



West Plainfield Fire Protection District
24901 County Road 95, Davis, CA 95616 (530) 756-0212

AGENDA
BOARD OF COMMISSIONERS – REGULAR MEETING
February 17, 2026, at 7:00 PM

To be Held in Person at Lillard Hall
24905 County Road 95
Davis, CA 95616

To be Held by Zoom: <https://us06web.zoom.us/j/98831083439>
One tap mobile – +16699006833,98831083439#
Dial by your location – (669) 900-6833 US (San Jose)
Meeting ID: 988 3108 3439

1. Call the Meeting to Order and Establish Quorum (President Lindsey)
2. Public Comment
3. Old Business
 - a. Discussion / Action – Adopt Policy *Ride-Along Program / Riding in Fire Apparatus* (Policy 329) (new – revised draft)
4. New Business
 - a. Discussion / Action – Modify “Annual Evaluations” Section of *Position Descriptions / Classifications – Non-Safety* (Policy 1003) for Classifications “Administrative Assistant to the Fire Chief – Volunteer” and “Hall Manager” (Clerk Rita and Chief Stiles)
 - b. Discussion / Action – Modify Policy *Purchase Card* at Section 212.3 “Authorized Users / User Limits” (Chief Stiles)
 - c. Discussion / Action – Adopt the Following Policies (Chief Stiles)
 - i. *Post-Incident Analysis* (Policy 209)
 - ii. *Atmospheric Monitoring for Carbon Monoxide* (Policy 308)
 - d. Discussion / Action – Standing Committee – Reports and Minutes
 - i. Lillard Hall Committee – **Amy**, Roos
 1. Hall Manager Report
 - ii. Personnel Committee – **Amy**, McIsaac
 1. Approve February 2, 2026, Meeting Minutes
5. Fire Chief’s Report (Chief Stiles)
 - a. Incidents for January 2026

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- b. Staffing Updates
 - c. Grant Updates
 - d. Miscellaneous
- 6. Assistant Chief's Report (AC Beoshanz)
- 7. Fire Fighter's Association Report (President Lee)
- 8. Board Clerk's Report (Clerk Rita)
 - a. Informational
 - i. Trial Balance – FYE 2026 – Period 7 – Closed
 - ii. FYE 2026 Deposits to Date
 - b. Discussion / Action – West Plainfield Fire Protection District Bill Review / Payment Ratification
 - c. Discussion / Action – Approve January 20, 2026, Board Meeting Minutes
- 9. Open Forum
- 10. Next Regular Board Meeting on March 17, 2026, Unless Another Date is Agreed Upon
- 11. Meeting Adjourned (President Lindsey)

Ride-Along Program / Riding in Fire Apparatus

329.1 PURPOSE AND SCOPE

The Ride-Along Program provides an opportunity for civilians to experience fire service functions first hand. This policy provides the requirements and approval process for requests to ride in a fire apparatus or to participate in the Ride-Along Program, as well as the hours of operation for the Ride-Along Program.

329.2 DEFINITIONS

Civilian - Non-West Plainfield Fire Department member.

Participant - A civilian or off-duty fire service personnel riding in a fire apparatus, whether as part of the Ride-Along Program or simply riding in a fire apparatus.

Ride-along - Depending on context, refers to the Ride-Along Program or to the participant riding in a fire apparatus as part of the Ride-Along Program.

Ride - Scheduled ride-along or approved ride in a fire apparatus.

Rider - A participant riding in a fire apparatus, but not as part of the Ride-Along Program.

329.3 POLICY

[This policy addresses the District's Ride-Along Program and other conditions in which an individual may ride in District's fire apparatus, including the responsibilities of participants and riders.](#)

[The Ride-Along Program and any other opportunities to ride in fire apparatus are a voluntary initiative of the District and the program and opportunities may be suspended or canceled at any time. This policy affords participants in the Ride-Along Program the opportunity to learn about the District and its work through observation. It also provides others with an opportunity to ride in a fire apparatus as outlined elsewhere in this Policy.](#)

[Participants and riders are not employees, volunteers, or otherwise authorized or eligible to participate in services provided by the District in the course of a ride-along. Ride-alongs are strictly observational and educational in nature. ~~It is the policy of the to provide an opportunity for civilians to experience fire service functions or to simply ride in fire apparatus when specific criteria are met.~~](#)

329.4 PROCEDURE TO REQUEST A RIDE-ALONG OR A RIDE IN FIRE APPARATUS

Generally, ride-along requests and requests to ride in fire apparatus will be reviewed and scheduled by the Assistant Chief of Operations or the authorized designee.

If approved, the Assistant Chief of Operations or the authorized designee will schedule a ride-along date, based on availability, generally at least one week after the date of application. The Assistant Chief of Operations or the authorized designee shall notify the respective Company Officer as soon as possible for scheduling considerations.

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The Assistant Chief of Operations or the authorized designee will review requests to ride in fire apparatus and, if approved, will notify the respective Company Officer as soon as possible.

If a request is denied, a representative of the Department will contact the applicant and advise them of the denial.

Once approved, participants will be allowed to ride no more than once every six months. An exception may be made for the following: fire academy students, chaplains, and others with approval of the Assistant Chief of Operations.

No more than one ride-along or rider will be allowed in the fire apparatus at a given time.

329.4.1 REQUIREMENTS

Prior to participating in a ride-along, every individual who may come into contact with private health-related information will be required to complete ~~HIPAA~~ [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [California Medical Information Act \(CMIA\)](#) training and sign a non-disclosure agreement to keep all confidential, [sensitive, or protected](#) information, [including but not limited to information protected by HIPAA and the CMIA](#), learned during the ride-along confidential.

Participants must be at least 18 years old. Prior to participating in a ride-along or ride, every individual must acknowledge the risks and sign a written waiver of claims and release of liability.

The participant must be in good health and must not be suffering from any illness or injury, including cold, flu or respiratory infection on the date scheduled for the ride-along or ride.

329.4.2 ELIGIBILITY

The opportunity to schedule a ride-along or ride is offered to District and Board members and their family members, District residents and their family members, fire academy students, and chaplains. Every attempt will be made to accommodate interested persons; however, [opportunities to participate in the program or ride in a fire apparatus are limited and](#) any applicant may be [rejected in the District's sole discretion based on operational, safety, or administrative considerations, among other reasons](#) ~~disqualified without cause~~.

The following factors may be considered in disqualifying an applicant and are not limited to:

- Being under 18 years of age.
- Prior criminal history.
- Pending criminal action.
- Pending lawsuit against the Department.
- Denial by any supervisor.
- Poor health or other condition that cannot be reasonably accommodated.

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Ride-Along Program / Riding in Fire Apparatus

329.4.3 AVAILABILITY

The Ride-Along Program is available on most days of the week, with certain exceptions. The ride-along times are established by the Assistant Chief of Operations and shall not exceed 8 hours. The opportunity to ride in a fire apparatus is dependant on approval of the request.

[Any ride-along or ride in a fire apparatus may be terminated for operational needs, safety concerns, or other reasons in the sole judgment of the Company Officer or Assistant Chief of Operations at the time of the ride along or ride in a fire apparatus.](#)

329.4.4 SUITABLE ATTIRE

Any person approved to ride along as part of the Ride-Along Program is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted for ride-alongs. Hats and ball caps will not be worn in the fire apparatus. The Assistant Chief of Operations or Company Officer may refuse to accomodate anyone not properly dressed.

329.5 FIREFIGHTER RIDE-ALONGS

Off-duty members of this Department or of any other fire service agency will not be permitted to ride-along with on-duty firefighters without the express consent of the Assistant Chief of Operations or the authorized designee. In the event that such a ride-along is permitted, the off-duty member shall not be considered on-duty and shall not represent themselves as a firefighter or participate in any fire service activity except as emergency circumstances may require.

329.6 COMPANY OFFICER RESPONSIBILITIES

The Company Officer shall advise the Assistant Chief of Operations that a civilian is present in the fire apparatus before going into service. Company Officer shall consider the safety of the civilian at all times. Company Officers should use discretion when encountering a potentially dangerous situation, and if feasible, require the participant to remain in the fire apparatus.

329.7 CONTROL OF RIDER

The Company Officer shall maintain control over the rider at all times and instruct them in the conditions that necessarily limit their participation. These instructions should include:

- (a) The rider will follow the lawful directions of any Department member.
- (b) The rider will not become involved in any investigation, discussions with victims or handling any fire equipment.
- (c) Either the rider or the Company Officer may terminate the ride at any time. Reasonable effort will be made to return the rider to their home or to the fire station if the ride is terminated.
- (d) Company Officers will not allow riders to be present in any residence or situation that would jeopardize their safety or cause undue stress or embarrassment to a victim or any other citizen.

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- (e) Under no circumstance shall a civilian rider be permitted to enter a private residence with the fire crew without the express consent of the resident or other authorized person.
- (f) The participant shall not photograph or record (audio or visual) any portion of the ride-along. Further a participant shall not post any details of the ride-along on social media, including but not limited to details of incidents, the identity of members of the public contacted during the ride-along, or any other information of a similar nature.

REVISED DRAFT



West Plainfield Fire Protection District

24901 County Road 95, Davis, CA 95616

(530) 756-0212

LIABILITY WAIVER RIDE-ALONG PROGRAM (v2026)

The intent of the West Plainfield Fire Protection District (WPFPD) Ride-Along Program is to provide an opportunity for individuals, 18 years of age and older, to accompany WPFPD personnel and observe them in the performance of their duties. WPFPD is considering the following date(s) to permit me to with WPFPD Personnel in WPFPD vehicles and apparatus as well as to enter and observe operations at Station 30.

Date(s): _____

I, _____ [print your name], understand, and agree to, the following:

1. I agree to comply fully with any directives, orders, or requests from WPFPD personnel during the Ride-Along Program.
2. I agree to observe strictly the confidentiality of WPFPD information, including personal patient information and medical records. Any breach of confidentiality will result in the termination of my Program privileges and may result in legal action(s) being taken against me by WPFPD and/or its patients.
3. I understand that riding along with and observing WPFPD personnel perform their duties comes with many serious health risks, such as exposure to hazardous materials, infectious diseases, emotionally traumatic situations, fires, explosions, and other dangers. I accept and assume these risks. I agree to conduct myself in such a way so as not to impede the functions of the crew as they perform routine or emergency duties.
4. As a citizen on the Ride-Along Program I understand I will be required to dress appropriately for existing weather conditions. No apparel or special equipment will be provided to participants by the West Plainfield Fire Department. As a participant I will dress neatly. I will not wear sandals, t-shirts, halter-tops, or shorts.

I, therefore, in consideration of the privilege of participating in the WPFPD Ride-Along Program, do hereby waive, release, and forever discharge the County of Yolo, the West Plainfield Fire Protection District, the West Plainfield Fire Department, and any officer, employee, servant or agent of each, or their successors, heirs, executors, administrators, or assigns, from and against any and all claims, suits, demands, and/or liabilities of whatever kind or nature, including attorney's fees, which arise out of their liability for causing any injury or damages which may have been sustained as a result of my participation in the WPFPD Ride-Along Program.

This waiver and release includes all injuries and/or damages, whether know or unknown, foreseen or unforeseen, and whether they are latent or occur later as a result of the activities set forth above. This waiver and release is a general release, and is expressly made with knowledge of and a waiver of reliance on, the provisions of §1542 of the California Civil Code, which provides as follows:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I have read this release and understand the terms used in it and their legal significance. I have executed this release voluntarily.

Signature

Date

Further, I have been advised and am aware of the possible dangers associated with this Ride-Along.

Signature

Date

WPPFD Use Only

Receipt of Signed Waiver

I, _____ [print name] accept this waiver on behalf of WPPFD.

Signature

Date

Approval by West Plainfield Fire Department Chief Officer or Designee

Signature / Title

Date



West Plainfield Fire Protection District
24901 County Road 95, Davis, CA 95616 (530) 756-0212

California Confidentiality of Medical Information Act (CMIA)

v2026

1. What Is "CMIA"?

CMIA refers to the **California Confidentiality of Medical Information Act**, a state law that protects the privacy and security of patients' medical information.

It applies to:

- Healthcare providers
- Health plans
- Contractors and vendors
- Employers handling medical records

CMIA works alongside **HIPAA** but often has **stricter penalties**.

2. What Is "Medical Information"?

Under CMIA, **medical information** includes:

- ✓ Any individually identifiable information
- ✓ Related to physical or mental health
- ✓ Diagnosis, treatment, or payment
- ✓ In electronic, paper, or verbal form

Examples

- Medical charts
 - Lab results
 - Insurance claims
 - Appointment records
 - Mental health notes
 - Prescription data
-

3. Who Must Comply?

CMIA applies to:

Covered Entities

- Hospitals
- Clinics
- Doctors' offices
- Pharmacies
- Dentists
- Mental health providers

Other Parties

- Billing companies
- IT vendors
- Cloud providers
- Employers with medical files

If you **handle medical data**, CMIA applies to you.

4. Patient Rights Under CMIA

Patients have the right to:

- ✓ Privacy and confidentiality
- ✓ Access their records
- ✓ Request corrections

- ✓ Know how their data is used
- ✓ File complaints

Organizations must respect these rights at all times.

5. When Can Medical Information Be Shared?

Allowed Disclosures

Medical information may be shared for:

- ✓ Treatment
- ✓ Payment
- ✓ Healthcare operations
- ✓ Legal requirements
- ✓ Patient authorization
- ✓ Public health reporting

Written Authorization Required For:

- Marketing
- Research (in many cases)
- Non-medical disclosures
- Third parties not involved in care

Never share information “just because someone asks.”

6. Safeguarding Medical Information

Physical Safeguards

- Lock file cabinets
- Secure workspaces
- Badge access
- Shred documents

Technical Safeguards

- Passwords

- Encryption
- Secure networks
- Access controls
- Audit logs

Administrative Safeguards

- Policies and procedures
 - Staff training
 - Access reviews
 - Incident response plans
-

7. Employee Responsibilities

Every employee must:

- ✓ Access only what is needed
- ✓ Use strong passwords
- ✓ Log out of systems
- ✓ Verify identity before sharing
- ✓ Report incidents immediately
- ✓ Follow company policies

“Minimum Necessary Rule”

Only use the **minimum amount of information** needed to do your job.

8. Common Violations

Avoid these frequent mistakes:

- ✗ Discussing patients in public areas
- ✗ Leaving screens unlocked
- ✗ Sharing passwords
- ✗ Sending data to wrong email
- ✗ Accessing records without reason
- ✗ Losing devices with patient data

Even accidental violations can lead to penalties.

9. Data Breaches & Incident Reporting

What Is a Breach?

A breach occurs when medical information is:

- Accessed
 - Used
 - Disclosed
 - Lost
- without authorization.

Examples

- Stolen laptop
- Phishing attack
- Wrong fax/email
- Hacked system

What To Do

1. Report immediately to supervisor/IT
2. Do NOT try to hide it
3. Preserve evidence
4. Follow incident response procedures

Quick reporting reduces legal risk.

10. Penalties and Enforcement

Civil Penalties

Up to:

- \$2,500 per violation
- \$25,000 per year (negligence)
- Higher for willful violations

Criminal Penalties

- Fines
- Jail time (serious cases)

Lawsuits

Patients can sue organizations for damages.

Non-compliance is expensive.

11. Relationship to HIPAA

Area	CMIA	HIPAA
Scope	California only	Federal
Penalties	Often higher	Federal limits
Enforcement	State AG + lawsuits	HHS OCR

Organizations in California must comply with **both**.

12. Practical Scenarios (Training Exercises)

Scenario 1

You receive an email asking for patient records from an unknown sender.

Correct Response:

- Verify identity
 - Do not send data
 - Contact supervisor
-

Scenario 2

You see a coworker viewing a family member's record.

✔ Correct Response:

- Report to compliance/privacy officer
-

Scenario 3

You accidentally send a file to the wrong recipient.

✔ Correct Response:

- Report immediately
 - Do not delete evidence
-

13. Best Practices

- ✔ Lock your computer
- ✔ Double-check recipients
- ✔ Use secure messaging
- ✔ Keep desks clear
- ✔ Attend training
- ✔ Ask if unsure

When in doubt: **Don't share. Ask first.**

14. Employee Acknowledgment

"I understand my responsibilities under CMIA and agree to protect patient medical information."

(Signature / Date)



General HIPAA Awareness

Introduction

Course Overview and Objectives

The Healthcare Insurance Portability and Accountability Act (HIPAA) was signed into law on 21st August 1996 as an Act to "improve the portability and accountability of health insurance coverage" for employees between jobs, to combat waste, fraud, and abuse in health insurance and healthcare delivery. It was enacted after Congress determined that the electronic transfer of billing and healthcare claims information increased the chances that personal medical information could be abused. HIPAA privacy regulations require that access to patient information be limited to only authorized personnel and that authorized persons have access only to necessary information. The Omnibus Final Rule of 2013 enacted further legislation within HIPAA and more changes to the guidelines for protecting patient healthcare and payment information.

HIPAA requires compliance in protecting the confidentiality and integrity of health information and patients' rights to privacy. The law mandates the creation of new patient privacy rules related to the communication of health-related data and focuses on issues involving:

- obtaining health insurance at a new job with pre-existing medical conditions
- protection from fraud
- privacy of patient health information

By the end of this course, you will be able to:

- Define "Protected Health Information" (PHI) and describe the importance of safeguarding PHI
- Describe patient rights under the HIPAA Privacy Rule
- Describe how and when PHI may be disclosed
- State the consequences of failure to comply with HIPAA regulations
- Understand privacy laws and policies

HIPAA

Who Is Affected by HIPAA?

The US Department of Health and Human Services Office for Civil Rights (OCR) is responsible for implementing and enforcing HIPAA privacy regulations.

"Covered Entities" include health plans, health care clearinghouses, or health care providers. A health care provider is defined as a provider of medical or health services and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business.

HIPAA compliance is required by all healthcare providers nationwide; however, states can incorporate their own laws to accompany HIPAA compliance. For example, California has added two laws that the entire state must adhere to in conjunction with HIPAA regulations.

General HIPAA Awareness

These two laws are AB 211 and SB 541, and they do not negate or interfere with HIPAA; instead, they create a separate and parallel state-run system of HIPAA-type enforcement. Because of these two laws, it is now possible for a single (or series) of HIPAA complaints or violations to simultaneously trigger both federal and state investigations, audits, administrative fines, civil monetary fines, and criminal charges.

Knowledge Check

Why was HIPAA enacted?

- A) Because the Privacy Protection Act (1980) was outdated.
- B) The release of private health information was NOT a concern with the general public regarding individual patient information.
- C) Congress determined that the electronic transfer of billing and healthcare claims information increased the chances that personal medical information could be abused.
- D) Because the citizens of the United States voted for it to be enacted.

Answer: C

Privacy Before HIPAA

Privacy Laws

The 4th Amendment generally protects the privacy rights of citizens. Before HIPAA was enacted, a variety of other legislation existed to protect an individual's right to privacy, such as the:

Fair Credit Reporting Act (1970), the Right to Financial Privacy Act (1978), and the Privacy Protection Act (1980).

While most of these laws protected aspects of personal information (mostly financial), they did not cover health information.

Many states had adopted laws that protect health information relating to certain health conditions such as mental illness, communicable diseases, cancer, HIV/AIDS, and other stigmatized conditions. However, state laws, with a few notable exceptions, did not extend comprehensive protections to medical records, and many state rules failed to provide basic protections such as ensuring a patient's legal right to see a copy of his or her medical record.

Concerns About Loss of Privacy

Statistics

Even though many laws existed to protect privacy, several studies through the 1990's indicated that people were very concerned about the privacy of their personal information

In a 1995 survey, 80% of respondents agreed with the statement that they had lost all control of their medical information.

General HIPAA Awareness

A 1998 national survey showed that 33% of respondents were concerned about the amount of information being requested from various sources, and 55% were VERY concerned.

A 1999 survey asked what issues concerned people the most in the coming century. 29% listed "Loss of Personal Privacy" as a first or second concern compared to the 23% or less who selected terrorism, world war, or global warming.

- When surveyed about electronic medical records/databanks, 75% expressed concern about insurance companies putting information about them in a database accessible by others.
- 35% of Fortune 500 companies look at medical records before making hiring or promotional decisions.

As Internet usage grows, so do concerns about privacy. A 1999 survey showed that 59% worry that an unauthorized person will gain access to their information and 75% of people visiting health sites are concerned that information is being shared.

Case Studies

The following case studies are examples of HIPAA privacy violations.

In 2014, a Walgreens Co. pharmacist violated the HIPAA act when she shared confidential medical info about a customer who once dated her husband. The customer's lawyer, Neal F. Eggeson Jr., said the case sets an example, since it proves businesses can now be held liable for the actions of their employees.

A cardiac monitoring vendor got into HIPAA hot water when a laptop containing hundreds of patient medical records was stolen from a parked car. The Office for Civil Rights reached a \$2.5 million settlement with the vendor, demonstrating that the federal government is extremely aggressive in prosecuting HIPAA cases involving third parties and portable digital media.

History of HIPAA

Timeline

HIPAA was enacted to address these privacy concerns.

1996

HIPAA was signed into law in 1996. The legislation was originally known as the Kennedy-Kassebaum Bill. The privacy regulations were not specified, but Congress was to enact laws and policy regarding privacy by 1999. If Congress failed to develop standards, the task would fall to Department of Health and Human Services (DHHS).

1999

General HIPAA Awareness

In 1999 DHHS became responsible for developing the privacy regulations. The department proposed privacy standards and opened them up for public comment. Between 1999 and 2000, they received 50,000 comments on the proposed regulations.

2000

In December 2000, DHHS published the "Final Privacy Rule".

2001

In February 2001, the enactment of the "Final Privacy Rule" was delayed because of "administrative difficulties" and further public comment was requested. Even though the "Final Privacy Rule" was still under review, the implementation phase began in April 2001.

2002

On August 14, 2002, DHHS published the amended "Final Privacy Rule."

2003

April 14, 2003 was set as the deadline for training regarding privacy rules. The Privacy Rule defined Protected Health Information (PHI) as "any information held by a covered entity which concerns health status, the provision of healthcare, or payment for healthcare that can be linked to an individual"

2005

On April 21, 2005, The HIPAA Security Rule became enforced. It deals specifically with electronically stored PHI (ePHI), the Security Rule laid down three security safeguards – administrative, physical and technical.

2006

The failure of many covered entities to fully comply with the HIPAA Privacy and Security Rules resulted in the introduction of The Enforcement Rule in March 2006. The Enforcement Rule gave the Department of Health and Human Services the power to investigate complaints against covered entities for failing to comply with the Privacy Rule, and to fine covered entities.

2009

The introduction of the Health Information Technology for Economic and Clinical Health Act (HITECH) in 2009 had the major goals of compelling healthcare authorities to use Electronic Health Records (EHRs) and to join the Meaningful Use incentive program. Stage One of Meaningful Use was rolled out the following year, incentivizing healthcare organizations to maintain PHI in electronic format, rather than in paper files and other physical formats.

2013

In 2013 the introduction of The Omnibus Final Rule filled gaps in existing HIPAA and HITECH regulations. One of the things it did was specify the encryption standards that needed to be applied to render ePHI unusable, undecipherable and unreadable in the event of a breach.

2024

On June 25, 2024, the HIPAA Privacy Rule was amended to strengthen protections for reproductive health information. The rule introduced a formal definition of "reproductive health care" and set new limits on how Protected Health Information (PHI) can be used or disclosed in relation to investigations or legal actions connected to lawful reproductive health services.

What is HIPAA designed to do?

Portability of Medical Coverage

HIPAA recognizes that health information contains personal, confidential information, and it creates standards to protect each of our individual rights to keep it that way.

To facilitate the electronic exchange of health information, HIPAA requires organizations to maintain security and privacy standards.

HIPAA is designed to:

- give patients more control over use of data
- set boundaries on uses and disclosures of data
- establish safeguards to protect data
- establish accountability for privacy breaches
- balance privacy with social responsibility

The "P" in HIPAA stands for portability of medical coverage, which means that a health plan or insurer may not exclude coverage of person for any pre-existing medical conditions for more than a year after the individual's enrollment date of the health plan.

Portability does not mean that individuals can carry their current health benefits, plan, or policy with them when moving from one health plan or policy to another. An example of this would be switching health plans due to changing or a losing job. The person receives the coverage as provided by the new plan; however, the new plan cannot exclude pre-existing conditions of that person.

In terms of HIPAA, portability means an individual receives credit for having continuous health coverage, even though it may be spread out amongst different health plans or policies. Some medical plans can exclude coverage for an individual's pre-existing condition for a brief period, called an exclusion period. During this time, the plan or issuer may decide not to cover or pay for treatment of a medical condition if it was present prior to the individual's enrollment date under the new health plan. However, under HIPAA, this exclusion period is limited to 12 months.

Additionally, according to HIPAA, the medical plan must count any creditable coverage that individuals accumulated prior to their enrollment date to reduce their remaining pre-existing

condition exclusion period. So, if a person gets a new job and is about to begin new health care coverage, but he had continuous coverage for 12 consecutive months prior to the effective date of his new health insurance plan, then the new plan cannot exclude any pre-existing conditions, even for the allotted 12 months.

The HIPAA Compliance Audit Program

Overview

In 2011, the Office for Civil Rights commenced a series of pilot compliance audits to assess how well healthcare providers were implementing HIPAA Privacy, Security and Breach Notification Rules. The first round of pilot audits was completed in 2012 and highlighted the dire state of healthcare compliance in America.

Audited organizations registered numerous violations of the HIPAA Breach Notification Rule, Privacy Rule and Security Rule, with the latter resulting in the highest number of violations. The OCR issued action plans to help those organizations achieve compliance. The OCR also conducted an extensive evaluation of the effectiveness of the pilot program. Drawing on that experience and the results of the evaluation, OCR is implementing phase two of the program, which will audit both covered entities and business associates.

The 2016 Phase 2 HIPAA Audit Program reviewed the policies and procedures adopted and employed by covered entities and their business associates to meet selected standards and implementation specifications.

What Information Is Covered Under HIPAA?

Protected Health Information

PHI stands for Protected Health Information and is defined as "any information held by a covered entity which concerns health status, the provision of healthcare, or payment for healthcare that can be linked to an individual".

PHI is information that:

- relates to an individual's physical or mental health, treatment, or payment
- identifies the individual or gives a reasonable basis to believe that the individual can be identified
- is transmitted or maintained in any format
 - oral statements
 - electronic information
 - photographic material
 - written material

HIPAA regulations list 18 different personal identifiers which, when linked together, are classed as Protected Health Information. These 18 personal identifiers are:

General HIPAA Awareness

1. Names
2. All geographical data smaller than a state
3. Dates (other than year) directly related to an individual
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol (IP) addresses
16. Biometric identifiers (retinal scan/ fingerprints)
17. Full face photos and comparable images
18. Any unique identifying number, characteristic or code

Individuals that have the responsibility to protect PHI and comply with the HIPAA Privacy Rule fall into three main categories - "Covered Entities", "Business Associates" and "Subcontractors".

Covered entities are the individuals, institutions or organizations that maintain patient healthcare or payment information or would reasonably be expected to come into contact with PHI in the course of their daily duties - mostly, healthcare providers, health plans and healthcare clearinghouses.

Examples of covered entities include:

Healthcare Providers - Healthcare providers include all "providers of services" (e.g., institutional providers such as hospitals) and "providers of medical or health services" (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or receives payment for the provision of healthcare services.

Health Plans - Individual and group health plans that provide or pay the cost of medical care are covered entities. Health plans include health, dental, vision and prescription drug insurers. They also include health maintenance organizations (HMOs), Medicare, Medicaid, Medicare+ Choice, Medicare supplement insurers and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include some employer-sponsored group health plans, government and church sponsored health plans and multi-employer health plans.

Healthcare Clearinghouses - Healthcare clearinghouses include billing services, repricing companies, community health management information systems and value-added networks that perform clearinghouse functions; such as processing non-standard information they receive from another entity into a standard, or vice versa.

General HIPAA Awareness

In most instances, healthcare clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or healthcare provider as a Business Associate. In such instances, only certain provisions of the Privacy Rule are applicable to healthcare clearinghouses' uses and disclosures of Protected Health Information.

Business Associates – Business Associates are persons or entities that are not employed by a covered entity but perform or assist in performing on behalf of a covered entity. This function is regulated by HIPAA. A member of a covered entity's workforce is not one of its Business Associates, but a covered entity could in theory be a Business Associate of another covered entity depending on the services it provides.

An example of how privacy is now protected under HIPAA is when a doctor sends a referral for a patient to another office. If the office receiving the referral only needs to know the patient's medical history, then they are only given the medical history. Other personal information such as the patient's billing information is left off.

Another example is when a medical office sends items to accounting for billing purposes. Only the information necessary to process the bill should be sent. The patient's whole medical history is left off. Sometimes codes are needed for billing purposes, and if this is the case, the codes for the current work may be included and possibly a few notes about the patient. Private information is kept to a minimum.

The full criteria for what constitutes "use" or "disclosure" of PHI is exceptionally long. In certain circumstances, the disclosure of PHI is allowed without consent – here is a short list of examples:

A hospital may use PHI about an individual to provide healthcare to the individual and may consult with other healthcare providers about the individual's treatment.

A healthcare provider may disclose PHI about an individual as part of a claim for payment to a health plan.

A health plan may use PHI to provide customer service to its enrollees.

A primary care provider may send a copy of an individual's medical records to a specialist who needs the information to provide treatment.

A hospital may send a patient's healthcare instructions during a patient transfer to a nursing home.

In 2024, HIPAA was updated to include special safeguards for reproductive health information. The rule defines "reproductive health care" as services connected to the reproductive system and its functions, including but not limited to contraception, fertility services, miscarriage management, and pregnancy terminations. Covered entities and business associates may not use or disclose PHI to identify, investigate, or hold individuals accountable for seeking, receiving, or providing lawful reproductive health care.

HIPAA Rights

Privacy Rule

Patients are given broad new rights under the Privacy Rule, including:

1. Notice of privacy practices/policies

Patients must be informed of their rights and the manner in which their data is handled in "plain" language.

2. Consent

Health care providers may use and disclose the patient's PHI for three purposes without any written consent, authorization, or other approvals from the patient. These purposes are:

- Treatment. PHI may be disclosed to other health care providers in the course of providing medical treatment.
- Payment. PHI may be disclosed to support medical billing.
- Health care operations. PHI may be disclosed to support health care operations such as verifying health care coverage and filling prescriptions for medication.

Health care providers can voluntarily obtain patient consent for uses and disclosures of protected health information for treatment, payment, and health care operations. Providers that do so have complete discretion to design a process that best suits their needs.

3. Authorization

If a health plan wishes to disclose a patient's PHI for any purpose other than treatment, payment or health care operations; a signed authorization form must be obtained from the patient or his/her authorized representative.

4. Access

Health care providers must provide a means for patients to request access to (and copy) protected health information about them.

5. Amendment

The patient has a right to request a covered health care provider to amend protected health information about him/her for as long as the entity maintains the information.

6. Accounting

Patients have a right to obtain a list of the entities to which/whom one's record has been disclosed in the 6-year period before the date of the request. For especially sensitive information, the patient can request extra protections and/or confidential communication.

General HIPAA Awareness

7. Recourse

People will have the right to file a formal complaint with a covered provider or health plan or about violations of HIPAA provisions or the policies and procedures of the covered entity.

8. Reproductive Health Protections

The 2024 changes prohibit the use or disclosure of PHI for the purpose of penalizing anyone involved in lawful reproductive health care.

9. Attestation Requirement

When PHI that may involve reproductive health information is requested for oversight, legal proceedings, law enforcement, or medical examiner functions, the requesting party must sign an attestation. This statement confirms the PHI will not be used for any prohibited purpose under the new rule.

Key Points on Patient Access to Medical Records

Regulations

The HIPAA Privacy Rule has always provided individuals with the right to access and obtain copies of health information maintained in provider or health plan records. Under the existing regulations, when a patient makes such a request, the covered entity has up to 30 days to provide the requested access or a copy of the requested data; however, the provider or plan can take up to an additional 60 days if the information requested is stored off-site.

Patients can also be charged a reasonable, cost-based fee for copies of their information, to cover the cost of both labor and supplies. This right of access has been part of the Privacy Rule since it was first implemented; although many patients have faced obstacles when trying to obtain timely copies of their health information.

The Privacy Rule covers identifiable health information in both paper and digital form, so this right of patient access has always applied to all forms of PHI. However, in the HITECH Act, Congress made it clear that when a patient's information is stored electronically, patients have the right to obtain an electronic copy and to have that copy sent, at their request, to another person or entity, such as a doctor, caregiver or a personal health record or mobile health app.

New regulations enacted by the Omnibus Final Rule implement this mandate and clarify how this right to digital data can be exercised. Patients have the right to an electronic copy "in the form or format they request" – but only if the provider or plan is capable of producing the copy in the requested format. If the data isn't "readily producible" in the format requested by the patient, the provider - or plan - and the patient are expected to come to an agreement on an alternative acceptable, machine-readable digital format.

Notice of Privacy Practices

HIPAA Privacy

Any use or disclosure of Protected Health Information for treatment, payment, or healthcare operations must be consistent with the covered entity's Notice of Privacy Practices (NPPs). A covered entity is required to provide patients or plan members with adequate notice of its privacy practices, including the uses or disclosures of the individual's information together with the individual's rights with respect to that information.

The HIPAA Privacy Rule gave individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their healthcare providers, as well as to be informed of their privacy rights with respect to their personal health information.

Health plans and covered healthcare providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals' attention on privacy issues and concerns, and prompt them to have discussions with their health plans and healthcare providers.

Most covered entities must develop and provide individuals with this notice of their privacy practices. However, the HIPAA Privacy Rule does not require the following covered entities to issue NPPs:

Healthcare clearinghouses, if the only Protected Health Information they create or receive is in the capacity of a Business Associate of another covered entity.

A correctional institution that is a covered entity (e.g., that has a covered healthcare provider component)

A group health plan that does not create or receive PHI other than a summary or enrollment/disenrollment information and who's benefits are provided through one or more contracts of insurance HMOs/health insurance issuers

Other than the previous exceptions, covered entities are required to provide a notice in plain language that describes:

How the covered entity may use and disclose an individual's Protected Health Information.

The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may lodge a complaint with the covered entity.

The covered entity's legal duties with respect to the information held, including a statement that the covered entity is required by law to maintain the privacy of Protected Health Information.

As part of the 2024 amendments, covered entities must update their Notices of Privacy Practices to reflect the new reproductive health protections. Patients must be informed that reproductive health information will not be disclosed for investigations or liability purposes and

General HIPAA Awareness

that requests for such PHI require a signed attestation. The compliance deadline for these updated NPPs is February 16, 2026.'

A covered entity must make its notice available to any person who asks for it and make it available on any website it maintains, if that site provides information about its customer services or benefits. In this regard, it is important to make a distinction: A website privacy policy is not the same as a Notice of Privacy Practices.

Health Plans must also:

Provide the notice to individuals already covered by a health plan and to new enrollees at the time of enrollment.

Provide a revised notice to individuals covered by the plan within 60 days of a material revision.

Notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every three years.

Security Rule

"The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic Protected Health Information".

-US Department of Health and Human Services

The HIPAA Security Rule deals with "electronic Protected Health Information (ePHI)" and is a response to the increasing use of personal mobile devices in the workplace.

The professional use of personal mobile devices in the healthcare industry is significant. According to a recent study on the use of mobile devices in the healthcare industry by Gray Reed & McGraw, P.C, more than 80 percent of physicians own at least one mobile device with approximately 25 percent utilizing at least two such devices in his or her practice.

The risk of an unauthorized disclosure of ePHI from a personal mobile device is also significant; yet many healthcare organizations have actively pursued "Bring Your Own Device" policies because of the convenience of personal devices, the ease of use and the considerable costs savings in comparison to company devices. This can all too easily lead to unauthorized disclosures of ePHI, in particular in the following scenarios:

The mobile device is misplaced by the user or is lost or stolen, allowing an unauthorized third party to access ePHI.

The mobile device is left unoccupied or viewable where an unauthorized third party may have access to it.

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An unauthorized individual "hacks" into the mobile device's database or accesses ePHI through an insecure channel of communication.

Transferring or placing information on a mobile device (or even a flash drive) that is not encrypted.

The mobile device is traded in without first securely and permanently wiping the data.

You may ask yourself "Why would anybody want to access patient healthcare information?" There are in fact many reasons.

Medical records are worth more to hackers than credit cards. With stolen medical records and personal identifiers, hackers can create false IDs to get free medical treatment or acquire drugs that can be resold on the black market. Combined with a false provider number, insurance companies can be billed for treatment that has never taken place or for medical equipment that has never been delivered.

Furthermore, medical identity theft is often not immediately identified by a patient or their provider - giving criminals years to milk stolen medical records. That makes medical data considerably more valuable than credit cards, which tend to be quickly canceled by banks once fraud is detected.

One of the main objectives of the HIPAA Security Rule is to protect individuals from becoming victims of fraud and abuse.

"PHI" relates to ALL Protected Health Information regardless of its format, electronic "PHI" (ePHI) is classified as all Protected Health Information that is stored, transmitted or used electronically.

Regardless of whether ePHI is stored on a desktop computer that only has access to an intranet connection or on a personal mobile device, the HIPAA Security Rule guidelines must be implemented whenever ePHI is in transit or at rest - "at rest" meaning the vehicle on which ePHI has been saved (computer hard drive, flash drive, personal mobile device) and "in transit" relating to any electronic communication (text, IMS, email, file transfer, etc.).

The HIPAA Security Rule also covers how ePHI can be accessed and by whom. The HIPAA Security Rule has physical and technical safeguards designed to avoid some of the common security gaps that can lead to cyberattacks or an inadvertent loss of data. Furthermore, it ensures protection of patients and their ePHI, as well as healthcare facilities and health insurance providers.

In today's technological environment, it is essential that all covered entities take notice of the Security Rule to ensure full compliance with HIPAA.

Technical Safeguards

The key areas that hospital administrators and practice managers need to be aware of are:

Access Controls - This means that ePHI can only be accessed by authorized users who have been granted access rights. Mechanisms should be implemented that identify and track user activity, automatically log the user out of the system after a period of inactivity and allow access to ePHI during an emergency.

Audit Controls - These are the overall controls that are put in place to monitor, record and examine all ePHI activity. It is recommended that they are configured in such a way that they complement existing EHR mechanisms and can be used to conduct required risk assessments and to adjust access controls and staff policies as necessary.

Integrity - Maintaining the integrity of ePHI means that it is not destroyed or altered in a way that is non-compliant with HIPAA. Ensuring it is accessed properly and only by authorized users. This not only applies to ePHI in transit, but also at rest - which is covered in the Physical Safeguards.

Person or Entity Authentication - This safeguard is there to ensure that a person who wants access to ePHI is who they say they are. This is usually achieved by passwords or PINs being allocated by an appointed administrator, who has the ability to PIN-lock a device if a risk assessment shows that there is the threat of an ePHI breach or if a device is lost or stolen.

Transmission Security - The security of ePHI during transmission should be established by the use of data encryption. ePHI should be rendered "unreadable, undecipherable or unusable" so that any patient healthcare or payment information is of no use to an unauthorized third party. Effective encryption also helps covered entities avoid a substantial fine should a breach of ePHI occur.

Physical Safeguards

The Physical Safeguards are a set of rules and guidelines outlined in the HIPAA Security Rule that focus on physical access to ePHI and how the storage of PHI is secure.

Facility Access Controls - Facility Access Controls outline the policies and procedures covered entities must put in place to properly authenticate and authorize access to places where ePHI data is housed. In today's world, this means putting proper procedures in place to ensure that only essential and authorized personnel have access to data centers, server closets, storerooms and any other locations where ePHI is stored. This includes IT storerooms where old computer equipment is held. Many digital devices contain stored ePHI, including digital photocopiers, scanners and printers and access to these devices must also be controlled. These can include facility Contingency Operations, Facility Security Plans, Access Control and Validation Procedures, and Facility Access Controls.

Workstation Use - The Workstation Use standard states that covered entities must define what each workstation can be used for, how the work on the workstation is performed and the environment surrounding workstations when they are used to access ePHI. A workstation, in the eyes of the Department of Health and Human Services, is any electronic device that can be used to access ePHI, which includes desktop computers, laptops, mobile devices (including personal mobile phones that have access to ePHI) and tablets. The definition as it is written in

the Security Rule is purposely broad to account for all future devices that have not yet come to the market.

Workstation Security - Workstation Security is closely related to the Workstation Use standard but there is an important distinction between the two. The Workstation Use standard addresses the policies and procedures for how workstations should be used, whereas the Workstation Security standard addresses how workstations are to be physically protected from unauthorized users.

Device and Media Controls - This standard calls for covered entities to "implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic Protected Health Information, into and out of a facility, and the movement of these items within the facility."

Disclosure Policies

Overview

Health care providers and plans must tell patients to whom they are disclosing their information and how it is being used.

- Due to the nature of emergency care, these disclosures are typically done by the receiving facility (for patients that are transported).
- Local disclosure policies should address the disclosure of patient information for patients that are not transported.

An important general rule under HIPAA is that "use" and "disclosure" of a patient's protected health information must be restricted to the minimum necessary to get the job done.

- The regulations acknowledge that "incidental uses and disclosures" inevitably happen.
- A "reasonable" effort is required by the health care workforce.

In the state of California, HIPAA violations include unlawful use or disclosure plus unauthorized access (including unauthorized viewing or exposure).

AB 211 and SB 541 define unauthorized access as

"the inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (CMIA) or by other statutes or regulations governing the lawful access, use, or disclosure of medical information."

A single violation could result in both federal and state investigations, audits and fines for the Departments and the County

Pertains to individual employees.

General HIPAA Awareness

Requires healthcare providers to prevent unlawful access, use, or disclosure of patient's medical information.

Holds healthcare providers and other individuals accountable for ensuring the privacy of patients.

Establishes a new state agency, the California Office of Health Information Integrity (CalOHII), which is authorized to conduct investigations, perform audits, and to impose fines on individual employees for violations.

Requires that patients and clients must be notified of any violations concerning their confidential medical information.

In 2009, the U.S. Department of Health and Human Services (HHS) implemented new regulations that impact entities covered by HIPAA. These regulations require health care providers, health plans, and other entities covered by HIPAA to promptly notify individuals when their health information is breached. If the breach affects more than 500 individuals, the entity must also notify the HHS Secretary and the media. Breaches affecting fewer than 500 individuals will be reported to the HHS Secretary on an annual basis. The regulations also require business associates of covered entities to notify the covered entity of breaches at or by the business associate.

These "breach notification" regulations implement provisions of the Health Information Technology for Economic and Clinical Health Act, passed as part of American Recovery and Reinvestment Act of 2009 (ARRA).

HIPAA Penalties

Failure to Comply

HIPAA violations are a serious matter. Failure to comply with the HIPAA regulations can result in:

1. A negative impact on the reputation of your organization
2. Employee disciplinary action, possibly including termination
3. Civil fines
4. Criminal fines and imprisonment

The US Department of Health and Human Services Office for Civil Rights (OCR) is responsible for implementing and enforcing HIPAA privacy regulations. The penalties for noncompliance are based on the level of negligence and can range from \$100 to \$50,000 per violation (or per record), with a maximum penalty of \$1.5 million per year for violations of an identical provision. This lesson will look at the civil and criminal penalties from HIPAA violations.

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Violators that unintentionally disclose information will be subject to penalties of \$1000 per violation, up to \$100,000 per person, per year for each requirement or prohibition violated. The following table gives a more detailed look at civil penalties.

Tier	Penalties
1. Covered entity or individual did not know (and by exercising reasonable diligence would not have known) the act was a HIPAA violation.	<ul style="list-style-type: none"> ● \$100-\$50,000 for each violation ● up to a maximum of \$1.5 million for identical provisions during a calendar year
2. The HIPAA violation had a reasonable cause and was not due to willful neglect.	<ul style="list-style-type: none"> ● \$1,000-\$50,000 for each violation ● up to a maximum of \$1.5 million for identical provisions during a calendar year
3. The HIPAA violation was due to willful neglect, but the violation was corrected within the required time period.	<ul style="list-style-type: none"> ● \$10,000-\$50,000 for each violation ● up to a maximum of \$1.5 million for identical provisions during a calendar year
4. The HIPAA violation was due to willful neglect and was not corrected.	<ul style="list-style-type: none"> ● \$50,000 or more for each violation ● up to a maximum of \$1.5 million for identical provisions during a calendar year

Violators of HIPAA also face Federal criminal penalties. These penalties can result in the following:

- A fine up to \$50,000 and one year in prison for obtaining or disclosing protected health information.
- A fine up to \$100,000 and up to five years in prison for obtaining protected health information under "false pretenses."
- A fine up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain, or malicious harm.

The following table gives a more detailed look at federal penalties.

Tier	Potential jail sentence

General HIPAA Awareness

1. Unknowingly or with reasonable cause	Up to one year
2. Under false pretenses	Up to five years
3. For personal gain or malicious reasons	Up to ten years

The state of California has AB 211 and SB 541 in addition to federal HIPAA regulations. Depending on the circumstances, both the federal and state authorities can both impose fines for violations. Additionally, in California, both agencies and individual employees can be fined for inappropriate privacy violations. In fact, individual employees could be sued, disciplined, and reported by state agencies or licensing boards. The state of California can fine individuals up to \$250,000 and the federal government can fine them up to \$1.5 million.

SB 541 ensures that health care providers face serious consequences when they fail to protect patient privacy. For facilities (hospitals, clinics, etc.) fines for disclosing private medical information can range from \$25,000 to \$250,000 per reported event. All violations must be reported to the California Department of Public Health (CDHP) within 5 days of detection or substantial fines can result.

The California Office of Health Information Integrity is authorized to assess administrative penalties in the amounts specified in the Confidentiality of Medical Information Act, which range from \$2,500 to \$250,000 for violations.

Note that penalty amounts are subject to annual inflation adjustments by HHS and may exceed the amounts listed here.

The following case studies detail some serious HIPAA violations.

Reality TV and HIPAA

In 2013, an ABC reality TV show called NY Med filmed two hospital patients without their consent. During filming, one of the patients actually died. The OCR investigated and found that the hospital gave ABC unfettered access, creating a situation where the protection of PHI wasn't possible. The hospital paid a \$2.2 million settlement and instituted a Corrective Action Plan.

Facebook HIPAA Violation

In 2017, a HIPAA violation resulted in the firing of a medical employee after she posted about a patient on Facebook. The 24-year old med tech commented on a post about a patient killed in a car crash, using the words, "Should have worn her seatbelt..." While the comment itself seems innocent and even public-minded, it disclosed PHI about the patient. The employee later told reporters she was fired for a HIPAA violation, though the hospital declined to comment.

Complaint Process

Overview

Patients have the right to make a complaint directly to a health care organization's Privacy Officer concerning their policies and procedures with respect to the use and disclosure of protected health information (PHI) about them. All complaints are directed to the organization's Privacy Officer.

Patients may make a complaint about concerns they have regarding a health care organization's compliance with any of their established policies and procedures concerning the confidentiality and use or disclosure of their PHI, or about the requirements of the federal Privacy Rule.

If you believe a health organization is not complying with the applicable requirements of the Federal Privacy Rule, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

A complaint must:

1. Be filed in writing, either on paper or electronically.
2. Name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Federal Privacy Rule.
3. Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the Secretary of the U.S. Department of Health and Human Services waives this time limitation.

The Secretary of the U.S. Department of Health and Human Services may investigate complaints. This investigation may include a review of the pertinent policies, procedures, or practices of the organization and of the circumstances regarding any alleged acts or omissions concerning compliance.

Conclusion

Summary and Implications

HIPAA requirements are meant to encourage health care organizations to move patient information handling activities from manual to electronic systems in order to improve security, lower costs, and lower error rate. HIPAA recognizes that health information contains confidential information, and creates standards to protect each of our individual rights to keep it that way.

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After consultation with the Board President or their designee, the Board President may request a physician's certificate at any time.

Paid sick leave made available under this policy has no cash value, and the West Plainfield Fire Protection District does not pay eligible employees for unused sick leave at separation.

Mileage Reimbursement

This individual shall be entitled to reimbursement for mileage at the then IRS published "charitable" rate. Mileage may be reimbursed for the following, including, but not limited to driving around packets or other items for signature; delivering time-sensitive deposits to the County; picking up time-sensitive warrants from the County.

Annual Evaluations

At around day 60 of the probationary period, this individual and the Personnel Committee shall hold a progress meeting to review this individual's progress and suggest improvements, etc. Thereafter, the Personnel Committee shall formally evaluate this individual's performance annually or as otherwise deemed necessary by the Personnel Committee, as provided in Policy 1001 (*Performance Evaluations*), or any successor policy or policies.

Classification – Administrative Assistant to the Fire Chief – Volunteer

Definition

This individual is appointed by the Fire Chief to provide administrative support to the Fire Chief. The Administrative Assistant to the Fire Chief (AA) is supervised by the Fire Chief.

Representative Duties and Responsibilities

The AA shall, as directed by the Fire Chief:

- Attend meetings
- Perform research
- Prepare reports and correspondence; finalize documents
- Schedule meetings and/or travel
- Perform other duties as assigned by the Fire Chief

Qualifications

The AA shall have:

- An ability to prioritize their workload
- An ability to work unsupervised
- A working knowledge of Microsoft Office Suite and Adobe products
- A working knowledge of web- and software-based email systems
- Excellent written and verbal communication skills

- Basic math skills

Compensation and Hours Worked

This individual shall not have regular office hours, but shall instead schedule the hours necessary to accomplish assigned tasks. This individual shall provide the Fire Chief with a report of hours worked at least monthly.

Mileage Reimbursement

This individual shall be entitled to reimbursement for mileage at the then IRS published “charitable” rate, as authorized by the Fire Chief.

Annual Evaluations

At around day 60 of the probationary period, this individual and the Fire Chief shall hold a progress meeting to review this individual’s progress and suggest improvements, etc. Thereafter, the ~~Personnel Committee~~ Fire Chief shall formally evaluate this individual’s performance annually or as otherwise deemed necessary by the Personnel Committee, as provided in Policy 1001 (*Performance Evaluations*), or any successor policy or policies.

Classification – Hall Manager

Definition

This is an individual who is hired for the purpose of managing and maintaining Lillard Hall, the community hall, for continued use by the community.

Management Received and Exercised

The Hall Manager reports to, and takes direction from, the Board of Fire Commissioners and/or its designee(s).

Representative Duties and Responsibilities

This individual shall:

- Take telephone calls from prospective hall renters or processes online application, as appropriate; itemize list of requirements for hall rental: rental fees, cleaning deposit, liability insurance, and security, if needed.
- Meet potential renter at Lillard Hall, if requested.
- When date is confirmed, put date on calendar in station and/or online.
- Deposit money when application is received and/or confirm that deposit was made electronically.
- Re-inspect the hall before event and clean, or arrange for cleaning, as needed.
- Meet renters before event to give them the key, inspect the hall pre-event, arrange with renters when to meet after the event to inspect hall, refund deposit as appropriate, and retrieve key.
- Purchase supplies when needed.
- Inform the Board of any improvements, maintenance or repairs that are needed.

- Schedule maintenance as needed and/or as directed by the Board.
- Maintain record of dates and hours worked and report total hours to District member assigned to process payroll on the payroll cycle used by the West Plainfield Fire Protection District.
- Maintain record of each Hall rental, including: date and type of event; fee collected; security deposit amount retained, if any; and, if renter is a district resident, non-district resident, non-profit organization; or county, State, or federal entity.
- Prepare a monthly report to be given to the Board Clerk prior to each monthly Board of Commissioners meeting, including: total of any money deposited in bank, and a list of any new rental dates.

Compensation and Hours Worked

This individual shall not have regular office hours, but shall instead schedule the hours necessary to accomplish assigned tasks. This individual shall provide the Fire Chief with a report of hours worked at least monthly.

Mileage Reimbursement

This individual shall be entitled to reimbursement for mileage at the then IRS published “charitable” rate, as authorized by the Fire Chief.

Minimum Knowledge, Abilities and Skills

The individual for this position shall have the following knowledge, abilities and skills:

- Knowledge of modern management and maintenance of rental spaces, including promotion of space availability, budgeting and communication techniques.
- Ability and skill to fully utilize web-based and other applications to streamline the rental and maintenance processes.
- Basic math skills
- Basic skills in Microsoft and Adobe products.
- Skilled at written and oral communications

Desired Qualifications

- Bilingual – English and Spanish

Annual Evaluations

At around day 60 of the probationary period, this individual and the Personnel Committee Lillard Hall Committee shall hold a progress meeting to review this individual’s progress and suggest improvements, etc. Thereafter, the Personnel Committee Lillard Hall Committee shall formally evaluate this individual’s performance annually or as otherwise deemed necessary by the Personnel Committee Lillard Hall Committee, as provided in Policy 1001 (*Performance Evaluations*), or any successor policy or policies.

Purchase Card

212.1 PURPOSE AND SCOPE

This policy provides for the issuance and administration of the Department's purchase cards.

212.2 POLICY

The Department will issue, administer, and maintain the Department's purchase cards according to this policy.

212.2.1 DEFINITIONS

Point of Contact / Program Administrator- The individual(s) designated by the Fire Chief as having responsibility for maintaining the purchase card accounts (example: Fire Chief, Custodian of Records).

Purchase Card - Credit card used to make purchases when payment by purchase order or voucher is not practical.

Authorized User - Those members identified below to whom a purchase card may be issued.

Authorized Viewer - Those members identified below to whom online purchase card "Program Administration View Only" or similar access is granted.

212.3 AUTHORIZED USERS / USER LIMITS

The following "authorized users" may be issued a purchase card by the Program Administrator at the following billing cycle limits:

- (a) Fire Chief / \$5,000.00.
- (b) Assistant Chief of Administration / \$1,500.00.
- (c) Assistant Chief of Operations / \$3,000.00.
- (d) Any full-time Company Officer / 1,500.00.
- (e) Any user designated by the Fire Chief for program purchases / \$1,500.00.
- (f) Individual designated by Board of Fire Commissioners, to be used for all automatic, recurring charges (example: Google, Starlink, etc.) / \$1,500.00.

212.4 AUTHORIZED USES

A purchase card may be used for any of the following purposes or in the following circumstances:

- (a) When payment by purchase order or voucher is not practical.
- (b) For recurring monthly payments, such as PGE, software subscriptions, etc.
- (c) As otherwise authorized by the Board of Fire Commissioners or Fire Chief.
- (d) Procurement of services or supplies under a Federal or State grant award.

Post-Incident Analysis

209.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform Post-Incident Analysis (PIA) to identify strengths and weaknesses within the Department. This policy describes the various types of PIA that can be used in the evaluation of department performance. A PIA may also be used to identify equipment needs, staffing deficiencies and training needs. The information collected during the PIA process also may be useful in justifying future funding requests for equipment, personnel and/or training.

209.2 POLICY

The PIA is a valuable tool to improve the overall operations of the fire service. It is the policy of this department to use the PIA as a tool to identify areas of strength and weakness within the Department on an incident-by-incident basis, for the purpose of continuous improvement.

The PIA may additionally be utilized in department-wide training to communicate continuous improvement of emergency scene operations and fireground safety.

209.2.1 RESPONSIBILITIES

All officers have shared responsibility for the overall effectiveness of the PIA process.

The IC should informally analyze every incident to improve personnel, unit and system performance. After every major incident or special event, the IC is encouraged to develop a PIA to determine strengths, weaknesses and lessons learned about the incident operation.

Anyone may request a PIA of a particular incident. Any PIA requests must be made through the chain of command.

Any significant safety issue that is identified in the PIA should be addressed immediately, if it was not already resolved prior to the PIA being completed. If appropriate, a report should be sent to the International Association of Fire Chiefs (IAFC) Near-Miss Reporting System on any significant safety issues.

209.3 POST-INCIDENT ANALYSIS

A PIA should be completed within 30 days of an incident and may result in recommendations for changes to procedures, staffing, equipment use, policy and/or training to better enable the Department to serve the community.

A PIA should include lessons learned from the observation of effective and efficient methods of mitigating a major incident. These include all strategic decisions, operational issues, built-in fire protection devices and anything else that assisted in mitigating the incident.

(a) A PIA may include:

1. Evaluation of the overall operational effectiveness.
2. Evaluation of safety procedures.
3. Evaluation of the success or failure of tactical objectives.

West Plainfield Fire Department

Policy Manual

Post-Incident Analysis

4. Evaluation of the application and effectiveness of policies and/or procedures.
 5. Specific knowledge that might be beneficial.
- (b) The information gained from a PIA should be used ~~by company officers and staff teams~~ to:
1. Reinforce the incident management system.
 2. Evaluate current training programs and/or identify training needs.
 3. Evaluate current policies and procedures.
 4. Identify and prioritize planning needs for the future.
 5. Identify equipment problems/concerns.
 6. Evaluate fire prevention inspection and public education effectiveness.

209.4 TYPES OF POST-INCIDENT ANALYSIS

209.4.1 HOT WASH

An incident "hot wash" may be performed at the incident scene prior to the release of equipment or personnel. A hot wash is a meeting of all involved personnel on-scene. It is an informal briefing of the incident, the actions taken and problems encountered. An IC may present an analysis with key companies or crews while they are on-scene. The advantage to this is that crews are present and all aspects of the call are still fresh. One disadvantage to a hot wash might occur at medical incidents, when some members may be caring for patients and are unable to participate.

If the analysis takes place while on-scene, it is the responsibility of the IC to:

- Meet in a safe area, even if it requires relocating to another area.
- Ensure that the meeting area is inaccessible by the public and media.
- Consider the impact of company downtime.
- Consider public perception.

209.4.2 INFORMAL PIA

An informal PIA may occur at any time after the incident and is recommended for each incident. The IC or a designated representative should arrange for and conduct the informal analysis.

209.4.3 FORMAL PIA

- (a) A formal PIA should be considered for:
- (a) A building fire in which three or more rooms are severely damaged by fire, or where unusual extinguishment problems existed.
 - (b) Multiple-alarm structure fires.
 - (c) Multiple-alarm brush fires.
 - (d) Multiple-alarm Emergency Medical Services (EMS) incidents.

West Plainfield Fire Department

Policy Manual

Post-Incident Analysis

- (e) Multiple-alarm special operations incidents.
- (f) Major disaster drills.
- (g) Unusual incidents identified by the IC or other staff officers (e.g., explosion, collapse).
- (h) Any **incident fire** resulting in a fatality.
- (i) Any **incident fire** resulting in injury to firefighters that is serious enough to require transport to a medical facility.
- (j) Any "close call" incident where firefighters could have been injured.
- (k) Any hazardous materials incident with multi-company involvement.
- (l) Any specialty rescue operation with multi-company involvement.
- (m) Any incident, at the IC's discretion or at the direction of a senior officer.
- (b) The **Assistant Chief of Operations** is responsible for scheduling and facilitating the presentation of all formal PIAs. This will include:
 - (a) Setting a presentation date and location within seven days (whenever possible) of the incident.
 - (b) Supervising the completion of an incident analysis packet that should include a summary of the incident, drawings and identification of any lessons learned.
 - (c) Developing a written After Action Report (AAR) summarizing the PIA and submitting it to the Fire Chief for approval and distribution.
 - (d) Notifying appropriate personnel.
 - (e) Coordinating/scheduling with other departments or outside agencies that worked the incident.
 - (f) Arranging move-up and/or cover companies from other departments.

The **Assistant Chief of Operations** is responsible for notifications to all members who are scheduled to attend a formal PIA. All members should be notified within one week if a formal PIA is being arranged to allow them to prepare or gather any necessary documentation.

Copies of the formal AAR should be posted for all personnel to review.

A copy of all PIAs and AARs shall be forwarded to the Fire Chief for approval prior to distribution, including any determinations or conclusions reached through the PIA presentations.

Atmospheric Monitoring for Carbon Monoxide

308.1 PURPOSE AND SCOPE

This policy establishes procedures for measuring atmospheric concentrations of carbon monoxide (CO) at an incident for the safety of members working in potentially hazardous conditions.

308.1.1 DEFINITIONS

Definitions related to this policy include:

Calibration - The process of resetting the values for each sensor in the instrument.

Spanning - The process of using the calibration gasses to check the calibration of the instrument, also known as bump testing.

308.2 POLICY

Exposure to CO can be hazardous to the health of those exposed. It is the policy of the West Plainfield Fire Department to mitigate the health risks associated with exposure to CO by its members and the public.

308.3 RESPONSIBILITIES

Company Officers should ensure that atmospheric monitoring instruments are spanned or calibrated to manufacturer's specifications on a monthly basis, if they have not been used, and prior to use.

The instruments should be stored in operating condition.

The Incident Commander or the authorized designee is responsible for measuring atmospheric concentrations of CO at any location containing or suspected of containing elevated levels of CO.

308.4 PROCEDURES

Carbon monoxide may be present as a by-product of combustion, an emission from internal combustion engines, a chemical reaction or a leak from an industrial process. Carbon monoxide has approximately the same vapor density as air. When measuring for atmospheric concentrations of CO at an incident, instruments do not have to be placed near the floor or ceiling to obtain accurate readings.

Positive pressure ventilation may be used to reduce the CO concentration, as well as the presence of other toxic gases in the atmosphere. Gasoline-powered smoke ejectors should not be used to positive-pressure ventilate.

All members shall use self-contained breathing apparatus (SCBA) in any atmosphere containing 35 parts per million or greater of CO (National Institute for Occupational Safety and Health (NIOSH)). An atmospheric concentration of CO that is below the threshold limit value (TLV) does not necessarily indicate an adequate level of oxygen or eliminate the possibility of other toxic gases or products of combustion being present.

West Plainfield Fire Department

Policy Manual

Atmospheric Monitoring for Carbon Monoxide

Members shall also use a SCBA in any atmospheric concentration of CO that is below the TLV where there is also the presence of visible smoke and in any atmosphere containing less than 19.5 percent oxygen (8 CCR 5144; 29 CFR 1910.134).

308.5 EMERGENCY MEDICAL TREATMENT

A person with acute CO exposure may exhibit the signs and symptoms of headache, flushing, nausea, vertigo, weakness, irritability, unconsciousness, and in persons with pre-existing heart disease and atherosclerosis, chest pain and leg pain.

An affected or incapacitated person should be removed from further exposure and have appropriate emergency medical procedures implemented, including any listed on the Safety Data Sheet (SDS) for CO.

All personnel with the potential for becoming exposed to CO or being present during an exposure should be familiar with emergency procedures, the location and proper use of emergency equipment, and the methods of protecting themselves during rescue operations.

308.6 DOCUMENTATION

Each time an atmospheric monitoring instrument is spanned or calibrated, the testing will be entered on a log. The test date and result will be entered in to the RMS, once a month and retained in accordance with established records retention schedules. The log documents will serve as a history of an instrument's performance.

LILLARD HALL REPORT - RENTALS

Date	Applicant Organization	Event Type	Applicant Type	Rent Due	Amt Due	Date Paid	Security Deposit Due	SD Amt Due	Date Paid	Date Refunded	Refund Amt	Ins Cert Required	Date Cert Provided	Guard Required	Date Contract Provided
01/13/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
01/14/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/15/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/21/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/22/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/27/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/28/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
01/29/26	User	Dog Training	Other - Duration 3-8 hours	No			N / A					Yes	05/28/25	No	
02/10/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
02/21/26	User	Celebration of Life		No	960	01/12/26	No	1,500	12/01/25			Yes		No	
03/01/26	WPFA	Pancake Breakfast													
03/10/26	4H	Meeting	WPPFD Resident	No			No					N / A		No	
03/14/26	User	Fly Fishers Dinner		Yes	960		No	1,500	09/19/25			Yes		Yes	

LILLARD HALL REPORT - FIRST NORTHERN BANK OPERATING ACCOUNT

Date	Check	Payment	Deposit	Balance	Payable To	From	Purpose	
10/01/25	1034	391.72		12,471.34	PG&E		PG&E - Sept	Cleared
10/01/25	1035	139.05		12,332.29	WPFPD		Payroll - Sept	Cleared
10/01/25	1036	2,900.00		9,432.29	Alliance Tree Service		Tree Trimming	Cleared
10/10/25			2,118.00	11,550.29		Son Chong, Jennie Keifer, Esperanza Morales	Rental Fees	Deposited
10/15/25	1037	449.13		11,101.16	PG&E		PG&E - Oct	Cleared
11/07/25	1038	75.00		11,026.16	Edward Sykes		Expenses - Landfill Run	Cleared
11/14/25			958.00	11,984.16	Edward Sykes	Son Chong, Jennie Keifer	Rental Fees	Deposited
11/14/25	1040	266.41		11,717.75	Edward Sykes		PG&E - Nov (check #1039 VOID)	Cleared
12/12/25			1,158.00	12,875.75	Edward Sykes	Son Chong, Jennie Keifer	Rental Fees	Deposited
12/17/25	1041	44.80		12,830.95	Edward Sykes		Expenses - Supplies	Cleared
12/17/25	1042	335.69		12,495.26	Edward Sykes		PG&E - Nov/Dec	Cleared
01/14/26	1043	1,608.89		10,886.37	Edward Sykes		Payroll - Oct, Nov, Dec	Cleared
01/18/26	1044	311.35		10,575.02	PG&E		PG&E - Dec	Cleared
01/28/26			2,118.00	12,693.02		Son Chong, Jennie Keifer, Mary Travis	Rental Fees	Deposited
02/16/26			1,258.00	13,951.02		Son Chong, Jennie Keifer	Rental Fees	
02/16/26	1045	118.97		13,832.05	WPFPD		Payroll - Jan	
				13,832.05				
				13,832.05				
				13,832.05				
				13,832.05				

LILLARD HALL REPORT - FIRST NORTHERN BANK DEPOSIT ACCOUNT

Date	Check #	Payment Amount	Deposit Amount	Balance	Payable To	From	Purpose	
11/22/23			1,500.00	1,500.00		Son Chong	Security Deposit	Deposited
01/03/24			2,500.00	4,000.00		Lillard Hall Fund	Security Deposits - Fly Fishers (1500), Fairfield School (800), Jennie Keifer (200)	Deposited
01/24/24			1,500.00	5,500.00		Liliana Castaneda	Security Deposit - 1/27/24 Reception	Deposited
01/30/24	1001	800.00		4,700.00	Fairfield Elementary		Deposit Refund	Cleared
01/30/24	1002	1,500.00		3,200.00	Liliana Castaneda		Deposit Refund	Cleared
03/12/24	1003	1,500.00		1,700.00	Fly Fishers Davis		Deposit Refund	Cleared
03/12/24	1004	0.00		1,700.00			VOIDED CHECK	VOID
04/01/24		39.43		1,660.57			Check Charge from 12/06/23	Paid
05/30/24			1,539.43	3,200.00		Amanda Barajas/Lillard	Security Deposit / Check Charge Reimbursement	Deposited
08/07/24	1005	1,500.00		1,700.00	Amanda Barajas		Deposit Refund	Cleared
09/20/24			800.00	2,500.00		Jackie Lundy	Security Deposit - 5/4/25 Reception	Deposited
12/27/24			800.00	3,300.00	Fly Fishers Davis		Security Deposit - 3/8/25 Fundraiser Dinner	Deposited
01/13/25			800.00	4,100.00		Brenda Duncan	Security Deposit - 1/14/25 Celebration of Life	Deposited
01/27/25	1007	800.00		3,300.00	Brenda Duncan		Deposit Refund	Cleared
02/14/25			1,500.00	4,800.00		Jose Gonzalez	Security Deposit - 5/10/25 First Communion	Deposited
03/18/25	1008	800.00		4,000.00	Fly Fishers Davis		Deposit Refund	Cleared
05/06/25	1009	800.00		3,200.00	Jackie Lundy		Deposit Refund	Cleared
05/13/25	1010	1,500.00		1,700.00	Jose Gonzalez		Deposit Refund	Cleared
07/28/25			1,500.00	3,200.00		Teresa Tamajo	Security Deposit - 11/15/25 70th Birthday Party	Deposited
07/28/25			1,500.00	4,700.00		Esperanza Morales	Security Deposit - 11/1/25 3rd Birthday Party	Deposited
09/19/25			1,500.00	6,200.00		Fly Fishers of Davis	Security Deposit - 3/14/26 Dinner	Deposited
11/07/25	1011	1,500.00		4,700.00	Esperanza Morales		Deposit Refund	Cleared
12/04/25			1,500.00	6,200.00		Mary Travis	Security Deposit - 2/21/26 Celebration of Life	Deposited
				6,200.00				
				6,200.00				
				6,200.00				
				6,200.00				



West Plainfield Fire Protection District
24901 County Road 95, Davis, CA 95616 (530) 756-0212

MINUTES - STANDING COMMITTEE – PERSONNEL
February 2, 2026, at 6:00 PM

Held at
Fire Station
24901 County Road 95
Davis CA, 95616

1. Call the Meeting to Order (Chair Amy)

Chair Amy called the meeting to order at 6:00 PM.

Present were:

Committee Members / Commissioners: Emily Amy and Cork Mclsaac

2. Public Comment

None

3. Discussion / Action - Planning for Performance Evaluations – Hall Manager and Fire Chief (All)

a. Review and Possibly Modify Guiding Documents and Forms

Discussed different styles of reviews. Without major modification to guiding documents, which would require approval of the Board, decided to continue as in the past; it has seemed to work.

b. Hall Manager Evaluation by Personnel Committee or Lillard Hall Committee

Commissioner Mclsaac did not know who the Hall Manager was, or anything about job performance or expectations.

Motion by Commissioner Mclsaac for Lillard Hall Committee to do the evaluation of the Hall Manager, second by Commissioner Amy, vote 2-0.

c. Fire Chief Evaluation Planning (Questions to Staff, Etc)

Reviewed the prior peer review questions and made minor edits.

d. Possible Dates and Scheduling

Commissioner Amy to email out peer review to full Fire Department Feb 9 or 10 for return by Feb 27 at 3:00 PM. Reach out to Chief for availability to meet for review; possible dates of March 11 at 7:30 or 8:0 AM or March 13 at 6:00 PM are the preferred dates. Optional dates of March 18 or 20 at same times as preceding week.

4. Adjourn Meeting (Chair Amy)

Chair Amy adjourned the meeting at 6:35 PM.

Minutes Approved: February 17, 2026

Commissioner Emily Amy, Chair

Cherie Rita, Board Clerk

Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26 | **Incident status** Locked

Fire Incident Count (NERIS)

Count of Incidents by month, day, hour of day, station, shift, and unit

Count of Total Incidents

Count of Incidents

16

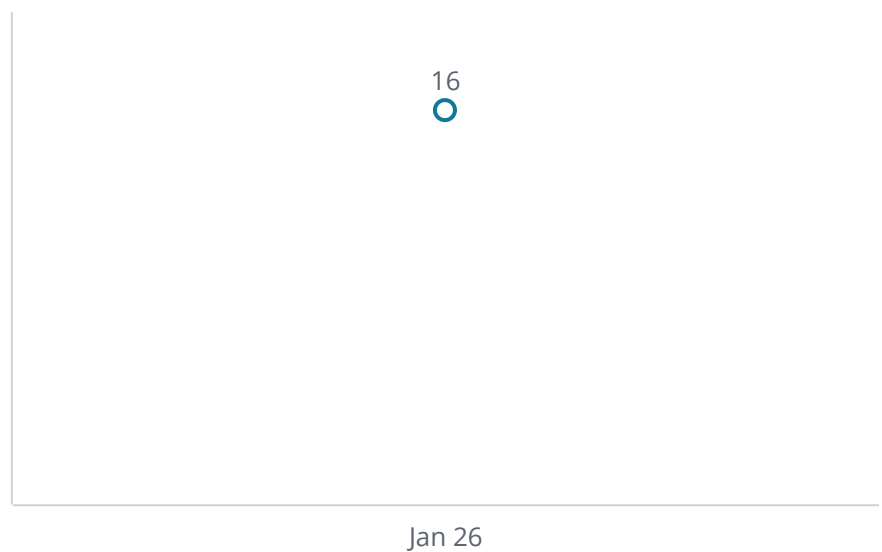
Incident Count By Month (This ...

Months in Core incident onset dat

01/2026

Count of Incidents

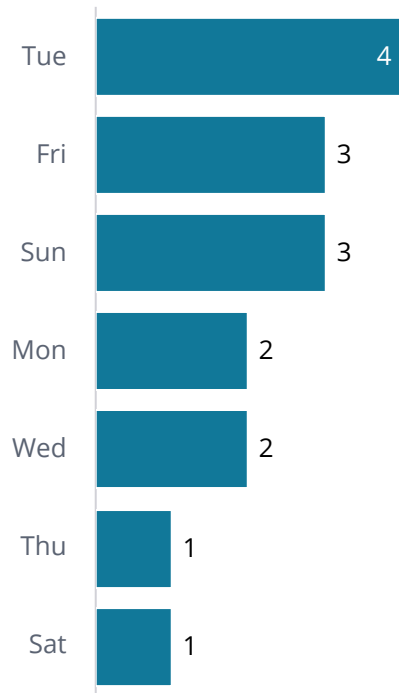
Incident Count By Month (This Year)



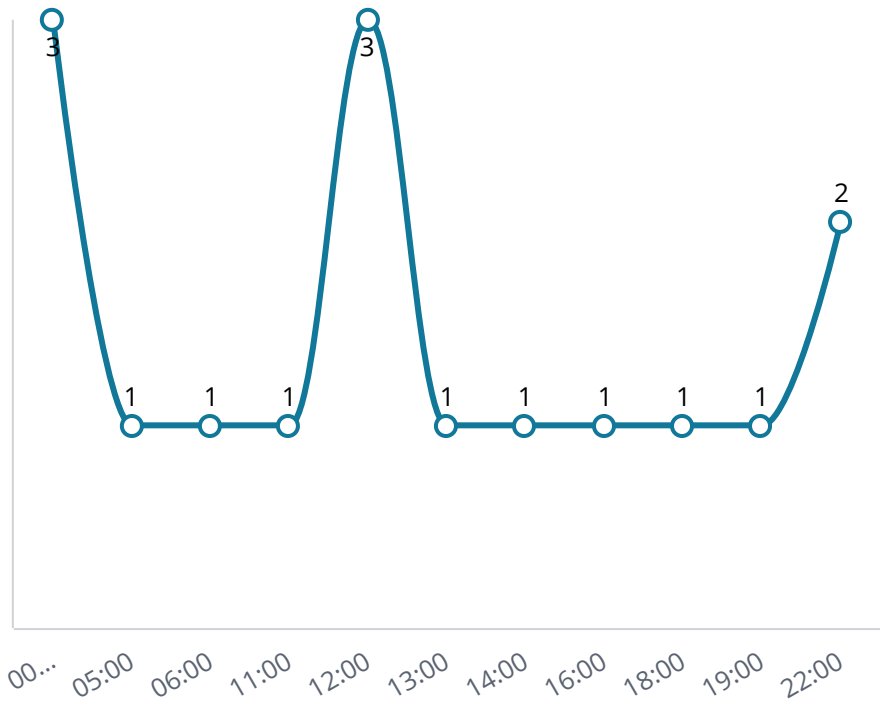
Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26 | **Incident status** Locked

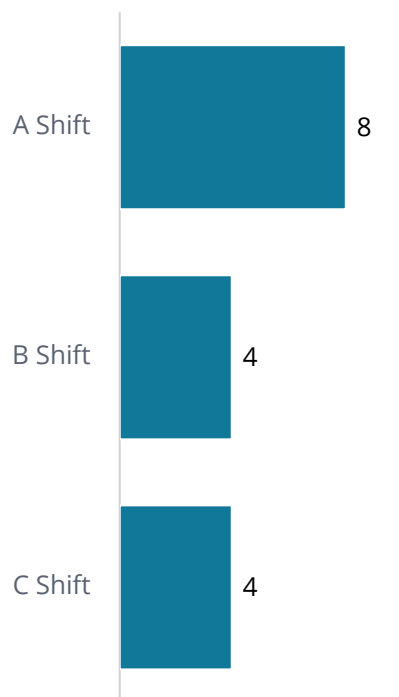
Incident Count by Day of Week



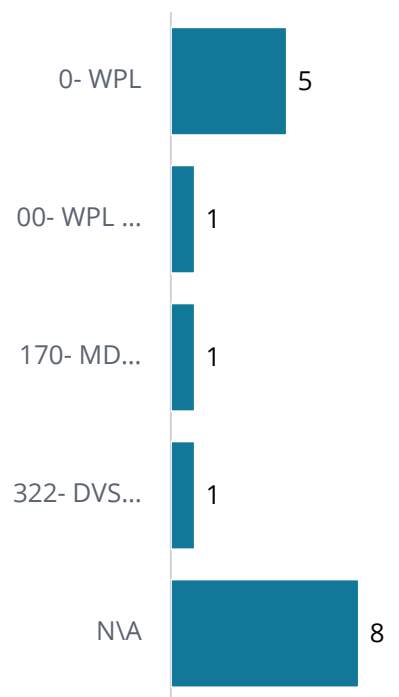
Incident Count by Hour of Day



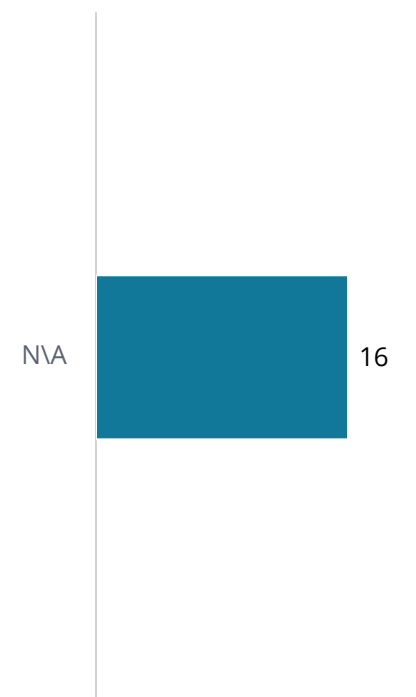
Incidents by Shift



Incidents by Zone



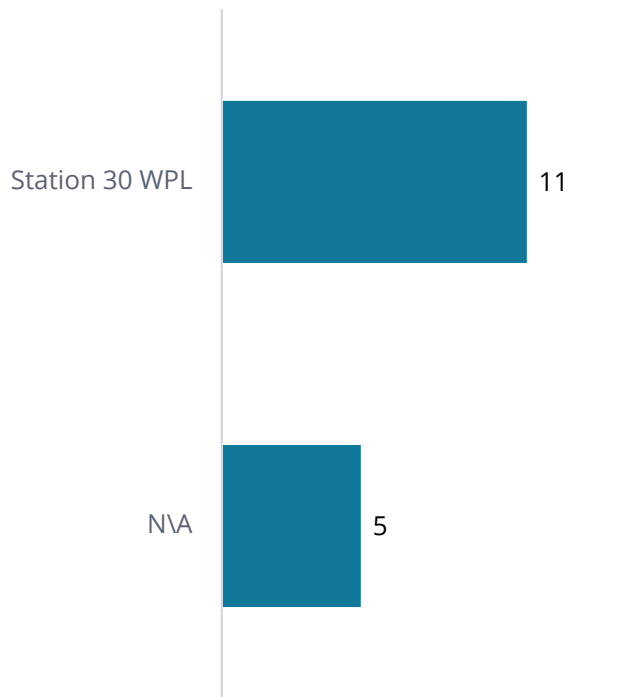
Incidents by District



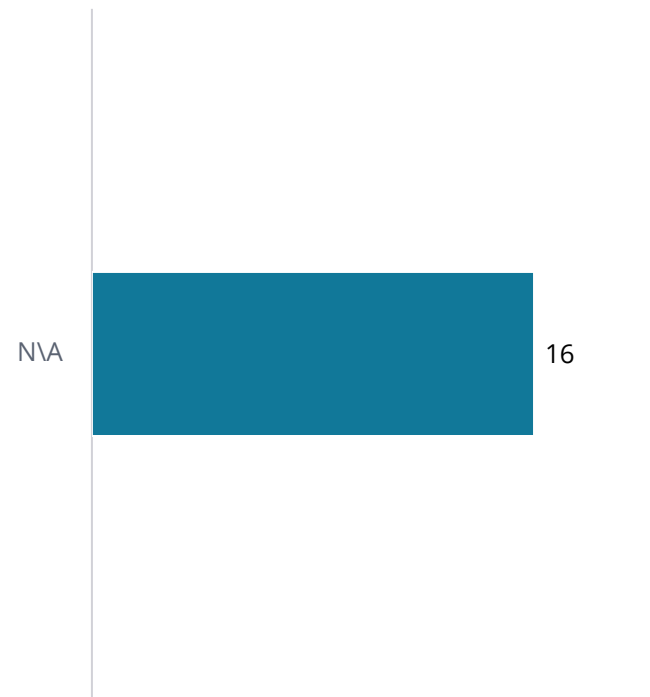
Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26 | **Incident status** Locked

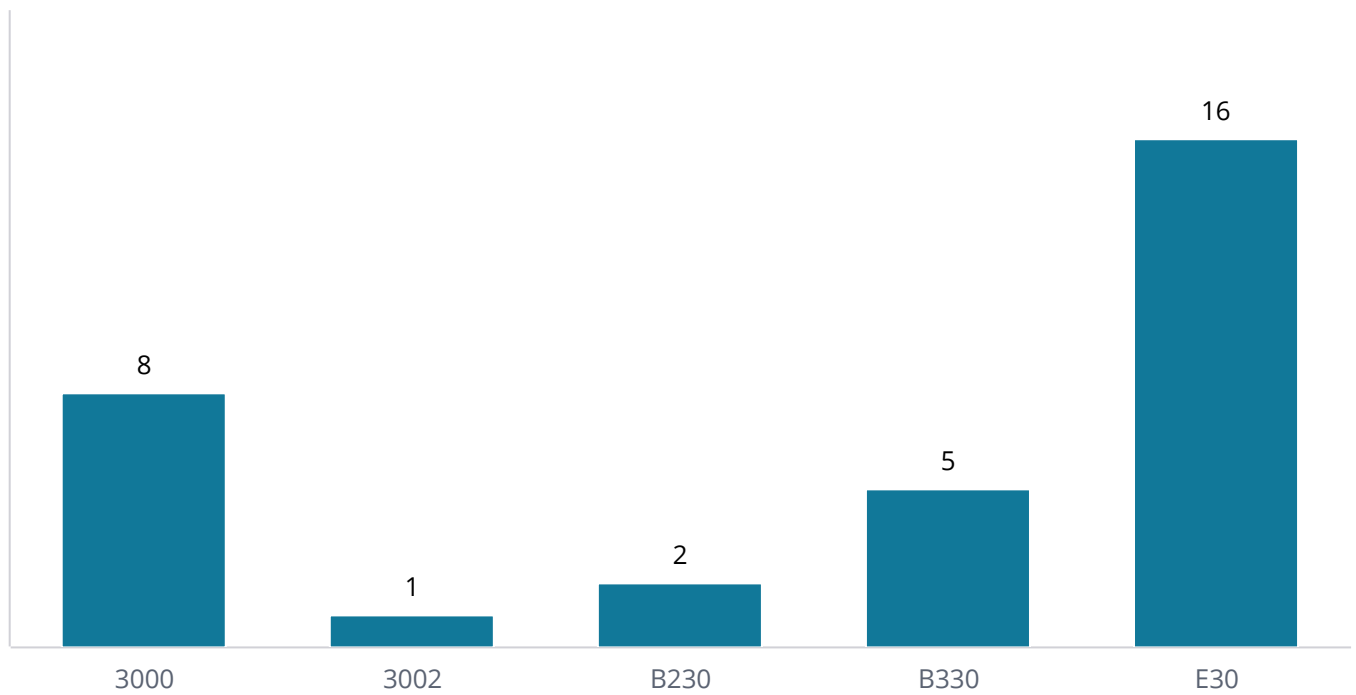
Incidents by Station



Incidents by Battalion



Incident Count by Unit



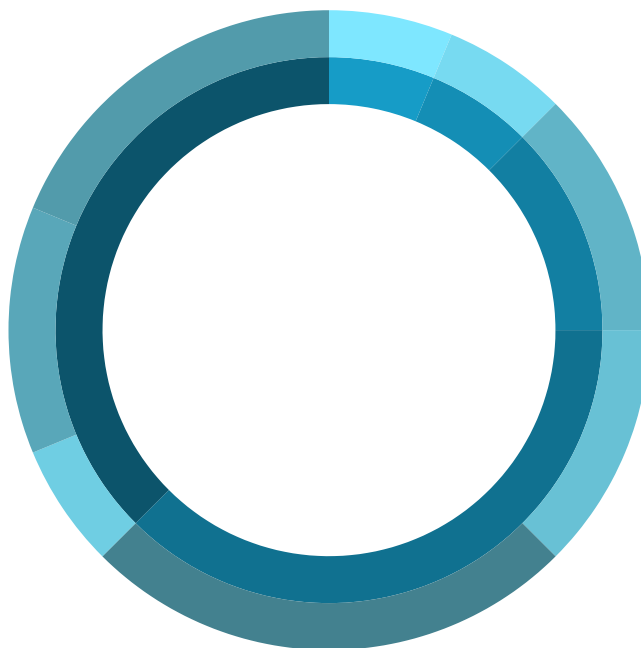
Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26 | **Incident status** Locked

Count of Incident Responses

Station	Shift	Unit	Incidents
			2026
Station 30 WPL	A Shift	3000	2
		B230	1
		B330	1
		E30	4
	B Shift	3000	3
		3002	1
		B330	1
		E30	3
	C Shift	3000	1
		B230	1
		B330	1
		E30	4
NVA	A Shift	3000	2
		B330	2
		E30	4
	B Shift	E30	1

Percent of Incident Responses by Incident Type



Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26

Fire Resources (NERIS)

Tracks personnel and unit involvement by call volume during fire incidents

Count of Total Incidents

Count of Incidents
16

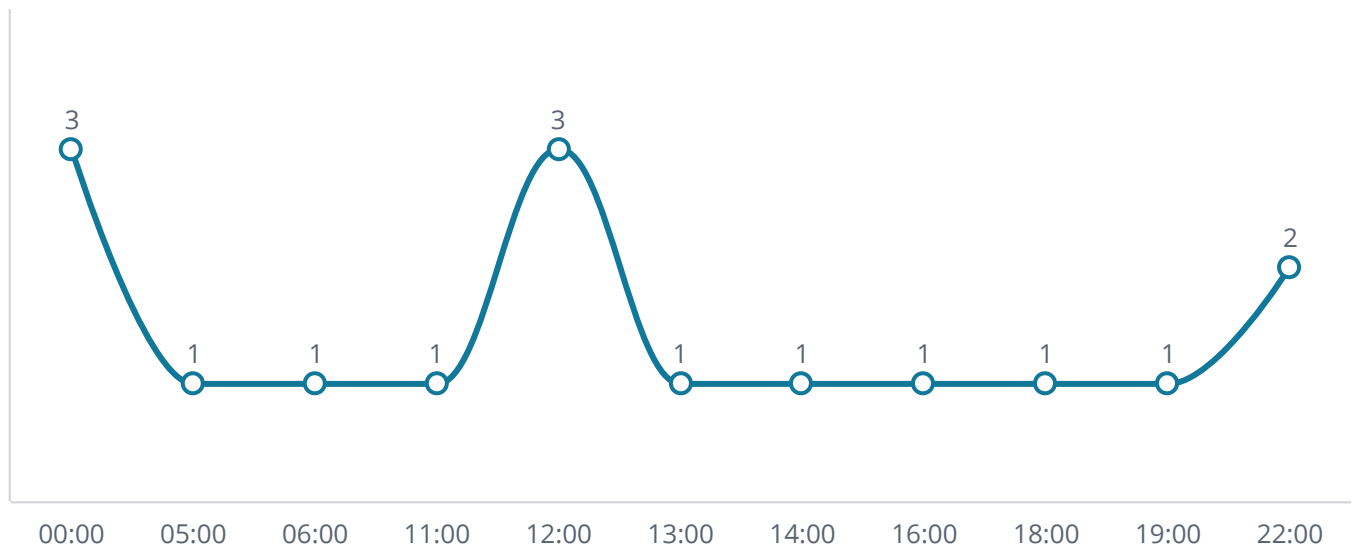
Average Time on Scene

Average Time on Scene (by Incident)

00h:21m:34s

Average Time on Scene (by Unit) **00h:20m:24s**

Call Volume Over Time (by hour of day)



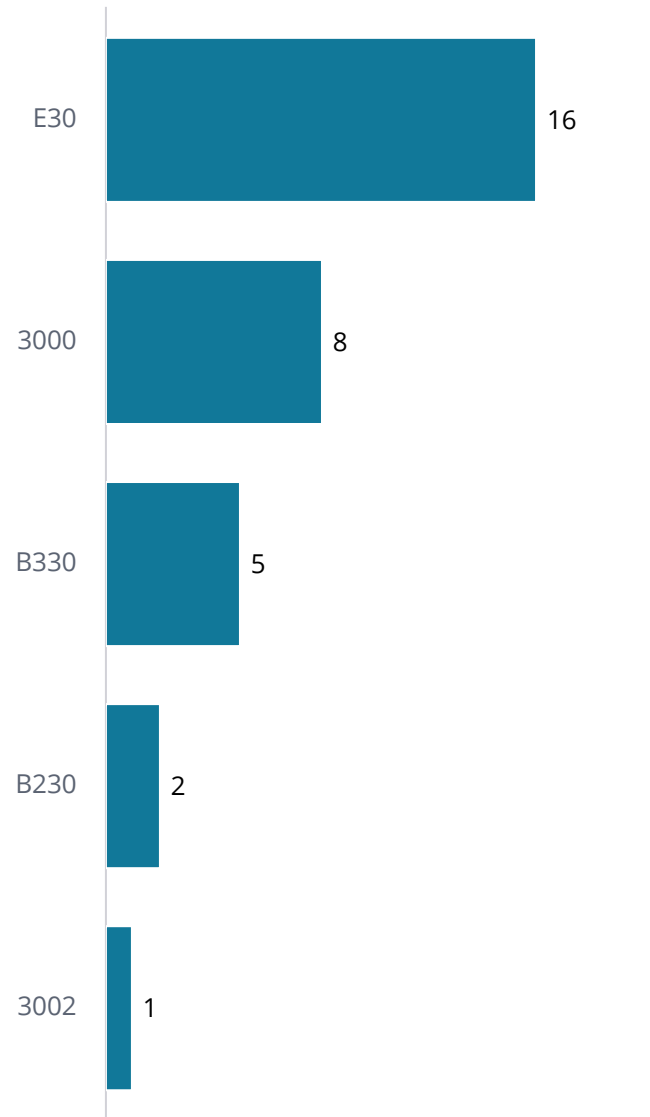
Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26

Incident Count Breakdown of Incidents by Unit

Unit name	Count of Incidents	Percentage of Incidents
3000	8	50.00
3002	1	6.25
B230	2	12.50
B330	5	31.25
E30	16	100.00
Grand Total	16	100.00

Incident Count by Unit



Filter statement

Filters **Days in Core incident onset date/time** 1/1/26 to 1/31/26

Incident Count and Percentage by Personnel

Crew Name	Count of Incidents	Percentage of Incidents
Beoshanz, Marc	2	12.50%
Bravo, Scott	6	37.50%
Fish, Patrick	5	31.25%
Gustafson, Joseph	4	25.00%
Karkar, Michael	1	6.25%
Keep, Daniel	5	31.25%
Osborn, Dave	2	12.50%
Rehan, Michael J	4	25.00%
Stiles , David	4	25.00%
Wright, Kevin R	5	31.25%
Zayas, Anthony	3	18.75%
N/A	7	43.75%
Grand Total	16	100.00%

SPECIAL DISTRICT FINANCIAL TRANSACTIONS REPORT COVER PAGE

Special District Name: West Plainfield Fire Protection District

Fiscal Year: **2025**

ID Number: **12075712200**


Certification:

I hereby certify that, to the best of my knowledge and belief, the report forms fairly reflect the financial transactions of the special district in accordance with the requirements as prescribed by the California State Controller.

Special District Fiscal Officer



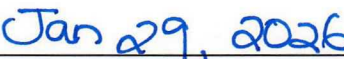
Signature



Title



Name (Please Print)



Date

Per Government Code section 53891(a), this report is due within seven months after the close of the fiscal year or within the time prescribed by the Controller, whichever is later. The report shall contain underlying data from audited financial statements prepared in accordance with generally accepted accounting principles, if this data is available.

If submitted manually, please complete, sign, and mail this cover page to either address below:

Mailing Address:
Local Government Reporting Section - Special District
Local Government Programs and Services Division
California State Controller's Office
P.O. Box 942850
Sacramento, CA 94250

Express Mailing Address:
Local Government Reporting Section - Special District
Local Government Programs and Services Division
California State Controller's Office
3301 C Street, Suite 740
Sacramento, CA 95816

The Financial Transactions Report was successfully submitted to the State Controller's Office on 1/29/2026 12:09:32 PM

Special District Name: West Plainfield Fire Protection District
 Special Districts' Financial Transactions Report
 General Information

Fiscal Year: 2025

Important Message: Electronic signature signee's information should match exactly as typed in the District Fiscal Officers

District Mailing Address

Street 1	24901 County Road 95	<input type="checkbox"/>	Has Address Changed?
Street 2			
City	Davis	State	CA
		Zip	95616
Email	clerk@westplainfieldfire.gov		

Members of the Governing Body

	First Name	M. I.	Last Name	Title	Email
Member 1	Emily		Jacob Amy	Board Commiss	
Member 2	Cork		Mclsaac	Board President	
Member 3	Warren		Roos	Board Commiss	
Member 4	Elizabeth		Cunningham Stiles	Board Commiss	
Member 5	John		Lindsey	Board Commiss	
Member					

District Fiscal Officers

	First Name	M. I.	Last Name	Title	Email
Official 1	Dave		Stiles	Fire Chief	None
Official 2	Tom		Haynes	Fiscal Officer	thaynes@yolocounty.org
Officials					

Report Prepared By

First Name	Mark	M. I.		Last Name	Krummenacker	
Telephone	(530) 368-0901	Email	mark.krummenacker@yolocounty.org			

Independent Auditor

Firm Name	LSL CPAs and Advisors				
First Name	Brandon	M. I.		Last Name	Young
Telephone	(916) 506-9691				

1. Is this district a component unit of a City, County, or Special District (Choose one)? If "Yes", answer question 2. Yes No

2. Is this district a blended component unit (BCU) or a discretely presented component unit (DPCU) of a City, County, or Special District (Choose one)? Refer to the Financial Transactions Report (FTR) instructions for definitions of these terms. If the district is a BCU, answer questions 3 - 5.

BCU DPCU

3. Is financial data of this BCU included in the financial statements or Annual Comprehensive Financial Report (ACFR) of a City, County, or Special District (Choose one)?

City County Special District

4. In which City, County, or Special District financial statements or ACFR is the financial data of this BCU included?

City name:

County name:

Special District name:

5. Is financial data of this BCU included in the City, County, or Special District FTR (Choose one)? Yes No

6. In preparing the District's financial transactions reports for governmental fund type accounts, which basis of accounting was used? (Choose one):

Cash basis Modified cash basis Modified accrual basis Full accrual basis N/A

7. In preparing the District's financial transactions reports for proprietary fund type accounts (Internal Service Funds and Enterprise Funds), which basis of accounting was used? (Choose one):

Cash basis Modified cash basis Modified accrual basis Full accrual basis N/A

8. In preparing the District's financial transactions reports for fiduciary fund type accounts, which basis of accounting was used? (Choose one):

Cash basis Modified cash basis Modified accrual basis Full accrual basis N/A

Special District Name: West Plainfield Fire Protection District
Special Districts' Financial Transactions Report
Comments for the Special District Report

Fiscal Year: 2025

Comments

Special District Name: West Plainfield Fire Protection District
Special Districts' Financial Transactions Report - Governmental Funds
Statement of Revenues, Expenditures, and Changes in Fund Balances

Fiscal Year: 2025

Activity: (1 of 1) (Record Completed)

Fire Protection ▼

		General	Special Revenue	Debt Service	Capital Projects	Permanent	Total Governmental Funds
Revenues							
Taxes and Assessments							
R01.	Current Secured and Unsecured (1%)	404,342					404,342
R02.	Voter-Approved Taxes						
R03.	Pass-through and Residual Property Taxes (ABX1 26)						
R05.	Tax Increment						
R06.	Parcel Tax						
R07.	Property Assessments						
R09.	Prior-Year Taxes and Assessments	354					354
R10.	Penalties and Costs of Delinquent Taxes and Assessments						
R11.	Other Taxes and Assessments						
R12.	Total Taxes and Assessments	404,696	0	0	0	0	404,696
R13.	Licenses, Permits, and Franchises						
R14.	Fines, Forfeitures, and Penalties						
Revenue from Use of Money and Property							
R15.	Investment Income	31,255					31,255
R16.	Rents, Leases, Concessions, and Royalties						
R17.	Other Revenue from Use of Money and Property						
R18.	Total Revenue from Use of Money and Property	31,255	0	0	0	0	31,255
Intergovernmental – Federal							

R19.	Aid for Construction	0					
R20.	Other Intergovernmental – Federal	141,748					141,748
R21.	Total Intergovernmental – Federal	141,748	0	0	0	0	141,748
	Intergovernmental – State						
R22.	Aid for Construction						
R23.	State Water Project						
R24.	Homeowners Property Tax Relief	1,611					1,611
R25.	Timber Yield						
R26.	Other Intergovernmental – State						
R27.	Total Intergovernmental – State	1,611	0	0	0	0	1,611
R28.	Intergovernmental – Other	141,300					141,300
R29.	Charges for Current Services	292,202					292,202
R30.	Contributions from Property Owners						
	Self-Insurance Only						
R31.	Member Contributions						
R32.	Claim Adjustments						
R33.	Total Self-Insurance Only	0	0	0	0	0	0
R34.	Other Revenues	1,430					1,430
R35.	Total Revenues	\$1,014,242	\$0	\$0	\$0	\$0	\$1,014,242
	Expenditures						
R36.	Salaries and Wages	476,793					476,793
R37.	Employee Benefits	103,236					103,236
R38.	Services and Supplies	217,806					217,806
R39.	Self-Insurance Only – Claims Paid						
R40.	Contributions to Outside Agencies						
	Debt Service						
R40.5	Lease Financing, Principal and Interest Payments						

R41.	Principal Payments on Long-Term Debt						
R42.	Interest Payments on Long-Term Debt						
R43.	Principal and Interest on Short-Term Notes and Warrants						
R44.	Other Debt Service						
R45.	Total Debt Service	0	0	0	0	0	0
R46.	Capital Outlay	88,789					88,789
R47.	Other Expenditures						
R48.	Total Expenditures	\$886,624	\$0	\$0	\$0	\$0	\$886,624
R49.	Excess (Deficiency) of Revenues Over (Under) Expenditures	\$127,618	\$0	\$0	\$0	\$0	\$127,618
Other Financing Sources (Uses)							
R49.5	Lease Financing						
R50.	Long-Term Debt (Bonds, COPs, and Other Agency Debt)						
R51.	Construction Financing and Other Long-Term Debt						
R51.6	Proceeds from Refinancing on Loans, Notes, and Other						
R51.7	Payments to Refinanced Loans, Notes, and Other						
R52.	Refunding Bonds Proceeds						
R53.	Premium on Bonds Issued						
R54.	Discount on Bonds Issued						
R55.	Payments to Refunded Bond Escrow Agent						
R56.	Demand Bonds						
R57.	Proceeds from Sale of Capital Assets						
R59.	Insurance Recoveries						
R60.	Transfers In						
R61.	Transfers Out						
R61.5	Other Financing Sources (Uses) – Other						
R62.	Total Other Financing Sources (Uses)	\$0	\$0	\$0	\$0	\$0	\$0

Special and Extraordinary Items

R63. Special Item						
R64. Extraordinary Item						
R65. Total Special and Extraordinary Items	0	0	0	0	0	0
R66. Net Change in Fund Balances	\$127,618	\$0	\$0	\$0	\$0	\$127,618
R67. Fund Balances (Deficits), Beginning of Fiscal Year	\$664,029	\$0	\$0	\$0	\$0	\$664,029
R68. Adjustment						
R69. Reason for Adjustment						
R70. Fund Balances (Deficits), End of Fiscal Year	\$791,647	\$0	\$0	\$0	\$0	\$791,647

Special District Name: West Plainfield Fire Protection District
Special Districts' Financial Transactions Report
Balance Sheet
Governmental Funds

Fiscal Year: 2025

	General	Special Revenue	Debt Service	Capital Projects	Permanent	Total Governmental Funds
Assets						
R01. Cash and Investments	771,031					771,031
R02. Investments						
R03. Accounts Receivable (net)	43,337					43,337
R04. Taxes Receivable	228					228
R05. Interest Receivable (net)						
R05.5 Leases Receivable						
R07. Due from Other Funds						
R08. Due from Other Governments						
R09. Advances to Other Funds						
R10. Inventories						
R11. Prepaid Items						
R12. Loans, Notes, and Contracts Receivable						
R13. Other Assets 1						
R14. Other Assets 2						
R15. Other Assets 3						
R16. Total Assets	\$814,596	\$0	\$0	\$0	\$0	\$814,596
R17. Deferred Outflows of Resources						
R18. Total Assets and Deferred Outflows of Resources	\$814,596	\$0	\$0	\$0	\$0	\$814,596

Liabilities

R19. Accounts Payable	1,034					1,034
R20. Contracts and Retainage Payable						
R21. Interest Payable						
R22. Due to Other Funds						
R23. Due to Other Governments						
R24. Advances from Other Funds						
R25. Deposits and Advances						
R26. Loans and Notes Payable						
R27. Other Liabilities 1	21,915					21,915
R28. Other Liabilities 2						
R29. Other Liabilities 3						
R30. Total Liabilities	\$22,949	\$0	\$0	\$0	\$0	\$22,949
R31. Deferred Inflows of Resources						
R32. Total Liabilities and Deferred Inflows of Resources	\$22,949	\$0	\$0	\$0	\$0	\$22,949

Fund Balances (Deficits)

R33. Nonspendable						
R34. Restricted						
R35. Committed						
R36. Assigned	573,057					573,057
R37. Unassigned	218,590					218,590
R38. Total Fund Balances (Deficits)	\$791,647	\$0	\$0	\$0	\$0	\$791,647
R39. Total Liabilities, Deferred Inflows of Resources, and Fund Balances (Deficits)	\$814,596	\$0	\$0	\$0	\$0	\$814,596

Special District Name: West Plainfield Fire Protection District
Special Districts' Financial Transactions Report
Noncurrent Assets, Deferred Outflows of Resources,
Noncurrent Liabilities, and Deferred Inflows of Resources
Governmental Funds

Fiscal Year: 2025

		Noncurrent Assets/Deferred Outflows of Resources	Noncurrent Liabilities/Deferred Inflows of Resources
Noncurrent Assets			
R00.5	Lease Receivable		
Capital Assets			
R01.	Land		
R02.	Buildings and Improvements	231,955	
R03.	Equipment	1,238,685	
R04.	Infrastructure		
R05.	Intangible Assets – Amortizable		
R05.5	Lease Assets (Lessee)		
R05.6	SBITA Assets (Subscriber)		
R06.	Construction in Progress		
R07.	Intangible Assets – Nonamortizable		
R08.	Other Capital Assets		
R09.	Less: Accumulated Depreciation/Amortization	-840,543	
R10	Net Pension Asset		
R11	Net OPEB Asset		
R12	Other Noncurrent Assets 1		
R13	Other Noncurrent Assets 2		
R14	Other Noncurrent Assets 3		
R15.	Total Noncurrent Assets	\$630,097	
Deferred Outflows of Resources			
R16	Related to Pensions		
R17	Related to OPEB		
R18	Related to Debt Refunding		
R19	Other Deferred Outflows of Resources		
R20.	Total Deferred Outflows of Resources	\$0	
R21.	Total Noncurrent Assets and Deferred Outflows of Resources	\$630,097	

Noncurrent Liabilities

R22.	Deposits and Advances		
R23.	Compensated Absences		25,073
R24.	General Obligation Bonds		
R25.	Revenue Bonds		
R26.	Certificates of Participation		
R27.	Other Bonds		
R28.	Loans (Other Long-Term Debt)		
R29.	Notes (Other Long-Term Debt)		
R30.	Other (Other Long-Term Debt)		
R31.	Construction Financing – Federal		
R32.	Construction Financing – State		
R32.5	Lease Liability		
R32.6.	SBITA Liability		
R33.	Lease Obligations (Purchase Agreements)		
R34.	Net Pension Liability		0
R35.	Net OPEB Liability		
R36.	Other Noncurrent Liabilities 1		
R37.	Other Noncurrent Liabilities 2		
R38.	Other Noncurrent Liabilities 3		
R39.	Total Noncurrent Liabilities		\$25,073
Deferred Inflows of Resources			
R40	Related to Pensions		
R41	Related to OPEB		
R42	Related to Debt Refunding		
R42.5	Related to Leases		
R43	Other Deferred Inflows of Resources		
R44.	Total Deferred Inflows of Resources		\$0
R45.	Total Noncurrent Liabilities and Deferred Inflows of Resources		\$25,073

Special District Name: West Plainfield Fire Protection District
Special Districts' Financial Transactions Report
Appropriations Limit Information

Fiscal Year: 2025

R01. Appropriations Limit	1355852
R02. Total Annual Appropriations Subject to the Limit	419226
R03. Revenues Received (Over) Under Appropriations Limit	936626

Special District of West Plainfield Fire Protection District
Special District Financial Transactions Report
Footnotes

Fiscal Year: 2025		
FORM DESC	FIELD NAME	FOOTNOTES
RevenuesExpendituresChangesFundBalances	(R20)Gen-OtherIntergovernmentalFederal	(Fire Protection) \$5,029 10.698 Volunteer Fire Capacity 7GF23126 pass through Ca Dept of Forestry/Fire \$9,680 10.698 Volunteer Fire Capacity 7GF24104 pass through Ca Dept of Forestry/Fire \$76,121 Pass through CA Office of Traffic Safety EM25013-2 \$50,918 97.083 SAFER Grant Program, Direct from DHS EMW-2021-FF-01803
RevenuesExpendituresChangesFundBalances	(R26)Gen-OtherIntergovernmentalState	(Fire Protection) Cal Fire Agreement 7GF23126 Volunteer Fire Capacity Grant
RevenuesExpendituresChangesFundBalances	(R28)Gen-IntergovernmentalOther	(Fire Protection) Grants from Yolo County
RevenuesExpendituresChangesFundBalances	(R34)Gen-OtherRevenues	(Fire Protection) \$822 Gramt from YCPARMIA \$608 CalCard Rebate
RevenuesExpendituresChangesFundBalances	(R36)Gen-SalariesandWages	(Fire Protection) Transition to 24hour station coverage
RevenuesExpendituresChangesFundBalances	(R38)Gen-ServicesandSupplies	(Fire Protection) Additional costs due to transition to 24 hours station coverage.
RevenuesExpendituresChangesFundBalances	(R46)Gen-CapitalOutlay	(Fire Protection) \$12,668 Purchase of generator \$76,121 Purchase of jaws of life
BalanceSheetGovernmentalFunds	(R27)Gen-OtherLiabilities1	Accrued payroll
NoncurrentAssetsLiabilities	(R23)Liab-CompensatedAbsences	Additional staff was hired for 24 hour station coverage
NoncurrentAssetsLiabilities	(R34)Liab-NetPensionLiability	District does not provide pension benefits

Total Footnote: 10

**WEST PLAINFIELD FIRE PROTECTION DISTRICT
FYE 2025 TRIAL BALANCE**

Acct #	Account Name	Adopted - Revised	P7 Closed	% of Adopted
400100	PROPERTY TAXES - CURRENT SECURED	382,800.00	397,675.20	103.89%
400101	PROPERTY TAXES - CURRENT UNSECURED	23,700.00	20,287.40	85.60%
400111	PROPERTY TAXES - PRIOR UNSECURED	400.00	282.06	70.52%
400120	SUPPLEMENTAL PROPERTY TAXES - CURRENT		1,565.71	
400121	SUPPLEMENTAL PROPERTY TAXES - PRIOR			
400500	OTHER TAXES - SALES & USE TAX			
403100	INVESTMENT EARNINGS - POOL	500.00	10,249.13	2049.83%
403214	RENTS & CONCESSIONS - OTHER			
410050	ST-HIGHWAY PROPERTY RENTALS		7.82	
410250	STATE - HOMEOWNERS PROPERTY TAX RELIEF		794.84	
410900	STATE - OTHER	10,000.00	0.89	0.01%
420103	FEDERAL - OTHER - HOMELAND SECURITY			
420900	FEDERAL - OTHER	16,000.00	40,212.91	251.33%
430020	OTHER GOVT AGENCY - OTHER CO-CITIES			
430022	OTHER COUNTIES & CITIES - YOLO	127,810.00	63,905.00	50.00%
430070	OTHER TRIBAL - YOCHA DEHE CAPITAL			
440003	SPECIAL ASSESSMENT	228,722.00	228,724.38	100.00%
440600	OTHER CHRGS FOR SERVICES - FIREFIGHTERS / OTHER		4,721.18	58.65%
440690	OTHER CHRGS FOR SERVICES		14.00	
450302	OTHER MISC - DONATION			
450307	OTHER MISC - CONTRIBUTION/GRANTS-NONGOV		3,000.00	
450900	OTHER MISC REVENUES		320.98	3.99%
460000	SALE OF CAPITAL ASSETS	15,000.00	15,000.00	186.35%
	Total Estimated Revenue	804,932.00	786,761.50	97.74%
	Estimated Fund Balance Available (from FYE 2025)	177,844.00		
	Decrease in Accrued Capital Asset Replacement Fund	365,000.00		
	Decrease in Accrued Leave Reserve	15,500.00		
	TOTAL FINANCING SOURCES	1,363,276.00	786,761.50	

Acct #	Account Name	Adopted - Revised	P7 Closed	% of Adopted
500100	REGULAR EMPLOYEES	380,276.00	219,104.66	57.62%
500110	EXTRA HELP	20,750.00	43,038.42	207.41%
500120	OVERTIME	70,290.00	16,449.15	23.40%
500160	LEAVE BUYOUT			
501110	SOCIAL SECURITY TAX	29,210.00	17,214.84	58.93%
501110	EMPLOYMENT TRAINING TAX		39.55	
501120	MEDICARE TAX	7,067.00	4,026.07	56.97%
501170	UNEMPLOYMENT INSURANCE	1,413.00	1,749.85	123.84%
501180	WORKER'S COMPENSATION INSURANCE	12,700.00	12,596.00	99.18%
501190	OTHER EMPLOYEE BENEFITS	28,800.00	8,178.31	28.40%
510010	CLOTHING & PERSONAL SUPPLIES	46,065.00	29,705.83	64.49%
510012	AGRICULTURAL SUPPLIES			
510020	COMMUNICATIONS	2,468.00	47.17	1.91%
510030	FOOD	500.00	629.70	125.94%
510040	HOUSEHOLD EXPENSE	9,316.00	5,735.05	61.56%
510051	INSURANCE - PUBLIC LIABILITY	16,285.00	16,285.00	100.00%
510052	INSURANCE - FIRE & EXTENDED			
510053	INSURANCE - OTHER	4,212.00	4,180.00	99.24%
510070	MAINTENANCE - EQUIPMENT	22,018.00	6,923.63	31.45%
510071	MAINTENANCE - BULDGS & IMPROVEMENTS	41,000.00	3,556.49	8.67%
510080	MEDICAL, DENTAL & LAB SUPPLIES	3,000.00	2,019.97	67.33%
510090	MEMBERSHIPS	2,600.00	169.00	6.50%
510100	MISC EXPENSE			
510102	MISC EXPENSE - CREDIT CARD SERVICE CHARGES	20.00	175.16	875.80%
510110	OFFICE EXPENSE	1,550.00	139.14	8.98%
510111	OFFICE EXPENSE - POSTAGE			0.00%
510112	OFFICE EXPENSE - PRINTING			
510160	PUBLICATIONS & LEGAL NOTICES			
510170	RENTS & LEASES - EQUIPMENT	1,690.00	1,111.07	65.74%
510180	TRAINING	5,000.00	1,109.64	22.19%
510190	MINOR EQUIPMENT	48,600.00	4,033.21	8.30%
510200	TRANSPORTATION & TRAVEL			
510201	TRANSPORTATION & TRAVEL - FUEL	11,250.00	6,485.69	57.65%
510204	VEHICLE MAINTENANCE	28,134.00	11,483.86	40.82%
510220	UTILITIES	11,807.00	7,062.31	59.81%
510251	PROF & SPEC SVC - AUDITING & ACCOUNTING	396.00	250.00	63.13%
510252	PROF & SPEC SVC - INFORMATION TECH SERVICES	22,687.00	11,879.33	52.36%
510254	PROF & SPCE SVC - FISCAL AGENT FEES		2.37	
510255	PROF & SPEC SVC - MEDICAL, DENTAL & LAB	5,061.00	1,363.00	26.93%
510256	PROF & SPEC SVC - LEGAL SERVICES	3,000.00		0.00%
510275	PROF & SPEC SVC - OTHER	490.00	260.17	53.10%
510288	SPEC DEPT EXPENSE - OTHER		426.00	
526020	TAXES AND ASSESSMENTS		376.88	2.97%
530021	BUILDINGS & IMPROVEMENTS		20,238.40	159.51%
530070	EQUIPMENT	19,121.00		0.00%
530071	EQUIPMENT - VEHICLE	372,000.00	369,803.83	2914.65%
590100	APPROPRIATIONS FOR CONTINGENCY	40,000.00		0.00%
	Total Appropriations	1,268,776.00	827,848.75	65.25%
	Additions to Capital Asset Replacement Reserve	91,000.00		
	Additions to WPPFD - QSEHRA Reserve	3,500.00		
	TOTAL FINANCING USES	1,363,276.00	% of FY	58.33%

100000	CASH IN TREASURY	14,129.17	
205049	ACCRUED SALARIES & BENEFIT - WPPFD-QSEHRA		should be \$3,500.00
304001	FUND BALANCE-ASSIGNED-CAPITAL ASSET REPLACEMENT	387,771.02	
304002	FUND BALANCE-ASSIGNED-ACCRUED LEAVE	32,753.82	
304003	FUND BALANCE-ASSIGNED-GENERAL RESERVE	159,825.00	
309999	UNASSIGNED	211,297.64	
403199	GASB 31 FAIR MARKET VALUE - DFS ONLY	(2,246.00)	

WEST PLAINFIELD FIRE PROTECTION DISTRICT

24901 County Road 95, Davis, CA 95616

(530) 756-0212

DATED: February 17, 2026
TO: Board of Fire Commissioners
FROM: Budget & Benefits Committee Chair Commissioner Beth Stiles
Board Clerk Cherie Rita
SUBJECT: Deposits FYE 2026 to Date - Informational

GL Acct(s)	Deposit Date	Details	Amount
Misc	07/14/25	LH - Reimburse PPE 06/14/25 06/28/25	417.13
440600	07/25/25	Fire Recovery USA 1863383 1775105 1853899	1,886.12
Misc	08/20/25	LH - Reimburse PPE 07/12/25 07/26/25	437.00
510020	08/22/25	CalNet - Reimburse Overpayment	61.13
450900	09/12/25	Cal Card Rebate CY 2025 Q2	147.97
Misc	09/19/25	LH - Reimburse PPE 08/09/25 08/23/25	456.84
440600	10/03/25	Fire Recovery USA 1720353	234.00
460000	09/29/25	Diamond D General Engineering (1997 F350 Sale)	15,000.00
Misc	11/07/25	LH - Reimburse PPE 09/06/2025	139.05
440690	11/07/25	Records Production - Yolo Sportsmen's Assoc	14.00
430022	11/07/25	Fire Sustainability FYE 2026 Q1	31,952.50
440600	12/03/25	Fire Recovery USA 1720353 1775120 2026509	1,109.61
450900	11/21/25	Cal Card Rebate CY 2025 Q3	173.01
430022	01/07/26	Fire Sustainability FYE 2026 Q2	31,952.50
450307	01/07/26	Grant - Glide Foundation	3,000.00
530071	01/02/26	Refund (registration fees) - Truck Site	210.87
440600	01/14/26	Fire Recovery USA 2026515 1853923	1,490.92
Misc	01/28/26	LH - Reimburse PPE FYE 2026 Q2	1,608.89
420900	01/30/26	R&R Grant (EMW-2021-FF-01803) - Claim 3	40,213.32
TOTAL FYE 2026			<u>\$130,504.86</u>

SUMMARY		
	Grant Reimbursements	43,213.32
	Airport	
	Fire Recovery	4,720.65
	Lillard Hall Reimbursements	3,058.91
	Strike Team	
	Cal Card Rebates	320.98
	Fire Sustainability - Yolo County	63,905.00
	Permit Fees	
	Other	15,286.00
TOTAL FYE 2026		<u>\$130,504.86</u>

WEST PLAINFIELD FIRE PROTECTION DISTRICT

24901 County Road 95, Davis, CA 95616

(530) 756-0212

DATED: February 17, 2026
TO: Board of Fire Commissioners
FROM: Budget & Benefits Committee Chair Commissioner Beth Stiles
 Board Clerk Cherie Rita
SUBJECT: Bills Paid Since Last Report - For Board Ratification

GL Acct	Vendor	Invoice Date	Purpose	Total	Details
510010 - Advantage Gear		01/13/26	Clothing - Station Wear	869.69	EMW-2021-FG-01803 - Station wear (pant, belt, boot) (VO)
510040 - Pisani's Auto Parts		01/28/26	Supplies - Misc	69.04	Cleaning supplies
510040 - Recology Davis		01/28/26	Expense - Household	21.81	01/26 (\$431.47 paid via CC Dec 2025) - Jan increase - difference
510070 - Failsafe Testing LLC		01/18/26	Testing - Equipment	1,509.20	Ladders (245') (repair parts)
510070 - Wizix		02/03/26	Maintenance - Equipment	62.84	02/07/26 - 03/06/26 (base rate) 01/07/26 - 02/06/26 (color overage 29)
510170 - LEAF		01/21/26	Lease - Equipment	119.62	Copier 01/26
510201 - Interstate Oil Company		01/13/26	Fuel - Diesel	1,095.94	250 gal
510201 - Sterling May Company		01/20/26	Fuel - Additives	107.99	5 gal 2 cycle
510251 - Mark Krummenacker		01/29/26	Professional Services - Other	250.00	SCO FTR FYE 2025
510255 - Dignity Health - Woodland Clinic		12/16/25	Pre-Employment - Medical	42.00	EMW-2021-FG-01803 - Spirometry (VO)
510255 - Dignity Health - Woodland Clinic		12/16/25	Pre-Employment - Medical	78.00	EMW-2021-FG-01803 - Physical (VO)
510080 - Bound Tree Medical		01/16/26	Supplies - Medical / EMS	230.45	Finger Pulse Oximeter (x5)
510204 - Pisani's Auto Parts		01/28/26	Maintenance - Apparatus	13.52	E30 (2017) (12V USB)
510204 - Pisani's Auto Parts		02/12/26	Maintenance - Apparatus	8.54	E30 (2017) (hose clamp)
510204 - Signs by Randy		01/14/26	Maintenance - Apparatus	1,427.25	E30 (2017) (lettering)
530071 - Truck Site		10/27/25	Equipment - Vehicle Purchase	(210.87)	E30 (2017) (refund reg fees)
				<u>5,695.02</u>	TOTAL NON US BANK SUBMITTED FOR PAYMENT

GL Acct	Vendor	Invoice Date	Purpose	Total	Details
510020 - Vonage		02/05/26	Communications	15.53	01/06/26 - 02/05/26
510071 - Clark Pest Control		02/04/26	Maintenance - Station and Grounds	140.00	Advion WDG (no specific pest)
510112 - Vista Print		02/12/26	Expense - Office - Printing	328.29	Weed Abatement Postcards (x410)
510201 - Chevron		02/10/26	Fuel - Gasoline	93.81	U3000 (20.397 gal)
510252 - Adobe		02/08/26	IT - Internet / Data / Subscriptions	19.99	02/08/26 - 03/07/26
510252 - Google		01/31/26	IT - Internet / Data / Subscriptions	350.00	01/01/26 - 01/31/26
510252 - Starlink		02/02/26	IT - Internet / Data / Subscriptions	125.00	02/02/26 - 03/02/26 (residential and standby mode/travel bundle)
510204 - Amazon Business		02/06/26	Maintenance - Apparatus	35.32	E30 (2017) (exhaust clamp)
510204 - Amazon Business		02/09/26	Maintenance - Apparatus	187.67	E30 (2017) (foam tank)
510204 - Amazon Business		02/09/26	Maintenance - Vehicles	182.52	U3000 (IT mounting; headlamp assembly)
510204 - Kimzey Welding		01/27/26	Maintenance - Apparatus	90.40	E30 (2017) (build)
				<u>1,568.53</u>	TOTAL US BANK 02-13-2026 SUBMITTED FOR PAYMENT



West Plainfield Fire Protection District
24901 County Road 95, Davis, CA 95616 (530) 756-0212

MINUTES
BOARD OF COMMISSIONERS – REGULAR MEETING
January 20, 2026, at 7:00 PM

Held in Person at Lillard Hall
24905 County Road 95
Davis, CA 95616

Held by Zoom: <https://us06web.zoom.us/j/98831083439>
Meeting ID: 988 3108 3439

1. Call the Meeting to Order and Establish Quorum (President Lindsey)

President Lindsey called the meeting to order at 7:00 PM. Clerk Rita confirmed a quorum. Present were:

Commissioners: John Lindsey, Beth Stiles, Warren Roos, and Cork McIsaac

Staff: Board Clerk Cherie Rita, Fire Chief David Stiles, Firefighter and
West Plainfield Firefighters Association President John Lee

Guest: Supervisor Lucas Frerichs (arrived at 7:02 PM)

Commissioner Amy was absent.

2. Public Comment

NONE

3. Old Business

NONE

4. New Business

**a. Adopt Policy *Americans with Disabilities Act (ADA) Compliance*
(Policy 215) (new) (Chief Stiles)**

As he has been looking at policies and legal requirements for various programs and items, Chief Stiles noted that we did not have an ADA policy; noting it would be good to have one so that members have a place to go for general guidance. Chief Stiles reported this is basically boiler-plate language from Lexipol.

Commissioner Roos noted that it seems onerous with all the requirements, observing that it does mention financial hardship in consideration of meeting the requirements. Chief Stiles noted that regardless of those considerations it is law and we are required to do our best to comply.

Commissioner Mclsaac asked about compliance of the entryways and station bathrooms. Chief Stiles reported that the only public space in the station was the office and it did not have a bathroom; he further believes that our entryway into the office is compliant as it allows people in a wheelchair to enter. Chief Stiles noted the station and Hall entryways could need small fixes, but he is not a contractor, and we would need someone knowledgeable to look at those. Lillard Hall bathrooms, however, need to be addressed. At one point the Lillard Hall Committee members solicited a drawing with a possible solution, but it was, and continues to be, an expensive fix and no actual decision was ever made about how to proceed. The amount of bathroom stalls needed based on building code standards is still up for debate, also.

Motion: Adopt Policy *Americans with Disabilities Act (ADA) Compliance* (Policy 215) as presented
By: Commissioner Roos
Second: Commissioner Mclsaac
Discussion: No further discussion
Motion passed unanimously.

b. Adopt Policy *National Emergency Response Information System (NERIS)* (Policy 327) (replacement) (Chief Stiles)

Chief Stiles reported that this policy replaces the prior policy due to a change in reporting requirements (from NFIRS to NERIS).

Motion: Adopt Policy *National Emergency Response Information System (NERIS)* (Policy 327) as presented
By: Commissioner Mclsaac
Second: Commissioner Stiles
Discussion: None
Motion passed unanimously.

c. Adopt Policy *Ride-Along Program / Riding in Fire Apparatus* (Policy 329) (new)

Chief Stiles reported that some time ago the District had banned non-Department fire personnel from riding in District apparatus. As shown in the draft policy, there are benefits to allowing both the opportunity to ride in a fire apparatus (example: retired Commissioner Beoshanz' service) or to ride-along and observe operations (public education of residents and politicians, etc.).

After a brief discussion, this item was returned to staff for modification.

d. Discussion / Action - Possible Changes to Board's "Public Comment" Policy (President Lindsey)

President Lindsey wanted to address a possible change now so it can be in place for the public hearings regarding the benefit assessment. A brief discussion occurred. The current policy allows for 5 minutes per speaker and 20 minutes per item.

Motion: Change the Board's "Public Comment" policy from five minutes per speaker to three minutes per speaker

By: Commissioner Roos

Second: Commissioner McIsaac

Discussion: No further discussion

Motion passed unanimously.

e. Discussion / Action – Standing Committee – Reports and Minutes

i. Lillard Hall Committee – Amy, Roos

1. Hall Manager Report

Commissioner Roos presented the Hall Manager's report. No one had any questions.

5. Fire Chief's Report (Chief Stiles)

Chief Stiles reported the following:

a. Incidents for December 2025

- Call volume seems to be back to normal for this time of year. Supervisor Frerichs asked what an example of "other" might be in the list of incidents. Chief Stiles provided several examples: downed trees, flooding, power lines down, that type of thing.

b. Staffing Updates

- One reserve has begun training.
- Offering an out-of-district volunteer opportunity.
- The two new full-time firefighters (Gustafson and Zayas) are now on shift.

c. Grant Updates

- The VFC wildland grant items are being ordered; cost may go a bit over budget.
- The AFG grant radios have been ordered and are in-budget.
- Reimbursement claim filing for the SAFER grant and the required reporting are in progress; reimbursement for past six months is expected to be \$40,213.35.

d. Miscellaneous

- DVM registration for the F-150 has been completed.
- The new Engine 30 is in service.
- Have had plumbing issues at the station; Hall's Plumbing has recommended replacement of the cast iron cleanout assembly with a PVC cleanout, as well as a hydro wash of the pipes. Estimate to perform both services is roughly \$4,523. Chief Stiles believes it can be absorbed into this year's budget, further noting that we have already spent almost \$1,000.00 on temporary fixes.
- Direct billings to DQU and Sacred Oaks have gone out; Sacred Oaks has replied with a request for documentation.
- The Airport billing has gone out; expect to receive \$4,842.26.
- YCPARMIA has updated the terms of their property insurance; a copy of the email from them regarding it is included in the packet.
- Our ISO rating improved from 03/3Y to 02/2Y, effective March 1, 2026; it is doubtful that we can ever receive a higher rating because of the lack of hydrants in the District.

6. Assistant Chief's Report (AC Beoshanz)

Assistant Chief Beoshanz was not present; Chief Stiles had nothing to report on his behalf.

7. Fire Fighter's Association Report (President Lee)

President Lee reminded everyone that the Pancake Breakfast is on March 1, 2026. He is in the process of obtaining the necessary permits for alcohol sales and is also looking for raffle prizes.

8. Board Clerk's Report (Clerk Rita)

Clerk Rita reported that she had contacted Mark Krummenacker about our required State Controller's Office financial reporting; he is currently working on it.

a. Informational

i. Trial Balance – FYE 2026 – Period 6 – Not Closed

ii. FYE 2026 Deposits to Date

Chief Stiles noted that the employee costs include buy-out holiday and vacation leave and other benefits, noting that there will be some savings with the new employees as their hourly rate is slightly lower. He also noted that the \$20,238.40 (purchase of the mini splits) in GL account 530021 may move to account 510071.

b. Discussion / Action – West Plainfield Fire Protection District Bill Review / Payment Ratification

Motion: Ratify the bill payments as presented

By: Commissioner Stiles

Second: Commissioner Lindsey
Discussion: No discussion
Motion passed unanimously.

c. Discussion / Action – Approval of December 16, 2025, Board Meeting Minutes

Motion: Approve the December 16, 2025, regular Board meeting minutes as presented
By: Commissioner Mclsaac
Second: Commissioner Stiles
Discussion: No discussion
Motion passed unanimously.

9. Open Forum

Supervisor Frerichs reported on how the Yolo County budget is looking for the next fiscal year. Generally, the budget outlook is not great. They have been working to reduce the \$40,000,000 general fund gap by reducing positions and using one-time funds. As of October 1, 2026, the current fiscal year budget was in balance. He noted that all the County departments budget for roughly 1,800 FTE positions, and have done so for years, of which only about 1,600 are filled. The Board of Supervisors' goal is to get those unfilled positions removed from the County budget. In addition to looking at open positions, the Board of Supervisors is also looking at services it can discontinue; for example, one department's employees all have cell phones they are required to use, but that department is also paying for landline phone services. Supervisor Frerichs also reported that he did not foresee any budgetary hit to the fire sustainability funding in the next fiscal year.

Supervisor Frerichs also provided an update on the Elkhorn Fire Protection District reorganization with Springlake Fire Protection District, and CSA 9.

Commissioner Mclsaac commented that he was glad to see that the Board of Supervisors was taking a much more in-depth look at their budget and that the fire sustainability funding would remain intact.

10. Next Regular Board Meeting on February 17, 2026, Unless Another Date is Agreed Upon

Several members were unsure of their availability. Clerk Rita will confirm attendance in early February; meeting will be held February 17, 2026, if Clerk Rita determines a quorum will be present.

11. Meeting Adjourned (President Lindsey)

Motion: Adjourn meeting
By: Commissioner Mclsaac
Second: Commissioner Lindsey
Discussion: None

Motion passed unanimously.

Meeting adjourned at 8:00 PM by President Lindsey.

Approved: February 17, 2026

JOHN LINDSEY, Board President

CHERIE RITA, Board Clerk

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