

LOS ANGELES COUNTY
COLLEGE OF NURSING AND ALLIED HEALTH



BOARD OF TRUSTEES
HANDBOOK



"There's No Education Like It In The World"



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Allied Health Continuing Education

(323) 409-5911

collegeofnursing@dhs.lacounty.gov

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Board of Trustees Membership

Year 2023

Category	Board Member	Member Since	3 Yr. Term Expires
President	Rosa Maria Hernandez*	Fall 1992	Fall 2024
Vice-President	Nancy Blake, RN	Spring 2022	Spring 2025
Secretary	Vivian Branchick, RN	Spring 2006	Fall 2024
SON Feeder High School District	1. Rosa Maria Hernandez*	Fall 1992	Fall 2024
Local Community College	2. Ernest Moreno*	Fall 1992	Fall 2023
Rep. Local University	3. Charles Anthony Flores	Spring 2022	Spring 2025
Alumni, SON	4. Tonia Jones, RN	Fall 2021	Fall 2024
Community	5. Nancy Miller, RN	Spring 2014	Fall 2023
LAC+USC Med Center CEO	6. Jorge Orozco	Ex-Officio	
ASB President	7. Wendy Zambrano	Spring 2023	N/A

* Founding Member



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BOARD OF TRUSTEES

2023 MEETING SCHEDULE

The College Board of Trustees will meet in Tower Hall, Room 105 from
8:00 – 10:00 on the following dates:

February 9, 2023

May 11, 2023

August 10, 2023

November 9, 2023

Los Angeles County College of Nursing and Allied Health

College Governing and Standing Committee Bylaws

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Credentials	Faculty Development
PURPOSE	Establish policies and procedures that are consistent with the College mission, vision, and values; assure the quality, integrity, and effectiveness of student learning programs and services; and oversee the financial stability of the College	Provide leadership and ensure a fully-integrated institutional structure and process to achieve the College mission, vision, and values	Improve institutional effectiveness by directing the application of College wide research methods in order to evaluate program outcomes, student success, and faculty effectiveness	Provide a framework and process for evaluating the qualifications and effectiveness of faculty	<p>To promote faculty development of knowledge, skills and attitudes using the following four major domains:</p> <p>Professional development – an orientation to the academy that includes faculty roles and responsibilities and the values, norms, and expectations of the college</p> <p>Instructional development- basic and advanced teacher development through mentoring, peer coaching, teaching improvement workshops and consultations.</p> <p>Leadership development – orientation to leadership roles; preparation of effective leaders who understand formal and informal leadership styles; ability to use various tools and techniques such as continuous quality improvement, change management, and consensus-building.</p> <p>Organizational development-creating an effective organizational climate that values and rewards education and research, fosters continual learning, commits resources to faculty development programs, and formulates policies and procedures that shape</p>

					educational excellence and guide faculty behaviors.
FUNCTIONS					
<i>Assess/Plan Monitor/Evaluate</i>	<p>1. Review & approve the strategic plan & annual goals & monitor outcomes</p> <p>Monitor educational quality & effectiveness through performance measurements of the academic & student support service programs</p> <p>Conduct scheduled self-evaluation of Board performance & productivity</p>	<p>1. Review, recommend approval, & direct the implementation of the strategic plan & annual goals. Evaluate progress towards institutional outcomes & approve alternate strategies</p>	<p>1. Integrate divisional resource needs from assessment data to develop the strategic plan</p> <p>Analyze data & outcomes by comparison to thresholds. Utilize findings to recommend program improvements</p>	<p>1. Establish standards to identify & maintain qualified faculty to implement the strategic plan & promote program success</p> <p>Monitor & evaluate effectiveness of the selection process & tools</p>	<p>1. Identify professional development needs of faculty & staff to implement the strategic plan & promote program success</p> <p>Recommend methods/ resources to meet professional development needs & evaluate their effectiveness</p>
<i>Implement</i>	<p>2. Provide guidance in the development & improvement of educational & student support service programs</p> <p>Delegate to the provost, & through the provost to the faculty, the authority to establish & regulate courses of instruction & to implement & administer policies without Board interference</p> <p>Review -matters with legal implications and approve as recommended by the Provost</p> <p>Approve the selection of the provost & evaluate his/her performance</p>	<p>2. Review, recommend approval, & direct implementation of College academic & support service programs</p>	<p>2. Direct the collection & measurement of program review data & recommend plans for improvement</p>	<p>2. Facilitate development and implementation of tools for faculty selection and to measure faculty effectiveness</p>	<p>2. Facilitate implementation of workshops, panels, seminars, & other professional development methods</p>

<i>Resources/Budget</i>	3. Monitor the financial status of the College, review/approve budget requests & funding proposals, & advocate for resources	3. Review & recommend approval of budget requests & resource allocation to meet strategic planning goals	3. Aggregate data identified in program reports & communicate resource needs	3. Investigate, evaluate, & recommend incorporation of community standards related to staffing & employee qualifications	3. Evaluate & recommend professional development programs & materials
<i>Policies</i>	4. Approve the policies, rules & regulations under which programs operate	4. Review & approve/recommend approval of College policies & procedures	4. Design, review, & update the Program Review Plan & related policies, documents, & forms	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to hiring, orientation, & promotion of faculty	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to professional development of faculty & staff
<i>Regulatory Compliance</i>	5. Monitor compliance, approve reports, & direct participation in the accreditation processes of the WASC:ACCJC, the California BRN, & other allied health & accrediting/regulatory agencies	5. Oversee compliance with regulatory agency requirements. Review & approve regulatory agency reports	5. Incorporate regulatory standards into the Program Review Plan 6. Verify, monitor, & facilitate institutional processes to maintain compliance with regulatory agency requirements.	5. Review College hiring & orientation policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated	5. Review College education & training policies and procedures for compliance with those of regulatory agencies, LA County, & DHS.
<i>Communication/ Collaboration</i>	6. Uphold decisions made by the Board, advocate for the institution, & protect it from undue influence or pressure 7. Communicate & collaborate with College Governance Committee. Approve recommendations Adhere to the Board of Trustees' Membership Agreement & Code of Ethics	6. Collaborate & communicate with all governing & standing committees. Disseminate information to faculty, staff, & students 7. Make recommendations to the Board of Trustees	7. Provide consultation & guidance to College committees, faculty & staff. Disseminate report findings 8. Make recommendations to the College Governance Committee	6. Collaborate with faculty to determine effectiveness of selection & peer review processes 7. Provide policy & procedure recommendations to the College Governance Committee	6. Collaborate with faculty to identify professional development needs 7. Provide policy & procedure recommendations to the divisional governing & College Governance committees
MEMBERSHIP	Elected & nonelected members	Provost, divisional deans, directors, faculty, staff, & student representatives	Dean IERP,, CIO, & faculty,	Faculty members from all divisions	Faculty members from all divisions
REPORTS TO	DHS	Board of Trustees	College Governance Committee, SON Planning	College Governance Committee, SON Planning	EDCOS Shared Governance & SON Planning Committees
MEETINGS	Four times/year	Every other month	-Every other month	Quarterly	-Quarterly

Orig
: 9/11/13
WASC.2014FollowUpRprt.Recomm1&2

Rev'd: 10/8/13, 10/22/13, 11/12/13, 11/26/13, 12/12/13, 1/16/14, 9/28/17, 6/27/19

Los Angeles County College of Nursing and Allied Health

School of Nursing Committee Bylaws

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
PURPOSE	Serve as a steering committee for integrating communication between College Governance and the SON standing committees. Direct the nursing program and operations to support the College mission, vision, and values Provides a mean whereby the SON shares in the College's governance.	Assure the quality, integrity, and effectiveness of School of Nursing (SON) courses. Provide a means whereby faculty share in SON governance.	Develop, implement, and evaluate admission, progression, and graduation processes to optimize student preparation to complete the course of study.	Serve as a steering committee that provides oversight on matters pertaining to curriculum development, evaluation, and revision to maintain its integrity. Provide guidance in the planning, implementation, and evaluation of all nursing theory and clinical courses in order to achieve student learning outcomes (SLOs).	Plan, implement, and evaluate the courses within the semester.
FUNCTIONS					
<i>Assess/Plan Monitor/Evaluate</i>	<ol style="list-style-type: none"> Review, recommend approval, & direct the implementation of the SON annual goals. Evaluates the progress toward the SON outcomes & approve alternate strategies. Ensures the SON integration of the Colleges strategic plan objectives. 	<ol style="list-style-type: none"> Review, approve, & direct implementation of the SON annual goals. Evaluate progress towards outcomes & approve alternate strategies. 	<ol style="list-style-type: none"> Assess, plan, monitor, & evaluate student admission, progression, & graduation: <ul style="list-style-type: none"> Admission criteria/process On time completion/attrition Graduation/completion Admission/progression policy waivers Ensure the catalog provides accurate & current information as required by regulatory agencies: <ul style="list-style-type: none"> Contact information; Board member, administrator, & faculty names Admissions requirements Course, program, & degree offerings Academic calendar, program length Financial aid Learning resources Major policies such as academic freedom, academic honesty, 	<ol style="list-style-type: none"> Assess, plan, monitor, & evaluate nursing program for: <ul style="list-style-type: none"> Curriculum concepts, course descriptions, & Program SLOs for alignment with College mission, vision, values; philosophy; goals; & Course SLOs Conceptual framework for identification & congruency of related concepts, sub- concepts, & theories across all levels of the curriculum Curriculum progression from simple to complex Consistent & effective use of teaching methodologies, assessment/grading tools, & other course requirements SLO assessment & committee/program review data for patterns that may 	<ol style="list-style-type: none"> Assess, plan, monitor, & evaluate theory & clinical courses within the semester for: <ul style="list-style-type: none"> Effectiveness of theory & clinical course teaching methodologies & tools in achieving SLOs Consistent application of teaching/testing materials, assessment rubrics, & grading methodologies Need for revisions based on SLO assessment findings Effective communication between courses, semesters, & committees Correlation between theory & clinical courses

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
			nondiscrimination, transfer credits, grievances /complaints, sexual harassment, & refund of fees	indicate program improvement opportunities	
<i>Implement</i>	<p>2. Evaluate the implementation process of the SON divisional governing, standing, and semester committees.</p> <p>Review, recommend approval, & direct implementation of SON academic & support service programs</p> <p>Aggregate & prioritize recommendations from the SON committees</p> <p>Identify & coordinate responses to issues impacting the SON</p>	2. Oversee implementation of the curriculum, direct standing & course committees, & review & approve committee recommendations.	<p>2. Oversee implementation of admissions & promotions policies; recommend revisions as indicated</p> <p>Verify that the admission process test instruments are valid, reliable, & minimize cultural bias</p>	<p>2. Provide guidance to semester committees on matters pertaining to curriculum development, evaluation, & revision</p> <p>Identify & propose curriculum revisions based on SLO achievement & changes in education & healthcare</p>	<p>2. Apply teaching methodologies, tools, & clinical experiences to assist students to achieve SLOs</p> <p>Maintain consistent use of grading methods, course objectives, syllabi, test blueprints, & schedules</p>
<i>Resources/Budget</i>	<p>3. Review & recommend approval and direct implementation of the SON budget requests & resource allocation to meet SON goals.</p> <p>Assimilate & prioritize needs of the SON and prepare and submit budget requests, & develop plans for resource allocation to the College Governance Committee.</p>	3. Prioritize resource needs & submit requests to SON Planning Committee.	3. Recommend testing tools, educational materials and resources and align with community practice /standards to support student admission & progression.	3. Recommend educational materials and resources that support the curriculum & student learning to align with community practice/standards.	3. Recommend resources identified in course SLO assessment to support student learning.
<i>Policies</i>	4. Draft, update, recommend approval guide implementation,	4. Review, revise, & approve SON policies & submit to SON	4. Develop, evaluate, & revise policies, procedures, guidelines,	4. Develop, evaluate, & revise policies, procedures, guidelines,	4. Consistently implement relevant DHS, College, & SON

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
	& evaluate of SON policies & procedures and submits to the College Governance Committee for review and approval.	Planning Committee for review & approval.	<p>& forms related to student admission & promotion:</p> <ul style="list-style-type: none">• Admissions, transfer of credit• Criminal background check• Nursing course exemptions/challenges• High risk student• Curriculum plan• Transition course• Testing• Make up examination• Grading systems• Academic status/warning• Academic withdrawal, dismissal, failure <p>Ensure policies & procedures related to admission, progression, & graduation are applied fairly & equitably regardless of age, sex, race, creed, nationality, disability, color, marital status, or sexual orientation</p>	<p>& forms related to the curriculum:</p> <ul style="list-style-type: none">• Philosophy, conceptual framework• Program purpose, objectives• Curriculum changes• Textbook approval• Intercommittee Communication• Testing• Syllabi• Educational media• Grading for clinical courses• Skills & drug dosage calculation competency• Clinical remediation	policies. Recommend revisions as indicated.
<i>Regulatory Compliance</i>	<p>5. Oversee the SON compliance with regulatory and accrediting agency requirements.</p> <p>Review & approve regulatory agency reports.</p> <p>Implement measures to ensure compliance with standards.</p> <p>Verify compliance with mandatory</p>	<p>5. Establish, monitor, & facilitate SON processes to maintain compliance with regulatory and accrediting agency requirements.</p> <p>Develop, review, & approve regulatory agency reports.</p>	<p>5. Validate, monitor, & facilitate compliance with regulatory and accrediting agency requirements related to admission, progression, & graduation.</p>	<p>5. Ensure the curriculum maintains compliance with regulatory and accrediting agency requirements.</p>	<p>5. Ensure semester course content adheres to regulatory and accrediting agency requirements</p>

NAME	SON Planning	Faculty Organization	Admissions/Promotions	Curriculum	Semester Committees
	Requirements.				
Communication/ Collaboration	6. Collaborate & communicate with governing, divisional , standing, semester committees.	6. Communicate & collaborate with standing, course, & semester committees. Disseminate information from DHS, Medical Center, & College committees.	6. Communicate & collaborate with College & SON committees regarding admissions & progression matters.	6. Communicate & collaborate with College & SON committees regarding curriculum matters. Disseminate information related to educational/nursing practice trends, curriculum revisions, & regulatory agency changes to all stakeholders.	6. Communicate & collaborate with standing & course committees regarding teaching, clinical site, & student issues.
	7. Disseminate information from the governing and college committees to faculty, staff, & students.	7. Maintain formal & informal communication between local, state, regional agencies and affiliating institutions.	7. Review semester reports & proposals.	7. Review semester reports & Proposals.	7. Present recommendations to SON committees.
	8. Make recommendations to the Faculty Organization and College Governance Committee.	8. Present recommendations to the SON Planning Committee	8. Present recommendations to the SON Faculty Organization	8. Present recommendations for discussion and approval to the SON Faculty Organization.	
MEMBERSHIP	Dean, SON, Dean Administrative and Student Services, Dean, IERP, ERC Director, FA Director, Faculty Org Chair, Credentials Committee Chair, Faculty Development Chair	Faculty Org Chair, Semester Coordinators, Curriculum Chair, Admissions & Promotions Chair, Faculty Advisory Committee Chair, ADA Committee Chair, Sim Lab Committee Chair, Content Expert Committee Chair	<ul style="list-style-type: none">• Minimum of one faculty member from each semester• One student representative from each class	<ul style="list-style-type: none">• Minimum of one faculty member from each semester• One student representative from each class	Teaching faculty assigned to each semester
REPORTS TO	College Governance Committee	SON Planning Committee	SON Faculty Organization	SON Faculty Organization	SON Faculty Org Committee
MEETINGS	-Every other month	Every other month	Every other month	Every other month	Monthly

Los Angeles County College of Nursing and Allied Health

Administrative and Student Services, Allied Health and Associated Student Body Committee Bylaws

NAME	Student Support Services	Division of Allied Health Continuing Education (DAHCE)	SON Associated Student Body
PURPOSE	Support the academic programs and promote student success	Develop, implement, evaluate, and revise courses to achieve the strategic plan and annual goals, and meet the educational needs of Allied Health WFM's in LA County- DHS	Enhance understanding and provide an effective means of expression between the School of Nursing (SON) and students
FUNCTIONS			
Assess/Plan Monitor/Evaluate	1. Assess the effectiveness of student support services & recommend policies, procedures, & program improvements	1. Develop DAHCE annual goals to meet County and DHS strategic plans 2. Evaluate course & instructor effectiveness through the program review process 3. Develop Annual Program Evaluation Report to summarize & report progress towards outcomes 4. Make recommendations regarding revising course offerings based on program review findings to College Governance Committee	1. Identify & define student issues that affect the educational experience & the status of the individual student by expressing the concerned opinion of the Associated Student Body (ASB)
Implement	2. Develop annual goals & plans based on College strategic plan & goals Oversee, guide, & direct student support services including applications, program admissions, registration, orientation, & progression Manage & maintain employee & student records	5. Develop, implement, & revise courses to achieve annual goals & meet identified educational needs	2. Integrate all ASB activities
Resources/Budget	3. Recommend resources to support student success & to achieve annual goals to the College Governance Committee	6. Identify resource needs based on program review findings & submit requests to College Governance Committee	3. Participate in program related surveys and make recommendations for improvements
Policies	4. Draft, update, & recommend revision to divisional & College policies related to student support	7. Draft & revise policies. Submit policies to College Governance Committee for review & approval	4. Recommend revision to student related policies: <ul style="list-style-type: none">Nursing Student Bill of RightsStudent ResponsibilitiesStudent Dress Code
Regulatory Compliance	5. Ensure compliance with regulatory and accrediting agency standards	8. Ensure compliance with regulatory and accrediting agency standards	5. Participate in regulatory and accrediting agency site visits

NAME	Student Support Services	Division of Allied Health Continuing Education (DAHCE)	SON Associated Student Body
Communication/ Collaboration	<div>6. Collaborate & communicate with faculty & staff regarding program outcomes. Disseminate information from College committees to support staff members</div> <div>7. Present recommendations to College Governance Committee</div>	<div>9. Present recommendations to College Governance Committee</div>	<div>6. Collaborate with College & SON committees & faculty liaisons regarding student issues & concerns affecting their educational experience</div> <div>7. Present recommendations to SON Faculty Organization</div>
MEMBERSHIP	Administrative & Student Services Dean, ERC Director, Financial Aid Director	Director, AH, ERC Director, CIO, Nursing Instructor	ASB president, vice-president, treasurer, secretary, president of each class, Special Projects Committee representative One representative from each of the following organizations: <ul style="list-style-type: none">Newman Club/Nurses' Christian FellowshipNSNA/CNSA (California Nursing Student Association)
REPORTS TO	College Governance Committee	College Governance Committee	SON Faculty Organization
MEETINGS	Every other month	Monthly	Monthly during the School Year



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BOARD OF TRUSTEES BYLAWS

ARTICLE I Title and Description, Purpose, and Functions

Section 1: Description

The Name of this Board of Trustees is the Los Angeles County College of Nursing and Allied Health Board of Trustees. The Board of Trustees (Board) is the governing body for the College.

The College is owned by the County of Los Angeles. The Board of Supervisors is the elected governing body for Los Angeles County (LAC) and establishes/approves policy, funding, roles, and responsibilities for the various County divisions. The College is operated under the auspices of the LAC Department of Health Services (DHS) and LAC+USC Medical Center.

Section 2: Purpose

The Board establishes policies and procedures that are consistent with the College Mission, Vision, and Values; assures the quality, integrity, and effectiveness of student learning programs and services; and oversees the financial stability of the College.

Section 3: Functions

The Board has the authority to review the academic and financial affairs of the College in order to ensure the quality and integrity of its educational programs and to provide guidance to its administration in carrying out the educational mission and goals. The Board functions are to:

- a. Provide guidance in the development and improvement of the educational and student support service programs
- b. Review and approve the strategic plan and annual goals and monitor outcomes
- c. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
- d. Recommend, monitor, and approve the policies, rules and regulations under which programs operate
- e. Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to

implement and administer policies, programs, and operations without Board interference

- f. Approve the selection of the provost and evaluate his/her performance
- g. Monitor compliance, approve reports, and direct participation in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies
- h. Monitor the financial status of the College, review/approve budget requests and funding proposals, and advocate for resources
- i. Review legal matters and recommend courses of action
- j. Adhere to the Board's Membership Agreement and Code of Ethics
- k. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure
- l. Conduct scheduled self-evaluation of Board performance and productivity.

ARTICLE II Membership

Section 1: Members

The membership of the Board consists of no less than nine persons divided in two categories. One category consists of "non-elected members", as follows:

- a. Chief Executive Officer, LAC + USC Medical Center
- b. Chief Nursing Officer, LAC+USC Medical Center
- c. Provost, or designated administrator, College of Nursing and Allied Health
- d. Student, ASB President, College of Nursing and Allied Health

Five other members constitute a category of "elected members". Elected members are representative of eight constituency groups within the County of Los Angeles as follows:

- a. One representative from the Community

- b. One representative from a local community college
- c. One representative from a local university
- d. One representative from a school district with a feeder high school
- e. One representative from the Alumni, School of Nursing

Non-elected members and elected-members together constitute and are referred to as the Board of Trustees.

Section 2: Terms of Elected Membership, Resignation and Removal of Elected Members

Each elected Board member serves a three-year term and holds office until a successor representative of the same constituency is elected.

The terms of service of elected Board members are staggered so that no more than one third of the members are elected annually.

Non-elected trustee members serve for a term ending on the date their successors qualify for Board membership.

Forfeiture of Board membership is necessary if the individual representative changes position and is no longer a representative of the constituency section.

An elected member may resign by submitting a written resignation to the Secretary of the Board at least fifteen days prior to the effective date of resignation. An elected member may be removed from membership by vote of two thirds of all Board members. However, before any member may be removed, the member shall be given information for the basis for the proposed removal and an opportunity to be heard by the Board.

Emeritus membership may be offered to elected members in good standing whose active service has ended.

Ex-officio and emeritus members serve as nonvoting consultants to the Board.

Section 3: Election

Non-elected members select nominees for elected-members.

Persons are elected to membership by receiving a majority vote of the members then in office.

Section 4: Vacancies

If any vacancies in the elected membership of the Board occur for any reason, including the enlargement of the total membership, the members elect persons to fill such vacancies. Such members will fulfill the remaining term of office of the member replaced.

Section 5: Orientation and Board Development

New members are oriented to the purpose and function of the Board in accordance with Board policy.

Members are informed of accreditation and regulatory agency standards, expectations, and recommendations. Board members are provided with information to assist them in performing their duties and functions.

ARTICLE III Officers and Duty of Officers

Section 1: Designation

The officers of the Board are the President, Vice-President, Secretary, and any other officers, as the Board deems appropriate.

The President is elected from current Board membership. This is a rotating presidency with a term of three years

The Vice President is the Chief Nursing Officer, LAC+USC Medical Center

The Secretary is the provost of the College of Nursing

Section 2: Duties of Officers

The President calls and presides over the Board meetings and is a voting member of all committees.

The Vice-President performs such duties as may be assigned by the President. In case of absence of the President, or of his/her inability from any cause to act, the Vice-President performs the duties of the President.

The Secretary prepares an agenda for all meetings of the Board, notifies members of meetings, and is responsible for keeping and recording adequate records and proceedings of all meetings.

ARTICLE IV Meetings

Section I: Regular Meetings

Regular meetings of the Board are held in accordance with Board policy.

Section 2: Special Meetings

Special meetings of the Board may be called at any time by a majority of the Board members or by the President. Written or verbal notification will be provided to each Board member a minimum of three working days prior to the scheduled meeting. Such notice states the purpose for which the meeting is called. No business other than that specified in the notice of the Special meeting will be transacted.

Section 3: Quorum

A quorum will constitute six Board members, one of whom must be an officer of the Board. A vote of a majority of the members present at the time of a vote, if a quorum is present, is the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees, except as noted in Article II, Section 3 of these Bylaws.

Section 4: Open Meetings

Meetings of the Board are open to the public as required by law.

Individuals, who want to appear before the Board to address an agenda item or make public comment, must provide written notice to the Secretary/provost two working days prior to the meeting, stating the reason for the appearance.

The President determines and announces any reasonable restrictions upon such presentations and the time allotted for public comment.

The President determines and announces whether to recognize individuals who want to appear who have not submitted advance notice prior to the meeting.

ARTICLE V Committees

Section 1: Standing Committees, Ad Hoc and Other Committee Appointments

The Board of Trustees may create and impanel standing committees, ad hoc and other committees, as it may deem necessary to promote the purposes and carry out the work of the Los Angeles County College of Nursing and Allied Health.

Under special circumstances, the President has the power to create special, ad hoc, and other committees and appoint their members. The chairperson of each standing committee presents a plan of action to the Board for approval. Any committee action requires approval of the Board.

Section 2 Deactivation of Committees

The Board may at any time determine that the functions of a Board committee previously established by the Board are no longer required and may deactivate said committee. The President may at any time dissolve ad hoc and other committees that were created by the President.

ARTICLE VI Amendments

Section 1: Amendments

These Bylaws are reviewed and approved a minimum of every three years and whenever there is a significant change in the authority, purpose, or function of the Board.

These Bylaws may be amended at any meeting by a two-third vote of the Board members, or without a meeting if all members consent in writing to the adoption of the amendment.

Section 2: Notice

Proposed amendments are sent to all members at least one month prior to the vote.

ARTICLE VII Dissolution

In the event of the closure of the Los Angeles County College of Nursing and Allied Health, the Board of Trustees will be dissolved.

Signed: _____
President, Board of Trustees
(Signature on file)

Dated: _____

Originating date: 12/94
Revised date: 2/05, 2/07, 8/08, 5/12, 3/7/14, 3/17, 8/18, 5/19, 1/23

BOT:nm
BOT.Bylaws

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE

		Page 1	Of 2
Subject: MEETINGS	Original Issue Date: February 18, 2005	Policy #: 120	
	Supersedes: November 18, 2016	Effective Date: August 12, 2021	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (Signature on File)	

PURPOSE:

To describe the process for scheduling meetings and setting agenda topics.

POLICY:

Regular meetings of the Board of Trustees shall be held no fewer than four times during the academic year.

- Meetings are held on the second Thursday of August, November, February, and May.

The agenda shall:

- Be set based on items of ongoing discussion, carry over business, and new business pertaining to the College
- Be posted at least 72 hours prior to a regular meeting in location readily accessible to the public
- Include the date, time, and location of the meeting and each item of business to be transacted or discussed
- Allot time for new business.

PROCEDURE:

The Secretary or designee:

- Provides members with an annual meeting schedule
- Sends written notification of meetings to all members at least one week prior to the date of the meeting
- Develops and distributes the agenda for each meeting in collaboration with the President
- Ensures the agenda is posted
- Reviews the draft minutes with the President and distributes the minutes.

Members may add new agenda topics by submitting a request to the President and/or Secretary a minimum of one week prior to the meeting.

REFERENCES:

Board of Trustees' Handbook

Ralph M. Brown Act: California Government Code Sections 54950-54960.5

REVISION DATES:

February 18, 2005

Subject:
MEETINGS

August 28, 2009
November 16, 2012
November 18, 2016
August 12, 2021

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE**

		Page 1	Of 1
Subject: NEW MEMBER ORIENTATION	Original Issue Date: February 18, 2005	Policy #: 510	
	Supersedes: November 18, 2016	Effective Date: November 12, 2020	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (Signature on File)	

PURPOSE:

To delineate new member orientation.

POLICY:

New members to the Board of Trustees are oriented to the Board and to the College.

PROCEDURE:

The President or designee will provide the new member with:

- Board Members' Handbook
- Review of Board functions and processes including:
 - Member Roles and Responsibilities
 - Status of the College including financial issues
 - Future directions, strategic plan
 - Meeting schedules and procedures
- Tour of the College.

The new member:

- Reviews and signs the Board Code of Ethics and Professional Ethical Responsibilities form
- Reads the Board of Trustees' Handbook
- Familiarizes themselves with College operations.

REFERENCES:

ACCJC Guidelines

Board of Trustees' Handbook

REVISION DATES:

February 18, 2005

August 28, 2009

November 16, 2012

November 18, 2016

November 12, 2020

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
POLICY & PROCEDURE MANUAL**

		Page 1	Of 1
Subject: PROVOST SELECTION	Original Issue Date: May 24, 2013	Policy #: 500	
	Supersedes: August 19, 2016	Effective Date: August 16, 2019	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (signature on file)	

PURPOSE:

To delineate the process for selection of the provost

POLICY:

The College adheres to Los Angeles County (LAC) civil service rules and Department of Health Services (DHS), LAC+USC Medical Center, and College policies and standards for employee selection, hiring, and evaluation.

The provost job description is developed and reviewed by the College, approved by the Board of Trustees, and submitted to LAC Human Resources (HR) for posting on the employment opportunities website.

Applicants submit their resumes to HR and undergo a civil service screening exam.

Qualified provost candidates are interviewed by Board officers, selection is recommended by the Board president, and the final candidate is submitted to the Board for confirmation.

PROCEDURE:

The Board of Trustees:

- Approves the selection of the provost and evaluates his/her performance annually.
- Delegates to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

PROCEDURE DOCUMENTATION:

County of Los Angeles Employment Application

REFERENCES:

ACCJC: WASC Standard IV.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

REVISION DATES:

May 24, 2013
August 19, 2016
August 16, 2019

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE MANUAL

Page 1 Of 2

Subject: SELF APPRAISAL	Original Issue Date: May 24, 2013	Policy #: 300
	Supersedes: August 19, 2016	Effective Date: August 16, 2019
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (signature on file)

PURPOSE:

To delineate the process for conducting periodic appraisal of Board of Trustees effectiveness in performing designated functions

POLICY:

The Board conducts a triennial/scheduled self appraisal of its performance and productivity

PROCEDURE:

The Board:

- Completes a scheduled self appraisal
- Assesses their performance and productivity by functional categories:
 - Organization and dynamics
 - Decision making process
 - Orientation and development
 - Relationship to the program
 - Goals, objectives, priorities
 - Member participation
 - Method for gaining information about the College
- Reviews the findings and develops improvement plans as indicated
- Evaluates the policy, procedure, and effectiveness of improvement plans.

The Dean, Institutional Effectiveness, Research and Planning facilitates the Board self-appraisal:

- Distributes Self Appraisal according to schedule
- Aggregates, tracks and trends findings
- Submits report to the Board
- Revises process and form as needed.

PROCEDURE DOCUMENTATION:

Self Appraisal Form

Board of Trustees Self Appraisal Record Summary

REFERENCES:

ACCJC: WASC Standard IV.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

Subject:

SELF APPRAISAL

REVISION DATES:

May 24, 2013

August 19, 2016

August 16, 2019

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES

MEMBERSHIP AGREEMENT AND CODE OF ETHICS

Member Name: _____

As a member of the Los Angeles County College of Nursing and Allied Health Board of Trustees, I agree to:

1. Support the College's mission, vision, values, strategic plan, and the development and improvement of the educational programs
2. Attend and participate in Board meetings
3. Review agendas, minutes, bylaws, policies, financial/budget information, and other documents distributed for discussion and/or approval
4. Participate in:
 - Selecting and approving the Provost and elected Board members
 - Monitoring educational quality and effectiveness through performance measurements of the academic and student support service programs
 - Preparing for accrediting agency surveys and visits and reviewing reports
 - Recommending, monitoring, and approving the policies, rules and regulations under which programs operate
 - Reviewing petitions and legal matters and recommending courses of action
 - Monitoring the College financial status and reviewing/approving budget requests and funding proposals
5. Delegate to the Provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies
6. Contribute to developing consensus in decision making while respecting diversity and exchange of ideas
7. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure
8. Base decisions upon all available facts; vote my honest conviction, unswayed by partisan bias and outside pressure
9. Maintain the confidentiality of Board decisions made in closed session or whenever so specified
10. Notify the Board President of potential conflicts of interest and decline to participate in decisions where conflicts exist
11. Abide by and uphold the final majority decision of the board
12. Advocate for and represent the College fairly, accurately, and supportively to the public and other agencies/constituencies
13. Evaluate the Board's performance and productivity
14. Resign from the Board should it be determined that I am unable to meet these agreements.

Member Signature

Orig: 3/22/95
NWM:nm

Date

Reviewed: 8/06, 5/10, 11/22/13, 8/31/18
BOT.BOTHndBk/PolS

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
SELF APPRAISAL**

Member Name: _____ Date: _____

Please rate your level of agreement with each of the following statements.

1. Board Organization and Dynamics	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The roles of the Board officers and chair are clear.					
b. The functions of the Board are understood.					
c. Meetings are conducted in such a manner that purposes are achieved.					
2. Decision – making processes	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Board members respect each other's opinion.					
b. Discussions are structured so that all members have an opportunity to contribute to the decision					
c. Board members receive adequate background information upon which to base a decision.					
3. Trustee orientation and development	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. New members receive an orientation to the roles and responsibilities of the Board.					
b. Board members possess understanding of the College and County issues.					
c. Board members keep informed regarding developments in associate degree nursing & healthcare education programs.					
4. Board relationships to program	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The Board keeps abreast of new developments in the educational program through attendance at meetings, reading of informational materials, and involvement with the College.					
b. The Board establishes written policies, which provide guidance for the administration of the educational program and efficient use of resources.					
c. Board decisions reflect sensitivity to the needs of the community that the College serves.					

Please rate your level of agreement with each of the following statements.

5. Goals	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The Board encourages and promotes long-range planning consistent with program needs.					
b. The Board activities and priorities are closely tied to the mission and goals of institution.					
c. The Board sets and evaluates its functions as outlined in the Bylaws.					
6. As a Board member I have participated in the following activities in the past year:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Review and approval of the Mission statement.					
b. Establishment of strategic directions.					
c. College budget preparation/ review/analysis.					
d. Review/analysis of partnership proposals.					
e. Graduation ceremony					
7. I regularly gain information concerning the College by:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Attending Board meetings.					
b. Reviewing the Board bylaws, policies, and related documents.					
c. Reviewing Board meeting minutes.					

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

Board of Trustees

DATE:
TIME: 8:00 – 10:00
PLACE: College of Nursing & Allied Health
Tower Hall, Room 105

Agenda

- I Welcome & Introductions** BOT Chair
- II Minutes of**
- III Announcements**
- IV Public Comments**
- V Old Business**
 - A ACCJC: WASC Accreditation
 - 1 Pending Reports/Visits Provost
 - 2 Research/Program Review/Planning Research Director
 - 3 IT Support/College Information Systems Dean, Ad & Stud Svcs
 - B Divisional Reports (1x/year)
 - 1 Administrative & Student Services (Feb) Dean, Ad & Stud Svcs
 - 2 Educational Resource Center (May) ERC Director
 - 3 Education & Consulting Services (Nov) Dean, EDCOS
 - 4 Financial Aid (Feb) F.A. Director
 - 5 School of Nursing (Aug) Dean, SON
 - 6 Allied Health (May)
 - C NCLEX-RN Pass Rate (May & Nov) Provost
 - D Recruitment
 - 1 SON Student Demographics (Aug & Feb) Dean, Ad & Stud Svcs
 - 2 SON Student Projections (May & Nov) Dean, Ad & Stud Svcs
 - 3 DHS Hiring Rate (May & Nov) Provost
- VI New Business**
 - A Policy Approval Provost/designee
 - B Budget Request/Revenue & Expenditure Summary (Nov) Provost
 - C Board Development Activity Provost/designee
- VII Next Meeting:** Date
8:00 – 10:00
College of Nursing & Allied Health
Tower Hall, Room 105

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES MINUTES**

August 12, 2021
Microsoft Teams Meeting

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
PRESENT:	Vivian Branchick, RN Rosa Maria Hernandez Kathy Hinoki, RN Tonia Jones, RN Ernest Moreno Jorge Orozco	ADMIN STAFF: Ruby Gabbedon, RN Mildred Gonzales, RN Herminia Honda, RN	PUBLIC:
EXCUSED/ ABSENT:	Karla Gonzalez, MD		
CALL TO ORDER & INTRODUCTIONS	R. Hernandez called the meeting at 1305	Information	None
APPROVAL OF MINUTES	Minutes of February 11, 2021 reviewed and approved as written. Six members present voted for approval.	Post on website	H. Honda
MINUTES FOLLOW-UP	<ul style="list-style-type: none"> ➤ Minutes of November 12, 2020 = Posted on the internet ➤ Policy # 200: Academic Freedom = finalized and posted ➤ Policy # 201: Academic Honesty and Professional Conduct = finalized and posted. 	Information	None
ANNOUNCEMENTS	The Spring 2021 cohort that has been deferred will be starting on August 16, 2021, there are 58 new students. Trina Trongone, Director, Office of Educational Services, has been promoted to Dean, College Operations and Student Support Services. Congratulations T. Trongone.	Information	None
PUBLIC COMMENT	None	Information	None
OLD BUSINESS			
ACCREDI-TATION	<ol style="list-style-type: none"> 1. <u>ACCJC Report</u> – H. Honda reported on the following: <ul style="list-style-type: none"> ➤ No pending report with ACCJC. Midterm Report is due in 2023. 2. <u>ACEN Report</u> - H. Honda reported: On July 07/12/21, CONAH's ACEN application for candidacy was granted. The candidacy status is valid for two years. A self-study report will be submitted before the site visit. Candidacy status has been posted on the website per ACEN guidelines. E. Moreno inquired about the significance of the ACEN accreditation. H. Honda explained that a national accreditation would allow the College to receive federal grants. ACEN was chosen instead of Commission on Collegiate Nursing Education (CCNE) as the latter accredits bachelor's degree programs. 3. <u>BRN Report</u> – M. Gonzales reported that Heather Sands, BRN NEC has been notified of the in-person classroom teaching this fall semester. BRN visit is scheduled for 2023. The College is tracking the number of students who had received the COVID vaccine. They are required to submit a copy of their vaccine card during registration. The new LAC 	<ol style="list-style-type: none"> 1. Information 2. Information 3. Information 	<ol style="list-style-type: none"> 1. None 2. None 3. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	<p>health order requires DHS workers to show proof of vaccination or get regular testing for COVID-19. This will also apply to CONAH students. To date, 90% of the student body have been fully vaccinated. Students have been notified to submit their vaccination cards by August 19, 2021. DHS workers that are not vaccinated will be regularly tested for COVID. Much discussion ensued:</p> <ul style="list-style-type: none"> ➤ T. Jones inquired whether students will be using personal time, or school time for the COVID testing. Who will be paying for the cost testing and are they requiring PCR or rapid test? ➤ Students from affiliate schools are also required to submit their vaccination status ➤ Will medical and religious reasons be accepted for exemptions? ➤ E. Moreno commented that vaccinated individuals could still be infected with COVID ➤ CONAH students and staff will be required to always masks while on campus regardless of vaccination status ➤ Social distancing will still be required while on campus ➤ R. Hernandez commented that there will be lots of things to consider and due to the variants, the College will have to deal with these issues daily and consider the impact of the processes in place for faculty, staff, and students. The College will have to adhere to public health orders. <p>4. <u>IE/Planning</u> - H. Honda reported that IERP is reviewing/analyzing course evaluations, committee reports, and student learning outcomes reports for AY 2020-2021.</p> <p>5. <u>Technology/College Information Systems</u> - H. Honda is currently receiving training on financial aid CAMS portal with T. Trongone, V. Kieng and N. Lim. Students' financial aid info has been uploaded on CAMS.V. Kieng and N. Lim have been updating information on the website. The College is ready to assist faculty and staff if the College revert to online learning.</p>	<p>4. Information</p> <p>5. Information</p>	<p>4. None</p> <p>5. None</p>
DIVISIONAL REPORTS	<p>1. Educational Resource Center (ERC) – R. Gabbedon reported on the ERC 2020-2021 annual report: ERC had to rearrange the setting in the ERC to adhere to COVID restrictions. Staff and students continued to utilize the library, skills lab and computer labs during the restrictions and changes implemented were received positively. Adapted the use of webcams for online support of students.</p> <p><u>ERC Usage Trends:</u></p> <ul style="list-style-type: none"> ➤ Ordered more laptops for students' use ➤ Incorporated the use of infusion management training for students ➤ Explored the conversion of the Library to an R2 Digital library ➤ Submitted the request to purchase Gaumard for simulators to enhance student learning outcomes ➤ Added more Alaris pumps to assist student with learning <p><u>ERC Expenditure:</u></p> <ul style="list-style-type: none"> ➤ There is decrease cost in book purchases ➤ Maintenance software agreement costs were the same as last academic year. <p>N. Miller recommended to put the usage trend in graph form for clarification for the next reporting period.</p>	<p>1. Information</p>	<p>1. None</p>

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP																																																																											
	<p><u>SON Student Projections and Demographics</u> – H. Honda reported on behalf of T. Trongone:</p> <p><u>Basic Two-year Program- Fall 2021 Admission</u></p> <p>Goal = 60 Total = 60 (58 new admissions, 2 readmissions) Capacity yield = 100% Threshold (90%) met</p> <p>New two-year students - Graduate Spring 2023 (Class 2023-I)</p> <ul style="list-style-type: none">Gender:<table><tr><th></th><th>Total</th><th>Class %</th></tr><tr><td>Males</td><td>16</td><td>27.6</td></tr><tr><td>Females</td><td>42</td><td>72.4</td></tr><tr><td>Total</td><td>58</td><td>100%</td></tr></table>Ethnic Composition:<table><tr><th></th><th>Total</th><th>Class %</th><th>LA County %*</th></tr><tr><td>Caucasian</td><td>10</td><td>17.2</td><td>31.1%</td></tr><tr><td>Black</td><td>1</td><td>1.7</td><td>9.7%</td></tr><tr><td>Hispanic</td><td>26</td><td>44.9</td><td>44.6%</td></tr><tr><td>Native American</td><td>0</td><td>0</td><td>0.8%</td></tr><tr><td>Asian</td><td>9</td><td>15.5</td><td rowspan="2">12.3%</td></tr><tr><td>Filipino</td><td>3</td><td>5.2</td></tr><tr><td>Two or More</td><td>1</td><td>1.7</td><td></td></tr><tr><td>Unknown</td><td>8</td><td>13.8</td><td></td></tr><tr><td>Total</td><td>58</td><td>100%</td><td></td></tr></table><p>* https://lacounty.gov/</p>Age Range:<table><tr><th></th><th>Total</th><th>Class %</th></tr><tr><td>20-25</td><td>13</td><td>22.4</td></tr><tr><td>26-30</td><td>18</td><td>31.0</td></tr><tr><td>31-35</td><td>14</td><td>24.1</td></tr><tr><td>36-40</td><td>7</td><td>12.1</td></tr><tr><td>41-50</td><td>6</td><td>10.4</td></tr><tr><td>51 +</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>58</td><td>100%</td></tr></table>Point system continues to be used. Interview process was canceled due to COVID-19 pandemic.Cohort originally admitted for Spring 2021. Entry postponed until Fall 2021 due to COVID-19 surge.		Total	Class %	Males	16	27.6	Females	42	72.4	Total	58	100%		Total	Class %	LA County %*	Caucasian	10	17.2	31.1%	Black	1	1.7	9.7%	Hispanic	26	44.9	44.6%	Native American	0	0	0.8%	Asian	9	15.5	12.3%	Filipino	3	5.2	Two or More	1	1.7		Unknown	8	13.8		Total	58	100%			Total	Class %	20-25	13	22.4	26-30	18	31.0	31-35	14	24.1	36-40	7	12.1	41-50	6	10.4	51 +	0	0	Total	58	100%	2. Information	2. None
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TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	<ul style="list-style-type: none"> The average science GPA of the admitted students was 3.77; minimum requirement is 3.0 <ul style="list-style-type: none"> Total applicants= 191 Files reviewed= 141 Qualified applicants=137 Acceptance letters sent= 62 Deferments to Spring 2022 =0 <p>K. Hinoki shared that CSULA continued their interview process via zoom. H. Honda will discuss with K. Hinoki how they implemented the zoom interview just in case in-person interview will not be feasible for the students applying for the Spring 2022 entry.</p>		
ADMINISTRATIVE REPORT	<p>V. Branchick reported on the 2020-2024 CONAH Strategic Plan (SP). The SP was sent to the Board members for review. She reported on the following highlights:</p> <ul style="list-style-type: none"> Fall 2016 – 2019 goals have been accomplished Financial Aid CAMS portal is fully functional Counseling and tutoring by M. Caballero and J. Anderson have provided a supportive learning environment to the students Budget for faculty development and training have enabled faculty to attend courses on NCLEX-the next generation, and clinical judgement Computer, skills and simulation labs have been updated. CONAH applied and was approved for funding from CARES Act to purchase equipment and supplies for the skills lab and simulation lab. In the process of obtaining national accreditation which would allow the College to apply for federal grants Submitted a proposal to ACCJC for AH division to develop technical programs and grant a degree/certification upon completion. <p>N. Miller inquired about the CARES funding for Higher Education emergency Relief Fund (HEERF). H. Honda reported that CONAH received both the student portion and the institutional portion grant funding. The student portion need to be distributed solely to the students and the institutional portion could be used for College supplies and equipment. However, some portion of the institutional grant funding must be available for students for emergency needs. Currently, there is about \$400,000.00 available from the CARES Institutional portion of which about \$200,000. 00 will be utilized for supplies and equipment.</p>	Information	None
NEW BUSINESS			
	<p>1. <u>Policy # 120: Board Meetings</u> – Sent to Board members on 7/29/21. Policy reviewed by N. Miller and correction made on a typo on page 1. Five members voted for approval.</p>	1.Finalize and post	1.H. Honda
	<p>2. <u>Board membership/bylaws</u> – V. Branchick reported that the Board should review the membership and bylaws since there have been vacancies since 2017. The vacant positions are Community Health Care Organization and Alumni, SON representatives. H. Honda shared that it might be the best time to review the BOT Membership to adhere to ACCJC</p>	2. Information	2. None

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
	<p>recommendations back in 2019; to have a more diversified membership and not just DHS employees/past employees. Currently there are 11 positions, 3 non-elected and 8 non-elected. Much discussion ensued:</p> <ul style="list-style-type: none"> ➤ Local Colleges have the following membership: <ul style="list-style-type: none"> ○ Pasadena Community College= 9 ○ LACCD = 8 ○ Glendale Community College = 6 ○ Cerritos College =8 ○ Mt. San Jacinto College = 5 ➤ Vice President position to be rotated among BOT membership. ➤ J. Orozco stated that N. Blake, the newly appointed CNO for LAC + USC will be a good addition to the Board with her unique and professional experience such as being a nursing faculty member at UCLA School of Nursing ➤ Possibly decreasing the number of members ➤ Per the bylaws LAC +USC Medical Center has three representatives, and should the membership be given to other DHS facilities? ➤ T. Jones asked to be moved to the Alumni, SON representative rather than DHS. <p>After much discussion, no changes with membership. T. Jones will become the Alumni, SON representative. N. Blake will be invited to the November meeting. The two vacancies are DHS and Community Health Care Organization representatives.</p> <p>3. <u>LA County Requirement on Vaccination and Testing</u> R. Gabbedon inquired from J. Orozco if he has any other update regarding the vaccination mandate. J. Orozco stated that currently all County workforce members are required to have vaccination by October 1, 2021, and religious and medical exceptions will be admitted. Those that are not vaccinated will be tested weekly but the processes on how this will be implemented are not in place yet. Much discussion ensued:</p> <ul style="list-style-type: none"> ➤ E. Moreno inquired who will pay for the cost of testing ➤ County will be paying an outside agency to do the testing ➤ E. Moreno stated that BOT can mandate COVID vaccination requirements for the College ➤ J. Orozco made the following motion: The School of Nursing will comply with the LA County orders regarding vaccination and testing requirements for faculty, staff and students. Five members voted for its approval. Will adhere to the motion at this time and will make modification pending updated public health orders. 		
OFF AGENDA ITEMS	Next meeting is scheduled for November 18, 2021 and hoping for an in-person meeting.		
ADJOURNMENT	1430		
NEXT MEETING	November 18, 2021 College of Nursing & Allied Health Tower Hall Room 105	V. Branchick will forward agenda and minutes to members prior to meeting.	V. Branchick



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Education & Consulting Services
► Allied Health Continuing Education

(323) 226-4911/6511

Mission

To provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services.

Vision

To be a model learning centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles community.

Values

To guide us in achieving our mission and vision, we believe:

- Education is an indispensable component of high quality and safe patient centered care.
- Education is a dynamic, life long process that promotes and maximizes both personal and professional development.
- Our priority is to respond to the educational needs of our students, the LAC+USC Medical Center, Department of Health Services, and the community.
- Learning activities that provide for freedom of inquiry, self-discovery and sharing of ideas are conducive to individual growth.
- The teaching-learning process is a reciprocal relationship between learner and teacher, which maximizes learner autonomy, and is effective when achievement of learning outcomes is demonstrated.
- The climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems' needs, and cultural and ethnic backgrounds are recognized.
- Ongoing evaluation of our performance and openness to change is essential as programs grow, technology improves, student needs change, and learning methods evolve.
- Teamwork promotes flexibility, collaboration, innovation, and networking.
- Integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners, and the community.
- Fiscal responsibility is vital to ensuring the maximum benefit from DHS resources.

Motto

"There is no education like it in the world"

**Los Angeles County College of Nursing and Allied Health
STRATEGIC PLAN 2020-2024**

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				Fall 2019-Spring 2020	Fall 2020 - Spring 2021	Fall 2021 - Spring 2022	Fall 2022 - Spring 2024
GOAL I: Promote Student Success							
I A: Improve resource availability							
I A.1: Develop and implement a long- term plan for Information Technology to support college operations	ACCJC Std. I. AB, II.ABC, III.C.2 BRN Sect 1424(d)	CIO; Dean, IERP Provost	OES Program SLO/APER, SON Program SLO/APER	All IT projects completed for Strategic Plan 2016-2019 Per ACCJC recommendation, develop a long- term plan for Information Technology Conduct a needs Assessment that includes requesting additional resources to support Allied Health expansion	Follow up discussion by Provost with LAC+USC CEO and CFO who were both present at the 2019 accreditation survey briefing Provost is working with LAC+USC finance to ensure IT needs are incorporated into the budget process	Conduct assessment of long-term needs to support transition of the college from an Associate Degree to a Baccalaureate Degree program Implement components of IT long term plan based on priority, funding availability, and student/faculty needs	Continue ongoing IT needs assessment to ensure resources are available for students and faculty
I A.2: Implement remaining components of CAMS database	ACCJC Std. I. AB, II. ABC III.C BRN Sect 1424(d)	OES, IT	ERC Program SLO/APER, IEPRP (IT)	Goals for 2016-2019 completed Complete implementation of Financial Aid database	Financial Aid and Billing Portal components implemented. Staff training with vendor has been resumed after it was placed on hold due to Covid-19 pandemic.	Continue with staff training	Evaluate implementation of remaining CAMS modules based on applicability to college operations.

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				Fall 2019-Spring 2020	Fall 2020 - Spring 2021	Fall 2021 - Spring 2022	Fall 2022 - Spring 2024
I A.3: Increase electronic educational resources	ACCJC Std. I. AB, II.ABC, III.C BRN Sect 1424(d)	ERC, IT	ERC Program SLO/APER, IEPRP (IT)	New Lippincott textbooks and digital resources, i.e. adaptive learning assignments and vSIM were implemented by Semester 1 in Fall 2018 and Semester 2 in Spring 2019 Implementation of Lippincott textbooks and digital resources rolled out to Semester 3 in Fall 2019	Implementation of Lippincott textbooks and digital resources was rolled out to Semester 4 in Spring 2020	Expand availability of digital materials as appropriate based on faculty and student needs Assess expansion and effectiveness of digital materials and make changes as appropriate	Continue to evaluate the need for availability of digital materials and educational materials to ensure student success
I B: Provide supportive learning environment for students and faculty							
I B.1 Ensure high risk students are assessed and provided support services (e.g. tutoring, remediation, counselling, clinical enhancement)	ACCJC Std. I. AB, II.ABC, III.C BRN Sect 1424(a), 1425.1(a, c), 1426(f)	Semester Coordinators, Faculty Dean, SON	Remediation Plan for High Risk Students, Semester Course SLOs/ACER, Tutoring attendance	Goals for 2016-2019 completed Develop a tracking report to monitor student progress between semesters	Track student outcomes to determine what interventions work best that can be used to track progress and determine impact on student outcomes	Implement action plan as appropriate to provide assistance to at risk students and improve student outcomes Monitor progress between semesters	Continue to track at risk students and outcomes Monitor effectiveness of interventions on the following outcomes: -academic withdrawals -failures -absences -clinical competency

STRATEGIC PLAN 2020-2024

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				Fall 2019-Spring 2020	Fall 2020 - Spring 2021	Fall 2021 - Spring 2022	Fall 2022 - Spring 2024
				Interview process conducted by IE committee members for applicants for fall 2019. IE committee members reported good participation and outcomes	Track, trend and compare results against student outcomes as determined by IE committee Assess effectiveness of interview process on the quality of applicants accepted to the SON and correlate with student success and program completion	Assess effectiveness of interview process and impact on successful program completion Report outcomes to Governance committee and BOT	Continue to track, trend, and monitor outcomes and report to Governance committee and BOT
I B.2 Incorporate formal student interview as a component of the SON application process	CG	IE Committee; Dean, SON; OES	No. of students who pass the interview and accepted to the SON				
IB.3 Provide ongoing faculty development through educational programs at CONAH or sending faculty to attend seminars and conferences	ACCJC Std. I.C. II.A., III.A BRN Sect. 1425.1 (d)	Faculty Development Committee Dean, SON	Faculty Development meeting minutes; classes provided; College Governance meeting minutes; Faculty CEUs	Goals for 2016-2019 completed	Conduct annual faculty educational needs assessment Allocate resources for faculty development training especially for new faculty members	A training budget was developed and designated for faculty development A virtual conference is scheduled in October for CONAH faculty for an update on the next generation NCLEX	Continue to evaluate faculty development needs and allocate resources as needed
GOAL II: Enhance Physical Infrastructure							
II A. 1 Develop a long-range plan for cost of maintaining operations as it relates to facility	ACCJC Std. I. AB, II.ABC, III B.4, III.	Provost LAC+USC CFO LAC+USC Facility Director	Program Resource Needs Form & Resource Request & Allocation Policy	Goals for 2016-2019 completed During the 2019 ACCJC survey visit, a	Provost discussed recommendation with LAC+USC CEO and CFO who were both present during the	Prepare a midterm report for submission to ACCJC	

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				Fall 2019-Spring 2020	Fall 2020 - Spring 2021	Fall 2021 - Spring 2022	Fall 2022 - Spring 2024
			SLO's APER, ACER, and Surveys	<p>recommendation was made to develop a long-term plan for cost of maintaining operations to address current and future facility upgrades and maintenance</p> <p>Work with LAC+USC director of facilities to develop a strategic plan to address current and future facility upgrades and maintenance</p>	<p>accreditation briefing</p> <p>Ensure facility maintenance is incorporated in the budget process</p> <p>Plan of action will include prioritized areas of concern, budget allocation and timelines for completion</p>		
II A.2 Sim LAB – install a portable camera with audio to improve communication and enhance student and faculty interaction	ACCJC Std. III B & C BRN Sect 1424(d)	Provost ERC SIM Lab Coordinator	Program Resource Needs Form & Resource Request & Allocation Policy. SLO's APER, ACER, and Surveys	<p>SIM Lab relocation to building 10 completed</p> <p>Installation of CAE replay for audio and video communication carried over due to the relocation of services to building 10</p>	<p>Installation of CAE replay delayed due to relocation of services to building 10</p> <p>Faculty and student training delayed due to Covid-19 pandemic</p>	<p>Schedule faculty and staff training with vendor</p> <p>Monitor effectiveness of CAE replay on student learning outcomes</p>	<p>Monitor ongoing impact of CAE replay on student performance and report to Governance Committee and BOT</p>

STRATEGIC PLAN 2020-2024

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II A.3 Relocate Skills Lab to ensure availability of additional rooms for students to practice clinical skills	ACCJC Std III B & C BRN Sect 1424(d)	Provost ERC SIM Lab Coordinator	Program Resource Needs Form & Resource Request & Allocation Policy. SLO's APER, ACER, and Surveys	Skills Lab relocation to building 10 completed	Conduct an assessment of needed supplies and equipment Purchase additional desks and chairs for use by faculty and students	Purchase of needed supplies and equipment completed Submitted a budget request allocation to replace old manikins CONAH applied and was approved for funding from CARES Act to purchase equipment and supplies as well as allocation of dollars to students.	Continue to monitor availability of needed resources needed to ensure student success

STRATEGIC PLAN 2020-2024

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GOAL III: Promote Collaboration and Partnership with academic institutions							
Goal III A: Pursue partnership with academic institutions							
III A.1 Transition SON from an Associate Degree program to a Baccalaureate program	ACCJC Std 1B: 6	Provost Dean, SON Admin Team Faculty	BRN Approval ACCJC-WASC Approval	Completed faculty meeting with HMA consultant on March 18, 2019 Reviewed timelines and action items as outlined by consultant Presentation made to Dr. Christina Ghaly and Elizabeth Jacobi Focus Group interviews with students and faculty completed Presentation to executive leadership teams of hospitals, ambulatory care network, and corrections health completed Presentation to CNOs completed	Program assessment completed and proposal presented to DHS executive team Discussion held with Cal State L.A.; further plans on hold due to Covid-19 pandemic SON Dean has communicated with the Board of Registered Nursing (BRN) regarding CONAH's plan to transition the College from an ADN to a BSN program and working with the BRN NEC assigned to CONAH. SON Dean is a member of the Regional Nursing Curriculum Consortium (RNCC) and an active participant along with four of SON faculty in the Core Curriculum workgroup. The workgroup has drafted the theoretical	Gather documents for submission to BRN for a curriculum change	SON Dean will continue to work with BRN and Cal State LA

STRATEGIC PLAN 2020-2024

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					<p>model, ADN-BSN Collaborative Program pathway, learning outcomes, etc. Currently, the group is in progress of completing other requirements including concept analysis, presentations, and course syllabi for the Concept Based Curriculum in the ADN-BSN Collaborative Program pathway.</p> <p>This project is on hiatus due to Covid-19 pandemic.</p>		

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Goal III B: Strengthen community partnership							
III B.1 Provide educational training and support for hospitals, ambulatory care network, and correctional health nurses	CG	Dean of Education and Consulting Services, Director, Allied Health	Number of courses that meet requirements for awarding of CEU recertification for NAs and LVNs	Goals for 2016-2019 completed Completed continuing education classes and training for hospital-based CNAs and LVNs, and Correction Health CNAs	Completed continuing education classes and training for hospital-based CNAs and LVNs, and Corrections Health CNAs Some of the scheduled classes were cancelled and rescheduled due to Covid-19 pandemic	Continue to provide continuing education courses for Correction Health Nursing Attendants, LVNs, and RNs	Continue to work with DHS facilities to identify educational needs and priorities
III B.2 Develop Allied Health into a fully functioning division of CONAH	ACCJC Standards III A, B, &C	Provost Director, Allied Health Division	Number of certifications granted	Goals for 2016-2019 completed Budget allocation for AH staffing completed Hiring of AH Director completed Hiring of nursing instructors and ITC in progress	Submit a proposal to ACCJC-WASC for AH to develop technical programs and grant a degree upon graduation Obtained CE Provider approval number from BRN for RN Continuing Education classes and courses	Develop AH programs upon approval by ACCJC	Develop curriculum for approved programs and start marketing to DHS facilities and other County departments

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					Hiring of nursing instructors and ITC in progress		
GOAL IV: Enhance Institutional Effectiveness Through Continuous Quality Improvement							
IV A: Maintain continuous quality improvement activities related to institutional effectiveness and student learning outcomes							
IV.A.1 Develop stretch goals for all Institutional Goals	ACCJC Std. I.B.3	Provost Dean, IERP	Quality, significance, and applicability of stretch goals	Goals for 2016-2019 completed Ensure all institutional goals have stretch goals Dean IERP will work with college and SON committees to develop stretch goals Incorporate stretch goals into CONAH's Annual Report to ACCJC due April 2, 2019	Evaluate outcome of stretch goals and make revisions as appropriate	Continue to review and monitor stretch goals and make revisions as appropriate	Continue to review stretch goals and institutional goals and revise as needed to meet ACCJC Standards

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IV A.2 Track, trend and evaluate student data for comparative studies	ACCJC Std 1B: 5 BRN Sect: 1424 (b) (1) 1431	Deans of SON; IE; Student Services; EDCOS	Course Pass rates Attrition rates On- Time Completion rates NCLEX Pass rates; Faculty/committee meeting minutes; Surveys, e.g. students; graduates; employers, and/or other methods used for measuring the performance of graduates meeting the community need	Goals for 2016-2019 completed Create a report to track and trend number of students referred for counseling, and tutoring/ mentoring Demonstrate the correlation between tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none"> ○ Academic withdrawal ○ Program withdrawal 	Continue to track, trend, and monitor outcomes	Continue to track, trend, and monitor outcomes Report on impact of tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none"> ○ Academic withdrawal ○ Program withdrawal ○ Clinical Skills 	Continue to report on impact of tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none"> ○ Academic withdrawal ○ Program withdrawal ○ Clinical Skills
IV A.3 Maintain accreditation readiness	ACCJC Std 1B: 9 BRN Sect 1431	Provost; Deans; Faculty; OES; ERC; FA	BRN & WASC Self Study report; supporting documents i.e. Faculty/committee minutes/reports etc	Goals for 2016-2019 completed Completed BRN survey in 2018 with no areas of improvement identified Completed ACCJC accreditation visit in 2019 with no areas of non-compliance identified by peer reviewers.	Start preparation for ACCJC midterm report to ensure survey recommendations are addressed	Continue preparation for ACCJC midterm report	Submit midterm report in 2023.

STRATEGIC PLAN 2020-2024

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IV A.4 Explore obtaining national certification	ACCJC Std 1B: 6	Provost, Dean of SON	Explore national certification through CCNE	Evaluate requirements for national certification CONAH Administration in consultation with Provost decided to go with ACEN certification instead of CCNE.	Dean, IERP worked with ACEN leadership to submit documents as part of the application process for obtaining national certification. On July 07/12/21, CONAH's application for candidacy was granted. The candidacy status is valid for 2 years. Additional documents will be submitted in preparation for a site visit within the next two years.	Continue to work on gathering documents for submission to ACEN	Submit documents and prepare for a site visit no later than July 2023.

LEGEND:

ACCJC: Accrediting Commission for Community & Junior Colleges
ACER: Annual Committee Report
APER: Annual Program Report
AH: Allied Health
BOT: Board of Trustees
BSC: Balance Score Card/LAC+USC Strategy Map
BSN: Bachelor of Science in Nursing Administration

BRN: Board of Registered Nursing
CG-Yr.: College Goals – Year & Goal Number
CCR: California Code of Regulations Title 16

CONAH: College of Nursing & Allied Health
CV: CONAH Values
SULA: California State University, Los Angeles
DHS: Department of Health Services
EDCOS: Education Consulting Services
ERC: Educational Resource Center
FAA: Financial Aid Administrator

IERP: Institutional Effectiveness, Research and Planning
IT: Information Technology
LAC SP: Los Angeles County Strategic Plan Goal

LAUSD: Los Angeles Unified School District
LMS: Learning Management System
NPA: Nursing Practice Act
OES: Office of Educational Services
OPS: Operations
SON: School of Nursing
SSS-A: Student Support Services

Strategic Plan 2016-2019 Evaluation
Revised: 10/11/16; 05/13/17; 06/19/17; 3/26/19; 05/29/19; 01/07/20; 02/16/21
Reviewed: 10/11/16; 05/31/17; 06/19/17 03/26/19; 05/29/19; 01/07/20; 02/16/21; 08/01/21

DATA SOURCES:

ACCJC Accreditation Reference Handbook
California Board of Registered Nursing Regulations
CONAH Annual Goals
Orig. 08/26/09

CONAH Mission, Vision, & Values
LACCNAH Midterm Report, 2016

E. DESCRIPTION OF COLLEGE

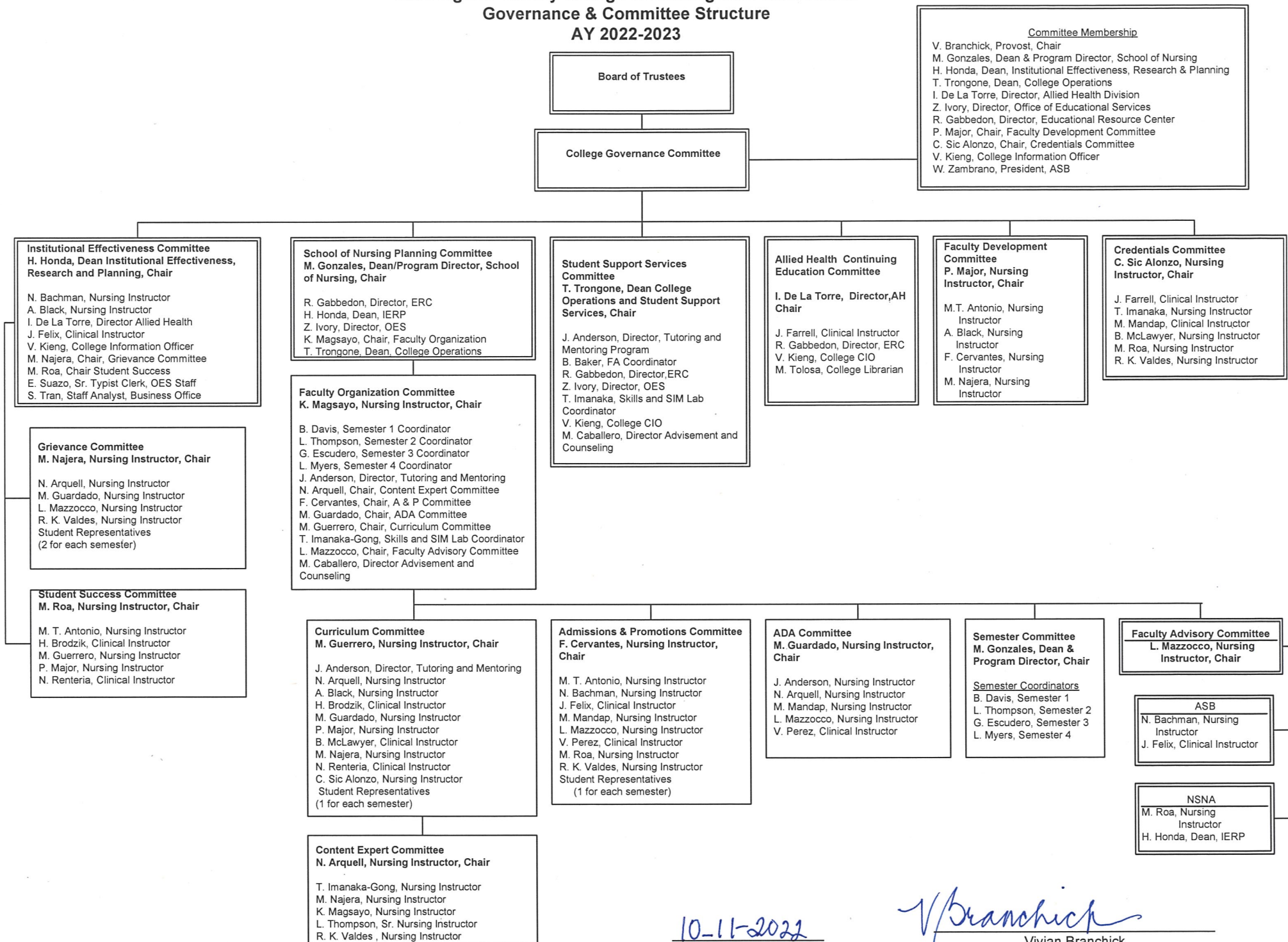
The Los Angeles County College of Nursing and Allied Health is a public community college that is owned and operated by the County of Los Angeles. The College supports the educational needs of the Los Angeles County + University of Southern California (LAC+USC), the Los Angeles County Department of Health Services (DHS), and the Los Angeles County healthcare community by providing learning centered educational programs and career development opportunities for healthcare students.

In 1895 the College Training School for Nurses was founded under the direction of LAC Hospital and USC College of Medicine. The Los Angeles County Board of Supervisors approved the School in 1901. The School was renamed the LAC Medical Center School of Nursing in 1968 to coincide with the hospital name change to the LAC+USC Medical Center.

The Education and Consulting Services (EDCOS) nursing professional development division of the Medical Center and the LAC Medical Center School of Nursing (SON) merged in 1998 to form the LAC College of Nursing and Allied Health.

The College achieves its mission by graduating 100 to 150 students with an Associate of Science degree in Nursing every year. Over 98% of these SON graduates pass their national licensing exam. Nurses from DHS acute care facilities receive critical care, emergency, pediatric, specialty training and certifications through EDCOS division programs.

**Los Angeles County College of Nursing and Allied Health
Governance & Committee Structure
AY 2022-2023**



10-11-2022
Date

V. Branchick
Vivian Branchick
Provost / Administrator

ACCREDITATION AND APPROVAL

The College is accredited as a community college by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC:WASC). The Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges is an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. The College offers an Associate of Science Degree in nursing (ADN) to graduates of the School of Nursing.

The California Board of Registered Nursing (BRN) approves the School of Nursing as a prelicensure nursing program. Education and Consulting Services is approved by the BRN as a nursing continuing education provider.

College accreditation and program approval status and documents are posted on the College website: <http://ladhs.lacounty.gov/wps/portal/CollegeOfNursing> Paper copies are available upon request.

ACCJC:WASC

331J Street, Suite 200
Sacramento, CA 95814
(415) 506-0234

California Board of Registered Nursing.

Physical Address
1747 North Market Boulevard, Suite 150
Sacramento, CA 95834

Mailing Address
P.O. Box 944210
Sacramento, CA 94244-2100

Phone: (916) 322-3350
TDD: (800) 326-2297 (for hearing impaired)
24-Hour Automated Voice Verification: (800) 838-6828

**ACCREDITATION COMMISSION FOR
EDUCATION IN NURSING (ACEN)**

Effective July 12, 2021, this nursing program is a candidate for initial accreditation by the Accreditation Commission for Education in Nursing. This candidacy status expires on July 12, 2023.

Accreditation Commission for Education in Nursing (ACEN)
3390 Peachtree Road NE, Suite 1400
Atlanta, GA 30326
(404) 975-5000

<http://www.acenursing.com/candidates/candidacy.asp>

Note: Upon granting of initial accreditation by the ACEN Board of Commissioners, the effective date of initial accreditation is the date on which the nursing program was approved by the ACEN as a candidate program that concluded in the Board of Commissioners granting initial accreditation