | | | | 10 | |
| 702 | Immediate Care Clinic | | ┼ | ┼ | ┼ | '- | | | . | <u> </u> | - '- | | | | - '- - | | | | | | | | | 5 | |
| 703 | Community Resource | | ļ | ļ | | <u> </u> | 2 | 1 | | | ļ | | | | | 1_1_ | | | | 1 | | <u> </u> | 1 | 1 | |
| 704 | County Agency | | ļ | | | ├ ── | | 1 | ļ | | | ļ | | | | | | ļ —— | | <u> </u> | <u> </u> | | | 1 | |
| 705 | Dentist | | | <u> </u> | ├ | | <u> </u> | | | ļ | | <u> </u> | <u> </u> | | <u> </u> | | <u> </u> | ļ | ļ | | ļ | ļ | | | |
| 706 | Emergency Room | | <u> </u> | 1 | | ļ | | | <u> </u> | <u> </u> | ļ | | <u> </u> | | 1 | 1 | | | | | | | | 7 | |
| 707 | Kaiser | ļ | ├ | 1 | | ļ | 1 | 1 | 2 | 1 | | ļ | ļ | ļ | 1 | ļ | | ļ | | <u> </u> | | ļ | | | |
| 708 | MediCal | | <u> </u> | ļ | ↓ | . | ļ | | ļ | <u> </u> | 2 | <u> </u> | ļ | | | | | ļ | | | | | | 2 | |
| 709 | Military | <u> </u> | ļ., | ļ., | ļ | L . | | <u> </u> | | ļ | ļ | | | | | | | | | <u> </u> | | <u> </u> | ⊢. ⊣ | 0 | |
| 710 | Private Doctor | 1 | 1 | 1 | | 1 | | 1 | 2 | 1 | | 2 | 1 | ļ | 2 | | | | | 2 | | 1 | 1 | 17 | |
| 711 | Self Care | 2 | 2 | ļ | ļ | Ļ | | | 1 | 4 | <u></u> | | | <u> </u> | 1 | 1 | | | | | 2 | 2 | | 15 | , , , , , , , , , , , , , , , , , , , |
| 713 | Other | | | ļ | <u> </u> | <u> </u> | | | | | | | | | ļ | <u> </u> | ļ | | | | | | | 0 | , |
| 715 | ARC instructor | 1 | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | | | | | | L | | | | 1 | |
| 716 | ARC DSP&S | | | | | | L | <u> </u> | | 1 | | L | | <u> </u> | | L | <u> </u> | | <u> </u> | | ļ | | $oxed{oxed}$ | 1 | |
| 717 | ARC Other | | <u> </u> | <u> </u> | | | 1_ | | | | | | | <u> </u> | | | | 1 | | | | | | 2 | |
| 718 | Lab. Referral | | | | | | <u> </u> | | | | | | | | | | | | | l | | L |] | 0 | · |
| Medication | <u>ns</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 800 | Acetaminophen | 1 | | | 2 | | | | 3 | 1 | 1 | | 1 | | | 3 | | 1 | | 1 | | 1 | 1 | 16 | |
| 801 | Antihistamine | | | | | | | | | | | | | | | | | | | | | |] | 0 | |
| 802 | Aspirin | | | 1 | | | | 1 | | | 1 | 1 | L | 1 | 3 | | L | | L | | 1 | | | 9 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

Analysis of Level of Health Services - ARC

| F | October 2002 | - | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 30 | 158 | カー | 9- | | | | | | | | | |
|------|----------------------------|------|------|------|------|------|----------|------|-------|---|----------|----------|---------|-------|-----------|-------|----------|-------|-------|-------|----------|-------|-------|--------|-------------|
| Code | Description | 10/1 | 10/2 | 10/3 | 10/4 | 10/7 | 10/8 | 10/9 | 10/10 | 10/14 | 10/15 | 10/16 | 10/17 | 10/18 | 10/21 | 10/22 | 10/23 | 10/24 | 10/25 | 10/28 | 10/29 | 10/30 | 10/31 | Totals | Unallowable |
| 803 | Benadryl | | | | | | | | | | | | | | 1 | | 1 | | | | | | | 2 | |
| 804 | Blistex Ointment | | | | | | | | | | | | | [| | | | | | | | | | 0 | |
| 805 | Bronchodilator | | | | | | | | | | | | | | | | | 2 | 1 | | | | | 3 | |
| 806 | Caladryl | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 808 | Cough Drops | | 1 | | | | | | | | | | | | | | | | | | | 1 | | 1 | |
| 810 | Eyewash | | | | | | | | | 1 | | | | | | | | | | | | | | 0 | |
| 812 | Hydrocortisone | | 1 | | | | | | | | | 1 | | | 1 | | | | | | | | | 3 | |
| 813 | Ibuprofen | 2 | 1 | 1 | | | | 2 | 2 | 2 | | 1 | 1 | | | 1 | 2 | 1 | 3 | 3 | | 1 | 2 | 25 | |
| 814 | Immodium | | | | | T | | | | | | | | | | | 1 | | | | | | | 1 | |
| 815 | Liquid Tears | | | | | 1 | | | | | | | | | | | | | | | <u> </u> | | | 1 | |
| 816 | Maalox | | | | | 1 | | | | | | | | | | | | | | | | | | 1 | |
| 817 | Nycoff | | | | | | | 1 | | | | | | | | | | | | | | | | 1 | |
| 818 | Pepto Bismol | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | |
| 821 | Pseudophedrine | 2 | | | 1 | | | 2 | | | | 1 | | | | | | | | 2 | | 2 | | 10 | |
| | Triple Antibiotic Ointment | 1 | i | | | | | | | | | T | | | T | 1 | | T | | | | | | 1 | |
| | | | 1 | T | 1 | | <u> </u> | | | 1 | | | | | <u> </u> | | | 1 | | | | i | | 0 | |
| | Totals | 33 | 29 | 30 | 31 | 35 | 26 | 47 | 41 | 38 | 42 | 42 | 27 | 11 | 47 | 28 | 20 | 14 | 15 | 33 | 17 | 23 | 26 | 655 | 37 |

^{*}Sacramento taking action against nicotine dependence

5.65% error rate 3G/2

Analysis of Level of Health Services - ARC

| | March 2004 | □ ト | | | | | | | | | 06 | ·/ @ | 1-0 | 43 | | | | | | | | | | ł | | |
|----------------|-------------------------------|-------------|----------|--------|--|--|-----|-----|------|--|--|-------------|------|----------|----------|--------------|----------|--------------|------|------|------|------|-------------|----------|--------|--|
| Code | Description | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/8 | 3/9 | 3/10 | 3/11 | 3/12 | 3/15 | 3/16 | 3/17 | 3/18 | 3/19 | 3/22 | 3/23 | 3/24 | 3/25 | 3/26 | 3/29 | 3/30 | 3/31 | Totals | Unallowable |
| <u>Adminis</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Absence Note | 1 | | 1 | | | 3 | | | 1 | 1 | | | | 1 | | | | | | | 2 | | | 10 | 10 |
| 3 | Absence Report | | 1 | | | | | | | 1 | | | | I | | | | 2 | | | | | | | 4 | 4 |
| 4 | Allied Health Record | 5 | 3 | 5 | 2 | 1 | | | 2 | 4 | 2 | 2 | 4 | | 4 | 4 | 4 | 5 | 3 | 7 | | 2 | 5 | 1 | 65 | |
| 5 | Athletic PE Follow up | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 6 | Equipment Loan | | | | | | | | | | | | | | | Ī | | | | | | | | | 0 | |
| 7 | General info | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 8 | HDCP Record | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 9 | Insurance Follow up | | | | <u></u> | | | | | | | | 1 | | | | | | | | | | | 1 | 1 | |
| 10 | Insurance Info | _ 1 | | | 4 | | 2 | 1 | 1 | 1 | 2 | | 1 | 1 | 2 | | | | 2 | 1 | 1 | | | | 20 | |
| 11 | Parking Permit | | | 2 | 1 | | 1 | | 1 | | | | 1 | | 1 | 1 | 1 | | | | | 1 | 1 | | 11 | |
| 13 | W/D | 1 | | | | | | | | 1 | | 1 | | | | 1 | | | | | | | | | 3 | |
| 14 | Workman's Compensation | | 1 | 1 | | | | | | | | | | | | | | | | 1 | | 2 | | | 5 | |
| 15 | Other | | 1 | | 1 | | 1 | 1 | | | | 2 | 1 | 3 | 1 | | | 1 | | | 1 | 2 | | 2 | 17 | |
| 17 | Other | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| Health A | <u>\ssessment</u> | | П | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | Cardiovascular | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 102 | Dental | | | | | | | | 1 | 1 | | 2 | 1 | | 1 | | | | | | | | 2 | | 8 | |
| 103 | Dermatology | 2 | 2 | | | 1 | 3 | 3 | 1 | | | 4 | 1 | 1 | 4 | | 3 | 3 | 3 | 4 | 2 | 1 | | 1 | 39 | |
| 104 | ENT | 1 | Π | 1 | 1 | 1 | 1 | | | | | 4 | 2 | 2 | | 1 | | 1 | 2 | | 2 | 8 | 2 | 1 | 30 | |
| 105 | Eye | | 1 | П | | | | | | | | | 1 | | | 1 | 1 | | 1 | 1 | 1 | | | | 7 | |
| 106 | Endocrine | | | 1 | | | | | | | · · · · · · · · · · · · · · · · · · · | 1 | | | | | | 1. | | | | | | | 3 | |
| 107 | GI | | | 1 | 1 | | 1 | 1 | | 1 | | | | | | 1 | | | | 1 | | 1 | | 1 | 7 | |
| 108 | GU | | | 1 | | | | | | | | | | | | | | | | | | | | | 1 | |
| 109 | GYN | | 1 | | | | 1 | 1 | | | | | | 2 | | | 4 | | | | | 1 | | 1 | 11 | 11 |
| 110 | Headache | | | Т | Т | 1 | | | | | | | | <u> </u> | İ | | 3 | 2 | 2 | | 1 | | | 1 | 10 | |
| 111 | Musculoskeletal | 1 | 1 | 1 | | 1 | 3 | 1 | | 1 | | 2 | | 1 | 1 | | 1 | 1 | 1 | 3 | 1 | 2 | 1 | | 23 | |
| 112 | Neurological | 1 | 2 | 1 | | | | | | | | | | | | | | | 2 | 2 | | 1 | | 1 | 9 | |
| 113 | Respiratory | | | \top | | | 1 | 1 | | | | 1 | | | | 1 | 2 | | 1 | | | | 1 | 1 | 9 | <u> </u> |
| 114 | STD | | 1 | 1 | 1 | | | 1 | | | | | | | | | | | | | | | | | 1 | |
| 115 | Substance Abuse | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 0 | |
| 116 | Mental/Emotional | | 1 | | | 1 | | | | | | 1 | | | | | | | | | | | | | 2 | 1 |
| 117 | Other | 1 | 1 | 1 | 2 | | 1 | | | 1 | | | | | | | | 2 | | 1 | | 3 | 1 | | 13 | |
| Counsel | ling-Education | ļ | † | 1 | † | | | | | | 1 | | | | 1 | | | | | | | | | | | |
| 200 | AIDS info | - | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 202 | Health info | 4 | 3 | 5 | 5 | 6 | 7 | 5 | 2 | | 1 | 6 | 1 | 7 | 3 | 3 | 3 | 3 | 7 | 4 | 3 | 3 | 5 | 2 | 88 | |
| 203 | Pregnancy | | † | 1 | | | | | | | | 1 | | | <u> </u> | 1 | 1 | | | | | | | | 3 | |
| 204 | Family Planning | | | 1 | | | 1 | 1 | | | | 1 | | | | | 1 | | | | | | | | 3 | <u> </u> |
| 205 | Mental Health | | | 1 | | 1 | 2 | | | | T | · · · · · | 2 | 1 | | | | | | 1 | | | | | 8 | 1 |
| 207 | Sexuality | | 1 | 1 | T | | | | | 1 | 1 | ! | | | 1 | † | <u> </u> | | | | | | | | Ō | |
| 208 | Stress | | 1 | 1 | | | | | | | | 1 | 1 | 3 | | | | | | 1 | 1 | | <u> </u> | | 9 | 1 |
| 209 | Substance Abuse | | 1 | Ť | | | | | | | 1 | | | 1 | | | | 1 | | | | 1 | | \vdash | 3 | |
| 210 | Nutrition | | | 1 | | | | | | | | 3 | | | · · · · | | | | | | | | | 1 | 4 | |
| 211 | Blood Borne Pathogen training | | 1 | 1 | <u> </u> | | | | | 1 | | ┌╌ | | · | † | | | | | | | | | | 1 | |
| | STD Counseling | <u> </u> | 1 | + | | | 1 | 2 | | | | \vdash | 3 | | | | | | | | | | 4 | \vdash | 8 | |

and. W/S No. For

| <u></u> | March 2004 | — | | | | | | | | | | - 3 | G/c | 61- | 63 | | | | | | | | | | | |
|----------------|--------------------------------------|------------|----------|----------|----------|----------|-----|-------------|----------|----------|----------|----------|----------|----------|------|------|----------|----------|----------|------|----------|------|----------|------|--------|-------------|
| Code | Description | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/8 | 3/9 | 3/10 | 3/11 | 3/12 | 3/15 | 3/16 | 3/17 | 3/18 | 3/19 | 3/22 | 3/23 | 3/24 | 3/25 | 3/26 | 3/29 | 3/30 | 3/31 | Totals | Unallowable |
| 215 | Other | | 2 | | | 2 | | | | | | | | 2 | | | | 1 | | | | | | 1 | 8 | |
| Screenin | <u>g</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 301 | Blood Glucose | | | 1 | | | | | | | | 1 | | | | | | 1 | 1 | | | 1 | 1 | | 6 | |
| 302 | Blood Pressure | | | | | 1 | 2 | 1 | 2 | 3 | 1 | 1 | 3 | | 1 | 1 | 3 | 3 | 1 | 4 | | | 1 | | 28 | |
| 303 | Hearing | | | | | | | | | | | | | | | | | | | | | 1 | | | 1 | |
| 304 | Height | | | | | | | | | | | | | | | | 1 | | | | | | | | 1 | |
| 305 | TB Skin Test | 4 | 3 | | | 5 | 3 | 1 | | | L | 2 | 4 | 3 | | 3 | 5 | 3 | 2 | | 1 | 3 | 2 | 2 | 47 | |
| 306 | TB Skin Test Reading | 4 | | 2 | 3 | 2 | 5 | | 2 | 2 | 1 | -1 | | 1 | 4 | 5 | 1 | | 1 | 4 | 4 | 1 | | 3 | 46 | |
| 307 | TB Symptoms Review | | <u> </u> | | | | | <u> </u> | | | | <u> </u> | | | | | | <u> </u> | | | | | | | 0 | |
| 308 | Temperature | 3 | | 1 | | <u> </u> | 1 | <u> </u> | | | | 1 | | | | 1 | | L | 1 | | | 1 | 1 | 1 | 11 | |
| 309 | Vision | | | 1 | | | | | | | | <u> </u> | | | | | | | | | | | | | 1 | |
| 310 | Weight | <u> </u> | | | | 1 | | 1 | | 1 | 1 | | | | | 1 | <u></u> | | 1 | | | L | | | 6 | 1 |
| 311 | Pregnancy Test | | | | | | L | | | | | | | | | 1 | 1 | | | | | | | | 2 | |
| <u>lmmuniz</u> | | | L | | | | | | | | | | | | | | | | | | L | | | | | |
| 400 | Tetanus | L | <u> </u> | 2 | L | <u> </u> | | | | | | | | 1 | | 1 | <u> </u> | | | | | | | | 4 | 4 |
| 401 | MMR | 1 | | <u> </u> | L | | | | | | | | | | | 1_ | | <u> </u> | | | | | | | 2 | 2 |
| 402 | Нер В | _ | | | | | | 1 | | | | | 1 | | | | 2 | 2 | | | | 1 | 2 | | 9 | 9 |
| First Aid | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | First Aid Minor | 4 | 3 | 1 | | 1 | | 1 | 4 | 2 | L | 2 | 2 | | 2 | 1 | 1_ | 1 | 2 | | 1 | 1 | 1 | | 30 | |
| 501 | First Aid Major | | _ | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 502 | Follow-up Visit | | | 1 | | | | | | | ļ | 1 | | | | | 1 | | | | | 1 | | | 4 | |
| 503 | Medication | L | | <u> </u> | | | | 3 | | | | 3 | 2 | 2 | 1 | 2 | 4 | 4 | 4 | | 2 | 2 | 1 | 1 | 31 | |
| 504 | Rest | 3 | | 1 | 1 | 2 | 3 | L | <u></u> | 2 | <u> </u> | 1 | <u> </u> | <u> </u> | | | 2 | 2 | 1 | 3 | | 1 | <u> </u> | 2 | 24 | |
| 505 | Special HDCP Care | Ь | | | | | | | 1 | 1 | | | 1 | 1_1_ | | 1 | | | | 1 | 1 | 1 | 2 | | 10 | |
| 506 | Other (Band aids, sewing kits, pins) | 1 | 2 | 2 | L | <u></u> | 1 | 2 | 1 | 3 | 1 | 2 | 1 | | | | 1 | ļ | 1 | | 1 | | <u> </u> | 1 | 20 | |
| <u>Emerger</u> | | lacksquare | L | <u> </u> | <u> </u> | L | | <u> </u> | | | | | | <u> </u> | | | | ļ | | | | | | | | |
| 600 | Health Center | <u> </u> | | L. | <u> </u> | | | | <u> </u> | | | | | <u> </u> | | | | ļ | | | | | | | 0 | |
| 601 | Campus | 1 | 1 | <u> </u> | | <u> </u> | | <u> </u> | | | | <u> </u> | <u> </u> | | | | | ļ | 2 | | | | | 1 | 5 | |
| 604 | Calling an ambulance | \perp | | <u> </u> | | | | | | | | | | | | | | | | | | | | | 0 | |
| | s - Consults | \perp | | <u> </u> | | | | | | | | | | ļ | | | | | | | | | | ļ | | ļ |
| 700 | ARC Counselor | <u>_</u> | <u> </u> | 1 | | <u> </u> | | | | | | | | | | | | | | | | | | | 11 | |
| 701 | County Clinic | | | <u> </u> | | | | 1 | | 1 | | 1 | | | | | 1 | | | | | | 1 | 1 | 6 | ļ |
| 702 | Immediate Care Clinic | 2 | | <u> </u> | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 2 | 1 | 1 | 2 | 1 | | | 2 | 19 | <u></u> |
| 703 | Community Resource | | 3 | 3 | 1 | | 3 | 2 | 1 | 3 | | 4 | 4 | 4 | 1 | 1 | | <u> </u> | 2 | 2 | 1 | 1 | 2 | 1 | 39 | |
| 704 | County Agency | <u> </u> | <u> </u> | <u> </u> | | | | | | 1 | 1 | | | <u> </u> | | | | | | | | | | | 2 | ļ |
| 705 | Dentist | <u></u> | <u> </u> | <u> </u> | | | | | | | ļ | | | | | | | | <u> </u> | | <u> </u> | | | | 0 | |
| 706 | Emergency Room | 1 | 1 | <u> </u> | <u> </u> | | | | <u> </u> | | ļ | | | | | | | | | | | | | 1 | 3 | |
| 707 | Kaiser | <u></u> | <u> </u> | <u> </u> | Ļ | 1 | 1 | | | | | L | | | 1 | | | | | | 1 | 2 | | | 6 | |
| 708 | MediCal | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | L | | | | | ļ | | | | | | | | | | | <u> </u> | | 0 | ļ |
| 709 | Military | | L_ | L | L_ | L_ | | | | | | | | L. | | | | | | | | | | | 0 | |
| 710 | Private Doctor | 3 | | 2 | | 2 | 3 | Ш | <u> </u> | | | 2 | 1 | 1 | 1 | | 4 | 2 | 3 | 3 | 2 | 2 | 3 | L | 38 | ļ |
| 711 | Self Care | 2 | 1 | 1 | 1 | | 2 | 1 | | L | | 3 | 1 | | 1 | | 1 | 1 | 2 | 2 | 1 | 2 | 1 | | 23 | |
| 713 | Other | <u></u> | | ļ | L | L | | | | | L | ļ | | <u> </u> | | | | <u> </u> | | | 1 | | <u> </u> | | 1 | |
| 715 | ARC instructor | | <u> </u> | <u> </u> | 2 | 1 | | Ш | ļ | | | | | <u> </u> | | | | | | | L | | | | 3 | |
| 716 | ARC DSP&S | L | <u></u> | | <u>L</u> | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | L | | | | | 1 | | L | L | | | | L | | 1 | |

| | March 2004 | - | | | | | | | | | | 2 | 4/C | el - | ロウ | | | | | | | | | ——1 | | |
|------------|--|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------|-----------|
| | Description | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/8 | 3/9 | 3/10 | 3/11 | 3/12 | 3/15 | 3/16 | 3/17 | 3/18 | 3/19 | 3/22 | 3/23 | 3/24 | 3/25 | 3/26 | 3/29 | 3/30 | 3/31 | Totals | Unallowal |
| | ARC Other | | 1 | 1 | | | | | | | | | 1 | | | | | | | | | | | | 2 | |
| 718 | Lab. Referral | 1 | 1 | | | | | | | | | | | | 1 | | | 1 | | | 1 | | 1 | | 6 | |
| /ledicatio | ons en en en en en en en en en en en en en | | | | | | | | | | | | | | | | | | | | | | | | | |
| 800 | Acetaminophen | | 2 | | | | | 1 | 1 | | | 1 | 1 | | 1 | | 5 | 2 | 2 | | 1 | 1 | | | 18 | |
| 801 | Antihistamine | | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | |
| 802 | Aspirin | 2 | | | | | | | | | | 1 | | | | | 2 | | 1 | | 1 | | | | 7 | |
| 803 | Benadryl | | | Ι | | | | | | | | | | | | | | 1 | | | | | | | 1 | |
| 804 | Blistex Ointment | | | | | 1 | | | | | | | | | | | | | | | | | | | 1 | |
| 805 | Bronchodilator | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 | |
| 806 | Caladryl | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 808 | Cough Drops | | | 1 | | | | | | | 1 | | | | | | | | 1 | | | | | | 3 | |
| 810 | Eyewash | | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | |
| 812 | Hydrocortisone | | | | | | | | | | | 1 | | | | | | 1 | | | | | | | 2 | |
| 813 | Ibuprofen | _1 | 1 | 1 | | | | | | 2 | 1 | 1 | | 1 | | 1 | 1 | | 3 | | | 1 | 1 | | 15 | |
| 814 | Immodium | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 815 | Liquid Tears | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 816 | Maalox | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | Nycoff | | | I . | | | | | | | | 1 | | | | | | | | | | | | | 1 | |
| 818 | Pepto Bismol | | | | | | | 1 | 1 | | 1 | | | | | 1 | | | | | | | | | 4 | |
| | Pseudophedrine | | 1 | | | | | | | | | | 1 | 1 | 1 | 1 | 1 | | | 1 | 1 | 1 | | 1 | 10 | |
| 823 | Triple Antibiotic Ointment | | | | | | | 2 | | | | 1 | | | | | | | 2 | | | | | | 5 | |
| STAND | Quit kit | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | Totals | 51 | 46 | 44 | 26 | 32 | 53 | 37 | 22 | 32 | 15 | 63 | 44 | 40 | 34 | 39 | 63 | 48 | 58 | 49 | 34 | 54 | 39 | 29 | 952 | 40 |

| | September 2004 | 1 | | ., | | | | | | _ 9 | 36/ | G5. | -(0 | 1_ | | | | | | | i | | | |
|---------------|-------------------------------|-------------|--|--------------|-----------------|-----|--|----------|---------------|--|--------------|---------|----------|---------------|--------|------|------|----------|----------------|--|--------------|--|--------|-------------|
| Code | Description | 9/1 | 9/2 | 9/3 | 9/7 | 9/8 | 9/9 | 9/10 | 9/13 | 9/14 | 9/15 | 9/16 | 9/17 | 9/20 | 9/21 | 9/22 | 9/23 | 9/24 | 9/27 | 9/28 | 9/29 | 9/30 | Totals | Unallowable |
| Admini | | <i>V</i> . | J/ L | 5/0 | | 3/0 | 3/3 | 3/10 | 5/10 | 3/1-/ | 5710 | 5710 | 37 17 | 3/20 | J/ L I | 9/22 | 3,20 | J/2-1 | JILI | J/20 | J/ L J | 3/00 | Totars | Gilanowabie |
| 2 | Absence Note | 1 | | 1 | 1 | | _ | 2 | 2 | | | | | 2 | 1 | | | 1 | | 1 | | | 12 | 12 |
| 3 | Absence Report | | 1 | | 1 | | 1 | | | | | | 1 | 2 | | | | | 1 | | | | 7 | 7 |
| 4 | Allied Health Record | 5 | 7 | 11 | 12 | 6 | 11 | 11 | 3 | 17 | 8 | 6 | 3 | 3 | 5 | 2 | 3 | 2 | 2 | 4 | 1 | 4 | 126 | |
| 5 | Athletic PE Follow up | | | | | | | | | | | | | | | | | | 1 | | | | 1 | |
| 6 | Equipment Loan | | | | | | | 2 | | | | | | | | | | | | | | | 2 | |
| 7 | General info | | | | | | | | 2 | | | | | 1 | | | | | | 1 | | | 4 | |
| 8 | HDCP Record | | | | 1 | 1 | | | | | | | | 2 | | | | | | | | | 4 | |
| 9 | Insurance Follow up | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 10 | Insurance Info | 2 | 2 | | 3 | 1 | 1 | | 1 | | 1 | 2 | | 2 | | | | | 1 | 1 | | | 17 | |
| 11 | Parking Permit | 2 | | 2 | | 1 | | | 2 | | 1 | 1 | | 1 | 2 | 3 | | | 1 | 1 | 3 | | 20 | |
| 13 | W/D | | | 1 | 1 | | | | | | | | | | | | | | | | | | 2 | |
| 14 | Workman's Compensation | | 1 | | | | | | | | | | | 1 | | | | | | 11 | | 1 | 4 | |
| 15 | Other | 3 | 1 | 2 | 2 | | 1 | | 2 | | | 1 | | | | 1 | | 1 | | 1 | 2 | 3 | 20 | |
| 17 | Other | | | | | | | | | | | | | | | | | | | | | | 0 | |
| <u>Health</u> | <u>Assessment</u> | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 101 | Cardiovascular | | | | 2 | | 2 | | | | | | | 1 | | | | | | | | 1 | 6 | |
| 102 | Dental | | | | ļ., | | | | 1 | 1 | | | | | | | | | | 1 | 1 | | 4 | |
| 103 | Dermatology | 1 | 2 | 5 | 5 | 2 | 3 | 4 | 5 | 11 | | 1 | 2 | 4 | 6 | 1 | 3 | 2 | 11 | 1 | 3 | 1 | 53 | |
| 104 | ENT | 1 | 1 | 1 | | 1 | | | | 3 | | 1 | | 1 | | | 2 | 11 | 2 | | 2 | | 16 | |
| 105 | Eye | 1 | | | 1 | 1 | 1 | | | ļ | | | | 1 | | | | | | 1 | 1 | | 7 | |
| 106 | Endocrine | <u> </u> | | | | 1 | <u> </u> | | | | | | | | | | | | | 1 | | | 2 | |
| 107 | GI | <u> </u> | 1 | | | 1 | | 1_ | | 1 | 1 | 1 | | | 1 | | | 2 | 1 | ļ | | | 10 | |
| 108 | GU | | | 1 | 1 | | | | | | | | | | | | | ļ | | | | | 2 | |
| 109 | GYN | | 2 | <u> </u> | | | 1 | | 3_ | 1 | | | | 3 | | 1_1_ | | 1 | 2 | ļ | | 1 | 15 | 15 |
| 110 | Headache | 1 | ļ | 1 | 1 | 1 | 1 | ļ | | 3 | | | _ | 1 | 2 | | | | | | 1 | 2 | 14 | |
| 111 | Musculoskeletal | | _ | 3 | 1 | 2 | 3 | 1 | 2 | 2 | 2 | | 2 | | | 2 | | 1 | | 2 | 1 | 3 | 27 | |
| 112 | Neurological | Ь— | 1 | 1 | 1 | 1 | 2 | | | | | 1 | | 1 | | 1 | 4 | | 1 | - | | | 10 | ···· |
| 113 | Respiratory | <u> </u> | _ | 1_ | | 2 | | 1 | | | | 1 | | | | | 1 | 11 | | 1 | | 1 | 9 | |
| 114 | STD | <u> </u> | 1_ | ļ | - | | | | | <u> </u> | | 1 | 1 | | | | | | | - | <u> </u> | | 0 | |
| 115 | Substance Abuse | <u> </u> | - | - | _ | | | _ | | <u> </u> | | | | | 1 | | | | | 1 | | | 10 | |
| 116 | Mental/Emotional | ┝ | 1 | 1_1_ | 2 | 1 | 1 | 2 | - | | | | 4 | _ | | | | | | 1 | 1 | 2 | 30 | |
| 117 | Other | 1 | 1 | 2 | 1 | 1 | 2 | 1 | | 2 | 3 | 3 | 1 | 2 | 3 | 2 | | 1 | 1 | | <u> </u> | | 0 | |
| | eling-Education | | 2 | ├ | | | | | ļ | | | | | | | | | | | | ļ | \vdash | 2 | |
| 200 | AIDS info | <u> </u> | 3 | 3 | 14 | 5 | 9 | 4 | 7 | 11 | | 4 | 1 | 5 | 2 | 4 | 4 | 5 | 4 | 16 | 1 | | 107 | |
| 202 203 | Health info | 4 | 13 | 1-3- | 14 | 3 | - | 4 | - | 1 | | - | <u>'</u> | - 5 | - | 4 | | - 3 | 4 | 3 | '- - | ├ | 5 | |
| | Pregnancy | <u> </u> | | 1 | | | - | - | 1 | '- | - | | | - | | 1 | | 1 | | 1 | | | 5 | |
| 204 | Family Planning | <u> </u> | | - | | | | | 1 | ļ | | | | | | | | - 1 | 1 | 1 | | | 3 | |
| 205 | Mental Health | | | - | | | - - | | ' | | - | | | | | | | <u> </u> | - ! | | | | 0 | |
| 207 | Sexuality | <u> </u> | ├ | 1 | - | | | _ | | 1 | 1 | | | | | 2 | | | | 1 | 1 | | 7 | |
| 208 209 | Stress Substance Abuse | | | | 1 | | 2 | | | - '- | | | | 1 | | | 1 | - | 1 | '- - | | $\vdash \vdash \vdash$ | 6 | |
| | Substance Abuse Nutrition | | - | | 1 | 2 | | | ļ | \vdash | | | | - | 1 | | | | ' - | 1 | | - | 5 | |
| 210 211 | Blood Borne Pathogen training | L | | | '- | | | | | | ļ | | | | , | | | | | ' | | | 0 | |
| 211 | STD Counseling | ng I 1 | | 1 | 1 | | | | | <u> </u> | | | | | | | | | | 1 | | \vdash | 4 | |
| 214 | G LD Counselling | <u> </u> | <u> </u> | 1 - | <u>'</u> | L | L | L | L | L | L | لـــــا | L | L | L | L | | | <u> </u> | J | L | ئـــــا | | |

| | September 2004 | | | | | | | | | - 5 | 36/0 | ê5- | .61 | r: edvadoroviteleri | | | | | | | | | | |
|-----------|-------------------------------|----------|----------|----------|-----|-----|------------------|------------|------|------|------|------|------|---------------------|------|---------|---------|------|------|---------|------|-------------|---------------|-------------|
| | Description | 9/1 | 9/2 | 9/3 | 9/7 | 9/8 | 9/9 | 9/10 | 9/13 | 9/14 | 9/15 | 9/16 | 9/17 | 9/20 | 9/21 | 9/22 | 9/23 | 9/24 | 9/27 | 9/28 | 9/29 | 9/30 | Totals | Unallowable |
| | Other | | | | | | 1 | 1 | | 1 | | | | | | | | | | | 1 | | 4 | |
| Screen | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 301 | Blood Glucose | | | | 1 | 2 | | | | | 1 | | | | | | | | | | | | 4 | |
| 302 | Blood Pressure | | 4 | 1 | 2 | 5 | 7 | | 1 | 3 | | 2 | | 3 | 1 | 2 | 1 | | 2 | 1 | | 1 | 36 | |
| 303 | Hearing | | | | | | | | 1 | | | | | | | | | | | | | | 1 | |
| 304 | Height | | | | | | | | | | | | | | | 4 | | | | | | | 4 | |
| 305 | TB Skin Test | 10 | | | 15 | 11 | | 7 | 18 | 13 | 1 | | 1 | 11 | 3 | | | 5 | 4 | 5 | 1 | | 105 | |
| 306 | TB Skin Test Reading | 5 | 13 | 15 | | | 12 | 14 | 6 | | 11 | 14 | 3 | 1 | | 3 | 10 | 3 | 5 | | 4 | 2 | 121 | |
| 307 | TB Symptoms Review | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 308 | Temperature | | 1 | | | 4 | | | 1 | 1 | | 1 | | 1 | | | | 1 | | | | 1 | 11 | |
| 309 | Vision | | | | | | 1 | | | 1 | | | | | | | | | | 1 | | | 3 | |
| 310 | Weight | 1 | 1 | 1 | 1 | | 3 | | | | | 2 | | | 2 | | | | 1 | 1 | | 1 | 14 | |
| 311 | Pregnancy Test | | | | | | | 1 | | | | | | | | | | | | 1 | | | 2 | |
| | izations | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 400 | Tetanus | 4 | | 1 | 1 | 2 | 1 | 1 | | 1 | | | | | | 2 | | | | 1 | | | 14 | 14 |
| 401 | MMR | 1 | | | 1 | | | | | 2 | 1 | | 1 | | | | | | | 1 | | | 7 | 7 |
| 402 | Нер В | | 2 | | 1 | 1 | _ | | 11 | 1 | | 2 | | | 1 | 1 | 1 | | | | | | 11 | 11 |
| First Aid | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 500 | First Aid Minor | 2 | 2 | 5 | 5 | 2 | 1 | 2 | 2 | | 1 | _1_ | 2 | 4 | 3 | 2 | 2 | 2 | 3 | | 1 | _1_ | 43 | |
| 501 | First Aid Major | | | | | | 1 | | | | | | | | | | | | | 1 | 1 | 1 | 4 | |
| 502 | Follow-up Visit | 1 | | | | 1 | 1 | | | 1 | | | | | | | | | | | | | 4 | |
| 503 | Medication | 2 | 2 | 3 | 1_ | 3 | 5 | <u> </u> | 3 | 1 | | 1 | 2 | 1 | 4 | 1 | | | | . 1 | 1 | 5 | 36 | |
| 504 | Rest | | 1 | 1 | 2 | | 2 | | 1 | 1 | 1 | 2 | 1 | | | 1 | 1 | 3 | 1 | 2 | 11 | | 21 | |
| 505 | Special HDCP Care | L | | | | 1 | | | | 1 | 1 | | | | _ | | | | | | | | 3 | |
| _ 506 | Other (Band aids, sewing kits | s, pins | 1 | 1 | | 1 | 1_ | 2 | 2 | 4 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | _1_ | | | 1 | | 27 | |
| Emerge | | | | | | | | | | | | | | | | ļ | | | | | | | 0 | |
| 600 | Health Center | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 601 | Campus | | 1 | | | | 1_ | | | 1 | 2 | | | | 11 | ļ | | | | | | 1 | 7 | |
| 604 | Calling an ambulance | | | | | | <u> </u> | | | | | | | | | | | | | | | | 0 | |
| | ils - Consults | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 700 | ARC Counselor | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 701 | County Clinic | | | | | | 1 | _ | 11 | 1 | 2 | | , | 1 | | | | 1 | | 1 | | | 8 | |
| 702 | Immediate Care Clinic | | | 1 | | | 1 | | | 2 | | 1 | | 2 | | 4 | | | | 3 | | _1_ | 11 33 | |
| 703 | Community Resource | 1 | 1 | 2 | 4 | 1 | 3 | ļ | 4 | 1 | | 1 | 1 | 5 | 1 | 1 | | 2 | 1 | 4 | | | | |
| 704 | County Agency | | L | | | | 1 | ļ | | | | | | | | | | | 1 | | - | | 2 | |
| 705 | Dentist | | | | | | | — — | | | | | | | | | | | | 1 | | | 1 1 | |
| 706 | Emergency Room | | 1 | | | | | | | | 1 | | | | | | | | | | | 1 | 3 | |
| 707 | Kaiser | | | | 1 | | 2 | ļ | 1 | 1 | | | | | 1 | | | | 1 | | | 1 | 8 | |
| 708 | MediCal | <u> </u> | | | | | | <u> </u> | | | | | | 2 | | | | | - | ļ | | | 0 | |
| 709 | Military | | | <u> </u> | _ | | | <u> </u> | | | | _ | | | | | | | | | | | | |
| 710 | Private Doctor | 1 | 1 | 2 | 4 | 4 | 3 | 3 | 1 | 2 | 3 | 1 | | 2 | | 3 | | | 3 | 2 | 3 | 1 | 39 | |
| 711 | Self Care | | \vdash | 2 | 1 | 3 | 1 | 1 | 2 | | 1 | | 1 | | 3 | | 1 | | | 11 | 2 | 1 | 21 | |
| 713 | Other | ļ | | \vdash | - | | 1 - | | | | 1 | 1 | | | | | | | | | | | 3 | |
| 715 | ARC Instructor | | | | | | _ | | | 1 | | ! | | | | | | | | ļ | | | $\frac{3}{0}$ | |
| 716 | ARC DSP&S | | | 1 | | | | | | | i | | | | | | L | | | L | | | | |

Analysis of Level of Health Services - ARC

| State Code Description State Code Description State Code Description State Code Description State State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code State Code Code State Code | | eptember 2004 | | | | | | | | | _ / | 26/ | <i>65</i> | -Gr. | 1 — | | | · | | | | | į | | |
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| Tital Lab. Referral | | | 9/1 | 9/2 | 9/3 | 9/7 | 9/8 | 9/9 | 9/10 | 9/13 | | | | | 1 | 9/21 | 9/22 | 9/23 | 9/24 | 9/27 | 9/28 | 9/29 | 9/30 | Totals | Unallowable |
| Medications | | | | | | | | | | | 1 | | | 1 | | | | | | | 1 | | | 2 | |
| Solution | 718 | Lab. Referral | | | 1 | | | | 1 | 1 | 2 | 1 | 1 | | | 2 | 2 | | | | | | | 11 | |
| Solid Exercises Solid Exer | Medication | <u>ons</u> | | | | | | | | | | | | | | | | | | | | | | 0 | |
| Second Control Contr | 800 | Acetaminophen | 1 | | | 1 | 1 | 1 | | | 5 | | 2 | 3 | 1 | | 2 | 1 | | | | 1 | 3 | 22 | |
| Standard | 801 | Antihistamine | | | | | | 1 | | | İ | | | | 1 | | | | | | | | | 2 | |
| Bistex Ointment 1 | 802 | Aspirin | | | 1 | | | 1 | | 1 | | | 1 | | | | | | | 1 | | 1 | | 6 | |
| Stand Stan | 803 | Benadryl | | | | 1 | 1 | | | | | | | | | | | 1 | | | | | | 3 | |
| 806 Caladryl 0 808 Cough Drops 1 810 Eyewash 1 812 Hydrocortisone 1 813 Ibuprofen 2 814 Immodium 815 Liquid Tears 816 Maalox 817 Nycoff 818 Pepto Bismol 821 Pseudophedrine 823 Triple Antibiotic Ointment 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 804 | Blistex Ointment | 1 | | | | 1 | | 1 | 1 | | | | 1 | | | | | 1 | | | | | 6 | |
| 808 Cough Drops 1 1 5 810 Eyewash 1 <td>805</td> <td>Bronchodilator</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> | 805 | Bronchodilator | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 810 Eyewash 1 1 1 1 1 1 1 1 1 1 4 2 1 <td< td=""><td>806</td><td>Caladryl</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td></td<> | 806 | Caladryl | | | | | | | | | | | | | | | | | | | | | | 0 | |
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| 814 Immodium 1 1 1 1 0 1 0 <t< td=""><td></td><td>Hydrocortisone</td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td>2</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | Hydrocortisone | | | | 1 | | | | 2 | | | | | | 1 | | | | | | | | | |
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| | 823 | Triple Antibiotic Ointment | 1 | | 1 | | 1 | | | | | | | | | 3 | | | | | 1 | L | | 7 | |
| Totals 56 61 78 98 79 100 64 83 95 49 58 29 71 56 48 36 38 47 77 41 45 1309 66 | STAND | Quit kit | | | | | | | | | | | | | | | | | | | | | | | |
| 5.04% error rate | , | Totals | 56 | 61 | 78 | 98 | 79 | 100 | 64 | 83 | 95 | 49 | 58 | 29 | 71 | 56 | 48 | 36 | 38 | 47 | 77 | 41 | 45 | | |

04% error rate

hate 4

High Page

Aud. W/S No. 20

LEGEND FOR CODES USED BY ARC

| | _ , , | | |
|-----|--|----------|---|
| # | ADMINISTRATIVE (0-99) | # | IMMUNIZATIONS (400 - 499) |
| 02 | Absence Note | 400 | Tetanus |
| 03 | Accident Report | 401 | MMR |
| 04 | Allied Health Record | 402 | Hepatitis B |
| 05 | Athletic PE Follow up | <u> </u> | |
| 06 | Equipment Loan | # | FIRST AID-CARE (500 - 599) |
| | General Information | | First Aid Minor |
| 08 | HDCP Record | 501 | First Aid Major |
| | Insurance Follow up | 502 | Follow-up Visit |
| 10 | Insurance Information | 503 | Medication |
| 11 | Parking Permit | 504 | Rest |
| 12 | P.E. Waiver | 505 | Special HDCP Care |
| 13 | W/D | 506 | Other (Band Aids only, sewing kits, pins) |
| 14 | Workman's Compensation | | |
| 15 | Other | # | EMERGENCIES (600 - 699) |
| | | 600 | Health Center |
| # | HEALTH ASSESSMENT (100 - 199) | 601 | Campus |
| 101 | Cardiovascular | | |
| 102 | Dental | # | REFERRALS-CONSULTS (700 - 799) |
| 103 | Dermatology | 700 | ARC Counselor |
| 104 | ENT | 701 | County Clinic |
| 105 | Eye | 702 | Immediate Care Clinic |
| 106 | Endocrine | 703 | Community Resource |
| 107 | GI | 704 | County Agency |
| 108 | GU | | Dentist |
| 109 | GYN | 706 | Emergency Room |
| 110 | Headache | 707 | Kaiser |
| 111 | Musculoskeletal | 708 | MediCal , |
| 112 | Neurological | 709 | Military |
| 113 | Respiratory | 710 | Private Doctor |
| 114 | STD | 711 | Self Care |
| 115 | Substance Abuse | 712 | исрмс |
| 116 | Mental/Emotional | 713 | Other : |
| 117 | Other | 714 | ARC Administrator |
| | | 715 | ARC Instructor |
| # | COUNSELING-EDUCATION (200 - 299) | 716 | ARC DSP&S |
| 200 | AIDS Information | 717 | ARC Other |
| 201 | Career | 718 | Lab. Referral |
| 202 | Health Information | # | MEDICATIONS (800 - 899) |
| 203 | Pregnancy | 800 | Acetaminophen |
| 204 | Family Planning | 801 | Antihistamine |
| 205 | Mental Health | 802 | Aspirin |
| 206 | Eating Disorder | 803 | Benadryl |
| 207 | Sexuality | 804 | Blistex Ointiment |
| 208 | Stress | 805 | Bronchodilator |
| 209 | Substance Abuse | 806 | Caladryi |
| 210 | Nutrition | 807 | Coricidin |
| 211 | Blood Borne Pathogen training | 808 | Cough Drops · |
| 212 | Classroom presentations | 809 | Epipen |
| 213 | Non-Violent Crisis Intervention training | 810 | Eyewash |
| 214 | STD Counseling | 811 | Glucose |
| 215 | Other | 812 | Hydrocortisone |
| # | SCREENING (300 - 399) | 813 | Ibuprofen . |
| 300 | Athletic Physical | 814 | Imod i um |
| 301 | Blood Glucose | 815 | Liquid Tears |
| 302 | Blood Pressure | 816 | Maalox |
| 303 | Hearing | 817 | Nycoff |
| 304 | Height | 818 | Pepto Bismol |
| 305 | TB Skin Test | 819 | Riopan |
| | TB Skin Test Reading | | Saline Solution |
| | TB Symptoms Review | | Pseudoephedrine |
| | Temperature | _ | Tinactin |
| | Vision | | Triple Antibiotic Ointment |
| | Weight | | |
| | Pregnancy Test | | |

District's tally of services

ADMINISTRATION

| C/C+. 7002 | • |
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| # ADMINISTRATIVE (0-99) | # IMMUNIZATIONS (400 - 499) |
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| 14 15 Jah HILHRIGHT | # EMERGENCIES (600 - 699) |
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| # HEALTH ASSESSMENT (100 - 199) | 601 LHFLI |
| 101 | 602 |
| 102 11 | 603 |
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| 104 HT | |
| 105 1 4 | # REFERRALS-CONSULTS (700 - 799) |
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| 107 1411 | 701 1/17 |
| 108 | 702 HTLFT 1.1 |
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| 128 | 712 |
| # COUNSELING-EDUCATION (200 - 299) | 713 |
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| 204 4+11 | |
| 205 | # MEDICATIONS (800 - 899) |
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| # SCREENING (300 - 399) | 808 |
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Date_TUESDAY, OCTOBER 1, 2002

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| Time | Name | LAST 4 DIGITS | F | M | Specify | Code | WDI |
| | Please Print First & Last Name | ONLY (of your Social Security number) | | | (1) Student(2) Staff(3) Child(4) Other | · | |
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| 11:55 | | | | | ļ | 107/711/710 | WP. |
| 11.54 | | | | | | 302/821 | GF |

Note: one page provided as an example

HEALTH CENTER

TUESDAY, OCTOBER 1, 2002 Date

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| | | Health Assessment (100-199) | | 602 | | | |
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| - | <u> </u> | Staff use only | |
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36/50-52

HEALTH CENTER

Date MONDAY, MARCH 1, 2004

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Date_____Wed., Sept. 1, 2004

Welcome Day Booth 10-2

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Nok! One day provided as an example

HEALTH CENTER

Date_______ Sept. 1, 2004

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Cosumnes River College—Additional Testing

ud. 7 W/S No. 29 ate 5/18/01 Page 68

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

5 20 07

| November 2003 Date Student ID Reason Allowable Unallowable 1 11/03/2003 0002615 blood pressure 1 1 1 1 1 1 1 1 1 | 丁二 | | Allalysis | of Level of Health Serv | rices - ONO | |
|--|-------|------------|--|-------------------------|--|-------------|
| Date Student ID Reason Allowable 11/103/2003 0002615 blood pressure 1 2 11/25/2003 0727782 blood pressure 1 3 11/25/2003 0952373 credit 1 4 11/05/2003 0952416 finger cut 1 1 1 1 1 1 1 1 1 | ' 1 | | | | | |
| 1 11/03/2003 0002615 blood pressure 1 2 11/25/2003 0727782 blood pressure 1 3 11/25/2003 0727782 blood pressure 1 3 11/25/2003 0727782 blood pressure 1 3 11/25/2003 0725782 credit 1 1 4 11/25/2003 0902146 finger cut 1 1 1 1 1 1 1 1 1 | | Date | Student ID | | Allowable | Unallowable |
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| 3 11/25/2003 0952373 credit 1 | 1 ' 1 | | | | | |
| 4 11/06/2003 7359 eye drop 1 | | | | | | |
| 5 11/03/2003 0902146 finger cut 1 6 11/05/2003 0668651 had fallen 1 7 11/26/2003 0959491 headache/migraine 1 8 11/26/2003 headache/migraine 1 9 11/11/2003 0946879 Health information 1 10 11/13/2003 0946879 Health information 1 11 11/14/2003 e Health kit 1 12 11/17/2003 o768417 Health kit 1 13 11/13/2003 o768417 Health kit 1 14 11/03/2003 o572380 interview 1 15 11/12/2030 o913272 interview 1 16 11/17/2003 o913272 interview 1 17 11/17/2003 o913272 interview 1 18 11/07/2003 o913272 interview 1 19 11/07/2003 o913272 interview | | | The second secon | | | |
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| | | | | TB results | 1 | |
| 44 11/05/2003 00007508 TB test 1 | | | | | 1 | |
| 45 11/05/2003 0551603 TB test 1 | | | | | | |
| 46 11/11/2003 0005358 TB test 1 | | | | | 1 | |
| 47 11/17/2003 0943123 TB test 1 | | | The state of the s | | 1 | |
| 48 11/18/2003 0914499 TB test 1 | 48 | 11/18/2003 | 0914499 | TB test | 1 | |

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Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

912 OT

Analysis of Level of Health Services - CRC

| 49 11/05/2003 0675647 | TB to be read | 1 | 1 | |
|-----------------------|---------------|-------------|-----|-----|
| 50 11/17/2003 0817901 | test | from | . 1 | |
| 51 11/18/2003 0817901 | test | 7 3G/13-11 | + 1 | |
| 52 11/18/2003 0768417 | Test | T T | 1 | |
| 53 11/18/2003 0021899 | Test | 1 | 1 | |
| 54 11/20/2003 0943123 | Test | 7 | 1 | |
| | | | 40 | 4.4 |

25.93% error rate

| 25.93% error rate | | | | | | | | | | | |
|-------------------|-------------|------------|-------------------------|-------------|-------------|--|--|--|--|--|--|
| | | | Febraury 2004 | | | | | | | | |
| | Date | Student ID | Reason | Allowable | Unallowable | | | | | | |
| 1 | 02/02/2004 | | Ace bandage and aspirin | Allowable 1 | Onanowabie | | | | | | |
| | 02/19/2004 | | aspirin | 1 | | | | | | | |
| | 02/11/2004 | | Bandaid | 1 | | | | | | | |
| | 02/20/2004 | | bug bite | 1 | | | | | | | |
| | 02/06/2004 | | check TB test | 1 | | | | | | | |
| | 02/25/2004 | | checked TB | 1 | | | | | | | |
| 7 | 02/17/2004 | | Chest pains/headache | 1 | | | | | | | |
| 8 | 02/03/2004 | | First Aid | 1 | | | | | | | |
| 9 | | | First Aid Kit refilled | 1 | | | | | | | |
| | 02/17/2004 | | gauze | 1 | | | | | | | |
| | 02/11/2004 | | Headache | 1 | | | | | | | |
| | 02/19/2004 | | nausea, dizzy | 1 | | | | | | | |
| | 02/02/2004 | | News | 1 | | | | | | | |
| | 02/02/2004 | | Not indicated | | 1 | | | | | | |
| | 02/03/2004 | | Not indicated | | 1 | | | | | | |
| | 02/03/2004 | | Not indicated | | i | | | | | | |
| 17 | 02/04/2004 | | Not indicated | | 1 | | | | | | |
| | 02/04/2004 | | Not indicated | | 1 | | | | | | |
| | 02/10/2004 | | Not indicated | | 1 | | | | | | |
| | 02/10/2004 | | Not indicated | | 1 | | | | | | |
| | 02/10/2004 | | Not indicated | | 1 | | | | | | |
| 22 | 02/11/2004 | | Not indicated | | 1 | | | | | | |
| 23 | 02/12/2004 | | Not indicated | | 1 | | | | | | |
| 24 | 02/12/2004 | <u> </u> | Not indicated | | 1 | | | | | | |
| 25 | | | Not indicated | | 1 | | | | | | |
| | 02/17/2004 | | Not indicated | | 1 | | | | | | |
| 27 | 02/17/2004 | | Not indicated | l | 1 | | | | | | |
| | 02/23/2004 | | Not indicated | | 1 | | | | | | |
| | 02/24/2004 | | Not indicated | | 1 | | | | | | |
| | 02/25/2004 | | Not indicated | | 1 | | | | | | |
| | 02/26/2004 | | Not indicated | | 1 | | | | | | |
| | 02/26/2004 | | owie | 1 | | | | | | | |
| | 02/24/2004 | | Personal | | 1 | | | | | | |
| | 02/11/2004 | | Quit Kit | 1 | | | | | | | |
| | 02/20/2004 | | Quit Kit | 1 | | | | | | | |
| | 02/27/2004 | | Read test | 1 | | | | | | | |
| | 02/19/2004 | | sick | 1 | | | | | | | |
| | 02/19/2004 | | sick | 1 | | | | | | | |
| | 02/20/2004 | | sick | 1 | | | | | | | |
| | 02/11/2004 | | Stop Smoking kit | 1 | | | | | | | |

ud. 4 W/S No. 36 Page 10

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

50 Jan 07

Analysis of Level of Health Services - CRC

| | ysis of Level of Health Service | | |
|--|---------------------------------|---------|---------------------------------------|
| 41 02/05/2004 0970310 | stung by bee | 1 | |
| 42 02/25/2004 0999474 43 02/18/2004 0851831 | Swollen eye talk about smokers | 1 | |
| 44 02/02/2004 0752529 | TB / | 1 | |
| | TB / | | |
| 45 02/02/2004 0820273 46 02/23/2004 0751218 | TB | 11 | |
| | TB | 1 | |
| 47 02/23/2004 0767213 | | 1 | |
| 48 02/11/2004 0021388 | TB result | 1 | |
| 49 02/09/2004 0002896 | TB test | 1 | |
| 50 02/09/2004 0967500 | TB test | 1 | |
| 51 02/09/2004 0021388 | TB test | 1 | |
| 52 02/09/2004 x7321 | TB test | 1 | |
| 53 02/09/2004 x7251 | TB test | 1 | |
| 54 02/09/2004 x7199 | TB test | 11 | |
| 55 02/09/2004 x7511 | TB test | 1 | |
| 56 02/09/2004 x7408 | TB test from | 1 | |
| 57 02/10/2004 ×7449 | TB test /36/11-15 | | |
| 58 02/10/2004 0855862 | TB test | 1 | |
| 59 02/10/2004 0001492 | TB test | 1 | |
| 60 02/10/2004 x7286 | TB test | 1 | |
| 61 02/12/2004 0004347 | TB test | 1 | |
| 62 02/12/2004 0001185 | TB test | 1 | |
| 63 02/13/2004 0855862 | TB test | 1 | |
| 64 02/17/2004 | TB test | 1 | |
| 65 02/17/2004 | TB test | 1 | |
| 66 02/17/2004 | TB test | 1 | |
| 67 02/17/2004 0022783 | TB test | 1 | |
| 68 02/17/2004 | TB test | 11 | |
| 69 02/19/2004 | TB test | 11 | |
| 70 02/20/2004 0751218 | TB test | 1 | |
| 71 02/23/2004 0022783 | TB test | 1 | |
| 72 02/24/2004 ×7403 | TB test | 11 | · · · · · · · · · · · · · · · · · · · |
| 73 02/25/2004 0959980 | TB test | 1 | |
| 74 02/25/2004 0916522 | TB test | 11 | |
| 75 02/25/2004 0000819 | TB test | 1 | |
| 76 02/25/2004 0007326 | TB test | 1 | |
| 77 02/25/2004 | TB test | 1 | |
| 78 02/10/2004 0731735 | TB test (copy) | 1 | |
| 79 02/27/2004 0916522 | TB test read | 1 | |
| 80 02/27/2004 custodial 7403 | TB test read | 1 | |
| 81 02/19/2004 | TB test reading | 1 | |
| 82 02/04/2004 0079233 | TB test results / | 1 | |
| 83 02/03/2004 0834906 | weight assessment | 1 64 | 10 |

64 19 22.89% error rate

Total of Nov. 2003 and Feb. 2004

104 33 24.09% error rate 22/2



| | | | | | | , | | |
|---------|----------|------------------------|----------|-------|-------------------------------------|----------|----------|--------------------------|
| Date | Time | Name (Please PRINT) | Student | Staff | Student ID <u>or</u> Staff Ext # | F | M | Reason for Visit |
| 1:27-0H | 11.25 | | X | | 0575436 | X | | Make Appt |
| 1 20 4 | 12.17 | | | | 0619233 | | X | tel |
| 1.27.04 | 221 | | | | | | | |
| 128/04 | 9:00 | | | | 078/805 | ~ | | TB Checked |
| | 9:35 | | w/ | | 0013911 | | 1 | |
| 1/28/04 | 10:05 1 | | | | 001863 | | V | skin is itch |
| 128/04 | 11.15 | | ~ | | 0820273 | X | | TB Injection |
| 128/04 | 1150 | | X | | 0958292 | X | | health insurance inquiry |
| 1/28/04 | 2:50 | | 人 | | | X | | Counsein |
| 1/28/04 | 5:30pm 1 | | | × | | X | | check TB |
| 1129/04 | 11:55 | | N . | | | X | | Cuts |
| 1/29/4 | 12/10 | | 3 | | 0619233 | | \times | -les-l |
| 1/29/04 | 1.20 | | | X | 0003856 | X | | Kit I machelle |
| 1/29/04 | 2:30 | | * | | 0575436 | 入 | | T.B'V |
| 1 30/04 | 8126 | | | | 0752529 | V | | TB |
| 7130101 | 19:55 | | <u> </u> | | 0820273 | \vee | | TB injection |
| 130/04 | 1:00 | | X | | 0690312 | | X | Maus |
| 2/2/04 | 9153 | | | | 0752529 | 1 | | TB |
| 2/204 | A55 | | | * | 0820273 | 2 | | VTB. |
| 2204 | 15:30 | | | | | - | | Ace Boundage & Astrine |
| 2/2/01 | 11:50 | | | | | 1 | | |
| 6/2/04 | 1:30 | | | | 0690312 | | X | News 36/69-70 |
| | 11:35 | | | | | X | | First Aid |
| 2/4/01 | 12/25 | | <u>X</u> | | 0679233 | | X | TB lest result |
| 2-3-04 | 12.59 | | Y | | 0834906 | × | | west assessment |

hate SIGDT Page



| Date | Time | Name (Please PRINT) | Student | Staff | Student ID <u>or</u> Staff Ext # | F | M | ' Reason for Visit |
|----------|--------|------------------------|---------|---------------------------------------|-------------------------------------|-----|---|------------------------|
| 96304 | 449 | | X | | 0984917 | X | | |
| 2/3/04 | 4:40 | | X | | 0913611 | X | | |
| 21414 | 11:15 | | * | | 0746612 | У | | |
| 2/4/04 | 1:40 | | | X | 7464 | | X | FIRST AID KIT REFILLED |
| 2/4/04 | 2,55 | | χ | • | 0990094 | X | _ | |
| , 2/5/24 | 1:50 | | X | · · · · · · · · · · · · · · · · · · · | 0970310 | | X | Stung by Dee |
| 2/6/04 | 12:10 | | 14 | | 0746612 | × | | Check T.B. Test |
| 2/9/04 | 8:47 | | | \mathcal{X} | 0002896 | V | | TB test |
| 2/9/04 | 11:05 | | X | | 0967500 | X | | TB test |
| 2/9/04 | 11:06 | | | | 0021388 | X | | TB test |
| 219/04 | 11:50 | | | K | X7321 | X | | TB Test |
| V | 12.30 | | | <u> </u> | 7251 | X | | TBTest |
| 2/9/04 | 2:15 | | | X . | 7199 | X | | TB Test 36/69-10 |
| 2/9/04 | 2:15 | | | Х | 7511 | X | | TBTest |
| 2/9/04 | 3:00 | | | _X | 7408 | X | | Totest |
| 2/10/04 | 8,30 | | | X | 7449 | X | | TBtest |
| 210104 | 9:05 | | X | | 0731735 | め | | TB test copy) |
| 1/19/04 | 12:00 | | X | | | X | | 7 , 13 - |
| 2-10-04 | 1200 | | | | 0855862 | X | | T.B. T.est |
| 270/04 | 2:10 | 3, | X | | 092675/ | | | |
| 2-10-04 | 4:15 | | | X | 000 1492 | X | | TB TEST |
| 7-10-04 | | | | \times | X7286 | X | | TR Test |
| 2/0-04 | 5:40 | | X | | 0835691 | | × | |
| 204/04 | 0-Au | | | <u> </u> | 0955661 | X | | Boarlaid |
| 2/1/04 | 9:00an | | | | 10021388 | lXI | | TB result |
| • | • | | • | | - | (| | |

10 5/18/01 Page

E E



| Date | Time | Name (Please PRINT) | Student | Staff | Student ID <u>or</u> Staff Ext # | F | M | ' Reason for Visit |
|-------|--------|------------------------|---------|---------|-------------------------------------|----------|----------|--------------------|
| -2/1 | 11:40 | | 096147 | | | X | | STOR SHOTCHLY KITT |
| 2/11 | 12:01 | | 0926752 | | | | | |
| 21/11 | 12:20 | | | | | | | auit Kit. |
| - 111 | | | | | | | | Headach |
| 2/12 | 8:30 | | | 0004347 | 7449 | X | | T.B. test |
| 2/13 | 1240 | | 082280 | 2 | | X | | T.B Test 4 |
| 2/12 | 1240 | | | | | | | |
| 1/2 | 12:55 | | | | | X | | |
| -12- | 5.15 | | | 000/185 | - | | X | TB Test W |
| 2-17 | 9:30 | | | P | | 9 | | 1B 188 |
| 1-17 | | | 692727 | | | Ĺ | <u> </u> | France |
| 277 | 10:10 | | | | | | X | TB test |
| 2/17 | 11:15 | | 0961287 | | | <u> </u> | <u> </u> | >3G 69- |
| 2/17 | 1230 | | 673173 | | | | Ŀ | |
| 7/17 | 1235 | | 6703962 | · | | <u> </u> | | Chest pain > Head |
| 17 | 2:50 | | 09244 | | | ļ | | |
| 2/17 | 4:10 | | | X | | | | TBTOST |
| 717 | 5:20 | | 0022783 | | | X | | TBTest |
| 2/17 | 5:35 | | | X | | <u> </u> | <u> </u> | TBTest |
| 2/18 | 1:40 | | 0551831 | | | 4 | | Telk about smokers |
| 2/19 | 900 1 | | | | | X | | SICK Clema |
| 2/19 | 9:45 | | | | | 1 | | TB TEST |
| 718 | 9.45 8 | | 034906 | | *** | ح | <u> </u> | ranaus, digraf |
| 2/7 | 1.05 | | | | | X | | Dick Chene |
| 2/19 | 2:50 | | | | | <u> </u> | _ | ASPININ) |



| Date 219 | Time | | 1 | | Student ID <u>or</u> | l _ | ' | <u> </u> | |
|----------|--------|----------------|----------|----------------------|----------------------|-----|---|----------------|--------|
| | | (Please PRINT) | Student | Staff | Staff Ext # | F | M | Reason for Vis | |
| | 3:00 | | 2 | _X_ | | X | | TB Fest Kendin | 0 |
| 2/20 | 9,20 | | \sim | | | X | | Sick (| |
| 2/20 | 9:30 | | \times | | 0753964 | X | | POR BITE. | J |
| 2/20 | 125 | | X | | 0751218 | V | | TB TEST | |
| 2/20 | 8:30 | | 8 | | 0018800 | Ø | | のはんナー | |
| 2/23 | 9:30 | | X | | 0022783 | X | | 113 Test | |
| | | | X | - | 0732462 | X | | | |
| | 12:10 | | | | | | | | |
| 2,23 | 1:30 | | X | | 0751218 | X | | TBV | |
| | 3:15 | | × . | | 0767213 | | | TB | |
| 2/1/ | 1224 | | X | | 0928222 | | | | |
| 2/24 | 1.00 | | 1 | | 0301109 | X | | Mersonal | |
| 2/24 | 6:25 | | 文 | X | Staff 7403 | X | | TB TEST | |
| 2/25 | 8:15 | | | | | | | | 30/69- |
| 2/25 | 10:55 | | У | | 0959980 | X | | TB test | 7 |
| 0/25 | 12:55 | | * | | 0916522 | × | | TB TEST | |
| 21.25 | 7:00 | | X | | 0999474 | | X | Sworler Eye | |
| 275 | 1:30 | | 4 | | 0767213 | × | | checked 1B | |
| 2/25 | 3:15 | | | $\overline{\lambda}$ | 0200819 | V | | TBTEST | |
| 2/25 | 5:15 | | | × | 0007326 | X | | +B test | |
| 2/25 | 5:40 | | | X | | | | TB TEST | |
| 2/21. | 2:45 | | | /X | 7659 | Χ | | ovie | |
| 2/26 | 98.45 | | X | | 0555580 | Х | | | |
| 2127 | 10:11 | | 1/4 | | 0916522 | X | | TH TEST RD | |
| 2-27 | 2:30 M | | | × | CUSTOPIAZ 7403 | | | TB test RI | |



| 1 | | T | T | T | T 2 | | , | |
|----------|----------|------------------------|----------|----------|-------------------------------------|--|---|---------------------|
| Date | Time | Name (Please PRINT) | Student | Staff | Student ID <u>or</u> Staff Ext # | F | M | Reason for Visit |
| 7-27-01 | | | | - | | | | Read tast 39/09-7 |
| | 10:46 AM | | | | | | | T.B. Test |
| 3/1/04 | 11: 03m | | V | | 0909121 | 1 | | Tomil Abscess |
| 3/1/04 | 11:59 | | V | | 0906291 | V | | |
| 3/3/04 | 845 Ar | | | سسن | 0004212 | <u> </u> | <u> </u> | 93 |
| 3/3/04 | 1 p.m. | | | / | | 1 | | TB TEST |
| 3/3/64 | IPM | | | | 0835691 | | _ | |
| 31464 | IlAm | | | | 0971708 | <u>u</u> | | Ankle injury |
| 5/5/04 | 930A | | | - | 0004212 | سن | | 7B |
| 3/5/04 | 12:53 | | | | | / | _ | TB CKi |
| 3/15/04 | 1255 | | | | 00188100 | 1 | | moldconcern |
| 3/11/01 | 16:40 | | · | W | | 1 | | TB Clack |
| 3/2/04 | | | <u> </u> | | | | | |
| 3/12/04 | | | | | ×7372 | | 1 | TB Chick |
| 315/91 | 2:00 | | | | 000 54 54 | 1 | | JR Toot |
| -15/64 | 3:00 | | 1 | | 0013911 | | 1 | TRIENT |
| 2/14/04 | 10.40 | | | | 0018988 | <u></u> | Ĺ., | make an appointment |
| | C1:00 | | V | | 0013911 | | 1 | +B Test. |
| 3/17/04 | | | | | 0784198 | | 1 | NEED MOTRIN |
| 3/17/04 | 11:55 | | | <u> </u> | 005454 | <u> </u> | <u> </u> | FEND TB TEST |
| 3/17/04 | | | | | 0946176 | - | | ankle injury |
| 3/17/04 | 1:05 | | - | | 0835691 | <u> </u> | 1 | 04.5 |
| | 3,31 | | 1 | | 0000960 | 1 | | PRO |
| 3/17/04 | 4115 | | | | 100000 | <u>/</u> | | undvay g |
| 15/17/04 | 5:00 | | 1 | | 0914239 | 1 | | work shoff |

SIB OT Page

Tab 15

LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

ANALYSIS OF SERVICES AND SUPPLIES - FY 2003/04

| Sum of Exper | nded | | Acct | | | | | | | 100.00.00 | - | | | | | | | |
|--------------------------|-----------|---------------------------------------|-----------|--------|------|---------|-------------|------|------|--|--------------|-------|--------------|----------|---------------------|---------------------|-------------|---|
| Morront # | Mayobas | 4500 | H 4503 | 5200 | 5201 | 5500 | 5600 | 5890 | 6490 | CR.VS.HI | 5201 | EC00 | SC.VS.HL | | Grand Total | ALL OWER | DIGALL OWED | NOTES |
| Warrant # | + | | 4503 | 5200 | 5201 | | | 5890 | 6490 | 4500 | 5201 | 5600 | 4500 | 5890 | 2071.11 | ALLOWED | DISALLOWED | NOTES]1,3 |
| 0 | 00117283 | 78.75 110.52 | | | | (33.49) | 335.00 | | | 1.59 | | | 492.26 | | \$874,11 | \$874.11 | 0.00 | |
| 0094108625 0094108791 | 00117283 | 39.00 | | | | | | | | | | | | _ | \$110,52 \$39,00 | \$110.52 \$39.00 | \$0.00 | |
| 0094108791 | 00117576 | 39.00 | | | | 4.00 | | | | ļ | | | ļ | | \$4,00 | \$39.00 | | medical supplies Verizon messaging svcs |
| 0094109955 | 00117806 | - | ********* | | | 3.99 | | | | | | | | | \$3,99 | \$3.99 | | |
| 0094110733 | 00119211 | 19.42 | | | | 3.99 | | | | | | | | | \$19.42 | \$19.42 | | medical supplies |
| 0094110733 | 00119211 | 182.86 | | | | | | | | ľ | | | | | \$182.86 | \$182.86 | \$0.00 | medical supplies |
| 0094112179 | | 102.00 | | | | | | | | 82.06 | | | | | \$82.06 | \$82.06 | \$0.00 | |
| 0094112201 | 00120476 | 20.75 | | | | | | | | 02,00 | | | · | | \$20.75 | \$20.75 | | |
| 0094112263 | 00119986 | 20.73 | | | | | | | | 27.84 | | | | | \$27.84 | \$27.84 | \$0.00 | |
| 0094113552 | | | | | | | | | | 26.94 | | | | | \$26.94 | \$26.94 | | office supplies |
| 0094113725 | | | | | | | | | | 24.95 | | | | | \$24.95 | \$24.95 | \$0.00 | |
| 0094113747 | | <u> </u> | | | | | | | | 154.74 | | | | | \$154.74 | \$154.74 | | office supplies |
| 0094113905 | 00120897 | | | | | 4.01 | | | | 104.74 | | | | | \$4.01 | \$4.01 | \$0.00 | |
| 0094115480 | | | | | | 4.00 | | | | | | | | | \$4.00 | \$4.00 | \$0.00 | Verizon messaging svcs |
| 0094115888 | 00123775 | | | | | | | | | 55.18 | | | | | \$55.18 | \$55.18 | 7 | medical supplies |
| | 00123776 | i | | | | | | | | (7.01) | | | | | (\$7.01) | | | |
| 0094115944 | A3629 | 64.60 | | | | | | | | 1 | | | | | \$64.60 | \$64.60 | \$0.00 | booklet |
| 0094116604 | 00124491 | 1 | | | | | 65.00 | | | | | | | | \$65.00 | \$65.00 | \$0.00 | fax machine repair |
| 0094116929 | 00124522 | | | | | | | | | | | | 169.29 | | \$169.29 | \$169.29 | \$0.00 | 3 |
| 0094117008 | 00125241 | | | | | 4.00 | | | | | | | 109.29 | | \$4.00 | \$4.00 | | Verizon messaging svcs |
| 0094117498 | | | — | | | 4.00 | | | | 14.25 | | | | | \$14.25 | \$14.25 | | office supplies / OTC meds |
| 0094117729 | 00126480 | | | | | | | | | 14.23 | | | 159.76 | | \$159.76 | \$159.76 | | medical supplies |
| 0094117751 | C2389 | | | | | | | | | 130.80 | | | 155.70 | | \$130.80 | \$130.80 | \$0.00 | office supplies |
| 0094117757 | 00126089 | . | | 272.30 | | | | | | 130.00 | | | | | \$272.30 | \$272.30 | \$0.00 | travel - health conference |
| 0094118717 | 00127481 | | | 212.30 | | | | | | 154.46 | | | | | \$154.46 | \$154.46 | | medical supplies |
| 0094118839 | | | | | | | | | | 134.40 | 14.40 | | | | \$14.40 | \$14.40 | | travel - workshop |
| 0094118920 | 00127183 | 252.82 | | | | | | | | | 1-1.10 | | | | \$252,82 | \$252.82 | | medical supplies |
| | 00127251 | 70.65 | | | | | | | | | | | | | \$70.65 | \$70.65 | \$0.00 | medical supplies |
| 0094118925 | C2393 | | | | | | | | | 52.95 | | | | | \$52,95 | \$52.95 | \$0.00 | 3 |
| 0094118925 | | | | | | | | | | 52,95 | | | 493.52 | | \$493.52 | \$493.52 | | medical supplies |
| 0094119008 | 00126509 | | | | | 4.00 | | | | | | | 493.52 | | \$4.00 | \$4.00 | | |
| 0094119875 | | 94.38 | | | | 4.00 | | | | | | | | | \$94.38 | \$94.38 | | Booklets/pamphlets |
| 0094119950 | | 103.59 | | | | | | | | | | | | | \$103.59 | \$103.59 | \$0.00 | medical supplies |
| | 00127792 | 100.00 | | | | | | | | | | | | 400.00 | \$420,00 | | \$420.00 | 2 |
| 0094120026 | | | | | | | | | | | | f | 1 | 420.00 | | \$0.00 | · | 1, |
| | 00127793 | | | | | | | | | | 20 | =124. | -79> | 660.00 | \$660.00 | \$0.00 | \$660.00 | <u> </u> * |
| | 00127794 | | | | | | | | | | 2 | 7-1 | -15 | 450.00 | \$450,00 | \$0.00 | \$450.00 |] ² |
| 1 | 00127795 | Ì | | | | | | | | | | • | - 1 | 1,320.00 | \$1,320.00 | \$0.00 | \$1,320.00 | 2 |
| 0094120324 | | | | | | | | | | 33.21 | | | | | \$33.21 | \$33.21 | | Booklets/pamphlets |
| | 00129592 | 1 | | | | 4.00 | | | | | | | | | \$4.00 | \$4.00 | \$0.00 | Verizon messaging svcs |
| 0094121318 | | l | | | | | | | | 66.84 | | | | | \$66.84 | \$66.84 | \$0.00 | office supplies |
| 0094121563 | 00130556 | | | | | | | | | 60.39 | | | | | \$60.39 | \$60.39 | | medical supplies |
| 0094123232 | 00131840 | 287.83 | | | | | | | | | | | | | \$287.83 | \$287.83 | | medical supplies |
| | 00131841 | 1.50 | | | | | | | | | | | | | \$1.50 | \$1.50 | \$0.00 | medical supplies |
| 0094123309 | 00132121 | | | | | | | | | | | | 4.96 | | \$4.96 | \$4.96 | \$0.00 |]3 |
| 0094123398 | 00131468 | · · · · · · · · · · · · · · · · · · · | | | | 4.06 | | | | | | | | | \$4.06 | \$4.06 | \$0.00 | i s |
| 0094125398 | | 161,19 | | | | 7.00 | | | | | | | | | \$161.19 | \$161.19 | |] Booklets/pamphlets |
| 10034120113 | 100104010 | 101.19 | | | | | | | | I | | | | Į. | \$101.18 | φ101.19 | φυ.υυ | Incovierashamburera |

LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

ANALYSIS OF SERVICES AND SUPPLIES - FY 2003/04

| Sum of Exper | nded | DeptID | Acct | | | | | | | | | | • | | | | | |
|--------------|----------|-----------|-------|----------|--------|----------|--------|----------|----------|----------|-------|----------|----------|----------|-------------|-------------|--------------|-------------------------|
| · | | AR.VS.HLT | Н | | | | | | | CR.VS.H | | | SC.VS.HL | | Grand Total | 1 | | |
| Warrant # | Voucher | 4500 | 4503 | 5200 | 5201 | 5500 | 5600 | 5890 | 6490 | 4500 | 5201 | 5600 | 4500 | 5890 | | ALLOWED | DISALLOWED | NOTES |
| 0094127022 | 00133628 | | | | | 4.00 | | | | | | | | | \$4.00 | \$4.00 | \$0.00 | 3 |
| 0094127715 | C2487 | | | | | | | | | 10.00 | | | | | \$10.00 | \$10.00 | | Booklets/pamphlets |
| 0094128554 | 00135505 | | | | | | | | | | 10.80 | | | | \$10.80 | \$10.80 | | travel - mileage |
| | 00135508 | | | | | | | | <u> </u> | | 18.00 | | | | \$18.00 | \$18.00 | \$0.00 | travel - mileage |
| 0094128875 | C2488 | | | , | | | | | | 66.97 | | | | | \$66.97 | \$66.97 | \$0.00 | 3 |
| 0094128880 | 00135521 | | | 463.20 | | | | | | | | | | | \$463.20 | \$463.20 | \$0.00 | travel - conference |
| 0094128901 | 00135522 | 1 | | 390.70 | | | | | | | | | | | \$390.70 | \$390.70 | \$0.00 | travel-conference |
| 0094129024 | 00136401 | | | | | 4.00 | | | | | | - | | | \$4.00 | \$4.00 | \$0.00 | 3 |
| 0094129612 | 00136832 | 1 | | | | | | | | | | | 230.05 | | \$230.05 | \$230.05 | \$0.00 | Booklets/pamphlets |
| 0094129675 | 00136968 | | | * | | | | | | 111.17 | | | | | \$111.17 | \$111.17 | \$0.00 | medical supplies |
| 0094129681 | C2488CM | | | | | | | | | (7.81) |) | | ./ | , | (\$7.81) | (\$7.81) | \$0.00 |]3 |
| 0094129736 | 00136713 | | | | | | | | | | 1 | EX | -34 | 330.00 | \$330.00 | \$0.00 | \$330.00 | 2 |
| | 00136715 | 1 | | | | | | | | | | | 294 | 240.00 | \$240.00 | \$0.00 | \$240.00 | 2 |
| 0094129743 | 00136834 | | | | | | | | | † | | | 12.88 | | \$12.88 | \$12.88 | \$0.00 | office supplies |
| 0094129744 | 00136680 | | | | | | | | | | | | 170.07 | | \$170.07 | \$170.07 | | medical/office supplies |
| 0094130370 | 00138445 | | | | | | | | | | | | 314.14 | | \$314.14 | \$314.14 | \$0.00 | medical supplies |
| 0094130577 | 00138516 | | | | | 4.00 | | | | | | | | | \$4.00 | \$4.00 | \$0.00 | 3 |
| 0094131094 | C2540 | | | | | | | | | | | 105.09 | | | \$105.09 | \$105.09 | | service on audio equip. |
| 0094131186 | | , i | | | | | | | | | 14.20 | | | | \$14.20 | \$14.20 | | travel - training class |
| 0094131821 | S3079 | | | | | | | | | | | | 53.86 | | \$53,86 | \$53.86 | | office supplies |
| | | | | | | | | | 5,149.03 | | | | | | \$5,149.03 | \$5,149.03 | | computer equipment |
| 0094131959 | | 61.23 | | | | | | | | | | | | | \$61.23 | \$61.23 | | Booklets/pamphlets |
| 0094132038 | 00140065 | | | | | | | | | | | | 311.73 | | \$311.73 | \$311.73 | | medical supplies |
| 0094132056 | 00140455 | 284.29 | | | | | | | | | | | | | \$284.29 | \$284.29 | | medical supplies |
| | 00140775 | | | | | | | | | 61.34 | | | | | \$61.34 | \$61.34 | | medical supplies |
| | 00140776 | 13.60 | | | | | | | | | | | | | \$13.60 | \$13.60 | | medical supplies |
| 0094132063 | | | | | | | | | | 189.97 | | | | | \$189.97 | \$189.97 | \$0.00 |]3 |
| 0094132814 | | 16.75 | | | | | | | | | | | | | \$16.75 | \$16.75 | | Bookiets/pamphiets |
| 0094132930 | | | | | 90.00 | | | | | | | | | | \$90.00 | \$90.00 | | travel - mileage |
| 0094133007 | 00142647 | | | | | | | | | | | | 183.14 | | \$183.14 | \$183.14 | | office supplies |
| 0094134041 | A3904 | | 56.03 | | | | | | | | | | | | \$56.03 | \$56.03 | | computer software |
| 0094134113 | 00142786 | | | | 55.40 | <u> </u> | | | | | | | | | \$55.40 | \$55.40 | | travel-mileage |
| 0094134197 | 00142925 | | | | | | | | | | 9.00 | | | | \$9.00 | \$9.00 | | travel-mileage |
| | 00142928 | | | | | | | | | | 10.80 | | | | \$10.80 | \$10.80 | | travel-mileage |
| 0094134366 | | | | | | | | 3,055.00 | | | | <u>,</u> | 2E 3E | 2-90 | \$3,055.00 | \$0.00 | \$3,055.00 | , |
| 0094134689 | | 15.00 | | | | | | , | | | | | | | \$15.00 | \$15.00 | | Booklets/pamphlets |
| 0094134907 | 00143318 | | | | | | | | | 172.56 | | | | | \$172.56 | \$172.56 | | medical supplies |
| 0094135010 | 00144447 | <u> </u> | | | | 4.00 | | | | 1 100 5 | 22 25 | 105.00 | 0.505.00 | 0.400.00 | \$4.00 | \$4.00 | | Verizon messaging svcs |
| Grand Total | | 1,878.73 | 56.03 | 1,126.20 | 145.40 | 14.57 | 400.00 | 3,055.00 | 5,149.03 | 1,483.39 | 77.20 | 105.09 | 2,595.66 | 3,420.00 | \$19,506.30 | \$13,031.30 | \$6,475.00 | |

NOTES

¹ Per district personnel, these were adjusting amounts made by campus personnel.

BE

30/1

HGDT Page

² Education Code Section 76355(d) states that "Authorized expenditures shall not include physical examinations for intercollegiate athletics [and] the salaries of health professionals for athletic events." The disallowed costs are for physical examinations for athletes and medical personnel present at athletic games.

³ The auditor did not test these claimed costs.

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210 7ate 410/01 Page -

12.64-07 12.64-07

Pay

****TWO THOUSAND EIGHT HUNDRED FIFTY AND XX / 100 LS DOLLAR***

To The Order Of SACRAMENTO KNEE AND SPORT

MEDICINE 2801 K STREET STE 310 SACRAMENTO, CA 95816 DX / 00 LS DOELAR****

Date Dec-15-2003

Authorized Signature

Pay Amount \$2,850.00***

* NON-NEGOTIABLE *

-3E/25-29

| Check Date: | 15.Dec.2003 | GENFD GENERAL FUND | | | Warrant No.120026 | |
|-------------|-------------|--------------------|------------|----------------|-------------------|-------------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount |
| B140001 | SH 200331 | Nov-19-2003 | 00127792 √ | 420.00 | 0.00 | 420.00 |
| B140001 | SH 300620 | Nov-19-2003 | 00127793 🗸 | 660.00 | 0.00 | 660.00 |
| B140001 | SH 600003 | Nov-19-2003 | 00127794√, | 450.00 | 0.00 | 450.00 |
| B140001 | SH 800004 | Nov-19-2003 | 00127795 🗸 | 1,320.00 | 0.00 | 1,320.00 |
| | | | | | —3€/: | 22 |

Fie Copy

| 3 | Vendor Number Name | | | Total Discounts | | | |
|-----|--------------------|---------------------|--|-----------------|-----------------|-------------------|--|
| . 1 | 000004792 | SACRAMENTO KNEE AND | | D SPORTS | \$0.00 | | |
| 17 | Warrant Number | Date | | Total Amount | Discounts Taken | Total Paid Amount | |
| | 120026 | Dec-15-2003 | | \$2,850.00 | \$0.00 | \$2,850.00 | |

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court Sacramento, CA 95825-3981 | | BLANK | ET OR | DER RELI | EASE FORM |
|---|-------------------|-------------------------------------|-----------------|-------------------------------|----------------------------------|
| | | Release N | lo. | Purchase | e Order No. |
| ARC SCC XX CRC DO DO DO DO DO DO DO DO DO DO DO DO DO | | 20 | 7819 | B140 | 001 |
| FLC TS OTHER | | | | & Sports Purchase Order) | |
| | | lo. or Packing check if attac | | ite total dollar an | Date Items Received nount below) |
| DESCRIPTION (Do Not Complete If Attaching Invoice or Packing Slip) | | QUANTITY | UNIT | UNIT PRICE | TOTAL |
| Invoices Attached | | | | - | |
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| | | | | 7 | |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | | Program Name | | Total Amount | / |
| Profirem Director/Coordinator Signature For grants/special p | | Project/Grant No | ımber | or Estimate | |
| Program Goal/Objective Number/Explanation | | | | | |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENED Bus Unit | ∕5890 Account | Fund Or | | <u> </u> |
| Ayce 2 Clark 1/24/03 AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date | 64400 Program | /00000 Sub-Class / Account | /_ U | roj/Grnt Ar | 2850,00 mount |
| APPROVED, SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date | Program | Sub-Class | BY F | 9 \$Proj/Grnt A | mount |

SAC KNEE & SPORTS MED CORP

DAVID B. COWARD M.D.

2801 K STREET STE. 310 SACRAMENTO

CA 95816

INVOICE

[RS# 680021799 PRV0# ZZZ003557

(916)454-6677

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

PATIENT: SAC. CITY COLLEGE

DATE ACCOUNT?

B14000/

| | | | emmenantare. | | ********* | |
|----------|-----------|-----------------|--------------|-----------|-----------|----------------|
| DATE | PROCEDURE | DESCRIPTION | AMUUNT | BALANCE | DOCTOR | DIAG |
| | ******** | | | _ '4' 2 | | ************** |
| 09/13/03 | 9000000 | SCC GAME | 240.00 | 240.00 | COWARD, 1 | d D |
| 09/13/03 | DESC -00 | 4 HRS @ \$60/HR | . 0 0 | 240.00 | CUWARD, I | 10 |
| 09/24/03 | 90000-00 | TRAINING ROOM | 60.00 | 300.00 | COWARD. N | N D |
| 09/24/03 | DESC -00 | 1 HR @ \$60/EA | . 00 | 300.00 | COWARD, 1 | M D |
| 10/22/03 | 90000-00 | TRAINING ROOM | 60.00 | 360.00 | COWARD, N | 4 D |
| /22/03 | DESC -00 | 1 HR @ \$60/HR | . 00 | 360.00 | COWARD, N | 1 D |
| 11/12/03 | 9000000 | TRAINING ROOM | 60.00 | 420.00 | COWARD, 1 | 4 D |
| 11/12/03 | DESC -00 | 1 HR @ \$60/EA | . 00 | 420.00 | COWARD, N | 4 D |
| | | | | | | |

SAC KNEE & SPORTS MED CORP STEPHEN C. WEBER M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816 TRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOCCE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE

PATIENT: SAC. CITY COLLEGE

B14000/

| DATE | PROCEDURE | DESCRIPTION | AMOUNT | BALANCE | DOCTOR | DIAG |
|----------|-----------|---|--------|---------|-------------|----------|
| | | = 4 = = = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 | | ****** | | tempenin |
| 39/30/03 | 90000-00 | SCC TRNG ROOM | 60.00 | 60.00 | WEBER, M.D. | |
| 09/30/03 | DESC -00 | 1 HOUR @ \$60 | _ 00 | 60.00 | WEBER, M.O. | |
| 0/04/03 | 90000-00 | SCC GAME | 240.00 | 300.00 | WEBER, M.D. | |
| 10/04/03 | DESC -00 | 4 HRS @ \$60/HR | .00 | 300.00 | WEBER, M.D. | |
| 0/13/03 | 90000-00 | TRAINING ROOM | 60.00 | 360.00 | WFBER, M.D. | |
| /13/03 | DESC -00 | 1 HR @ \$60/HR | .00 | 360.00 | WEBER, M.O. | (|
| 0/18/03 | 90000-00 | SCC GAME | 240.00 | 600.00 | WEBER, M.D. | `, |
| 10/18/03 | DESC -00 | 4 HRS @ \$60/HR | .00 | 600.00 | WEBER, M.D. | |
| 1/03/03 | 90000-00 | TRAINING ROOM | 60.00 | 660.00 | WEBER, M.D. | |
| 1/03/03 | DESC -00 | 1 HR @ \$60/HR | .00 | 660.00 | WEBER, M.D. | |



SAC KNEE & SPORTS MED CORP DONALD G. DOWNS, M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816 IRS# 680027799 PRVD# 727003557

(916)454-6677

INVOICE

TO:

SAC. CTTY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE : ACCOUNT:

PATIENT: SAC. CITY COLLEGE

B14001

| 70552KEST | ======================================= | | | |
|------------------|---|-----------|------------------|-------------|
| DATE | DOCTOR | PROCEDURE | DESCRIPTION | DIAG AMOUNT |
| | | | | |
| 7/24/03 | DOWNS, MD | 90000 00 | SCC PHYSICALS | 120.00 |
| 7/24/03 | DOWNS, MD | DESC 00 | 2 HRS @ \$60/HR | .00 |
| 8/05/03 | DOWNS, MD | 90001 00 | SCC PHYSICALS | 120.00 |
| 8/05/03 | DOWNS, MD | DESC 00 | 2 HRS @ \$60/HR | . 0 0 |
| 8/25/03 | DOWNS, MD | 90000 00 | SCC PHYSICALS | 60.00 |
| /25/03 | DOWNS, MD | DESC 00 | 1 HR @ \$60/HR | . 00 |
| ₃/16/ 0 3 | DOWNS, MD | 90000 00 | TRAINING ROOM | 60.00 |
| 9/16/03 | DOWNS. MO | DESC 00 | 1 HOUR @ \$60/KR | .00 |
| 10/14/03 | DOWNS, MD | DESC 00 | SCC PHYSICALS | 90.00 |

SAC KNEE & SPORTS MED CORP JEFFREY I KAUFFMAN M.D., 2801 K STREET STE. 310 SACRAMENTO CA 95816 IRS# 680027799 PRVD# 222003552

(916)454-6677

INVOICE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVO SACRAMENTO CA 95822 DATE 11/19/03 ACCOUNT:

PATIENT: SAC. CITY COLLEGE

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| | | | | 1314000 | | | | |
|---|----------|-----------|-----------------|---------|-----------|------------|---------|-------|
| | | | | | unerneur: | LEESTULBES | | |
| | OATE | PROCEDURE | DESCRIPTION | AMOUNT | BALANCE | DOCTOR | | DJAG |
| | | | | | | **= | _ = = = | ***** |
| | A7/20/A2 | 90000-00 | SCC PHYSICALS | 120.00 | 120 40 | KAUFFMAN. | мО | |
| | | | 2 HRS @ \$60/EA | . 00 | | KAUFFMAN, | | |
| | | | SCC PHYSICALS | 120.00 | | KAUFFMAN. | | |
| | | | 2 HRS @ \$60/EA | .00 | | KAUFFMAN, | | |
| | | | | 120.00 | | KAUFFMAN. | MD | |
| 1 | | | SCC PHYSICALS | .00 | | KAUFFMAN. | | () |
| | | | 2 HRS @ \$60/EA | 240.00 | | KAUFFMAN. | | (|
| | | | SCC GAME | | | - | | |
| | | | 4 HRS @ \$60/EA | . 00 | | KAUFFMAN. | | |
| | | | TRAINING ROOM | 60.00 | | KAUFFMAN, | | |
| | • | | 1 HR @ \$60/EA | . 00 | | KAUFFMAN. | | |
| | | | TRAINING ROOM | 60.00 | | KAUFFMAN. | | |
| | | DESC00 | 1 HR @ \$60/EA | .00 | | KAUFFMAN. | | |
| | | | SCC GAME | 240.00 | | KAUFFMAN, | | |
| | 10/25/03 | DESC00 | 4 HRS @ \$60/Ен | .00 | 960.00 | KAUFFMAN, | MO | |
| | 10/27/03 | 90000-00 | TRAINING ROOM | 60.00 | 1020.00 | KAUFFMAN, | MD | |
| | 10/27/03 | DESC -00 | 1 HR @ \$60/EA | . 00 | 1020.00 | KAUFFMAN, | MO | |
| | 11/15/03 | 90000-00 | SCC GAME | 240.00 | 1260.00 | KAUFFMAN, | MO | |
| | 11/15/03 | DESC -00 | 4 HRS @ \$60/EA | . 08 | 1260.00 | KAUFFMAN, | MD | |
| | • | | TRAINING ROOM | 60 00 | 1320.00 | KAUFFMAN, | MU | |
| | 11/18/03 | | 1 HR @ \$60/EA | . 00 | 1320.00 | KAUFFMAN, | MO | |
| | | | INVOICE FOTAL: | J., 32 | 0.00 | | | |

Aud. 41601 Page 30

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court

Sacramento, CA 95825-3981

UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104

11-49/1210

Date Apr-15-2004

0094-129736

512 30 36

Pay

****FIVE HUNDRED SEVENTY AND XX / 100 US COBLAR

To The Order Of SACRAMENTO KNEE AND SPORTS

MEDICINE

2801 K STREET STE 310 SACRAMENTO, CA 95816

Authorized Signature

Pay Amount \$570.00***

* NON-NEGOTIABLE *

---3E/31-34----

| Check Date: | 15.Apr.2004 | GENFD GENE | ERAL FUND | • | Warr | rant No.129736 | |
|-------------|-------------|--------------|------------|----------------|----------|----------------|--------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount | |
| B140001 | SH 600003 | Mar-25-2004 | 00136713 🗸 | 330.00 | 0.00 | | 330.00 |
| B140001 | SH 800004 | Mar-25-2004 | 00136715 🗸 | 240.00 | 0.00, | | 240.00 |
| | | | | <i></i> | 3€/2 | 3- | |

File Copy

| ď | endor Number | | Name | · · · · · · · · · · · · · · · · · · · | Total Discounts | |
|---|----------------|-------------|------------------|---------------------------------------|-----------------|-------------------|
| 1 | 0000004792 | SAC | CRAMENTO KNEE AN | D SPORTS | \$0.00 | |
| Ī | Warrant Number | Date | | Total Amount | Discounts Taken | Total Paid Amount |
| | 129736 | Apr-15-2004 | | \$570.00 | \$0.00 | . \$570.00 |

| Aud. | 416/07 | W/S | No | . 20 |
|------|--------|------|----------|------|
| Date | 416/01 | Page | - | 21 |

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981 | | BLANK | ET OR | DER F | RELEA | ASE FORM | Л |
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| | | Release N | lo. | Pi | urchase | Order No. | |
| ARC SCC XX CRC DO EDC FM | | 20 | 8516 | B | 140001 | <u> </u> | |
| FLC TS OTHER | SAC | RAMEINIO | KNEE AN | D SPORT | S | | |
| | | | | | | /endor Code | _ |
| | SH | 600003 | | | | | |
| | | o. or Packin | g Slip No. ched and w | rite total do | | Date Items Receive unt below) | æd |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip) | | DUANTITY | UNIT | UNIT P | RICE | TOTAL | |
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| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | · · | | | | | 25/35 | |
| For grants/special | | Program Name | | Total A | | \$330.00 | |
| Program Director/Coordinator Signature | | Project/Grant N | umber | ores | timate | 2E 30 | |
| Program Goal/Objective Number/Explanation | | | | * | | 170 | |
| I hereby certify the items/services listed above are to be obtained in accordance | | | ······································ | | | | ١ |
| with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENFD | / 5890 | /11 / | | .нглн | | |
| | Bus. Unit | Account | Fund C | org | | Λ | Å |
| | 64400 Program | / 00000 Sub-Class | / 04 / BY F | 041A Proj/Gmt | \$ 3. Amo | 30.00 <u>J</u> | 11 |
| Jours J Clark 3-29-04 | i rogram | / | / / | , a _p ann | Ank | ~ ~. 1. | , |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchese Order) Date | Bus. Unit | Account | Fund C | Org | | · | |
| 1 Le 1. D 3-30-04 | | | | / | \$ | | |
| OVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date | Program | Sub-Class | BY | Proj/Grnt | Ап | nount | _ |

| Aud. | 4601 | W/S | No. | 36 |
|------|--------|------|-----|----|
| Date | 416/01 | Page | _ | 22 |

| LOS RIOS COMMUNITY COLLEGE DISTRICT | | BLANK | (ET OF | RDER | RELEA | SE FORM |
|---|--|--------------------------------------|--------------------------|--------------------------|------------|---------------------------------------|
| 1919 Spanos Court • Sacramento, CA 95825-3981 | | Release N | lo. | F | Purchase O | rder No. |
| ARC SCC XX | | 20 | 8515 |] | B140001 | |
| EDC FM FLC TS | · · · · · · · · · · · · · · · · · · · | | | | | |
| OTHER_ | | AMENTO ime (As it a | | | | ndor Code |
| | SH 8 Invoice No Y (Please ch | 00004 or Packing neck if attac | g Slip No. ched and v | vrite total c | | ate Items Received |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip) | QL | JANTITY | UNIT | UNIT | PRICE | TOTAL |
| | | · - | | | | |
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| | | | | | | |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | | | | | | 35/34 |
| Program Director/Coordinator Signature For grants/special p | projects | ogram Name oject/Grant N | umber | | stimate \$ | 240.00 3E/20 |
| Program Goal/Objective Number/Explanation | 11 12 12 12 12 12 12 12 12 12 12 12 12 1 | | | | | . 1 |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENFD / | 5890 Account | / 11 Fund (| <u>/ SC.VS</u> Drg | нитн. | |
| | 64400 / Program S | 00000 Sub-Class | /04 BY | 041 <u>A</u> Proj/Gmt | \$ Amou | 240.00 (|
| (kg 2 Clark 3-29-04 | / | / | / | / | | |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date 2 2 0 0 4 | Bus. Unit | Account | Fund | Org / | | |
| COVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date | Program | Sub-Class | BY | Proj/Grnt | \$ Amoi | unt |

SAC KNEE & SPORTS MED CORP DONALD G. DOWNS, M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816

680027799 IRS# PRVD# ZZZ00355Z

(916)454-6677

INVOICE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE ACCOUNT: SH 600003

PATIENT: SAC. CITY COLLEGE

B14000/

| DATE | PROCEDURE | DESCRIPTION | AMOUNT | BALANCE | DOCTOR | DIAG |
|----------|-----------|---------------------|---------|---------|-----------|------|
| | | · | ======= | | | |
| 12/11/03 | 90000-00 | PHYSICALS 2 HOURS | 120.00 | 120.00 | DOWNS, MD | |
| | DESC -00 | @ \$60 / PER HOUR | .00 | | DOWNS, MD | |
| | 90000-00 | PHYSICALS 2 HOURS | 120.00 | | DOWNS, MD | |
| | DESC -00 | @ \$60 / PER HOUR | .00 | | DOWNS, MD | |
| 10/29/04 | 90000-00 | PHYSICALS 1.5 HOURS | 90.00 | 330.00 | DOWNS, MD | 1 |

INVOICE TOTAL:

NT

330.00

Aud. W/S No. 3E

SAC KNEE & SPORTS MED CORP JEFFREY I KAUFFMAN M.D., 2801 K STREET STE. 310 SACRAMENTO CA 95816 IRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOICE

TÓ:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

SACKAMENIO CA 95

PATIENT:

SAC. CITY COLLEGE

DATE : 3/25/04 ACCOUNT: SH 800004

B14000/

| DATE | DOCTOR | | PROCEDURE | DESCRIPTION | DIAG | AMOUNT |
|---------|-----------|-----|-----------|-------------------|------|---|
| | | === | | | | ======================================= |
| 2/03/03 | KAUFFMAN, | MD | 90000 00 | PHYSICALS 2 HOURS | | 120.00 |
| 2/03/03 | KAUFFMAN, | MD | DESC 00 | @ \$60/HR | | .00 |
| 1/15/04 | KAUFFMAN, | MD | 90000 00 | PHYSICALS 2 HOURS | | 120.00 |
| 1/16/04 | KAUFFMAN, | MD | DESC 00 | @ \$60/HR | | .00 |

INVOICE TOTAL:

240.00 DE 32

onte 416 07 Page 35

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, ČA 94104 11-49/1210

Jun-23-2004

Date

0094-134366

Pay Amount \$3,055.00***

Pay

***THREE THOUSAND FIFTY-FIVE AND XX / 100 CS DOLLAR

To The Order Of REGENTS OF THE UNIV OF CALIF CASHIER'S OFF. 1200 DUTTON HALL UNIV OF CA ONE SHIELDS AVE DAVIS, CA 95616 •

Authorized Signature

* NON-NEGOTIABLE *

→ 3E|36-38 — →

| | Check Date: | 23.Jun.2004 | GENFD | GENE | RAL FUND | | Warr | rant No.134366 |
|---|-------------|---------------|-------|---------|------------|----------------|----------|------------------|
| | Description | Invoice No. | Invoi | ce Date | Voucher ID | Invoice Amount | Discount | Paid Amount |
| 1 | 0001023881 | 069865 PREPAY | Jun-0 | 8-2004 | 00143484 | ∨ 3,055.00 | 0.00 | 3,055.00 Æ/23 |

Ele Copy

| Vendor Number | | Name | Total Discounts | |
|----------------|-------------|----------------------|-----------------|-------------------|
| 0000004561 | REGENTS C | OF THE UNIV OF CALIF | \$0.00 | |
| Warrant Number | Date | Total Amount | Discounts Taken | Total Paid Amount |
| 134366 | Jun-23-2004 | \$3,055.00 | \$0.00 | \$3,055.00 |

- エモマルマ 中心 かいしょ 日 い デルしかい

Sports Medicine

June 8, 2004

Bumni Beckley, M.D.

David Cosca, M.D.

Gina Lokna, M.D.

Jeffrey Tanji, M.D.

Jeggrey mange, mile.

Massimo Testa, M.D.

American River College

4700 College Oak Drive

Sacramento, CA 95864

Attn: Gin Fierro

Orthopaedic Surgery

Eric Heiden, M.D.

Karen Heiden, M.D.

Richard Marder, M.D.

Stephen Pinney, M.D.

Anthony Van Bergeyk, M.D.

RE: Physician Team Services (Agreement No. 96-09125V)

The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July 2003 through June 2004. Please forward the a check for \$3,055.00 made payable to the UC Regents and the attached yellow invoice to:

3E 35

Cashier's Office 1200 Dutton Hall University of California One Shields Avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Sincerely,

Jolanda Blackwell

Practice Manager

UC Davis Sports Medicine Program

Attachments

Regents of Line

INVOICE

Nº 069835

OICE H3H8Y

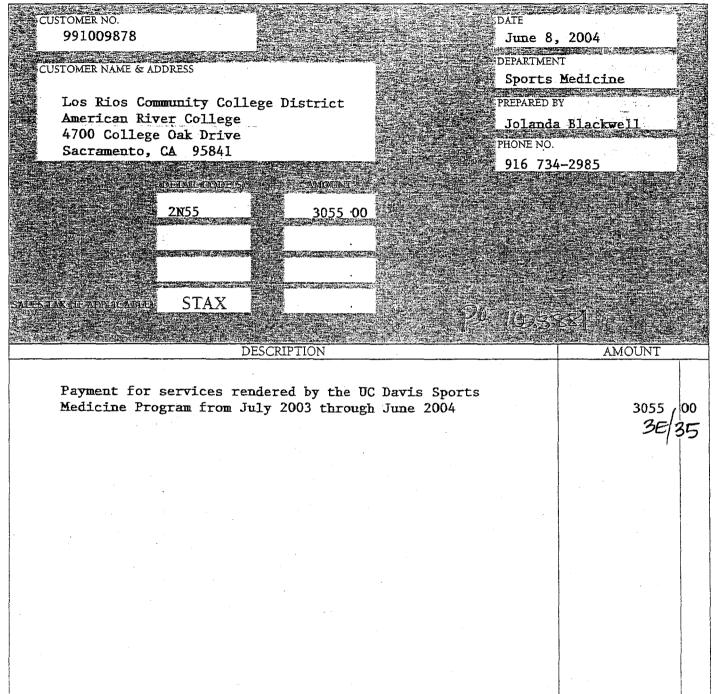
hate 46

W/S No. 26



INVOICE UNIVERSITY OF CALIFORNIA, DAVIS DAVIS, CALIFORNIA 95616-8709

PHONE (530)752-3649 – FAX (530)752-5718 FED. ID. #94-6036494



PAYMENT IS DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U. C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California, One Shields Avenue, Davis, CA 95616-8549

Pate 416D1 Page 20

INVOICE

Date: 5/18/04

BILLED TO:

Gin Fierro American River College 4700 College Oak Dr. Sacramento, CA 95864 FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2003/04 school year at \$65.00/hour.

| ~1 | | |
|-------|------|------|
| Phy | 701C | als: |
| * TT. | 7510 | 0110 |

| • | 07/09/03 | 2:30 pm to 4:30 pm | 2.0hrs | \$130.00 |
|---|----------|--------------------|--------|-----------|
| | 08/06/03 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50 |
| | 08/13/03 | 1:30 pm to 5:30 pm | 4.0hrs | \$260.00 |
| | 08/20/03 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50 |
| | 08/27/03 | 1:30 pm to 3:30 pm | 2.0hrs | \$130.00 |
| | 10/01/03 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| | 12/10/03 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| | 01/21/04 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| | 01/28/04 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| | | | | \$1755.00 |

Football Game:

| 5:30pm to 9:30pm | 4hrs | \$260.00 |
|-------------------|---|--|
| 5:30pm to 9:30pm | 4hrs | \$260.00 |
| 1:30pm to 5:30pm | 4hrs | \$260.00 |
| 12:30pm to 4:30pm | 4hrs | \$260.00 |
| 12:30pm to 4:30pm | 4hrs | <u>\$260.00</u> |
| - | Total | \$1300.00 |
| | Total | \$3055.00 |
| | 10001 | 3E/35 |
| | 5:30pm to 9:30pm 1:30pm to 5:30pm 12:30pm to 4:30pm | 5:30pm to 9:30pm 4hrs 1:30pm to 5:30pm 4hrs 12:30pm to 4:30pm 4hrs 12:30pm to 4:30pm 4hrs |

Tab 16

LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

ANALYSIS OF SERVICES AND SUPPLIES - FY 2002/03

| | | AR.VS.HLTH | | | CR.VS.HI | _TH | SC.VS.HL | .TH | | TOTAL |] | | |
|------------|----------|------------|-----------|------------|----------|---|-------------|----------|-------------------|------------|--------------|------------|----------------------------|
| Warrant # | Voucher | 4500 5200 | 5500 5600 | 5890 6490 | 4500 | 5300 5600 | 4500 | 4504 520 | 00 5890 | l | ALLOWED | DISALLOWED | NOTES |
| 0 | 0 | 8.39 | 25.93 | (1,300.00) | 1.45 | | 80.76 | 0.51 | | (1,182.96) | (\$1,182.96) | \$0.00 | 1 |
| 0094077875 | 00085370 | | 7.56 | | | | | | | 7.56 | \$7.56 | | Verizon messaging svcs |
| 0094078534 | 00085622 | 13.47 | | | | | | | | 13.47 | \$13.47 | \$0.00 | office supplies |
| 0094081133 | C1985 | | | | 42.02 | | | | | 42.02 | \$42.02 | | office supplies |
| 0094082221 | C1900 | | | | | 138,49 | | | | 138.49 | \$138.49 | | service on audio equip. |
| 0094084664 | 00091199 | 352.71 | | | | | | | | 352.71 | \$351.71 | | medical supplies |
| 0094086627 | C2024 | | | | 138.31 | | | | | 138.31 | \$138.31 | | office supplies |
| | C2025 | | | | 173.22 | | | | | 173.22 | \$173.22 | \$0.00 | office supplies |
| 0094088348 | 00093216 | | | | 1 | | | | √ (120.00 | 120.00 | \$0.00 | \$120.00 | 2 |
| | 00093217 | | | | | | 1 : | BE 5-1 | B Z 240.00 | 240.00 | \$0.00 | \$240.00 |]2 |
| | 00093219 | | | | İ | | | · · | 660.00 | 660.00 | \$0.00 | \$660.00 | 2 |
| 0094089846 | 00096032 | | | | | | | 2 | 4.00 | 24.00 | \$24.00 | \$0.00 | travel-health conference |
| 0094090006 | 00096050 | | | | | 75.00 | | | | 75.00 | \$75.00 | \$0.00 | membership |
| 0094090131 | 00095974 | | | | | | 602.99 | | | 602.99 | \$602,99 | \$0.00 | medical supplies |
| | 00096674 | <u></u> | | | 499.82 | | | | | 499.82 | \$499.82 | \$0.00 | medical supplies |
| 0094090166 | 00097177 | 174.49 | | | | | T | | | 174.49 | \$174.49 | \$0.00 | travel-health conference |
| 0094090192 | 00096701 | 98.88 | | | | | | | | 98.88 | \$98.88 | | travel-health conference |
| 0094090262 | 00096734 | | | | 85.75 | | 1 | | | 85.75 | \$85.75 | \$0.00 | office supplies |
| 0094090777 | 00097656 | | | | 6.45 | | | | | 6.45 | \$6.45 | | supplies |
| 0094090778 | 00098105 | | | | 102.96 | | | | | 102.96 | \$102.96 | \$0.00 | medical supplies |
| 0094091066 | 00097639 | | | | 273.08 | | | | | 273.08 | \$273.08 | \$0.00 | office supplies |
| 0094091695 | 00098639 | | 316.40 |) | | | | | | 316.40 | \$316.40 | | copier maintenance |
| 0094092811 | 00101184 | | 6.56 | | | | | | | 6.56 | \$6.56 | | Verizon messaging svcs |
| | 00101188 | | 6.56 | | l | | | | | 6.56 | \$6.56 | | Verizon messaging svcs |
| İ | 00101198 | | 6.56 | | | | | | | 6.56 | \$6.56 | \$0.00 | Verizon messaging svcs |
| | 00101215 | | 6.56 | | | | | | | 6.56 | \$6.56 | \$0.00 | Verizon messaging svcs |
| 0094093721 | 00102127 | | | | | | 112.06 | | | 112.06 | \$112.06 | | medical supplies |
| 0094099464 | 00105486 | | 6.56 | | | | | | | 6.56 | \$6.56 | | Verizon messaging svcs |
| | 00105491 | | 6.56 | | | | | | | 6.56 | \$6.56 | | Verizon messaging svcs |
| 0094101284 | 00108638 | 309.47 | | 239. | 21 | | | | | 548.68 | \$548.68 | | medical supplies |
| 0094101297 | 00107367 | 656.30 | | | | | J | | | 656.30 | \$656.30 | | travel - health conference |
| 0094101310 | 00108148 | 190.68 | | | | | | | | 190.68 | \$190.68 | | travel-stress mgt workshop |
| 0094101356 | 00108293 | | | | | *************************************** | 109.14 | | | 109.14 | \$109.14 | | medical supplies |
| | 00107368 | | | | | | | 176 | 3.00 | 176.00 | \$176.00 | | travel - health conference |
| 0094101437 | 00108354 | | 2.86 | ···· | | | | | | 2.86 | \$2.86 | | Verizon messaging svcs |
| 0094102123 | 00109362 | | | | | | <u> </u> | 83.00 | | 83.00 | \$83.00 | | booklets/pamphlets |
| | 00110373 | | | | 32.67 | | <u> </u> | | | 32.67 | \$32.67 | | office supplies |
| 0094102370 | C2212 | | | | | 90.00 | | | | 90.00 | \$90.00 | | service on audio equip. |
| 0094102588 | 00109893 | | | | | | 196.84 | | | 196.84 | \$196.84 | | medical supplies |
| 0094102910 | 00109836 | 70.00 | | | | | <u> </u> | | | 70.00 | \$70.00 | | travel - health conference |
| 0094104316 | 00113281 | | 90.00 |) | | - | | | | 90.00 | \$90.00 | \$0.00 | service on audio equip. |
| 0094104813 | 00113305 | | 4.02 | | 1 | | 1 | | | 4.02 | \$4.02 | \$0.00 | Verizon messaging svcs |

Page 3

2.04.0

LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

ANALYSIS OF SERVICES AND SUPPLIES - FY 2002/03

| | | AR.VS.HI | _TH | | | ***** | | CR.VS.HL | TH | | SC.VS.Hi | LTH | | | TOTAL | 1 | | |
|------------|----------|----------|----------|-------|--------|----------|--------|----------|-------|--------|----------|-------|--------|----------|-----------|------------|------------|---------------------------------|
| Warrant # | Voucher | 4500 | 5200 | 5500 | 5600 | 5890 | 6490 | 4500 | 5300 | 5600 | 4500 | 4504 | 5200 | 5890 | | ALLOWED | DISALLOWED | NOTES |
| 0094106697 | 00115110 | 643.02 | | | | | | | | | | | | 1 . | / 643.02 | \$643.02 | \$0.00 | medical supplies |
| 0094106751 | 00115860 | | | | | 3,055.00 | | | | | | | Œ | 19-14 | 3,055.00 | \$0.00 | \$3,055.00 |]2 |
| 0094106752 | 00115925 | | | | | 1,300.00 | | | | | | | NE | 115-16 | | \$1,300.00 | \$0.00 | correctly backed out by auditee |
| 0094106753 | 00116141 | | | | | 1,755.00 | | | | | | | SE | 111-21 | 1,755.00 | \$0.00 | \$1,755.00 | 2 |
| TOTAL | | 1,327.06 | 1,190.35 | 79.73 | 406.40 | 4,810.00 | 239.21 | 1,355.73 | 75.00 | 228.49 | 1,101.79 | 83.51 | 200.00 | 1,020.00 | 12,117.27 | \$6,286.27 | \$5,830.00 | |
| | | ٠ | | | | | | | _ | | | | | | 30/1 | | Œ | 1 |

NOTES

10.50.07

¹ Per district personnel, these adjusting amounts were made by campus personnel. Supporting documents are not available at the district offices. Due to the immaterial amount (\$1,182.96 less -\$1,300 is \$117.04), the auditor will pass on testing.

² Education Code Section 76355(d) states that "Authorized expenditures shall not include physical examinations for intercollegiate athletics [and] the salaries of health professionals for athletic events." The disallowed costs are for physical examinations for athletes and medical personnel present at athletic games.

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

0094-088348

Date Oct-17-2002

Pay Amount \$1,020.00***

Pay

To The Order Of SACRAMENTO KNEE AND SPOR

MEDICINE

2801 K STREET STE 310 SACRAMENTO, CA 95816

Authorized Signature

* NON-NEGOTIABLE *

| Check Date: 1 | 7.Oct.2002 | GENFD GEN | ERAL FUND | | Warr | ant No.088348 | |
|---------------|-----------------|--------------|------------|----------------|----------|---------------|--------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount | |
| 0001015868 | PREPAY SH300620 | Sep-25-2002 | 00093217 🗸 | 240.00 | 0.00 | | 240.00 |
| 0001015868 | PREPAY SH600003 | Sep-25-2002 | 00093216 🗸 | 120.00 | 0.00 | | 120.00 |
| 0001015868 | PREPAY SH800004 | Sep-25-2002 | 00093219 🖌 | 660.00 | 0.00 | | 660.00 |
| | | - | - | <u>.</u> | nolo | | . |

File Copy

| Vendor Number | | Name | Total Discounts | |
|----------------|-------------|-------------------------|-----------------|-------------------|
| 0000004792 | SAC | RAMENTO KNEE AND SPORTS | \$0.00 | |
| Warrant Number | Date | Total Amount | Discounts Taken | Total Paid Amount |
| 088348 | Oct-17-2002 | \$1,020.00 | \$0.00 | \$1,020.00 |

SAC KNEE & SPORTS MED CORP STEPHEN C. WEBER M.D. 2801 K STREET STE. 310 CA 98816 SACRAMENTO

IRS# 680027799 PRVD# ZZZ@0355Z

(916)454-6577

INVOICE

T.0:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

SAC. CITY COLLEGE PATIENT:

DATE ACCOUNT: 300620

| DATE | DOCTOR | PROCEDURE | DESCRIPTION | DIAG | AMOUNT |
|---------|-------------|-----------|--------------------|--|--------|
| | | | | ه شد مید بیم نید نید نید تیم مید نید تیم <i>اید اید اید اید اید اید اید اید اید اید </i> | |
| 9/21/02 | WEBER, M.D. | 90000 00 | 9/21 (GAME - 4). | | 240.00 |
| 9/21/02 | WEBER, M.D. | DESC 00 | PHYSICIAN SERVICES | | .00 |

SAC KNEE & SPORTS MED CORP

IRS# 680027799 PRVD# ZZZ@0355Z

(916)454-6677

INVOICE

T0:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

DONALD G. DOWNS, M.D.

SACRAMENTO

2801 K STREET STE. 310

PATIENT: SAC. CITY COLLEGE

DATE

ACCOUNT:

SH 600003

PO. 1015868

| ======= | | | | | |
|---------|-----------|-----------|------------------------|-----------|--------|
| DATE | DOCTOR | PROCEDURE | DESCRIPTION | DIAG | AMOUNT |
| | | | | ========= | |
| ** | | | | | |
| 7/11/02 | DOWNS, MD | 90000 00 | PHYSICIAN SERVICES (2) | | 120.00 |

INVOICE TOTAL:

CA 95816

DIAG

SAC KNEE & SPORTS MED CORP KAUFFMAN M.D., JEFFREY I 2801 K STREET STE. 310 SACRAMENTO CA 95816 93219

IRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOICE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE : 9/25/02 ACCOUNT: SH 80000

PATIENT: SAC. CITY COLLEGE

PO-1015868

DATE PROCEDURE BALANCE DESCRIPTION DOCTOR 09/25/02 90000-00 PHYSICIAN SERVICES 660.00 660.00 KAUFFMAN, MD 09/25/02 DESC -00 07/11 (2); 07/30 (2) .00 660.00 KAUFFMAN, MD 08/12 (2); 08/16 (1) 09/25/02 DESC -00 .00 660.00 KAUFFMAN, MD 09/25/02 DESC -00 08/22 (2); 09/09 (1) 660.00 KAUFFMAN, MD .00 09/17 (2); 09/24 (1) 660.00 KAUFFMAN. MD @^/25/02 DESC -00 .00

INVOICE TOTAL:

660.00 3E/5 LOS RIOS COMMUNITY COLLEGE 1919 Spanos Court Sacramento, CA 95825-3981

UNION BANK - WARRANTS 350 California Street San Francisco, CA 94104 11-49/1210

0094-106751

Date Jun-25-2003

Pay Amount \$3,055.00**

Pay

To The Order Of REGENTS OF THE UNIV OF CAL CASHIER'S OFF. 1200 DUTTON HAL UNIV OF CA ONE SHIELDS AVE DAVIS, CA 95616

Authorized Signature

* NON-NEGOTIABLE *

Warrant No.106751

Check Date: 25.Jun.2003 GENERAL FUND **GENFD** Description Invoice Date Invoice No. Voucher ID Invoice Amount Discount Paid Amount 064644 B130446 Jun-12-2003 00115860 3,055.00 0.00 3,055.00

File Copy

| Vendor Number | | Name | Total Discounts | |
|----------------|-------------|--------------------------|-----------------|-------------------|
| 0000004561 | REG | NTS OF THE UNIV OF CALIF | \$0.00 | |
| Warrant Number | Date | Total Amount | Discounts Taken | Total Paid Amount |
| 106751 | Jun-25-2003 | \$3,055.00 | \$0.00 | \$3,055.00 |

Sports Medicine

June 12, 2003

David Cosca, M.D.

Duvin Cosca, IVI.D

Gina Lokna, M.D.

Jeffrey Tanji, M.D.

Massimo Testa, M.D.

Los Rios Community College District

American River College

Orthopedic Surgery 4700 College Oak Drive

Sacramento, CA 95841

& Arthroscopy

Eric Heiden, M.D.

Richard Marder, M.D.

John Raskind, M.D.

RE:

Physician Team Services (Agreement No. 96-09125V)

Physical Medicine & Rehabilitation

Viviane Ugalde, M.D.

The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July, 2002 through June, 2003. Please forward the attached yellow invoice and a check for \$3,055,00 made payable to:

Cashier's Office 1200 Dutton Hall University of California One Shields avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Jolanda Blackwell
Practice Manager

UC Davis Sports Medicine Program

Attachments



Nº 064644

Regents of INVOICE
UNIVERSITY OF CALIFORNIA, DAVIS
DAVIS, CALIFORNIA 95616-8709
PHONE (530)752-3649 - FAX (530)752-5718

FED. ID. #94-6036494



CUSTOMER NO. June 12, 2003 991009878 DEPARTMENT CUSTOMER NAME & ADDRESS Sports Medicine Los Rios Community College District PREPARED BY American River College J. Blackwell 4700 College Oak Drive Sacramento, 95841 PHONE NO. 916-734-2985 DELANDICODE(S) 3,055 00 STAX ALLES TRANSMITTER AREAS

Payment for services rendered by the UC Davis Sports Medicine Program from July, 2002 through June, 2003

DESCRIPTION

3,055 00 3E/9

AMOUNT



PAYMENT IS DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U. C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California, One Shields Avenue, Davis, CA 95616-8549

INVOICE

Date: 4/01/03

BILLED TO:.

Gin Fierro American River College 4700 College Oak Dr. Sacramento, CA 95864 FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2002/03 school year at \$65.00/hour.

Physicals:

| 06/26/02 | 3:00 pm to 5:00 pm | 2.0hrs | \$130.00 |
|----------|--------------------|--------------|--------------|
| 08/07/02 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50 |
| 08/14/02 | 1:30 pm to 5:30 pm | 4.0hrs | \$260.00 |
| 08/21/02 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50 |
| 08/26/02 | 1:30 pm to 3:30 pm | 2.0hrs | \$130.00 |
| 10/09/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| 12/11/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| 01/22/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| 01/29/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00 |
| | - | <i>3</i> E/1 | /多 \$1755.00 |

Football Game:

| | 09/14/02 | 5:30pm to 9:30pm | 4hrs | \$260.00 |
|---|----------|---------------------------------------|-------|-----------------|
| , | 10/05/02 | 5:30pm to 9:30pm | 4hrs | \$260.00 |
| | 10/26/02 | 1:30pm to 5:30pm | 4hrs | \$260.00 |
| | 11/09/02 | 12:30pm to 4:30pm | 4hrs | \$260.00 |
| | 11/16/02 | 12:30pm to 4:30pm | 4hrs | \$260.00 |
| | | · · · · · · · · · · · · · · · · · · · | Total | 9€ 14 \$1300.00 |



Total \$3055.00

| 2.0 | 1 | | | 20 |
|-----------|-------------|------|-----|----|
| Aud. | 47 | W/S | No. | 20 |
| Sate | 416/01 | Page | e | 13 |
| 17 K 15 G | | 0 | _ | |

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981 | BLANK | ET ORDE | R RELE | ASE FORM |
|---|---|--|---------------------------|------------------------------------|
| | Release No |). | Purchase | Order No. |
| ARC SCC CRC DO CRC FM CDC FM | 225 | 5536 | BIS | 30446 |
| FLC TS RECEIVED | RETEDUTS OF L | Wiczwsity (pears on Furch | F Cac | (Forcesity Vendor Code |
| ACCOUNTING ACCOUNTING OFFICE | CO DAVIS MEDI | | _WST CE | XT 7949 |
| | Invoice No. or Packing (Please check if attach | | | Date Items Received ount below) |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip) | QUANTITY | UNIT U | NIT PRICE | TOTAL |
| PHYSICIAN COUENAGE FOR | | | | |
| PHYSICALS FOR FAIL 2003 | | | | |
| AND SPRING 2003 | | | | |
| 6-26-02 3-5pm | ZHus | 625 | 5/HL | 130.00 |
| 8-7-02 130-5pm | 3.5 ms | 65 | 7im | 227.50 |
| 8-14-02 136-530 m | 4ms | دع) | Istra | 260.00 |
| 8-26 02 130 5 pm | 3.5 ms | 65 | 7/m 57 | 227.50 |
| 18-28-02, 1:30 3:30 pm | Zitres | T | - 124 | 130,00 |
| 10-91-02 1:30 - 4:30 | 3ms | 65 | 57 | 195.00 |
| 12-11-02 1:30- 4:30 | 3ths | e. | Ith | 195,00 |
| 1-23-03 1:30-4:30 | 3725 | . • | line | 195,00 |
| 1-29-03 1:30-4:30 | 3 ms | 4 | Sinc | 195,00 |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | | | | |
| For grants/special pr | | | tal Amount or Estimate | \$ 1755.00 |
| Program Director/Coordinator Signature | Project/Grant Nur | mber | | 3E/12 |
| Program Goal/Objective Number/Explanation | | | | |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENFD / 58'9'0 / Bus. Unit Account | / <u> 1 </u> | .VS.HLT | E |
| | 64400 / 00000 / | / 200/3 0 | 41A \$ | 1,755.00 |
| Viginia C Treces 6.20.03 | Program Sub-Class Bus. Unit Account | BY Proj/G / / Fund Org | mt Am | ount |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date OVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date | Program Sub-Class | / / BY Proi/0 | \$ Srnt Arr | nount |
| A CALL CONTRACT DEAR ON OTHER MOTHORIZED GIGHT (PICE Date | -5 | | | · · · · · · · |

| LOS RIOS COMMUNITY COLLEGE DISTRICT | | BLANK | ET OR | DER RELE | ASE FORM |
|---|---------------|---------------------|---------------------------------------|--------------------------|---------------------|
| 1919 Spanos Court • Sacramento, CA 95825-3981 ARC SCC | | Release N | lo. | Purchase | Order No. (|
| CRC DO | | 22 | 25535 | B | |
| EDC FM FLC TS | | | | B1 | 30446 |
| RECEIVED WIN 23 2000 ACCOUNTING OFFICE | Vendor No UCD | ame (As it a | g Slip No. | Purchase Order) | Date Items Received |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip) | Q | UANTITY | UNIT | UNIT PRICE | TOTAL |
| PHYSICIAN COVERNE FOR | | | | | |
| FOOTBALL GAMOS FOR 2002 | | | | | |
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| Carry Many Court District | | | | 657. | 260,00 |
| 10-3-07 CARPOR SANTELONIESCE SISO- | | Hms | | 65/Hz | 260.00 |
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| | | incs | | 65/Hm | 260.00 |
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| | | | <u> </u> | | |
| | | | | | |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | | | · · · · · · · · · · · · · · · · · · · |] | |
| For grants/special pi | rojects | rogram Name | | Total Amount or Estimate | \$ /300.00 |
| Program Director/Coordinator Signature | P | roject/Grant N | umber | Or Estimate | 38/12 |
| Program Goal/Objective Number/Explanation | <u> </u> | | | | 30/1- |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | | /5890 | /11 / | AR.VS.HLT | 'H |
| | Bus. Unit | Account | Fund O | | |
| | Program | /00000 Sub-Class | /2003/ BY P | ~~~~~~~ | _,300.00 |
| Viginia () Tierro 12.20.03 | ा ग्युगवाग | / / | / / | ropone Am | ourit . |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date | Bus. Unit | Account | Fund O | rg | |
| mene 6/26/3 | å. | / | | \$_ | |
| DEPOVED SUBERVISOR DEAN OF OTHER AUTHORIZED SIGNATURE | Program | Sub-Class | BY | Proi/Grnt An | nount |

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

Date Jun-25-2003

Pay Amount \$1,300.00***

12-4-01 25/10)

Pay

****ONE THOUSAND THREE HUNDRED AND XX TOULS DOLLAR.

To The Order Of REGENTS OF THE UNIV OF CALIF CASHIER'S OFF. 1200 DUTTON HALF UNIV OF CA ONE SHIELDS AVE

DAVIS, CA 95616

Authorized Signature

* NON-NEGOTIABLE *

| Check Date: | 25.Jun.2003 | GENFD GENE | ERAL FUND | | Warı | rant No.106752 |
|-------------|-------------|--------------|------------|----------------|----------|-------------------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount 20116 |
| B120587 | 064648 | Jun-23-2003 | 00115925 | 1,300.00 | 0.00 | 1,300.00 Æ/4 |

File Copy

| F | Vendor Number | | Name | | Total Discounts | |
|---|----------------|-------------|-----------------------------|--------------|-----------------|-------------------|
| ì | 0000004561 | R | EGENTS OF THE UNIV OF CALIF | | \$0.00 | |
| I | Warrant Number | Date | | Total Amount | Discounts Taken | Total Paid Amount |
| | 106752 | Jun-25-2003 | | \$1,300.00 | \$0.00 | \$1,300.00 |

| LOS RIOS COMMUNITY COLLEGE DISTRICT | Stell | | Au Da | 1. Av. | RAGE 16 |
|---|----------------------|---------------------------|-----------------------------|---------------------------------------|--|
| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981 | مي کيد | BLANK | ET ORI | DER REL | EASE FORM |
| ARC SCC CC CC DO CCC FM | · - | Release No | 12429 | / (_` - | se Order No. (|
| FLC TS OTHER | <u>Rec</u> Vendor | BUTS OF Name (As it ap | Uwiva ppears on P | VSLT CF (| 1 ANTENNIA TVendor Code 15 PCMTS MODIC |
| | Invoice | No. or Packing | Slip No. | | Date Items Received |
| DESCRIPTION | | 12 | | | |
| (Do Not Complete if Attaching Invoice or Packing Slip) OHYSICIAM COVERAGE Force | | QUANTITY | UNITA | UNIT PRICE | TOTAL |
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| 1 | | | | | |
| | | | · | | |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of | | Program Name | | Total Amour | nt l |
| For grants/special p Program Director/Coordinator Signature | rojects | Project/Grant Nur | mber | or Estimat | 18 12/38 /2/8 |
| Program Goal/Objective Number/Explanation | | | | | 24(1) |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENFI Bus. Unit | | / <u> 11 /</u> Fund Org | AR.VS. | HLTH |
| | 64400 | | / 2002/ | | 1,300.00 |
| Diaini Hoons | Program | Sub-Class | BY Pro | oj/Gmt / | Amount |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date | Bus. Uni | t Account | Fund Or | 3 | |
| Ondonfor 3/15/02 | 1 | / | / | S | |
| APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date | Program | Sub-Class | BY P | roj/Gmt | Amount |

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

San Francisco, CA 94104

350 California Street

11-49/1210

Jun-25-2003 Date

Pay Amount \$1,755.00***

Date 466 01 1 Page 3

Pay

****ONE THOUSAND SEVEN HUNDRED FIREY PAND XX 100 S DOLLAR****

To The Order Of REGENTS OF THE UNIV OF CALL CASHIER'S OFF. 1200 DUTTON HAI UNIV OF CA ONE SHIELDS AVE **DAVIS, CA 95616**

Authorized Signature

* NON-NEGOTIABLE *

| Check Date: | 25.Jun.2003 | GENFD GENI | ERAL FUND | | War | rant No:106753 |
|-------------|-------------|--------------|------------|----------------|----------|-----------------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount |
| B120587 | 064648A | Jun-23-2003 | 00116141 | 1,755.00 | 0.00 | 1,755.00 E 4 |

Fie Gody

| Vendor Number | | Name | | |
|----------------|-------------|---------------------------|-----------------|-------------------|
| 0000004561 | , RE | ENTS OF THE UNIV OF CALIF | \$0.00 | |
| Warrant Number | Date | Total Amount | Discounts Taken | Total Paid Amount |
| 106753 | Jun-25-2003 | \$1,755.00 | \$0.00 | \$1,755.00 |

SPORTS MEDICINE

Sports Medicine

June 23, 2003

David Cosca, M. D.

2 t 1

Gina Lokna, M.D

Jeffrey Tanji, M.D.

Massimo Testa, M.D.

Los Rios Community College District

American River College

Surgery 1919 Spanos Court

Sacramento, CA 95825-3981

Orthopedic Surgery

& Arthroscopy

Eric Heiden, M.D.

Richard Marder, N.D.

John Raskind, M.D.

RE: Physician Team Services (Agreement No. 96-09125V)

Physical Medicine
& Rehabilitation
Viviane Ugalde, M.D.

The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July, 2001 through June, 2002. Please forward the attached yellow invoice and a check for \$3,055.00 made payable to:

Cashier's Office 1200 Dutton Hall University of California One Shields avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Sincerely

Practice Manager

UC Davis Sports Medicine Program

Attachments

Nº 064648

Regent d'invoice

UNIVERSITY OF CALIFORNIA, DAVIS

DAVIS, CALIFORNIA 95616-8709

PHONE (530)752-3649 - FAX (530)752-5718

FED, ID. #94-6036494

B12058

CUSTOMER NO. 991 00878 CUSTOMER NAME & ADDRES Los kios Community College District American River College Jolanda Blackwell 1919 Spanos Court PHONE NO. Sacramento, CA 95825-3981 3,055.00 Profesional designation of the control of the contr A CONTRACTOR OF THE CONTRACTOR STAX AMOUNT Payment for services rendered by the UC Davis Sports 3,055 **D**D Medicine Program from July, 2001 through June, 2002 1755 1300 5

PAYMENT É DUE UPON RECEIPT. PLEASÉ RETURN YELLOW COPY WITH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U.C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California, One Shields Avenue, Davis, CA 95616-8549

White-CUSTOMER COPY YELLOW-REMITTANCE COPY Pink-ACCOUNTING OFFICE COPY Gold-DERARINENT COFY

Gin Ficino American River College

4700 College Oak Dr. Sacramento, CA 95864 FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2001/02 school year at \$65,00/hour.

| | · · | | |
|--|--|--------|-----------|
| Physicals: | - | | |
| 07/11/01 | 1:30 pm to 5pm | 3.5hrs | \$227.50 |
| 08/08/01 | 1:00 pm to 5pm | 4.Ohrs | \$260.00 |
| 08/15/01 | 1:30pm to 5:00pm | 3.5hrs | \$227.50 |
| 08/19/01 | lpm to 5pm | 4.0hrs | \$260.00 |
| 10/03/01 | 1:30pm to 4:30pm | 3.0hrs | \$195.00 |
| 1001c 1 15/12/12/01 | 1:30 pm to 5pm | 3.5hrs | \$227.50 |
| 01/23/02 | 1:30 pm to 5pm | 3.5hrs | \$227.50 |
| 01/30/02 | 1:30 pm to 3:30pm | 2.Ohrs | \$130.00 |
| The state of the s | | | \$1755,00 |
| Football Game: | | | |
| Approximately to the | • | | • |
| रेक्ट (Tallingel (09/08/ 01 | 6:30pm to 10:30pm | 4hrs | \$260,00 |
| Tai Statement (109/22/01) | 6:30pm to 10:30pm | 4hrs | \$260,00 |
| 10/27/01 | 6:30pm to 10:30pm | 4hrs | \$260.00 |
| 11/03/01 | 6:30pm to 10:30pm | 4hrs | \$260,00 |
| DISCRIPTIATION SER | -16:30pm to 10:30pm | 4hrs | \$260,08 |
| | | Total | \$1300.00 |
| Physician coversor in improver | into the second | * N | |
| Harris Core rage for the 1972 to | ······································ | Total | \$3055.00 |
| | | | |

Toolhall Came

Wong, Barbara

From:

Vang, Koue

Sent:

Wednesday, June 25, 2003 4:13 PM

To: Cc: Wong, Barbara; Finnecy, Tim

Subject:

Gorrell, Raelean RE: BPO B130446 to Regents of UC Davis

Barbara,

Go ahead and pay for the additional \$1,755.

Tim - If you have any questions about this, please let me know.

Koue

-Original Message-

From:

Wong, Barbara

Sent:

Wednesday, June 25, 2003 3:04 PM

Ta:

Finnecy, Tim; Vang, Koue

Cc:

Gorrell, Raelean

Subject:

RE: BPO B130446 to Regents of UC Davis

Importance: High

Thanks for clarifying the dates, Tim.

Koue and Tim, we do not have the blanket order release for the physical exams done on 7/11/01, 08/08/01, 08/15/01, 08/19/01, 10/03/01, 12/12/01, 1/23/02, and 01/30/02 that total to \$1,755.00. We only had the blanket order release at FY2002 year-end for the football game activity for \$1,300.00 which we accrued. The \$1,755.00 will have to come out of your current year budget. Koue, we need your authorization to process the additional \$1,755.00 against the PO using your current year budget.

Let me know if you need to discuss this further. Thanks for your help to clean up this matter. If we can get a fax for the release, we will process for payment tonight. If not, we will have to accrue for payment next fiscal year.

----Original Message-

From: Finnecy, Tim

Sent:

Wednesday, June 25, 2003 2:31 PM

Ta:

Wong, Barbara

Subject: RE: BPO B130446 to Regents of UC Davis

Barbara,

We hold physical exams at different times during the year to accommodate the sports that start at different times. October physical exams are for the Men's and Women's Basketball teams; December and January physical exams are for The Spring sports; baseball, softball, men's and women's track, men's and women's tennis, men's and women's swimming, golf. Every athlete must have a current physical exam before the season starts so we try to do the physical exams early. By getting them done prior to the start of the seasons we can identify individuals who are at risk and not delay the start date.

Tim

-Original Message

From:

Wong, Barbara

Sent:

Tuesday, June 24, 2003 5:44 PM

To: Bianco, Michelle; Vang, Koue; Finnecy, Tim

BPO B130446 to Regents of UC Davis Subject:

I received clarification from Smitty in General Services that the contract does cover pre-participation physical exams, and 5 home football games @ \$65 per game. We will process payment for B130446 in the amount of \$3,055.00 and close the PO. Thank you for you patience and understanding in this matter.

Tim, why are there physical exams in October, December, and January? Just want to be sure these exams are also covered by the contract. Thanks.

Barbara Wong

Accounting Operations Supervisor

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On October 14, 2014, I served the:

SCO Comments

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118; Fiscal Years: 2002-2003, 2003-2004 and 2004-2005

Los Rios Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 14, 2014 at Sacramento, California.

Lorenzo Duran

Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

(916) 323-3562

10/14/2014 Mailing List

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 10/3/14

Claim Number: 08-4206-I-18

Matter: Health Fee Elimination

Claimant: Los Rios Community College District

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

Socorro Aquino, State Controller's Office

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522 SAquino@sco.ca.gov

Marieta Delfin, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

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915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274 donna.ferebee@dof.ca.gov

Susan Geanacou, Department of Finance

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274 susan.geanacou@dof.ca.gov

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Education Systems Unit, 915 L Street, 7th Floor, 915 L Street, 7th Floor, Sacramento, CA

95814

Phone: (916) 445-0328 ed.hanson@dof.ca.gov

Cheryl Ide, Associate Finance Budget Analyst, Department of Finance

Education Systems Unit, 915 L Street, Sacramento, CA 95814

10/14/2014 Mailing List

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Robert Miyashiro, Education Mandated Cost Network

1121 L Street, Suite 1060, Sacramento, CA 95814

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Phone: (916) 455-3939 andy@nichols-consulting.com

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Phone: (916) 445-0328 christian.osmena@dof.ca.gov

Keith Petersen, SixTen & Associates

P.O. Box 340430, Sacramento, CA 95834-0430

Phone: (916) 419-7093 kbpsixten@aol.com

Sandra Reynolds, Reynolds Consulting Group, Inc.

P.O. Box 894059, Temecula, CA 92589

Phone: (951) 303-3034 sandrareynolds_30@msn.com

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Nicolas Schweizer, Department of Finance

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10/14/2014 Mailing List

95814

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nicolas.schweizer@dof.ca.gov

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2200 Sunrise Boulevard, Suite 240, Gold River, CA 95670

Phone: (916) 852-8970 dscribner@max8550.com

Jim Spano, Chief, Mandated Cost Audits Bureau, State Controller's Office

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Phone: (916) 323-5849 jspano@sco.ca.gov

Dennis Speciale, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254 DSpeciale@sco.ca.gov