

# CLOVERDALE HEALTH CARE DISTRICT

## Regular Meeting Agenda

November 8 2021 , 7:00 P.M.

126 N. Cloverdale Blvd

IN-PERSON AND VIRTUAL

ROLL CALL: PRESIDENT: DeMartini VICE PRESIDENT: Delsid TREASURER: Martin SECRETARY: HANCHETT  
MEMBER: Winter

AGENDA APPROVAL:

PUBLIC COMMENT PERIOD: PUBLIC COMMENT PERIOD PROVIDES TIME FOR MEMBERS OF THE AUDIENCE TO ADDRESS THE BOARD ON MATTERS WHICH DO NOT APPEAR ON TONIGHT'S AGENDA. TIME LIMIT FOR COMMENTS TO THE BOARD ON NON-AGENDIZED ITEMS IS LIMITED TO FIVE MINUTES (GOVERNMENT CODE SECTION 54954.3(b))

---

ITEMS:

1. Minutes September Meeting- no October meeting
2. Financial Statement October 2021
3. Managers Report-
4. Review /Approve-Updated benefits and PTO section of the policy manual
5. From Members-

Adjourn to Executive Meeting: none

Adjourn to Regular Meeting

Adjourn till December 13, 2021

All agenda items, reports, minutes, are available for review at the offices of the Cloverdale Health Care District located at 209 N. Main St. Cloverdale Ca 95425 and are available upon request. Posted per Government Code section 54954.2 11/05/2021, Any disabled, handicapped, or other meeting attendees needing special assistance or other accommodations for participation, please contact the business office 24 hrs before the meeting. 707-894-5862.

**Cloverdale Health Care District  
Meeting Minutes-September 13, 2021**

Roll Call: Director Tom Hinrichs, Eric Polan (Operations), board members Harry Martin, Neena Hanchett and Al Delsid were present. Board Members Winter and DeMartini were not in attendance. Quorum met.

Meeting called to order by Vice-President Delsid. There were no public comments.

**There were no changes to the agenda**

**August Meeting-** The minutes from the August meeting were approved after a motion put forward by member Martin and a second by Vice President Delsid.

**Financial Statement for August, 2021-** After a brief discussion, the financial statement was unanimously approved after a motion was brought forward by Hanchett and a second by Martin.

**Manager's Report:** Covid continues to impact both Cloverdale and the county, with acute illness up but deaths down. The trend is going down county-wide and nationwide and seems to have peaked about two weeks ago. Increased staffing plan has been implemented and positions filled with part-time positions. The full-time position has not been filled and there have been no more inquiries. Suspension improvements to #45 will occur on Sept. 20. Tom advised that he received the wiring request for the July 1, 2020-Dec. 31 IGT. That will occur on Oct. 22, 2021. The IGT estimate is \$100,000, which should fund a month later, in November. The formula for IGT going forward will be changing. The solar installation project will take place Sept. 18 and 19<sup>th</sup>.

**Review & Final Approval of 2021-2022 Budget-** This is the third review of the budget and it was unanimously approved by those present after a motion by member Martin and a second by Hanchett.

**Review/Recommendations for purchase of new ambulance-** After discussing the benefits of leasing versus purchasing and depleting the Ambulance Replacement Fund, it was agreed that the district will go forward with a five-year lease with \$100,000 up front and financing the balance, paying \$25,000 annually. This gives the district much more flexibility and the lease could be paid off with no pre-payment penalties. The new rig is a Ford F-350 diesel with all of the necessary options included. Board member Winter also supported this option although she was not present at the meeting. The board unanimously approved the lease purchase and asked that Tom sign the agreement after a motion was put forward by Hanchett and a second by Martin for the lease agreement and terms for the 2021 Leader F350 Type 1 Ambulance.

**From Members-** Delsid thanked Hanchett for the success of the Car Show and Eric asked that Doug Butler, a long-time employee of the district be recognized for his service. The board agreed. Tom is leaving for Iceland on vacation.

**Meeting adjourned at 7:37 p.m.** The next meeting is October 11, 2021

Respectfully submitted,

Neena Hanchett, Secretary

## **STAFF REPORT**

### **November 2021**

#### Manager Report—

Operations- Operationally there were no interruptions, injuries, or mechanical issues. The new suspension was installed on Medic45. The hoped-for improved ride seems to have been achieved. The backup ambulance was sent in for some major work. The workforce is steady. We continue to add part-time paramedics and EMT personnel. Zack Lewis comes on board this month fully as an additional full-time EMT. We still have an open FTE paramedic position unfilled. See ambulance stats report.

COVID- Our County is still impacted with people testing positive. However, our local infection rate seems to be down and we have had a marked decrease in transports of suspected COVID positive patients. The staff assumes all patient contacts are COVID positive and we have a 100% compliance rate with PPE usage and no exposure events. Staffing issues at hospitals continue and our "wall times" continue to be an operational issue.

#### CMS Rule

CMS published an Interim Final Rule related to a COVID-19 vaccine mandate. This rule requires 15 different types of providers and suppliers such as hospitals, SNFs, and Dialysis facilities to institute a mandatory COVID-19 vaccine policy for their employees. This would include employees of a hospital or CAH based ambulance service.

While this rule does not apply directly to non-hospital-based ambulance services, there is one caveat. The rule mandates that hospices, hospitals, CAHs, and SNFs require COVID-19 vaccines for "individuals who provide care, treatment, or other services for the facility [hospital] and/or its patients, under contract or by other arrangements." There is a very real possibility that most hospices, hospitals, CAHs, and SNFs will take the position that ambulance staff must be vaccinated to come into the facility to provide care.

Under the CMS rule, there is no option to test weekly in lieu of vaccination. But there is a provision that facility staff may request an exemption "based on applicable federal law." The deadline to have employees vaccinated is January 4, 2022. All of our staff is vaccinated

Solar Project- Staff was approved to move forward with this project. Work was started in September and had delays through October 27<sup>th</sup>. The fieldwork has been completed and we await the final inspection and activation of the system at this time.

IGT-We have wired our IGT request, with loss of use of approximately \$49,000 until the end of November. This wire request covers the last six months of the calendar year 2020. We have signed an additional calendar year IGT contract with DHCS for the year 2021.

Purchase of new ambulance- We have finalized the contract with Leader Mfg for construction. We have finalized the lease contract and we have funded the escrow account (\$100,000). Delivery of the new rig could occur before the end of February 2022.

Audit- The yearly audit has occurred. The final report should be completed in early December. Several line items on the balance sheet will be corrected as they are accruing in error.

Item 4- Updated Policy #20 Pay and Benefits.

Staff started this project almost a year ago. Other issues became a priority and the project was placed in suspense mode. With the expansion of FTE positions and the reorganization plan in place, this project needs to have a resolution. Please review the new wording for Policy#20 of the policy manual.

Summary- PTO has replaced the vacation allotment. PTO accrual will still be based on years with the District. The accumulation of PTO hours will be capped within each year of service category and with a total capped amount regardless of years served. There is a mechanism to encourage usage as the PTO so the maximum amount of hours still can accrue through each year. Further, there are restrictions related to operational needs and the granting of PTO hours. The pay section wording is also amended to reflect our new staffing needs and reality.



## Cloverdale Ambulance Run Data Report

## Runs by City

Scene Incident City Name (eScene.17)	Number of Runs	Percent of Total Runs
City of Cloverdale	72	92.31%
City of Healdsburg	4	5.13%
Geyserville	1	1.28%
Town of Windsor	1	1.28%
	<b>Total: 78</b>	<b>Total: 100.00%</b>

## Runs by County

Scene Incident County Name (eScene.21)	Number of Runs	Percent of Total Runs
Sonoma	78	100.00%
	<b>Total: 78</b>	<b>Total: 100.00%</b>

## Runs by Day of Week

Incident Day Name	Number of Runs	Percent of Total Runs
Sunday	12	15.38%
Monday	11	14.10%
Tuesday	12	15.38%
Wednesday	13	16.67%
Thursday	8	10.26%
Friday	12	15.38%
Saturday	10	12.82%
	<b>Total: 78</b>	<b>Total: 100.00%</b>

## Runs by Dispatch Reason

Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Sick Person	19	24.36%
Breathing Problem	10	12.82%
Chest Pain (Non-Traumatic)	10	12.82%
Abdominal Pain/Problems	7	8.97%
Falls	6	7.69%
Traffic/Transportation Incident	6	7.69%
Back Pain (Non-Traumatic)	4	5.13%
Convulsions/Seizure	3	3.85%
Stroke/CVA	3	3.85%
Headache	2	2.56%
Heart Problems/AICD	2	2.56%
Unconscious/Fainting/Near-Fainting	2	2.56%
Medical Alarm	1	1.28%
Psychiatric Problem/Abnormal Behavior/Suicide Attempt	1	1.28%
Traumatic Injury	1	1.28%
Unknown Problem/Person Down	1	1.28%
	<b>Total: 78</b>	<b>Total: 100.00%</b>

## Runs by Provider Impression

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Pain (G89.1)	12	15.38%
Weakness (General) (R53.1)	7	8.97%
Altered Level of Consciousness (R41.82)	6	7.69%
Chest Pain - Suspected Cardiac (I20.9)	6	7.69%
Respiratory Distress - Unspecified (J80)	6	7.69%
Abdominal Pain / Problems (R10.84)	5	6.41%
Traumatic Injury (T14.90)	5	6.41%
	4	5.13%
Dizziness / Vertigo (R42)	3	3.85%
Headache (R51)	3	3.85%



Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Anxiety / Emotional Upset (F41.9)	2	2.56%
Chest Pain - Non-cardiac (R07.89)	2	2.56%
Nausea / Vomiting (R11.2)	2	2.56%
Respiratory Distress - Bronchospasm (J98.01)	2	2.56%
Respiratory Distress - Pulmonary Edema / CHF (J81.0)	2	2.56%
Syncope/Near Syncope (R55)	2	2.56%
Cardiac - STEMI (I21.3)	1	1.28%
Diabetic - Hypoglycemia (E13.64)	1	1.28%
Fever (R50.9)	1	1.28%
G.I. Bleed (K92.2)	1	1.28%
Gastrointestinal System Issue (G.I.) (K92.9)	1	1.28%
Hypertension (I10)	1	1.28%
OB / Pregnancy Related Complication (O99)	1	1.28%
Overdose / Poisoning / Ingestion (F19)	1	1.28%
Palpitations (R00.2)	1	1.28%
	<b>Total: 78</b>	<b>Total: 100.00%</b>

#### Procedures Administered

Procedure Performed Description And Code (eProcedures.03)	Number of Times Procedure Administered	Percent of Total Procedures Administered
Electrocardiographic monitoring (46825001)	98	43.17%
Cardiac Monitor - 12 Lead ECG Obtained (268400002)	34	14.98%
Venous Access - Saline Lock (425074000)	28	12.33%
Blood Glucose Measurement (302789003)	22	9.69%
	15	6.61%
Venous Access - IV (392230005)	12	5.29%
Oxygen Administration -Nasal Cannula (371907003)	4	1.76%
Cardiac Monitor - ECG Monitoring (428803005)	3	1.32%
Airway - Nasopharyngeal (NPA) Insertion (182692007)	2	0.88%
Oxygen Administration - CPAP (47545007)	2	0.88%
Patient Assessment (422618004)	2	0.88%
Splinting (79321009)	2	0.88%
Airway - ETCO2 Capnography (425543005)	1	0.44%
Spinal Motion Restriction - Cervical Collar Applied (49689007)	1	0.44%
Spinal Motion Restriction - Modified (398041008)	1	0.44%
	<b>Total: 227</b>	<b>Total: 100.00%</b>

#### Medications Administered

Medication Given Description And RXCUI Code (eMedications.03)	Number of Times Medication Administered	Percent of Total
	43	35.83%
Normal saline (125464)	24	20.00%
Oxygen (7806)	11	9.17%
Fentanyl (4337)	9	7.50%
Nitroglycerin (4917)	8	6.67%
Ondansetron (26225)	7	5.83%
Aspirin (1191)	5	4.17%
Albuterol (435)	4	3.33%
Atrovent (151390)	3	2.50%
Naloxone (7242)	3	2.50%
Adenosine (296)	1	0.83%
Dextrose 10% (D10) (237648)	1	0.83%
Epinephrine 1:1,000 (1 mg/mL) (328316)	1	0.83%
	<b>Total: 120</b>	<b>Total: 100.00%</b>

#### Average Run Mileage Summary Report

Average Run	Minimum Run	Maximum Run	Average Run Mileage Scene	Minimum Run Mileage Scene	Maximum Run Mileage Scene	Average Run Total	Minimum Run Total	Maximum Run Total	Number of Runs
-------------	-------------	-------------	---------------------------	---------------------------	---------------------------	-------------------	-------------------	-------------------	----------------



Mileage to Scene	Mileage to Scene	Mileage To Scene	to Destination	to Destination	to Destination	Distance	Distance	Distance	
0.00	0	0	22.79	2	42	0.00	0	0	78

#### Run Times - Unit Arrived on Scene to Unit Left Scene in Minutes

Incident Unit Arrived On Scene To Unit Left Scene Range In Minutes	Number of Runs	Percent of Total Runs
	10	12.82%
0 to <5	7	8.97%
5 to <10	26	33.33%
10 to <15	19	24.36%
15 to <20	5	6.41%
20 to <25	6	7.69%
25 to <30	3	3.85%
35 to <40	2	2.56%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Run Times - Unit Enroute to Unit Arrived on Scene in Minutes

Incident Unit En Route To Unit Arrived On Scene Range In Minutes	Number of Runs	Percent of Total Runs
	2	2.56%
0 to <5	48	61.54%
5 to <10	16	20.51%
10 to 15	4	5.13%
> 15	8	10.26%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Run Times - Unit Left Scene to Patient Arrived at Destination in Minutes

Incident Unit Left Scene To Patient Arrived At Destination Range In Minutes	Number of Runs	Percent of Total Runs
	10	12.82%
5 to <10	2	2.56%
10 to 15	2	2.56%
> 15	64	82.05%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Transport Mode from Scene

Disposition Transport Mode From Scene (eDisposition.17)	Number of Runs	Percent of Total Runs
Code 2	60	76.92%
	10	12.82%
Code 3	8	10.26%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Response Delay

Response Type Of Response Delay List (eResponse.09)	Number of Runs	Percent of Total Runs
"None/No Delay"	78	100.00%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Runs by Patient Race

Patient Race List (ePatient.14)	Number of Runs	Percent of Total Runs
White	59	75.64%
Hispanic or Latino	13	16.67%
	4	5.13%
American Indian or Alaska Native	1	1.28%
Other Race	1	1.28%
<b>Total: 78</b>		<b>Total: 100.00%</b>

#### Runs by Patient Age Range in Years

Patient Age Range In Years	Number of Runs	Percent of Total Runs
	47	60.26%
1 - 9	1	1.28%
10 - 19	2	2.56%

Patient Age Range In Years	Number of Runs	Percent of Total Runs
30 - 39	5	6.41%
40 - 49	1	1.28%
50 - 59	5	6.41%
60 - 69	8	10.26%
70 - 79	2	2.56%
80 - 89	2	2.56%
90 - 99	5	6.41%
Total: 78		Total: 100.00%

#### Runs by Destination Name

Disposition Destination Name Delivered Transferred To (eDisposition.01)	Disposition Destination Code Delivered Transferred To (eDisposition.02)	Number of Runs	Percent of Total Runs
		10	12.82%
Healdsburg District Hospital	20157	31	39.74%
Kaiser Permanente - Santa Rosa	20203	12	15.38%
Santa Rosa Memorial Hospital	20402	9	11.54%
Sutter Santa Rosa Regional Hospital	20478	16	20.51%
		Total: 78	Total: 100.00%



## CLOVERDALE AMBULANCE

Balance Sheet  
October 31, 2021

## ASSETS

## Current Assets

Exchange Bank Bus. Checking	\$ 63,027.44
SBA PPP Payment-delete	54,129.90
RESERVE/CAPITAL ACCT	409,154.33
Ambulance Replacment Savings	111,070.77
Accounts Receivable Ambulance	237,895.57
Reserve for Doubtful Accts.	12,715.60
Prepaid insurance	4,709.65
Accum depreciation - Equipment	346,441.41
IGT Refundable deposits	48,560.00
Medical Director	500.00
SBA PPP Payment	(16,807.67)

Total Current Assets 1,271,397.00

## Property and Equipment

Land	17,789.00
Ambulance and Equipment	115,607.00
Furniture and fixtures	16,563.64
Building and Improvements	323,365.96
A/D - Other Fixed Assets	(373,922.00)

Total Property and Equipment 99,403.60

## Other Assets

Total Other Assets 0.00

Total Assets \$ 1,370,800.60

## LIABILITIES AND CAPITAL

## Current Liabilities

Accounts payable	\$ 4,496.15
Accrued retirement benefits	(779.54)
Accrued Interest	57.20
Accrued AFLAC	951.52

Total Current Liabilities 4,725.33

## Long-Term Liabilities

Total Long-Term Liabilities 0.00

Total Liabilities 4,725.33

CLOVERDALE AMBULANCE

Balance Sheet  
October 31, 2021

Capital		
Fund Balance	731,591.05	
Prior Year Profit (Loss)	671,650.01	
Net Income	<u>(37,165.79)</u>	
Total Capital		<u>1,366,075.27</u>
Total Liabilities & Capital		<u>\$ 1,370,800.60</u>

---

# CLOVERDALE AMBULANCE

## Income Statement

### Compared with Budget

For the Four Months Ending October 31, 2021

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
<b>Revenues</b>					
Ambulance Service	\$ 161,013.06	\$ 145,000.00	\$ 574,035.00	\$ 580,000.00	(5,965.00)
Less - Contract Allowances	(92,834.07)	(68,000.00)	(259,679.67)	(227,850.00)	(31,829.67)
Property Tax (13)	0.00	0.00	4,828.59	4,900.00	(71.41)
Special Assessment	0.00	0.00	4,518.00	4,500.00	18.00
Interest Income	0.00	29.17	109.97	116.68	(6.71)
Other (Income) and Expenses	2,937.50	1,250.00	3,012.50	5,000.00	(1,987.50)
<b>Total Revenues</b>	<b>71,116.49</b>	<b>78,279.17</b>	<b>326,824.39</b>	<b>366,666.68</b>	<b>(39,842.29)</b>
<b>Cost of Sales</b>					
<b>Total Cost of Sales</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Gross Profit</b>	<b>71,116.49</b>	<b>78,279.17</b>	<b>326,824.39</b>	<b>366,666.68</b>	<b>(39,842.29)</b>
<b>Expenses</b>					
Salaries & Wages	36,105.50	41,427.50	141,199.00	165,710.00	(24,511.00)
Health benefits employer	4,296.67	6,666.67	17,321.61	26,666.68	(9,345.07)
Fuel Expense	2,146.24	2,083.33	9,040.43	8,333.32	707.11
Work Comp ACHD	2,487.00	1,833.33	5,863.00	7,333.32	(1,470.32)
Payroll Exp UTI/ETT	135.95	130.00	523.25	520.00	3.25
Amb Repair Maintenance	5,457.03	1,400.00	13,442.22	12,000.00	1,442.22
Supplies Patient	5,834.12	2,500.00	12,493.45	10,000.00	2,493.45
Employee Benefits Volunteers	1,126.95	666.67	4,202.09	2,666.68	1,535.41
Outside Services	4,432.22	1,333.33	8,298.32	5,333.32	2,965.00
Patient Refunds	110.40	0.00	570.29	0.00	570.29
employer soc. sec.	2,221.45	2,200.00	8,693.93	8,800.00	(106.07)
Employer Medicare	519.55	510.00	2,033.34	2,040.00	(6.66)
Bank service charges	30.00	0.00	30.00	0.00	30.00
Capital Equipment	100,000.00	0.00	100,000.00	100,000.00	0.00
Utilities	808.98	750.00	3,768.22	3,000.00	768.22
Insurance - General	1,583.30	1,916.67	6,333.20	7,666.68	(1,333.48)

# CLOVERDALE AMBULANCE

## Income Statement

### Compared with Budget

For the Four Months Ending October 31, 2021

	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Actual	Budget	Variance
Office expense	4,543.36	2,083.33	11,469.38	8,333.32	3,136.06
Office Building Repair	123.61	166.67	(158.39)	666.68	(825.07)
Payroll Tax FUTA	47.98	50.00	184.66	200.00	(15.34)
Telephone	262.25	291.67	1,054.81	1,166.68	(111.87)
GEMT QAF Quarterly assessment	11,496.48	0.00	11,496.48	12,000.00	(503.52)
Total Expenses	183,769.04	66,009.17	357,859.29	382,436.68	(24,577.39)
Net Income	(\$ 112,652.55)	\$ 12,270.00	(\$ 31,034.90)	\$ 15,770.00	(\$ 15,264.90)



**POLICY #20  
PAY AND BENEFITS**

**PAYROLL-**

**FULLTIME DISTRICT EMPLOYEES:**

**COMPENSATION AND BENEFITS SPECIFIC TO YOUR JOB CLASSIFICATION SHALL BE DICTATED BY THE AGREED-TO COMPENSATION APPROVED BY THE BOARD AND YOU UPON A JOB OFFER AND AGREEMENT AS AMENDED BY THE BOARD, AND AS AMENDED BY THE BOARD UPON REVIEW.**

**OPERATIONS MANAGER: BASE PAY: SHALL BE DICTATED BY THE AGREED-TO COMPENSATION APPROVED BY THE BOARD AND YOU UPON A JOB OFFER AND AGREEMENT, AND AS AMENDED BY THE BOARD UPON REVIEW.**

**PART-TIME ALS AND BLS PERSONNEL: STRAIGHT TIME: PER DIEM AS ARRANGED**

**PAYDAY-**

**MONTHLY FOR PART-TIME AND BI-MONTHLY FOR FULL-TIME PERSONNEL. PAYCHECKS ARE TO BE COMPLETED AND DISTRIBUTED BY THE FIFTEENTH AND LAST OF EVERY MONTH. EVERY ATTEMPT IS MADE TO RECONCILE AN ACCURATE PAYROLL. HOWEVER, IF YOU FEEL A PAYCHECK IS IN ERROR USE THE PROVIDED FORM FOR REVIEW. YOUR SIGNATURE IS REQUIRED ON THE PAYROLL TIMECARD ACCOMPANYING YOUR PAYCHECK ACKNOWLEDGING THE ACCURACY OF THE PAYROLL HOURS WORKED AND PAID.**

**REQUIRED DEDUCTIONS-**

**F. I. C. A. (SOCIAL SECURITY): ALL EMPLOYEES ARE COVERED BY THE FEDERAL SOCIAL SECURITY PROGRAM WITH RESPECT TO RETIREMENT BENEFITS. THE FEDERAL SOCIAL SECURITY ACT PROVIDES MONTHLY PAYMENTS TO PERSONS MEETING CERTAIN REQUIREMENTS AFTER THEY REACH AGE 62. AMONG OTHER BENEFITS THIS ACT PROVIDES PROTECTION FOR CERTAIN FAMILY MEMBERS IN THE EVENT OF YOUR DEATH. IN ORDER TO PROVIDE THESE SERVICES A DEDUCTION MUST BE MADE FROM EACH EMPLOYEE PAY. THE PERCENTAGE IS PRESCRIBED BY THE FEDERAL GOVERNMENT EACH YEAR AND BOTH THE EMPLOYEE AND THE COMPANY CONTRIBUTE EQUALLY.**

**FEDERAL WITHHOLDING TAX: THE FEDERAL RESERVE ACT REQUIRES THE DISTRICT TO WITHHOLD FEDERAL INCOME TAX FROM EACH EMPLOYEE'S WAGES. THE AMOUNT DEDUCTED IS DICTATED BY LAW AND BASED UPON THE TOTAL NUMBER OF DEDUCTIONS PRESENT ON YOUR W-4 FORM ON FILE WITH US AND THE GROSS AMOUNT OF PAY RECEIVED.**

**STATE WITHHOLDING TAX:** THE STATE OF CALIFORNIA REQUIRES THE DISTRICT TO WITHHOLD STATE INCOME TAX FROM EACH EMPLOYEE'S WAGES. AS WITH THE FEDERAL PROGRAM, IT IS DEPENDENT ON THE NUMBER OF DEDUCTIONS AND GROSS PAY.

**S.D.I (STATE DISABILITY INSURANCE)** THE STATE OF CALIFORNIA REQUIRES US TO WITHHOLD S.D.I. TAX FROM WAGES OF EACH EMPLOYEE. THIS AMOUNT IS PRESCRIBED YEARLY.

**W-2 FORMS:** AVAILABLE EACH JANUARY SHOWING GROSS PAY AND TAXES WITHHELD

**EMPLOYEE BENEFITS:**

**WORKERS COMPENSATION:** WORKER'S COMPENSATION IS PROVIDED BY THE DISTRICT AT NO CHARGE TO YOU AND IS AVAILABLE TO EVERY EMPLOYEE.

- **ACCIDENT INSURANCE:** THE DISTRICT PROVIDES ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE. THE INSURANCE PROVIDES A WEEKLY DISABILITY PAYMENT, THIS IS IN ADDITION TO WORKMEN'S COMPENSATION BENEFITS AND SDI.

- **THE DISTRICT WILL PAY FOR EMPLOYEE PHYSICALS WHEN THEY ARE PERFORMED IN ORDER TO MEET OR MAINTAIN THE MINIMUM ELIGIBILITY REQUIREMENTS FOR CONTINUED EMPLOYMENT WITH THE DISTRICT, EXCLUSIVELY. IF YOUR OTHER EMPLOYMENT REQUIRES PHYSICAL EXAMS THEN THE DISTRICT WILL ONLY BE LIABLE FOR PARTIAL PAYMENT IN AN AMOUNT AGREED TO PRIOR TO THE EXAM BEING PERFORMED.**

- **IF YOU ARE INVOLVED IN AN ACCIDENT WHILE EITHER RESPONDING TO THE STATION FOR AN EMERGENCY CALL OR RETURNING HOME FROM THE STATION POST AN EMERGENCY CALL THE DISTRICTS INSURANCE PROVIDES LIMITED COVERAGE AND IS SUBJECT TO THE TERMS THEREIN.**

- **MALPRACTICE INSURANCE**

**HEALTH CARE BENEFITS:**

**ELIGIBILITY:** FULLTIME DISTRICT EMPLOYEES-

**COMPENSATION AND BENEFITS SPECIFIC TO YOUR JOB CLASSIFICATION SHALL BE DICTATED BY THE AGREED-TO COMPENSATION APPROVED BY THE BOARD AND YOU UPON A JOB OFFER AND AGREEMENT AND AS AMENDED BY THE BOARD UPON REVIEW.**

**GENERALLY:**

**HEALTH INSURANCE-** HEALTH INSURANCE IS PROVIDED BY THE DISTRICT AND THE PLAN(S) ARE DEFINED BY THE DISTRICT AND ITS CONTRACTED PROVIDER. COSTS FOR THE EMPLOYEE ARE PAID BY THE DISTRICT, THE DISTRICT RESERVES THE RIGHT TO AMEND THIS BENEFIT



**DENTAL/EYE INSURANCE-** DENTAL/EYE INSURANCE IS PROVIDED BY THE DISTRICT TO THE EMPLOYEE. COSTS FOR THE EMPLOYEE ARE PAID BY THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO AMEND THIS BENEFIT.

**457(B) DEFERRED COMPENSATION PLAN-** THE DISTRICT OFFERS AN IRS 457(B) DEFERRED COMPENSATION PLAN. PARTICIPATION AND QUALIFICATIONS ARE DETERMINED BY THE PLAN. CONTRIBUTIONS ARE PRETAX AND THE DISTRICT CONTRIBUTIONS ARE DEFINED IN THE PLAN.

**SICK LEAVE:**

1. THE HEALTHY WORKPLACES, HEALTHY FAMILY ACT OF 2014 (AND AMENDMENTS) REQUIRES EMPLOYERS TO PROVIDE A MINIMUM LEVEL OF PAID SICK DAYS INCLUDING TIME FOR FAMILY CARE.
2. EMPLOYEES CAN START USING ACCRUED DAYS AFTER THEIR 90<sup>TH</sup> DAY OF EMPLOYMENT
3. SICK TIME MUST BE PAID AT THE EMPLOYEE'S HOURLY EQUIVALENT RATE AND PAID NO LATER THAN THE PAYDAY FOR THE NEXT REGULAR PAYROLL

PER THE REGULATION THE DISTRICT WILL ACCRUE AND REPORT THE AVAILABLE SICK DAYS ON THE MONTHLY PAYCHECK.

FULL-TIME EMPLOYEES ARE ENTITLED TO THREE SHIFTS (72 HOURS) OF PAID SICK LEAVE PER CALENDAR YEAR (JANUARY TO JANUARY). THESE THREE 24 HOUR SHIFTS OR 72 HOURS DO NOT ROLL OVER YEAR TO YEAR.

PART-TIME EMPLOYEES ARE ENTITLED TO THREE 12 HOUR SHIFTS (36 HOURS) OF PAID SICK LEAVE PER CALENDAR YEAR (JANUARY TO JANUARY). THESE THREE DAYS OR 36 HOURS DO NOT ROLL OVER YEAR TO YEAR.

**PAID TIME OFF (PTO)**

CHCD UNDERSTANDS THE IMPORTANCE OF BALANCING PERSONAL AND CAREER GOALS AND MAINTAINING PERSONAL HEALTH. THEREFORE, CHCD PROVIDES PAID TIME OFF (PTO) AS A BENEFIT TO ALL ELIGIBLE FOR ILLNESS, MEDICAL AND DENTAL APPOINTMENTS, PERSONAL TIME OFF, AND VACATION.

**ELIGIBILITY-**

ALL REGULAR FULL-TIME EMPLOYEES ARE ELIGIBLE FOR PTO. EMPLOYEES WHO ARE CLASSIFIED AS TEMPORARY FULL TIME. PART-TIME OR ON CONTINGENCY STATUS ARE NOT ELIGIBLE FOR PTO.

**ACCUMULATION-**

EMPLOYEES SHALL ACCRUE PTO AS OF THEIR FIRST DATE OF FULL-TIME EMPLOYMENT. NEW HIRE EMPLOYEES WILL NOT BE ABLE TO USE PTO DURING THE FIRST SIX MONTHS OF EMPLOYMENT WITHOUT APPROVAL FROM

MANAGEMENT. THE RATE OF ACCRUAL WILL BE DETERMINED BY YEARS OF SERVICE. PTO SHOULD BE USED ANNUALLY. THE MAXIMUM ACCRUAL IS SET PER THIS POLICY AND DOES NOT ROLL OVER INTO SUBSEQUENT YEARS.

Yrs	Accrual / Hrs	Annual / Hrs	Max / Hrs
0-1	5.00	120	180
1-3	6.17	148	224
4-7	8.17	196	272
7-10	10.00	240	320
10 Plus	11.83	284	368

**MAXIMUM ACCRUED HOURS:**

- 1) AN AUTOMATIC CASH OUT OF PTO WILL OCCUR. THE AMOUNT IS EQUAL TO THE DIFFERENCE BETWEEN MAX HOURS AND THE PREDETERMINED ANNUAL HOURS. (I.E. 180 MAX – 120 ANNUAL HOURS = 60 HOURS CASHED OUT)
- 2) AN EMPLOYEE CAN REQUEST A SINGLE MONETARY CASH OUT ONCE PER CALENDAR YEAR BUT MUST MAINTAIN A MINIMUM PTO BALANCE OF 120 HOURS.

ALL PTO IS PAID AT STRAIGHT TIME AND PTO HOURS ARE NOT CONSIDERED AS HOURS WORKED FOR THE PURPOSE OF OVERTIME.

**USAGE:**

EMPLOYEES WHO HAVE SATISFIED ALL ELIGIBILITY REQUIREMENTS MAY SUBMIT PTO REQUESTS.

PTO REQUESTS MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE. REQUESTS WILL BE EVALUATED AND APPROVED BASED UPON VARIOUS FACTORS, INCLUDING ANTICIPATED OPERATIONAL NEEDS, REQUIREMENTS, AND STAFFING CONSIDERATIONS DURING THE PROPOSED PERIOD OF ABSENCE. MANAGEMENT WILL WORK WITH THE EMPLOYEE TO ACCOMMODATE REQUESTS SUBMITTED 30 DAYS IN ADVANCE.

**TERMINATION:**

ACCRUED PTO HOURS WILL BE EXCHANGED FOR PAY (CASHOUT) UPON TERMINATION OF EMPLOYMENT. UPON TERMINATION OF EMPLOYMENT, EMPLOYEES WILL BE PAID FOR PTO BENEFITS ACCRUED THROUGH THE LAST DAY OF THE ASSIGNED WORKDAY. FOR PURPOSES



OF THIS CALCULATION, ANY PARTIAL MONTH WILL BE CALCULATED ON A DALY PRO-RTA BASIS.

DRAFT