



West Side Health Care District

115 Adkisson Way Taft, CA 93268 (661) 765 - 7234

Board Meeting Agenda

Thursday, October 22, 2026 at 2:00pm

This Meeting will be held via Zoom for some participants.

To participate in the meeting call: 1 (253) 215-8782 Meeting ID: 906 534 8742 Password: 957815

**1. Call to Order Pledge of Allegiance
Approval of Agenda**

2. Public Input

This is the time for public comment. Members of the public may be heard on any item on the agenda. A person addressing the Board will be limited to five minutes unless the Chairperson grants a longer period of time. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Board. When the item is called, please raise your hand or stand if you desire to address the Board.

Members of the public may also, at this time only, address the Board on any non-agenda items, your comments will be limited to five minutes. You should raise your hand or stand at this time. Although Board Members may ask questions for clarification, the Board will not debate issues with the speaker. Non-emergency items may be rescheduled for a discussion at a later date. Please note, the Board may take action on non-agenda items only in emergency circumstances.

After the comments, the public is allowed to remain and listen or may leave at any time.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54943.2) The West Side Health Care District is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the West Side Health Care District may request assistance at 115 Adkisson Way Taft, California, or by calling (661) 765-7234. Reasonable effort will be made to accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

3. Closed Session

Adjourn to session closed to the public as legally permitted. Any action taken will be announced in Open Session.

A. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9:
(one case)

4. Open Session

5. Approval of Minutes

Board Meeting Minutes – Thursday, September 24, 2026

Special Board Minutes – Wednesday, September 30, 2026

Special Board Meeting- Planning Meeting – Thursday, October 15, 2026

Facilities Committee Meeting – Thursday, October 15, 2026

6. Financial Review

- A. District CPA, Kelly Hohenbrink, will join the meeting via Zoom. Review and Discussion- Receive and File the Unaudited September 2026 Financial Reports.

7. Annual Review and Approval of Policy and Procedures

- A. West Side Family Health Care - Miscellaneous Policies

8. Administrative Staff Reports

- A. October 2026 General Information- Attached for informational purposes only.

9. Committee Updates

- A. **Finance Committee**
Eric Cooper or Ginny Miller
- B. **Facilities Committee**
Eric Cooper or Darren Walrath
- C. **Community Outreach**
Jan Ashley or Darren Walrath
- D. **Personnel Committee**
Adele Ward or Jan Ashley

- E. **Additional Board Member Input**

This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.

- 10. **Discussion/Approval of Cost Proposal #4, #5, #6, #7, #8, #9, #10 and #11 to Black Hall Construction In Regards to West Side Family Health Care Dental Clinic Project – IB#1 at 100 E. North Street, Taft, CA 93268 in an Amount Not to Exceed \$166.812.67; Potential Authorization of Executive Director to Execute Change Order and/or Other Contract Documents as Necessary for Performance of Work as Proposed by CP #4, #5, #6, #7, #8 #9, #10 and #11.**
- 11. **District’s Potential Issuance of Construction Change Directive to Black Hall Construction In Regards to West Side Family Health Care Dental Clinic Project at 100 E. North Street, Taft, CA 93268.**
- 12. **Items for Future Agendas**
- 13. **Adjournment**

The next Board Meeting is Scheduled for Thursday, November 19, 2026 at 2:00 pm

ITEM 5



West Side Health Care District

115 Adkisson Way, Taft, CA 93268 (661) 765-7234

BOARD MEETING MINUTES

Thursday, September 24, 2026, at 2:00pm

1. CALL TO ORDER

Board Vice President, Darren Walrath called the meeting to order at 2:01pm. Board Vice President, Darren Walrath led the Pledge of Allegiance. Those present were:

Darren Walrath	Board Vice President
Jan Ashley	Board Member
Adele Ward	Board Member
Ryan Shultz	Executive Director
Robyn Melton	Clerk of the Board

Board President, Eric Cooper and Board Secretary/Treasurer Ginny Miller were excused. Present at the meeting; Medical Director, Ron Ostrom; Clinic Director, Summer Wood-Luper; Midway Driller, Doug Keeler; District Legal Counsel, Mark Bateman.

APPROVAL OF AGENDA

Board member, Adele Ward made a motion to approve the September 24, 2026 Agenda. Board member, Jan Ashley seconded. Agenda approved.

2. PUBLIC INPUT- None

3. APPROVAL OF MINUTES

Board Meeting minutes of Thursday, August 27, 2026, were reviewed. After discussion, a motion was made by Board member, Adele Ward to approve the board minutes. Board member, Jan Ashley, seconded. Motion carried by unanimous vote.

4. FINANCIAL REVIEW

- A. The unaudited August 2026 Financial Report were presented by the District CPA, Kelly Hohenbrink, via Zoom. After discussion, Board member, Adele Ward made a motion to receive and file the unaudited August 2026 financials to file for audit. Board member, Jan Ashley seconded. Motion carried by unanimous vote.

5. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES

- A. After review and discussion, Board Member, Jan Ashley made a motion to approve the West Side Family Health Care policies and procedures. Board member, Ginny Miller seconded. Motion carried.
The Policies and Procedures that were approved were: Active Shooter, Bioterrorism Threat, Disaster- Water Contamination, Disaster- Fire, Bomb Scare, Disaster Plan, Disruption of Electrical Services, External Hazmat Incident, Earthquake or Weather Emergency, Extreme Temperatures, Operations During Internal Disaster, Medication Management Emergency Response to Power Failure, Volunteer Deployment, Shelter in Place for Patients and Staff, and Threatening or Hostile Patient.

6. ADMINISTRATIVE STAFF REPORT

- A. September 2026, General Information- Attached for informational purposes only, no action.

7. BOARD COMMITTEE REPORTS

- A. Finance Committee- Nothing further at this time.
B. Facilities Committee-Meeting to be Scheduled in October 2026.
C. Community Outreach Committee- October 26, 2026 Trunk or Treat on Center Street
D. Personnel Committee- Nothing further at this time.
E. Additional Board Member Input- Nothing further at this time.

8. ITEMS FOR FUTURE AGENDAS

Nothing at this time.

9. ADJOURNMENT

At 2:23 pm, the Board Meeting of September 24, 2026 was adjourned.

Respectfully Submitted: _____

Darren Walrath, Board Vice President

Next regular Board Meeting is scheduled for October 22, 2026 at 2:00pm



West Side Health Care District

115 Adkisson Way Taft, CA 93268
(661) 765- 7234

MINUTES

Special Board Meeting

Wednesday, September 30, 2026 at 9:00am

1. Call to Order/Pledge of Allegiance

The Meeting was called to order at 9:00am, Board President, Eric Cooper led the Flag Salute. Those present were:

Eric Cooper	Board President
Darren Walrath	Board Vice President
Ginny Miller	Board Secretary/Treasurer
Jan Ashley	Board Member
Robyn Melton	Clerk of the Board

Board Member, Adele Ward was excused from the meeting. Joining the meeting via Zoom, Executive Director, Ryan Shultz; District Legal Counsel, Mark Bateman. Present at the meeting, Glenn Black, Black Hall Construction.

2. Public Input - None

3. Discussion/Approval of Cost Proposal # 1 submitted by Black Hall Construction pertaining to Deteriorated Plywood Replacement and Adding Roof Drains to Building B, West Side Family Health Care Dental Project (Total Cost of Repairs is \$16,196.25) ("CP # 1"); Potential Authorization of Executive Director to Execute Change Order and/or Other Contract Documents as Necessary for Performance of Work as Proposed by CP # 1.

After discussion, a motion was made by Board Secretary/Treasurer, Ginny Miller to approve Cost Proposal # 1, as written. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

4. Discussion/Approval of Cost Proposal # 2 submitted by Black Hall Construction pertaining to Underlayment for Flooring Throughout Building in Building B, West Side Family Health Care Dental Project (Total Cost of Repairs

is \$11,849.35) ("CP # 2"); Potential Authorization of Executive Director to Execute Change Order and/or Other Contract Documents as Necessary for Performance of Work as Proposed by CP # 2.

After discussion, Cost Proposal # 2 was revised to remove the additional days proposed to be added to the project timeline. A motion was made by Board Secretary/Treasurer, Ginny Miller to approve Cost Proposal #2, as amended. Board Vice President, Darren Walrath seconded the motion. The motion carried by unanimous vote.

5. Discussion/Approval of Cost Proposal # 3 submitted by Black Hall Construction pertaining to Underlayment for floor Tile in two Restrooms in Building B, West Side Family Health Care Dental Project (Total Cost of Repairs is \$1,425.60) ("CP # 3"); Potential Authorization of Executive Director to Execute Change Order and/or Other Contract Documents as Necessary for Performance of Work as Proposed by CP # 3.

After discussion, Cost Proposal # 3 was revised to remove the additional days proposed to be added to the project timeline. A motion was made by Board Secretary/Treasurer, Ginny Miller to approve Cost Proposal #1, as amended. Board Vice President, Darren Walrath seconded the motion. The motion carried by unanimous vote.

6. Additional Board Member Input
Nothing at this time.

7. Adjournment
Being no further business, Board Secretary/Treasurer, Ginny Miller made a motion to Adjourned the Special Board Meeting at 9:32am. Board Vice President, Ginny Miller seconded. Motion carried by unanimous vote.

Respectfully Submitted: _____
Board Secretary/Treasurer, Ginny Miller



West Side Health Care District

MEETING MINUTES – BOARD RETREAT

Thursday, October 15, 2026, 2025 9:00 am

1. CALL TO ORDER

Board President, Eric Cooper, called the meeting to order at 9:06am. Those present were:

Eric Cooper	President
Darren Walrath	Vice President
Virginia Miller	Board Secretary/Treasurer
Jan Ashley	Board Member
Adele Ward	Board Member
Ryan Shultz	Executive Director
Robyn Melton	Board Clerk

Also, in Attendance; Clinic Director, Summer Wood-Luper; Medical Director, Dr. Ron Ostrom; and District Counsel, Mark Bateman.

2. PUBLIC INPUT

None

3. West Side Health Care District Strategic Plan

A. Review Strategic Plan

B. Review Operations & Organization Chart

Executive Director, Ryan Shultz shared two PowerPoint presentations pertaining to the above topics. Open discussions followed.

4. OPEN DISCUSSION

A. Review and Discuss WSHCD Strengths, Weaknesses, Opportunities, and Threat Analysis

Open discussions pertaining to the above topics were shared. Identifying priorities, and outcomes as the District moves to expand services.

5. WORKING LUNCH - CONTINUED DISCUSSIONS FROM ITEM 4

6. REVIEW AND UPDATES

a. Prioritize Objectives

b. Implementation Timeline

c. Review Timeline and Measurements

d. Agendize Future Meetings if Necessary and Plan Adoption

7. ADJOURNMENT

Being no further business, Board Member, Adele Ward made a Motion to Adjourn the Special Board meeting of October 15, 2026. Board Member, Jan Ashley, Seconded. The Meeting was adjourned at 12:14 pm.

Respectfully Submitted: _____
Virginia Miller, Secretary/Treasurer

The Next Regular Board Meeting is scheduled for Thursday, October 22, 2026 at 2:00pm.

115 Adkisson Way Taft, CA 93268 (661) 765-7234
FACILITIES COMMITTEE MEETING
Thursday, October 15, 2026 at 12:30pm

1. CALL TO ORDER

The meeting was called the meeting to order at 12:26pm.

Those present were:

Eric Cooper	Committee Member
Darren Walrath	Committee Member
Ryan Shultz	Executive Director
Mark Bateman	Legal Counsel
Robyn Melton	Board Clerk

2. PUBLIC INPUT – None

3. West Side Health Family Health Review/Discussion

- a. The committee discussed the West Side Health Care Building B Dental Remodel Project Updates. The project should be completed in January 2027.
- b. Instructional Bulletin # 1
The committee reviewed and discussed IB # 1
- c. The committee reviewed and discussed the construction schedule for the Building B Dental Remodel Project at West Side Family Care.
- d. Project Financial Update – The committee reviewed the amount the district has paid Black/ Hall Construction for completed work on the Dental Project.
The total is \$375,949.73.

4. GENERAL REVIEW AND DISCUSSION OF ALL FACILITIES AND HEALTH CARE CAMPUS

The committee asked for the Executive Director to get formal proposals for landscaping at 109 Adkisson Way. Also obtain a formal proposal for a pylon sign for the same location.

5. COMMITTEE MEMBER INPUT-

Nothing additional at this time.

6. ADJOURNMENT

Being no further business, a motion was made to adjourn. The meeting was adjourned at 1:49pm.

Respectfully Submitted: _____
Eric Cooper, Committee Member

ITEM 6

West Side Health Care District

9/30/2026 11:11 AM

Register: 1006 GF · GF Community West Bank

From 09/01/2026 through 09/30/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
09/01/2026			7182.20 · CCF Medica...	Deposit		17,710.00	325,322.69
09/01/2026	2100	BETA Healthcare Gr...	2021.00 · Accounts Pa...	5808	18,017.43		307,305.26
09/01/2026	2101	CareFusion Solution...	2021.00 · Accounts Pa...	Medbank Tow...	354.43		306,950.83
09/01/2026	2102	Rondomed, Inc, a Pr...	2021.00 · Accounts Pa...	Medical Direct...	6,000.00		300,950.83
09/01/2026	2103	Sun Outdoor Advertis...	2021.00 · Accounts Pa...	Contract No: 2...	424.00		300,526.83
09/02/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	2,105.26		298,421.57
09/03/2026	Auto Pay	Reliance Standard	2021.00 · Accounts Pa...	September 2026	1,515.87		296,905.70
09/03/2026	Auto Pay	Precision Psychiatric...	2021.00 · Accounts Pa...	July 2026 Doct...	18,883.00		278,022.70
09/09/2026			1250.00 · Construction...	Deposit Refun...		131.98	278,154.68
09/09/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			1,130.57	279,285.25
09/09/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			163.40	279,448.65
09/09/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	502.87		278,945.78
09/09/2026	2165	ADS Inc.	2021.00 · Accounts Pa...		843.49		278,102.29
09/09/2026	2166	Airgas USA, LLC	2021.00 · Accounts Pa...	Oxygen Cylind...	48.56		278,053.73
09/09/2026	2167	Allied Universal Sec...	2021.00 · Accounts Pa...		3,588.44		274,465.29
09/09/2026	2168	American Business ...	2021.00 · Accounts Pa...		140.61		274,324.68
09/09/2026	2169	American Office Sol...	2021.00 · Accounts Pa...	Work with our ...	600.00		273,724.68
09/09/2026	2170	AMN Healthcare	2021.00 · Accounts Pa...	Language Tran...	3,186.92		270,537.76
09/09/2026	2171	Caitlin Morrow	2021.00 · Accounts Pa...	Airline ticket f...	614.32		269,923.44
09/09/2026	2172	CARHC	2021.00 · Accounts Pa...	Rural Health ...	300.00		269,623.44
09/09/2026	2173	CivicPlus LLC	2021.00 · Accounts Pa...	September 1-2...	504.00		269,119.44
09/09/2026	2174	Elizabeth Bell	2021.00 · Accounts Pa...	Reimbursemen...	303.00		268,816.44
09/09/2026	2175	Fastenal	2021.00 · Accounts Pa...	CATAF0435	243.88		268,572.56
09/09/2026	2176	FRONTIER	2021.00 · Accounts Pa...	Account #661-...	655.31		267,917.25
09/09/2026	2177	GlaxoSmithKline LLC	2021.00 · Accounts Pa...	Pharmaceuticals	2,473.39		265,443.86
09/09/2026	2178	Henry Schein	2021.00 · Accounts Pa...	02558749	8,080.68		257,363.18
09/09/2026	2179	Kern Mechanical KMI	2021.00 · Accounts Pa...	5 Ton split hea...	11,220.00		246,143.18
09/09/2026	2180	Kirsten Buford	2021.00 · Accounts Pa...	BLS/CPR Trai...	76.00		246,067.18
09/09/2026	2181	Kiwanis Club of Taft	2021.00 · Accounts Pa...		165.50		245,901.68
09/09/2026	2182	M & S Security	2021.00 · Accounts Pa...	Security Survei...	125.00		245,776.68
09/09/2026	2183	Medline Industries, L...	2021.00 · Accounts Pa...		376.74		245,399.94
09/09/2026	2184	MedPro Disposal	2021.00 · Accounts Pa...	Medical waste ...	492.17		244,907.77
09/09/2026	2185	MedStatix	2021.00 · Accounts Pa...		382.00		244,525.77
09/09/2026	2186	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,108.19		243,417.58
09/09/2026	2187	PreCheck, Inc	2021.00 · Accounts Pa...	Customer # 12...	126.24		243,291.34
09/09/2026	2188	Prestige Worldwide, ...	2021.00 · Accounts Pa...		11,155.00		232,136.34
09/09/2026	2189	Shultz, Ryan	2021.00 · Accounts Pa...	Bagels for the ...	193.85		231,942.49
09/09/2026	2190	Sierra HR Partners	2021.00 · Accounts Pa...	HR assistance ...	150.00		231,792.49
09/09/2026	2191	Stinson's	2021.00 · Accounts Pa...	17637	194.81		231,597.68

West Side Health Care District

9/30/2026 11:11 AM

Register: 1006 GF · GF Community West Bank

From 09/01/2026 through 09/30/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
09/09/2026	2192	Stockdale Radiology	2021.00 · Accounts Pa...	Payment for in...	3,335.00		228,262.68
09/09/2026	2193	Superior Technical S...	2021.00 · Accounts Pa...	Battery and cable	820.38		227,442.30
09/09/2026	2194	Welch Allyn Inc	2021.00 · Accounts Pa...	Annual Service...	150.00		227,292.30
09/09/2026			1008 PR · Payroll Co...	Funds Transfer...	100,000.00		127,292.30
09/15/2026	Auto Pay	Beam	2021.00 · Accounts Pa...	New Dental an...	4,252.72		123,039.58
09/16/2026		Dowden Technical S...	1064.01 · Other Accou...			400.00	123,439.58
09/16/2026		Vibul Tangpraphaph...	1064.01 · Other Accou...			2,944.21	126,383.79
09/16/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			536.85	126,920.64
09/16/2026	Auto Pay	AFLAC Premiums	2021.00 · Accounts Pa...	August 2026	441.00		126,479.64
09/16/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	86.32		126,393.32
09/16/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81		126,309.51
09/16/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	41.60		126,267.91
09/16/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA MAINTEN...	125.00		126,142.91
09/16/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	4.78		126,138.13
09/17/2026			2030.00 · Other Payable	Deposit Labcor...		3,334.84	129,472.97
09/17/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	25.00		129,447.97
09/21/2026			8610.16 · Workers Co...	Deposit		4,032.00	133,479.97
09/21/2026		City of Taft-TMCCF	1064.01 · Other Accou...			187,820.41	321,300.38
09/21/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00		321,290.38
09/21/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	5.00		321,285.38
09/21/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	79.00		321,206.38
09/23/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	190.00		321,016.38
09/24/2026	Auto Pay	Intuit QuickBooks	2021.00 · Accounts Pa...	Quickbooks En...	784.00		320,232.38
09/24/2026	2201	Welch Allyn Inc	2021.00 · Accounts Pa...	Annual Service...	585.00		319,647.38
09/24/2026	2202	Airgas USA, LLC	2021.00 · Accounts Pa...	Nitrogen & Ox...	308.73		319,338.65
09/24/2026	2203	Allied Universal Sec...	2021.00 · Accounts Pa...		3,400.38		315,938.27
09/24/2026	2204	American Business ...	2021.00 · Accounts Pa...		435.52		315,502.75
09/24/2026	2205	American Office Sol...	2021.00 · Accounts Pa...	Coverage Perio...	806.00		314,696.75
09/24/2026	2206	Barry's Backflow Ser...	2021.00 · Accounts Pa...	BackFlow Tes...	550.00		314,146.75
09/24/2026	2207	Black / Hall Constru...	2021.00 · Accounts Pa...	Payment App 2...	123,289.38		190,857.37
09/24/2026	2208	California Public Em...	2021.00 · Accounts Pa...	Social Security...	90.00		190,767.37
09/24/2026	2209	Canon Financial Ser...	2021.00 · Accounts Pa...		854.73		189,912.64
09/24/2026	2210	Cooper's True Value ...	2021.00 · Accounts Pa...	Supplies at the...	65.42		189,847.22
09/24/2026	2211	Cummins Sales and ...	2021.00 · Accounts Pa...	Repair the gen...	717.50		189,129.72
09/24/2026	2212	Diamond Drugs, Inc.	2021.00 · Accounts Pa...	Medication CC...	137.20		188,992.52
09/24/2026	2213	DiBuduo & DeFendi...	2021.00 · Accounts Pa...	Management L...	44,530.00		144,462.52
09/24/2026	2214	Dowden Technical S...	2021.00 · Accounts Pa...	Wall plate at t...	8.32		144,454.20
09/24/2026	2215	Elizabeth Magnon	2021.00 · Accounts Pa...	Patient Refund	52.40		144,401.80
09/24/2026	2216	Fastenal	2021.00 · Accounts Pa...	CATAF0435	1,083.03		143,318.77

West Side Health Care District

9/30/2026 11:11 AM

Register: 1006 GF · GF Community West Bank

From 09/01/2026 through 09/30/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
09/24/2026	2217	GlaxoSmithKline LLC	2021.00 · Accounts Pa...		5,099.27		138,219.50
09/24/2026	2218	Henry Schein	2021.00 · Accounts Pa...	02558749	9,368.47		128,851.03
09/24/2026	2219	Kern Valley Printing...	2021.00 · Accounts Pa...	Breast Cancer ...	1,361.43		127,489.60
09/24/2026	2220	Laboratory Corporati...	2021.00 · Accounts Pa...	Account Numb...	137.02		127,352.58
09/24/2026	2221	Legal Shield	2021.00 · Accounts Pa...	0153768	67.80		127,284.78
09/24/2026	2222	Master Medical Equi...	2021.00 · Accounts Pa...	Defibrillator	3,601.84		123,682.94
09/24/2026	2223	McKesson Medical-...	2021.00 · Accounts Pa...	72076429	1,437.02		122,245.92
09/24/2026	2224	Medline Industries, L...	2021.00 · Accounts Pa...		3,045.09		119,200.83
09/24/2026	2225	Merck Sharp & Doh...	2021.00 · Accounts Pa...	50045409	3,128.70		116,072.13
09/24/2026	2226	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,095.80		114,976.33
09/24/2026	2227	MQS Construction L...	2021.00 · Accounts Pa...	Roof leak at th...	1,600.00		113,376.33
09/24/2026	2228	O'Connor Pest Control	2021.00 · Accounts Pa...	102306	237.00		113,139.33
09/24/2026	2229	P.G.& E.	2021.00 · Accounts Pa...		9,516.37		103,622.96
09/24/2026	2230	Pfizer Inc	2021.00 · Accounts Pa...	Pharmaceuticals	2,355.78		101,267.18
09/24/2026	2231	Randall, Terry	2021.00 · Accounts Pa...		4,503.11		96,764.07
09/24/2026	2232	RLH Fire Protection	2021.00 · Accounts Pa...	Fire alarm mon...	857.00		95,907.07
09/24/2026	2233	Sanofi Pasteur	2021.00 · Accounts Pa...	Pharmaceuticals	3,463.84		92,443.23
09/24/2026	2234	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	2,091.78		90,351.45
09/24/2026	2235	Stericycle, Inc	2021.00 · Accounts Pa...	Waste Dispos...	315.20		90,036.25
09/24/2026	2236	Stinson's	2021.00 · Accounts Pa...	17637	146.11		89,890.14
09/24/2026	2237	Superior Technical S...	2021.00 · Accounts Pa...	Calibration of ...	112.50		89,777.64
09/24/2026	2238	Taft Chamber of Co...	2021.00 · Accounts Pa...	Taft Chamber ...	2,500.00		87,277.64
09/24/2026	2239	Taft Midway Driller	2021.00 · Accounts Pa...	July 2026 ADS	587.00		86,690.64
09/24/2026	2240	TECHNIC LEASIN...	2021.00 · Accounts Pa...		272.15		86,418.49
09/24/2026	2241	Vital Signs of Baker...	2021.00 · Accounts Pa...	Letters, signag...	2,530.47		83,888.02
09/24/2026	2242	Westside Recreation ...	2021.00 · Accounts Pa...		2,586.63		81,301.39
09/24/2026	2243	Westside Waste Man...	2021.00 · Accounts Pa...		559.90		80,741.49
09/24/2026	2244	Young Wooldridge	2021.00 · Accounts Pa...	20554-1 MRB	4,935.95		75,805.54
09/28/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.94		75,794.60
09/30/2026	2245	Allied Universal Sec...	2021.00 · Accounts Pa...	9-18-2026 to 9...	1,766.79		74,027.81
09/30/2026	2246	Fastenal	2021.00 · Accounts Pa...	CATAF0435	489.18		73,538.63
09/30/2026	2247	Henry Schein	2021.00 · Accounts Pa...	02558749	6,540.88		66,997.75
09/30/2026	2248	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	551.74		66,446.01
09/30/2026	2249	P.G.& E.	2021.00 · Accounts Pa...	109 Adkisson ...	2,621.53		63,824.48

ITEM 7



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Eye Medications-Dispensing	REVIEWED: 2/5/16; 2/15/17; 3/28/18; 11/19/18; 10/29/19; 11/28/22; 12/18/24; 09/29/26
SECTION: Clinical	REVISED: 3/28/18; 10/05/26
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Eye Medications-Dispensing

Objective: To define the guidelines for the administration of ophthalmic medications.

Response Rating: Minimal to Moderate

Required Equipment: Eye tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner's written order.
 - a. Practitioners and Licensed Nursing staff may administer eye medications. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify 28 day expiration for any multi-dose medication.
- 4.
5. Verify the practitioner's written order.
6. Wash your hands with soap and water.
7. Apply gloves.
8. Have the patient lie in supine position and utilize a Chux around the patient's neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
9. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial canthus area and moving laterally toward the lateral canthus. Do not wipe the eye, as this could cause a corneal abrasion if the eye is not already inflamed.
10. Verify the medication: right medication, patient, dose, route and time.
11. Gently pull lower eyelid down.



12. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid.

Begin at the side nearest the nose and outward to the edge of the eye.

13. Instruct the patient to close the eye and blink.
14. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
15. If the orders include both eyes, repeat the above steps.
16. Assist patient to the sitting position.
17. Remove gloves and wash hands.
18. Remove tray from the room.
19. The person administering the medications will document in the patient record, the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
20. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution or Fluorescein Sodium Benoxinate HCL multi-dose vials and utilize those vials using sterile technique.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Fit Testing	REVIEWED: 1/28/16; 11/19/18; 10/29/19, 12/22/2022; 12/18/24; 09/29/26
SECTION: Clinical	REVISED: 10/05/26
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Fit testing for infection control

Objective: Clinic personnel will comply with the N95 mask fit testing program, consistent with California Aerosolized Pathogen Guidelines.

Response Rating: Severe

Required Equipment: N95 mask

Procedure

1. All Clinic personnel will be fit tested for N95 masks within the first 90 days of their employment.
2. Personnel will not be allowed to use a N95 mask prior to completing their initial fit test.
3. All Clinic personnel will be re-tested annually.
4. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, , tuberculosis, aerosolized Covid-19).

Reference: <https://www.dir.ca.gov/title8/5199a.html> January 2018



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: DIFFICULTY BREATHING/ASTHMA	REVIEWED: 2/5/16; 11/03/22; 11/13/24; 09/29/26
SECTION: CLINICAL	REVISED: 11/10/22
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR:

Subject: **Difficulty Breathing / Asthma**

Objective: To decrease wheezing and shortness of breath for patients with bronchospasm

Acuity Rating: Moderate to Severe

Required Equipment: Pulse oximeter, aerosol treatment machine, tubing, mouthpiece, T- tube and stethoscope

Procedure

When a patient arrives at the Clinic with asthma or severe COPD, you may note the following symptoms: non-productive cough, difficulty breathing, wheezing, chest tightness, or labored breathing.

1. Notify the attending provider.
2. Ask if the patient has used a personal inhaler, and if so, when and how many times.
3. If ordered by provider, obtain a peak flow measurement.
4. Obtain a pulse oximetry reading.
5. Set-up the nebulizer machine.
6. Obtain nebulizer solution ordered by the provider (albuterol, atrovent or xopenex), and pour the medicine into the receptacle of the "t-tube" that connects to the nebulizer.
7. Encourage the patient to breathe in and out with the mouth tightly sealed around the mouthpiece. If the patient is a child and is uncooperative, have the parent hold the tubing near the nose and mouth of the child while encouraging the child to inhale and exhale through the mouthpiece. A mask may also be used for small children.
8. Once the treatment is complete, repeat the peak flow measurement, if ordered by the provider, pulse oximetry, reassess breath sounds and document whether or not there is any improvement.
9. Notify provider of results of the treatment, peak flow (if ordered) and pulse oximetry.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: EAR IRRIGATION	REVIEWED: 2/5/16; 11/28/22; 12/18/24; 09/29/26
SECTION: CLINICAL	REVISED; 11/7/22, 09/30/26
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR:

Subject: **Ear Irrigation**

Objective: To ensure patient safety and maximize effectiveness of treatment to remove cerumen, and/or foreign bodies from the ear canal.

Response Rating: Moderate

Required Equipment: Elephant Ear Washing System, otoscope, towel, cerumen softener, ear tray

Preparation of Equipment:

1. Obtain an order for procedure from the attending provider.
2. Obtain the Elephant Ear Washing System.
3. Administer cerumen softener if ordered.
4. Fill washer bottle with Warm water that matches the patients body temperature. Do not use cold water or hot water as it can cause dizziness, pain, and/or injury.
5. Attach shield and disposable tip onto the end of the nozzle.

Procedure:

1. Explain procedure to patient. Wash hands and put on non-sterile gloves.
2. Using the otoscope, view the auditory canal of the affected ear to view what needs to be removed.
3. Do Not use if the patient has ear tubes, pain, or bloody discharge.
4. With the patient in the sitting position, place a towel over the patient's shoulder.
5. Insert the ear tip into ear while holding the Pinna (outer ear).



6. Utilize an EAR BASIN and place it under the ear to catch fluid. Rapidly pump solution into the ear to flush out wax. For Heavy build up, the bottle may need to be refilled.
7. If the patient gives signs or complains of pain or discomfort, procedure will be stopped. Patient reports of pressure are normal.
8. After Five (5) minutes of irrigation, if there is no success, report to the provider to determine if procedure is to be continued.
9. Periodically look at the auditory canal with otoscope to see progress of removal.
10. Discard cerumen and used water.
11. DISCARD TIP AND SHIELD AFTER USE. Do NOT re-use disposable tips and shields.
12. Wash bottle, trigger mechanism, and basin with warm water.
13. ALLOW water bottle, trigger mechanism, and wash basin TOair DRY BEFORE STORING IT. Return to storage area. Document the procedure, patient tolerance and outcome in the patient record.



10. Document all results in the patient record.

11. Record all changes.



**WEST SIDE HEALTH CARE DISTRICT
POLICY AND PROCEDURES**

POLICY: CONFLICT OF INTEREST	REVIEWED: 8/26/2016; 7/22/18; 10/12/22, 11/13/24; 09/29/26
SECTION: ADMINISTRATION	REVISED:
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Compliance

Objective: The purpose of this Board policy is to protect West Side Health Care District's interest when it contemplating entering into a transaction or arrangement that might benefit the private interest of a Board officer, director, committee member, or employee.

This policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interest applicable to nonprofit organizations.

Response Rating: Mandatory

1. Definitions:

- a. *Conflict of Interest*- occurs when a covered person solicits or accepts gifts, does business with the District and/or engages in prohibited employment or business relationships, accepts unauthorized compensation, misuse their position, or disclose or use certain information.
- b. *Covered Person*- Any District Board member, committee member, Executive Director or employee.
- c. *Contract*- means and includes any written agreement.
- d. *District*- the West Side Health Care District and its affiliated entities including, but not limited to, West Side Family Health Care
- e. *Exempt Employee*- Are not entitled to overtime pay and may also be exempt from minimum wage requirements pursuant to applicable federal and state laws.
- f. *Gift*- something which is paid or given by a person or entity to a Covered Person, directly or indirectly. This may include, but not limited to; real property, a preferential rate or terms on a loan, debt, goods or services, food or beverages, membership dues, entrance fees, admission fees, tickets to events, performances, facilities, parking or lodging.



2. Procedure:

- a. **Duty to Disclose-** In connection with any actual or possible conflict of Interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board.
- b. **Recusal of Self-** Any director may recuse himself or herself at any time for involvement in any decision or discussion in which the director believes he or she or may have a conflict of interest, without going through the process of determining whether a conflict of interest exists.
- c. **Determining Whether a Conflict of Interest Exists-** After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board members shall determine if a conflict of interest exists.
- d. **Procedure for addressing the Conflict of Interest-** An interested person may make a presentation at the Board meeting, but after the presentations, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The Board President shall, if appropriate, appoint a disinterested person to investigate alternatives to the proposed transaction or arrangement.

3. Violations of the Conflict of Interest Policy:

- a. Violations include, but are not limited to: Bribery, payments for appointments to offices, willful or corrupt misconduct in office, embezzlement, misuse of public funds, violation of Open Meeting Law/Brown Act, prohibited political activities, conviction of a crime.
- b. If the Board has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- c. If after hearing the member's response, the Board still determines the member has failed to disclose the actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

4. Record of Proceedings:

The minutes of the Board shall contain:

- a. The names of the person(s) who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board decision as to whether a conflict of interest in fact existed.



- b. The names of the persons who were present for discussions and votes related to the transaction or arrangement, the content of the discussion including any alternatives to the proposed transaction or arrangement, and any record of any votes in connection with the proceedings.

5. Annual Statements:

1. Each Board member or Executive Director with delegating powers shall annually sign a statement which affirms such person:
 - a. Has received a copy of the conflict of interest policy,
 - b. Has read and understands the policy
 - c. Has agreed to comply with the policy.
2. Each voting member of the Board shall annually sign a statement called a “Statement of Economic Interests: with the Fair Political Practices Commission, when you begin your term, annually, or when you end your term.

Resources:

<http://www.fppc.ca.gov/Form700.html>

FPPC Form 700 Reference Pamphlet (2015/2016)

Special District Board Member/Trustee Handbook



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Follow-up of Patients	REVIEWED: 1/28/16; 2/16/17; 2/2/18; 11/19/18; 6/19/20, 03/02/22; 11/13/24; 09/29/26
SECTION: Clinical	REVISED: 03/02/22
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Follow-up of patients

Objective: Patients seen shall be followed up within a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will (if necessary) occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days.
3. During the office visit, the Health Care Provider shall instruct the patient regarding when to return for routine follow-up or to return if not improving. The Provider shall advise the patient to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) are to be given to the practitioner and the patient notified of the results and the need for further treatment, if indicated. This communication shall be documented in the patient's medical record.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.
6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed by the AthenaNet system to the phone number of record provided by the patient. The staff member assigned to work with the provider that day will also



attempt to contact the patient by phone, at minimum two additional times. Each attempt at contacting the patient will be documented within a patient case in AthenaNet.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Lapses Of Consciousness – DMV Reporting	REVIEWED: 2/11/16; 2/16/17; 2/02/18; 11/15/18; 10/29/19; 11/28/22; 12/18/24; 09/29/26
SECTION: Clinical	REVISED:
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Lapses of consciousness and reporting regulations

Objective: “The regulations amended Section 2500, Title 17 CCR – “Reporting to the Local Health Authority.” The non-communicable diseases or conditions – Alzheimer’s disease (AD) and related conditions and disorders characterized by lapses of consciousness were removed from this section. This action was taken to eliminate any confusion between two different authorizing statutes. The reporting of AD and related conditions, as well as disorders characterized by lapses of consciousness, is now listed in the Sections 2800 through 2812 in the CCR.

The regulations also repealed Section 2572, Title 17, CCR – “Disorders Characterized by Lapses of Consciousness, Alzheimer’s Disease and Related Disorders.” The reporting regulations in this section were not clear and conflicted with the reporting language in Health and Safety Code 103900.

Response Rating:

Required Equipment:

Procedure:

§2810. Reporting Requirements. a. Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.

1. The report prepared pursuant to subsection (a) of this section shall include:
2. The name, address, date of birth, and diagnosis of the patient, and
3. The name, address, and phone number of the physician and surgeon making report.

§2806. Disorders Characterized by Lapses of Consciousness. a. Disorders characterized by “lapses of consciousness” means those medical conditions that involve:

1. A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
2. The inability to perform one or more activities of daily living; and
3. The impairment of the sensory motor functions used to operate a motor vehicle.

4. Examples of medical conditions that do not always, but may progress to the level of functional severity described in subsection (a) of this section include Alzheimer’s disease and related disorders, seizure



disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2808 Sensory Motor Functions “Sensory motor functions” means the ability to integrate seeing, hearing, smelling, feeling and reacting with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2812. Exceptions to Reporting a physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

1. The patient’s sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or
3. The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or
4. There is documentation in the patient’s medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

For information on the California Department of Motor Vehicles’ guidelines for physical and mental conditions and licensure options, see [dmv.ca.gov physical and mental evaluation guidelines](https://dmv.ca.gov/physical-and-mental-evaluation-guidelines).

For information on dementia, driving and California state law, see [Family Caregiver Alliance](#).



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Handwashing	REVIEWED: 1/28/16; 2/16/17; 2/2/18; 11/19/18; 10/29/19; 11/28/22; 12/18/24; 09/29/26
SECTION: Infection Control	REVISED:
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Handwashing

Objective: To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

Response Rating:

Required Equipment: Soap and water

Handwashing Indications (soap and water):

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom
- After blowing one's nose



- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

Procedure:

Handwashing with soap and water

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer's recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)

1. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. Decontaminate hands after contact with a patient's intact skin (as in taking a pulse or blood pressure).
3. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.



5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.
7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with water less antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer's recommendations on the volume of the product to use.)
2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based handrub is used, it should take 14-25 seconds for hands to dry.)

REFERENCE:

- "Guideline for Hand Hygiene in Health-Care Settings", retrieved on 1/12/16 from cdc.gov.gov/mmwr/PDF/rr/rr5116.pdf.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Influenza Vaccination	REVIEWED: 3/2/16; 3/1/17; 3/28/18; 11/19/18; 10/29/19; 11/28/22; 12/18/24; 09/29/26
SECTION: Clinical	REVISED: 3/28/18; 01/09/2025; 10/05/26
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Flu Shots

Objective: To provide influenza vaccination to appropriately screened clinic patients, influenza vaccinations will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will be obtain influenza vaccines from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Staff will perform Vaccines for Children eligibility screening for all patients 18 years and younger prior to receiving an influenza vaccine. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require an influenza vaccine.
2. Influenza vaccines will not be given prior to the established “start date” which is recommended annually by the National Institutes of Health, unless the patient is deemed “high risk” and meets current high-risk criteria established by NIH (National Institutes of Health).
4. For pediatric patients presenting for an “influenza vaccine only”, staff will complete an influenza screening form and follow instructions found there, after the parent/guardian has signed the influenza release form.
5. For adult patients presenting for an “influenza vaccine only”, staff will take patient vital signs and administer the vaccine only if the patient is afebrile and they have signed the vaccine release form.
6. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the influenza vaccination release form.
7. VFC Eligibility will be performed on all patients 18 years and under.



OESTE SALUD CUIDADO DISTRITO ATENCIÓN DE SALUD DE LA FAMILIA WEST SIDE POLÍTICAS Y PROCEDIMIENTOS

POLICY: Reclamo de Sección 504	REVISADO: 01/28/16; 2/21/18; 1/17/19; 7/2/21; 09/29/26
Sección: Administración	REVISADO: 01/7/16
EFICAZ: 10/22/2026	DIRECTOR MÉDICO: Dr. Ostrom

Asunto:

Objetivo: Es la política de La Clínica no para discriminar por motivos de discapacidad. La Clínica ha adoptado un procedimiento de queja interna para la resolución rápida y equitativa de quejas por cualquier acción prohibida por la sección 504 de la ley de rehabilitación de 1973 (29 U.S.C. 794) o los reglamentos del Departamento de Salud y Servicios Humanos de los Estados Unidos aplicación de la ley. En parte, la sección 504 establece que "de lo contrario no calificado... persona con discapacidad, únicamente por razón de su discapacidad, se excluirá de la participación en, ser negado los beneficios de o ser sujeto a discriminación bajo cualquier programa o actividad que reciba asistencia financiera Federal..." La Ley y Los Reglamentos pueden ser examinados en la oficina de (661) 765-1935 Director de la Clínica, que ha sido designado para coordinar los esfuerzos de La Clínica para cumplir con la sección 504.

Cualquier persona que cree que él o ella ha sido víctima de discriminación por discapacidad puede presentar una queja bajo este procedimiento. Es contra la ley de La Clínica tomar represalias contra cualquier persona que presenta una queja o coopera en la investigación de una queja.

Calificación de la respuesta:

Equipo necesario:

Procedimiento

1. Quejas deben presentarse al Coordinador de Sección 504 en (7) siete días de la fecha la persona que presenta la queja se convierte en conocimiento de la supuesta acción discriminatoria.
2. La queja debe ser por escrito, que contiene el nombre y la dirección de la persona que lo presenta. La denuncia debe indicar el problema o acción presuntamente discriminatorias y solicita el remedio o alivio.
3. El Coordinador de Sección 504 (o su designado) llevará a cabo una investigación de la queja. Esta investigación puede ser informal, pero debe ser cuidadoso, con todas las personas interesadas la oportunidad de presentar pruebas pertinentes a la queja. El Coordinador de sección 504 mantendrá los archivos y registros del Distrito de atención de Salud de Lado Oeste relativas a tales agravios.
4. El Coordinador de Sección 504 emitirá una decisión por escrito de la queja no más tardar 30 días después de su radicación.



5. La persona que presenta la queja puede apelar la decisión del Coordinador de sección 504 por escrito a *La Directora de Ejecutiva de Salud de Lado Oeste Distrito* dentro de los 15 días de recibir la decisión del Coordinador de Sección 504.
6. Lado Oeste Salud Distrito Director Ejecutivo expedirá una decisión por escrito en respuesta a la apelación no más tardar 30 días después de su radicación.
7. La disponibilidad y uso de este procedimiento de queja no impide que una persona de presentar una queja de discriminación por motivos de discapacidad con el:
 - a. Departamento de Salud y Servicios Humanos de los Estados Unidos.
 - b. Oficina de Derechos Civiles

La Clínica hará arreglos para asegurar que las personas con discapacidad otros alojamientos si necesarios para participar en este proceso de queja. Estos acuerdos pueden incluir, pero no se limitan a proporcionar intérpretes para sordos, proporcionando con cinta de cassettes de material para ciegos o asegurar un lugar libre de obstáculos para el proceso. El Coordinador de Sección 504 será responsable de los arreglos.



8. The practitioner will enter an order in the EMR for the patient's vaccine administration.
9. The staff member administering the vaccine (MD, DO, NP, PA, RN, LVN, MA) will document all administration details of the vaccination including VFC eligibility, andissuance of the VIS in the EMR.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Section 504 Notice of Program Accessibility	REVIEWED: 2/5/16; 2/16/17; 2/21/18; 1/17/19; 7/2/21; 11/03/22, 11/13/24; 09/29/26
SECTION: Administration	REVISED:
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Section 504 Notice of Program Accessibility

Objective:

The Clinic will post a Section 504 Notice of Program Accessibility in the Clinic waiting area. Such notice will state:

The regulation implementing Section 504 requires that an agency/facility *"...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* **(45 C.F.R. §84.22(f))**

The Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
 - Qualified sign language interpreters for persons who are deaf or hard of hearing.
 - A twenty-four-hour (24) telecommunication device (TDD) which can connect the caller to all extensions within the facility , for use by persons who are deaf, hard of hearing, or speech impaired.
 - Large print materials for the visually impaired.
 - Alphabet boards and other communication boards.
 - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your medical assistant know.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Sensitive Services	REVIEWED: 11/12/18; 10/29/19; 09/29/22; 11/13/24; 09/29/26
SECTION: Patient Care	REVISED:
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Sensitive Services

Objective: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
 - a. Sexual assault
 - b. Drug or alcohol abuse for children 12 years of age or older
 - c. Pregnancy
 - d. Family planning
 - e. Sexually transmitted diseases designated by the State for children 12 years of age or older
 - f. Sexually transmitted diseases for adults
 - g. HIV testing
 - h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 3/1/16; 2/16/17; 3/2/18; 9/20/18; 8/23/19; 1/8/20; 01/10/22; 09/29/22; 11/13/24; 09/29/26
SECTION: Medication Management	REVISED: 9/20/18; 8/26/19; 1/7/20; 09/29/22; 10/13/26
EFFECTIVE: 10/22/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All Pharmaceuticals are stored according to the manufacturer's recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. All pharmaceuticals are stored in original manufacturer's containers to maintain proper labeling.
4. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
5. Proper consideration is given to the safe storage of poisons and flammable compounds.
6. Internal medications are stored separately from external medications.
7. Non-medications and flammables are not to be stored in medication refrigerators.
8. **Room Temperature** – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). The Medication Room and drug storage area temperatures will be maintained within this range. A log will be maintained to document the daily temperature of the Medication Room. The Clinic Director will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Director will be consulted to insure proper relocation.



- 9 **Refrigerator Temperature** - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
- 10 If the temperature is not within the specified range, the Clinical Director will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented either directly on the Refrigerator Temperature Log.
- 11 **Freezer Temperature** - Freezer temperature, as it applies to medication storage shall be below -20°-15°C (-45°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, the Clinic Director will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The Clinic Director will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -15°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*
12. Each refrigerator/freezer will have a serviceable thermometer or other temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Director or designee to check and document the temperature twice daily.
 - b. **Medication Room** – Medication Room is to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, and Medical Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. **Med Bank**– Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Bank cabinets maintain control and storage of medications and keeps specific documentation of all transactions in regards to distribution and administration.



Controlled Substances

1. All Controlled Substances are handled, as directed by the Drug Enforcement Agency (DEA) Practitioner's Manual, in a manner that guards against theft and diversion.
 - a. Schedule II drugs are stored and secured in the medication room, locked in the Med-Dispense, separate from other drugs. Surplus stock of Schedule II drugs are stored and in the locked box secured to the wall, in the medication room. Access to this locked box is the sole responsibility of the Clinic Director, or Clinic Director's Designee.
 - b. All Schedule II drug transfers from storage lockbox to Med-Bank, will be documented with co-signature/co-witness in the Controlled Substance Binder on the applicable log. Any Schedule II waste (expired and/or less than one in container) will be put through our Medication Waste Stream process (Please refer to Medication Waste Stream policy for process).
 - b. Schedule III, IV, and V drugs are secured in the medication room, locked in the Med-Bank or in the emergency response cart.
2. The clinic maintains adequate record keeping of the receipt of controlled drugs. The receipt and distribution of controlled drugs are reconcilable in the Med-Dispense log.
3. DEA 222 forms will be stored in a securely locked compartment.
4. Any thefts or significant losses will be reported to the DEA.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives are allowed ONLY to the Clinic if approved by the Assistant Clinic Director or designee. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without PRIOR approval

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.



2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, no more than a 14 days supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved as needed when par levels are determined low from weekly order inventory performed by designated staff member.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to ensure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Director, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts.
2. In keeping with Clinic policy, emergency response carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.

ITEM 10



5-Oct-2026
CP # 4R

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Plumbing**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

Instruction Bulletin # 1
Plumbing

Contractor

Taft Plumbing

Total

\$40,183.52

BOND

\$803.67

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

27 Working Days

Subtotal

\$ 40,987.19

Mark Up

20%

\$ 8,197.44

Total

\$ 49,184.63

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048

M.W. Clement

120 EAST MAIN STREET

Taft Plumbing Co., Inc.

G.W. BLACK

TAFT, CALIFORNIA 93268

October 14, 2026

Attn: Paul Linder

BlackHall Construction
147 Kern St.
Taft, Ca. 93268

RE: West Side Health Care District IB-01

Dear Mr. Linder,

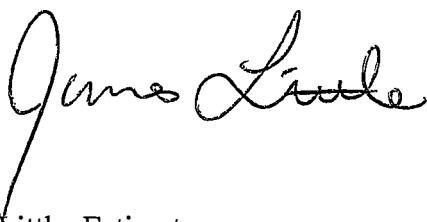
Please find our cost breakdown for IB-01

Material	13,327.44
Labor 164 Hrs.: 82 Hrs. @ 116.20/Hr.	9,528.40
82 Hrs. @ 105.07/Hr.	8,615.74
Tool Truck 164 Hrs. @ 45/Hr.	<u>7,380.00</u>
Cost	38,851.50
+ 10%	<u>3,885.15</u>
Total Increase	42,736.65

Credit 2, S-4	-1,107.10
Credit waste and water piping to relocate 1 existing sink	- 95.40
Credit 9 Hrs. labor @ 105.07/ Hr.	-945.63
Credit 9 Hrs. Tool Truck @ 45/Hr.	<u>-405.00</u>
Total Credit	-2,553.13

IB-01 Total 40,183.52

Sincerely,



James D. Little, Estimator



19-Oct-2026
CP # 5R

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Electrical**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

[Instruction Bulletin # 1](#)
[Electrical](#)

Contractor

DNS

Total

\$27,183.00

BOND

\$543.66

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

27 Working Days

Subtotal

\$ 27,726.66

Mark Up

20%

\$ 5,545.33

Total

\$ 33,271.99

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048

Change Order 1 Revised

Project: West Side Health Dental
 To: Black Hall Construction
 Attention: Glenn Black, Paul Linder

DNS Electric Inc.
 10/15/2026

Description		Cost
Item 1	Additions to the Dental Space per new drawings dated 8-17-26 and from the meeting with the Equipment Supplier 9-10. In the list are items that were installed as per the original drawings, but with the changes to walls and locations, had to be moved. The following is the list of each task. Qty. 10 Addition of 3 new Operating Rooms with the following; 15 HG new receptacles minus 5 on the original plans equals 10 new 13 15 new data outlets minus 2 on the original plans equals 13 new 3 3 new push button locations 0 existing. Equals 3 new 3 3 new underfloor boxes, (by others) with a 2 in data and power feed. The rerouting or rewiring of the outlet, data & power. 17 Relocated & rewired regular receptacles. 7 Relocated data outlets or Push Buttons outlets only. No wire included. 1 8x8 can in the wall. Added Items: 2 Double Switches in the Xray Room. 2 Thermostat outlets only. 2 Rest Room EF, power and switching. Labor: 162 hrs at 115.00 \$ 18,630.00 Supervision: 10 % of Labor Cost \$ 1,863.00 Materials: 30 outlet boxes, connectors and rings, 600 ft of MC cable, \$ 2,880.00 200 feet of 1 in conduit, 16 20A receptacles, 17 20A GFI receptacles misc. fittings, supports, etc. 2 in conduit to the 3 new floor boxes, Exclusions: All sawcutting and patching inspections or related costs All cutting, patching or painting to the walls, ceilings and floors All HVAC controls, wiring, or devices. All PB or data work.	
	Total Cost	\$ 23,373.00
	15%	\$ 3,810.00
	Revised Total of CO 1	\$ 27,183.00



8-Oct-2026
CP # 6

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Drywall, Lath, Plaster, Metal Stud Framing**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

Instruction Bulletin # 1

Drywall, Lath, Plaster, Metal Stud Framing

Contractor

Mapogos

Total

\$40,450.00

BOND

\$809.00

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

Subtotal

Mark Up

Total

20%

22 Working Days

\$ 41,259.00

\$ 8,251.80

\$ 49,510.80

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048



MAPOGOS

DRYWALL & PLASTERING, INC.

QUALITY. INTEGRITY. EXCELLENCE.

formerly Hector Rodriguez Plastering since 1982

1603 California Ave., Ste. 109/111, Bakersfield, CA 93304 | (661) 381-7049 | mapogosconstruction.com

CP #6 | DETAIL OF WORK INCLUDED IN PROPOSAL

West Side Health Care District Dental Clinic • IB-01

In response to the District's request, the following itemizes the work included in Mapogos' CP #6 proposal for the four identified areas. The list is limited to metal stud framing and drywall work associated with the IB-01 revisions.

1. Sterile/Lab and Pano

- No additional metal stud framing or drywall work is included in CP #6 for the cabinetry revision and future sink relocation shown in these rooms.
- Cabinetry and plumbing changes are outside Mapogos' scope.

2. X-Ray and Control Room

- Revise metal stud partition framing to match the IB-01 X-Ray room size and adjoining Control room configuration.
- Install gypsum board and finish affected revised partition surfaces.
- Include the revised lead-lined gypsum board quantity: 26 linear feet under IB-01 compared with 17 linear feet in the original takeoff (net increase of 9 linear feet).
- Account for original-layout partition and board work replaced by the revised configuration; the proposal does not include a second complete X-Ray/Control room.

3. Operatories 1-5

- Revise metal stud partition locations to match the updated IB-01 operatory arrangement.
- Adjust framing at affected wall ends and openings, including related jamb and header framing.
- Install gypsum board at revised partitions and perform associated patching, taping and finishing at affected wall surfaces.
- Account for portions of the original partition layout superseded by IB-01; the proposal covers revisions to the five existing planned operatories, not five new rooms.

4. Future Operatories 6-8

- Replace the original Lab Reception, Draw 1, Draw 2, Lab and Admitting partition arrangement with the IB-01 layout for Future Operatories 6, 7 and 8 and the Staff area.
- Frame the revised interior partition locations, intersections, wall ends and openings, including associated jamb and header framing where shown.
- Install gypsum board on the revised partition layout and complete related taping and finishing.
- Account for original-layout partitions and associated drywall no longer required in their original locations; CP #6 addresses the reconfigured layout rather than counting all partitions as entirely new work.

The above is the itemized description of the IB-01 work included in Mapogos' CP #6 proposal for the areas requested by the District.

Thank you,



MAPOGOS

DRYWALL & PLASTERING, INC.

QUALITY. INTEGRITY. EXCELLENCE.

formerly Hector Rodriguez Plastering since 1982

1603 California Ave., Ste. 109/111, Bakersfield, CA 93304 | (661) 381-7049 | mapogosconstruction.com

PROPOSAL

PROJECT

WSHCD Dental Clinic - Instruction Bulletin No. 1

LOCATION

West Side Health Care District Dental Clinic

BID SCOPE

Drywall, Lath & Plaster, Metal Stud Framing - Revised Work

CSLB / DIR

CSLB #1153428 | DIR/PWCR #2000023319

PROPOSAL DATE

August 27, 2026

BASIS

Instruction Bulletin No. 1 + Revised Drawings dated August 17, 2026

LUMP SUM PRICE

\$40,450.00

Mapogos Drywall & Plastering, Inc. proposes to furnish labor, materials, equipment, supervision, and incidentals necessary to complete the drywall, lath and plaster, metal stud framing, and lead-lined drywall work associated with the revisions reflected in Instruction Bulletin No. 1 and the revised drawings dated August 17, 2026.

INCLUDED WORK

- X-Ray / Control revisions, including lead-lined gypsum board and shielding work at the requested lead-lined door condition and revised shielding locations. Lead-lined door, frame and hardware by others.
- Remove and replace designated existing wall surfaces at the two restrooms and previously identified east-side wall areas, including disposal, gypsum board replacement, patching and finishing.
- Window Infill: Provide gypsum board, weather-resistive barrier, lath, and plaster at the designated window infill locations, including associated finishing and tie-in to adjacent existing surfaces.
- Revised metal-stud framing and gypsum-board partitions associated with Ops 1-5, Future Ops 6-8, Staff, Sterile/Lab, Pano, OP 5 and adjacent revised conditions.

EXCLUSIONS

Painting/final coatings; insulation; structural steel; doors, frames and hardware; glazing; tile; casework/millwork; electrical; plumbing; HVAC; fire sprinkler/alarm; low-voltage; roofing; hazardous-material testing/abatement; and unforeseen concealed-condition repairs.

LUMP SUM PROPOSED CHANGE

\$40,450.00

PROPOSAL NOTES

This proposal is based on Instruction Bulletin No. 1 and the revised drawings dated August 17, 2026. Work will proceed only upon written authorization/change order. Detailed cost support is included as Attachment A. Proposal is valid for 30 days; changes to plans, shielding requirements, phasing, access, schedule, or scope may require price adjustment.

We appreciate the opportunity to provide pricing for this project and look forward to working with your team.

Respectfully Submitted

Mapogos Drywall & Plastering, Inc.
Hector Rodriguez, CEO

Proposal Date: August 27, 2026

Authorized Signature

Hector Rodriguez

Date: **8/28/2026**

ATTACHMENT A - COST BREAKDOWN

WSHCD Dental Clinic - Instruction Bulletin No. 1

This cost breakdown is provided in support of the lump-sum change proposal for Instruction Bulletin No. 1. Costs are organized by labor, materials and supplies, and equipment/transportation/direct project costs consistent with the change-cost categories identified in the Contract Documents. Labor is calculated at Mapogos' current established project change-work rate of \$150.00 per hour.

DESCRIPTION	QTY/HOURS	RATE/BASIS	AMOUNT
LABOR			
Metal stud framing & drywall - revised layouts	70 hrs	\$150.00/hr	\$10,500.00
Existing wall surface replacement, patching & restoration	40 hrs	\$150.00/hr	\$6,000.00
Window infill - drywall/lath/plaster work	34 hrs	\$150.00/hr	\$5,100.00
X-Ray / lead-lined drywall & shielding work	26 hrs	\$150.00/hr	\$3,900.00
Taping, finishing, tie-ins, field layout & coordination	25 hrs	\$150.00/hr	\$3,750.00
LABOR SUBTOTAL	195 hrs		\$29,250.00
MATERIALS & SUPPLIES		Lump Sum	\$8,000.00
EQUIPMENT / TRANSPORTATION / DIRECT PROJECT COSTS		Lump Sum	\$3,200.00
TOTAL PROPOSED CHANGE			\$40,450.00

MATERIALS & SUPPLIES - \$8,000.00

Includes: metal studs & track; standard gypsum board; lead-lined gypsum board & shielding accessories; lath & plaster materials; weather-resistive materials; joint compound; tape; trims; fasteners; backing; and miscellaneous materials and consumables required for the revised work.

EQUIPMENT / TRANSPORTATION / DIRECT PROJECT COSTS - \$3,200.00

Includes: material delivery & transportation; access and material handling; protection and masking; debris removal & disposal; cleanup; and additional mobilization associated with the revised work.

Labor hours are estimated for proposal purposes and calculated using Mapogos Drywall & Plastering, Inc.'s current \$150.00 hourly labor rate. Hourly Labor Rate Breakdown available upon request.



14-Oct-2026
CP # 7

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Rough Carpentry**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

[Instruction Bulletin # 1](#)
[Rough Carpentry](#)

Contractor

Meyers

Total

\$4,168.00

BOND

\$3.36

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested		6 Working Days
Subtotal		\$ 4,171.36
Mark Up	20%	\$ 834.27
Total		\$ 5,005.63

Sincerely,

Glenn W. Black
President
Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048



MEYERS
CONSTRUCTORS INC.

Lic. 1004811

PO Box 3628
Fresno, CA 93650
40488 Brickyard Drive
Madera, CA 93636
O: (559) 473-0014 F: (559) 570-0414

CHANGE ORDER #	3
DATE:	7/31/2026
JOB #	26-051
JOB NAME:	WSFHC Dental Clinic Taft
CONTRACTOR:	Black/Hall Construction
ADD/DELETE:	ADD
TAX RATE Per COUNTY	8.35%

CHANGE ORDER PROPOSAL

DESCRIPTION OF CHANGE:	Work was performed on a T&M agreement on 07/31/26. Demo 2x4 wall and reframe with 2x6 and layout studs for electrical panels to fit.
EXCLUSIONS AND CLARIFICATIONS:	Demolition

LABOR DESCRIPTION	NOTE	# OF MEN	QTY HRS	HRS	RATE	TOTAL
Framing Labor Area S1		2	4	8	\$ 116.07	\$ 928.59

LUMBER DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
2x6 DF#1		20	6	BF	120	\$ 1.09	9.35%	\$ 142.80

SHEATHING DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
-----------------------	------	------	-----	-----	-------	------------	----------	-------------

HARDWARE DESCRIPTION	NOTE	QTY	UOM	UNITS	UNIT PRICE	TAX	TOTAL w/TAX
3 1/4 x .162 GN		1	EA	1	\$ 101.51	8.35%	\$ 109.99

EQUIPMENT DESCRIPTION	NOTE	QTY	UOM	DAYS	UNIT PRICE	TAX	TOTAL w/TAX
Utility Truck	Utility TruckDAY	0	DAY		\$ 542.00		\$ -

SUB/OTHER DESCRIPTION	NOTE	QTY	UOM	UNIT PRICE	TAX	TOTAL w/TAX
-----------------------	------	-----	-----	------------	-----	-------------

Additional Working Days to Contract	1							
CREATED BY:	Omar Soliz							
REQUESTED BY:	Paul Linder							
ON BEHALF OF:	Black/Hall Construction							
				15%				

This quote is good for 30 days and assuming MCI is on site performing contract work. If MCI work is complete and CO work requires dedicated mobilization, then mobilization charges will occur. MCI reserves the right to update pricing labor, material, and equipment pricing once quote has expired or in the case of force majeure.

15%

Labor Total:	\$	929
Material Total:	\$	253
Equipment Total:	\$	-
Sub/Other Total:	\$	-
Overhead & Profit	\$	208
Total:	\$	1,390

Amount rounded to next whole dollar for accounting purposes

8/12/2026 11:14



MEYERS
CONSTRUCTORS INC.

Meyers Constructors Inc.
40488 Brickyard Dr
Madera, California 93636
P: (559) 473-0014

Project: 26-051 - WSFHC Dental Clinic Taft
100 E. North Street
Taft, California 93268

T&M Ticket #2

Performed on Jul 31, 2026
Reference #
Location
Ordered by Paul Linder (Black/Hall Construction, Inc.)
Status Field Verified
Description Demo 2x4 wall and reframe with 2x6 and layout studs for electrical panels to fit.

Labor (2)

Employee	Classification	Time Type	Hours
Alejandro Lemus Arriaga (Meyers Constructors Inc.)	Journeyman	Regular Time	4.00
Carlos Garcia-Valverde (Meyers Constructors Inc.)	Foreman	Regular Time	4.00
Total:			8.00

Materials (2)

Material	Description	Unit	Quantity
2x6x20	DF #1	ea	6.00
3 1/4" x .162	Nails	ea	1.00
Total:			7.00

Subcontractors (1)

Company	Description
Meyers Constructors Inc.	

Attachments



[F75D295A-427F-43FE-AE9E-C52C6766AB42.jpeg](#)



[E95BDD66-AA45-4553-BD9A-1161298C5DB0.jpeg](#)



[8CCD0573-9E72-45B7-A0D3-F8C0E2032899.jpeg](#)

Approvals

Jul 31, 2026

COMPANY SIGNATURE
Carlos Garcia-Valverde
Meyers Constructors Inc.

DATE

Jul 31, 2026

CUSTOMER SIGNATURE
Paul Linder
Black/Hall Construction, Inc.

DATE

Notes



14-Oct-2026
CP # 8

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Doors**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

[Instruction Bulletin # 1](#)
[Doors](#)

Contractor

Added Doors & Lead Lined Doors
Credit Barn Doors

Total

\$9,551.00
-\$3,224.00

BOND \$126.61

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested		14 Working Days
Subtotal		\$ 6,453.61
Mark Up	20%	\$ 1,290.72
Total		\$ 7,744.33

Sincerely,

Glenn W. Black
President
Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048

CHANGE ORDER REQUEST

KERN VALLEY DOOR AND HARDWARE COMPANY

5954 STATE RD, BAKERSFIELD, CA 93308

661-218-9540

WWW.KERNVALLEYDOOR.COM

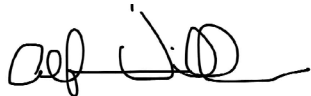
CONTRACTOR: BLACK HALL CONSTRUCTION	DATE: 09/09/2026
ARCHITECT: PDA	
JOB NAME: TAFT WESTSIDE DENTAL	

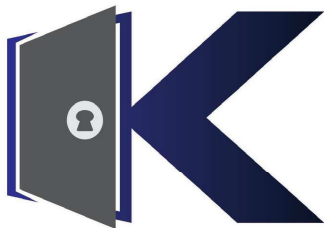
JOB ADDRESS: 100 E NORTH STREET, TAFT CALIFORNIA
--

REASON FOR CHANGE:

DEDUCT 2EA C BARN DOOR WITH HARDWARE - (\$1489.00 EA PLUS TAX) = (2978.00+246.00)= DEDUCT (3,224.00)
DEDUCT PW LABOR 2EA BARN DOOR (6 HRS) X 110.00 PER HOUR = DEDUCT (\$660.00)
ADD 1EA LEAD LINE DOOR/FRAME/HARDWARE \$4160.00 PLUS TAX = ADD \$4503.00
ADD 3EA DOOR/FRAME AND HARDWARE \$2835 PLUS TAX = ADD \$3068.00
ADD PW LABOR 4 OPENINGS @ \$110.00 PER HOUR (24HRS) = ADD \$2640.00

ADDITIONAL AMOUNT REQUESTED/ADDED TO CONTRACT: ADD \$6327.00
--

REQUESTOR: GLENN BLACK	SIGNED: 
---------------------------	---



KERN VALLEY
Door & Hardware

CSLB# 1002665



MEYERS
CONSTRUCTORS INC.

Lic. 1004811

PO Box 3628
Fresno, CA 93650
40488 Brickyard Drive
Madera, CA 93636
O: (559) 473-0014 F: (559) 570-0414

CHANGE ORDER #	4
DATE:	9/14/2026
JOB #	26-051
JOB NAME:	WSFHC Dental Clinic Taft
CONTRACTOR:	Black Hall
ADD/DELETE:	ADD
TAX RATE Per COUNTY	8.35%

CHANGE ORDER PROPOSAL

DESCRIPTION OF CHANGE:	
EXCLUSIONS AND CLARIFICATIONS:	Demolition

LABOR DESCRIPTION	NOTE	# OF MEN	QTY HRS	TOTAL		RATE	TOTAL
				HRS			
Framing Labor Area N4		2	4	8		\$ 142.83	\$ 1,142.63
				0			
				0			
				0			

LUMBER DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
2x4 DF#1		3	8	BF	16	\$ 1.17	9.35%	\$ 20.48

SHEATHING DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
4x8 CDX		3/4	3	SF	96	\$ 1.85	9.35%	\$ 194.21

HARDWARE DESCRIPTION	NOTE	QTY	UOM	UNITS	UNIT PRICE	TAX	TOTAL w/TAX
----------------------	------	-----	-----	-------	------------	-----	-------------

EQUIPMENT DESCRIPTION	NOTE	QTY	UOM	DAYS	UNIT PRICE	TAX	TOTAL w/TAX
Utility Truck	Utility TruckDAY		DAY		\$ 542.00		\$ -

SUB/OTHER DESCRIPTION	NOTE	QTY	UOM	UNIT PRICE	TAX	TOTAL w/TAX
-----------------------	------	-----	-----	------------	-----	-------------

Additional Working Days to Contract	0
-------------------------------------	---

CREATED BY: Omar Soliz
REQUESTED BY: PM
ON BEHALF OF: Black Hall

15%

Labor Total:	\$	1,143
Material Total:	\$	215
Equipment Total:	\$	-
Sub/Other Total:	\$	-
Overhead & Profit	\$	203

Total:	\$	1,561
---------------	-----------	--------------

This quote is good for 30 days and assuming MCI is on site performing contract work. If MCI work is complete and CO work requires dedicated mobilization, then mobilization charges will occur. MCI reserves the right to update pricing labor, material, and equipment pricing once quote has expired or in the case of force majeure.

Amount rounded to next whole dollar for accounting purposes

9/14/2026 15:28



MEYERS
CONSTRUCTORS INC.

Lic. 1004811

PO Box 3628
Fresno, CA 93650
40488 Brickyard Drive
Madera, CA 93636
O: (559) 473-0014 F: (559) 570-0414

CHANGE ORDER #	1
DATE:	6.15.26
JOB #	26-051
JOB NAME:	WSFHC Dental Clinic Taft
CONTRACTOR:	BlackHall
ADD/DELETE:	ADD
TAX RATE Per COUNTY	8.35%

CHANGE ORDER PROPOSAL

DESCRIPTION OF CHANGE:	To supply and infill 2 windowsat the north side of the building.
EXCLUSIONS AND CLARIFICATIONS:	Demolition

LABOR DESCRIPTION	NOTE	# OF MEN	QTY HRS	TOTAL HRS	RATE	TOTAL
Framing Labor Area S1		2	4	8	\$ 120.73	\$ 965.85
				0		

LUMBER DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
2x6 DF#1		8	3	BF	24	\$ 1.09	9.35%	\$ 28.56

SHEATHING DESCRIPTION	NOTE	SIZE	QTY	UOM	UNITS	UNIT PRICE	TAX + 1%	TOTAL w/TAX
4x8 OSB		1/2	1	SF	32	\$ 1.13	9.35%	\$ 39.37

HARDWARE DESCRIPTION	NOTE	QTY	UOM	UNITS	UNIT PRICE	TAX	TOTAL w/TAX
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EQUIPMENT DESCRIPTION	NOTE	QTY	UOM	DAYS	UNIT PRICE	TAX	TOTAL w/TAX
Utility Truck	Utility TruckDAY		DAY		\$ 542.00		\$ -

SUB/OTHER DESCRIPTION	NOTE	QTY	UOM	UNIT PRICE	TAX	TOTAL w/TAX
-----------------------	------	-----	-----	------------	-----	-------------

Additional Working Days to Contract	0.5
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CREATED BY: Omar Soliz
REQUESTED BY: PM
ON BEHALF OF: BlackHall

Labor Total:	\$	966
Material Total:	\$	68
Equipment Total:	\$	-
Sub/Other Total:	\$	-
Overhead & Profit	\$	182

Total:	\$	1,217
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This quote is good for 30 days and assuming MCI is on site performing contract work. If MCI work is complete and CO work requires dedicated mobilization, then mobilization charges will occur. MCI reserves the right to update pricing labor, material, and equipment pricing once quote has expired or in the case of force majeure.

Amount rounded to next whole dollar for accounting purposes

6/15/2026 15:58



14-Oct-2026
CP # 9

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Flooring**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

[Instruction Bulletin # 1](#)
[Flooring](#)

Contractor

Michael's

Total

\$973.85

BOND

\$19.48

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

Subtotal

Mark Up

Total

20%

14 Working Days

\$ 993.33

\$ 198.67

\$ 1,192.00

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048



Change order Based on IB-01		
No	Description of work activity	Scheduled of value
1	Welding rod, one for each color	\$ 188.60
2	Labor for extra welding Rod, 8 Hours, \$87.09/Hr	\$ 696.72
3	Total	\$ 885.32
4	10% Profit	\$ 88.53
5	Change order Grand Total	\$ 973.85



MAPOGOS

DRYWALL & PLASTERING, INC.

QUALITY. INTEGRITY. EXCELLENCE.

formerly Hector Rodríguez Plastering since 1982

1603 California Ave., Ste. 109/111, Bakersfield, CA 93304 | (661) 381-7049 | mapogosconstruction.com

WEST SIDE HEALTH CARE DISTRICT DENTAL CLINIC | IB-01

MATERIAL COST BREAKDOWN

Category	Description	Unit	Qty	Unit price	Amount
Revised partitions	3-5/8" 20ga metal studs x 10' (walls)	EA	76	\$17.40	\$1,322.40
Revised partitions	3-5/8" 20ga metal studs x 12' (diagonal bracing)	EA	8	\$23.50	\$188.00
Revised partitions	3-5/8" 20ga U-track x 10'	EA	17	\$7.40	\$125.80
Revised partitions	3-5/8" 20ga metal studs x 10' (jambes & headers)	EA	22	\$17.40	\$382.80
Revised partitions	3-5/8" 20ga U-track x 10' (headers)	EA	8	\$7.40	\$59.20
Revised partitions	5/8" gypsum board 4'x9'	EA	46	\$27.40	\$1,260.40
Revised partitions	Paper tape, 250 ft roll	ROLL	5	\$13.50	\$67.50
Revised partitions	All-purpose joint compound, 3.5 gal	BOX	10	\$21.00	\$210.00
Revised partitions	Corner bead x 10'	EA	24	\$4.50	\$108.00
Revised partitions	1-5/8" screws, 25 lb box	BOX	2	\$131.00	\$262.00
Wall surface replacement	5/8" gypsum board 4'x9'	EA	30	\$27.40	\$822.00
Wall surface replacement	Paper tape, 250 ft roll	ROLL	3	\$13.50	\$40.50
Wall surface replacement	All-purpose joint compound, 3.5 gal	BOX	6	\$21.00	\$126.00
Wall surface replacement	1-5/8" fine screws, 25 lb box	BOX	1	\$131.00	\$131.00
Window infill	Cement plaster, scratch/brown/finish	SF	36	\$5.80	\$208.80
Window infill	5/8" gypsum board 4'x9' (interior)	EA	3	\$27.40	\$82.20
X-ray lead door	4 LB lead-lined drywall 4'x9'	EA	4	\$285.00	\$1,140.00
X-ray lead door	2 LB lead-lined drywall 4'x9'	EA	2	\$219.00	\$438.00
MATERIALS SUMMARY			AMOUNT		
Gross itemized materials			\$6,974.60		
Sales tax on itemized materials (8.25%)			\$575.40		
Itemized materials, including tax			\$7,550.00		
Additional material allowance			\$450.00		
TOTAL MATERIALS			\$8,000.00		



MAPOGOS

DRYWALL & PLASTERING, INC.

QUALITY. INTEGRITY. EXCELLENCE.

formerly Hector Rodriguez Plastering since 1982

Hourly Labor Rate Breakdown

Date: 10/5/2026

Classification/Trade Drywall Installer/Lather, Drywall Finisher, Plasterer

Expiration Date 06/30/2027

Base Rate \$54.41

Fringes

Health & Welfare \$10.25

Pension \$6.41

Vacation \$7.57

Training \$0.79

Other \$5.22

Total Fringes \$30.24

Taxes & Insurance

Social Security \$5.06

Medicare \$1.18

CA Unemployment \$5.06

Fed Unemployment \$4.90

Workers Comp \$10.25

General Liability \$10.50

Total Taxes & Insurance \$36.95

Office Overhead \$8.75

Small Tools & Consumables \$4.50

Safety Program \$4.50

Field Supervision \$8.15

Payroll Processing \$2.50

Total Indirect Labor Costs \$28.40

Total Cost Per Hour \$150.00



14-Oct-2026
CP # 10

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
Remove Lab / Reception Glass**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

Instruction Bulletin # 1

Remove Lab / Reception Glass

Contractor

Action Glass

Total

-\$380.00

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

Subtotal

Total

0 Working Days

\$ (380.00)

\$ (380.00)

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048



2300 "Q" Street
Bakersfield, CA, 93301
P: 661.633.9618
E: customerservice@actionglass-inc.com
DIR# 1000007175
LIC# 703847
TEXT: 661.384.8114

Estimate - Change Order

Estimate #: E-26-2025
Date: Jun 17, 2026
Estimator: JIM BROWN

Customer: BLACK/HALL CONSTRUCTION
P O Box 445
TAFT, CA, 93268
(661)763-3818

Contact: Glen Black
Phone: 661-577-6752

Job Name: Westside Health Dental Clinic
Description: Remove Lab/Reception Glass

Qty	Description	Part # / Size	Total Price	Tax
☒	1 Materials & labor	Deduct	(\$380.00)	

Subtotal: (\$380.00)

Total*: (\$380.00)

* Total does not include unselected optional items

** ☒ Checkbox represents the required items for this estimate

Please note that a 2% credit card processing fee will be applied to the total amount if payment is made via credit card. This fee is not included in the estimated total.

This quote is valid for 30 days, from the date indicated on page one of this quote.

After 30 days, Action Glass Inc reserves the right to adjust its pricing based on current market conditions. Upon Action Glass Inc receiving a Letter of Intent, Purchase Order, or Notice to Proceed for this project, a material shipment schedule will be established as mutually agreed between Action Glass Inc and the Customer. If shipment of material is delayed beyond the agreed schedule, Action Glass Inc. reserves the right to adjust its pricing at that time.

Customer Acceptance and Approval

Authorized Signature

Date

Authorized Name

Please return this form via email to: jim@actionglass-inc.com

ATTACHMENT B - ORIGINAL VS. IB-01 QUANTITY COMPARISON

WSHCD Dental Clinic - Instruction Bulletin No. 1

The following shows the original quantities compared to the revised IB-01 quantities. Reductions are included where applicable.

TAKEOFF ITEM	ORIGINAL	IB-01 REVISED	NET CHANGE
5/8 in. GWB - patch/repair	37 LF	75 LF	+38 LF
5/8 in. GWB - interior walls	192 LF	194 LF	+2 LF
5/8 in. GWB - interior walls	29 LF	38 LF	+9 LF
4-lb lead-lined X-Ray board	17 LF	26 LF	+9 LF
Hanging soffit	26 LF / 130 SF	29 LF / 145 SF	+3 LF / +15 SF
Filled-window cement plaster	12 LF / 108 SF	13 LF / 117 SF	+1 LF / +9 SF
Corner bead - measured quantity	99 EA	67 EA	-32 EA
3-5/8 in. 20ga jamb studs x 10 ft	12 EA	36 EA	+24 EA
Jamb diagonal bracing	24 LF / 3 EA	72 LF / 8 EA	+48 LF / +5 EA
3-5/8 in. 20ga header studs x 10 ft	22 LF / 6 EA	58 LF / 12 EA	+36 LF / +6 EA
3-5/8 in. 20ga header U-track x 10 ft	22 LF / 9 EA	58 LF / 18 EA	+36 LF / +9 EA
3-5/8 in. 20ga U-track - affected blocking run	48 LF / 5 EA	35 LF / 4 EA	-13 LF / -1 EA
Blocking U-track - measured quantity	29 EA	28 EA	-1 EA
Hanging soffit framing - studs	16 LF / 2 EA	20 LF / 3 EA	+4 LF / +1 EA
Hanging soffit framing - horizontal bracing	27 LF / 3 EA	29 LF / 3 EA	+2 LF / 0 EA
Hanging soffit framing - hanger studs	27 LF / 3.5 EA	29 LF / 4 EA	+2 LF / +0.5 EA
Hanging soffit framing - diagonal bracing	14 LF / 1 EA	15 LF / 1 EA	+1 LF / 0 EA

The quantities above are based on the original and revised takeoffs for the IB-01 changes.

Meyer Construction is responsible for framing the window openings. Mapogos' scope includes the drywall, weather-resistive barrier, lath, plaster and finishing at the infill areas.

The separate \$2,900 wall repair proposal is not included in this IB-01 proposal or the quantities above.



14-Oct-2026
CP # 11

West Side Health Care District
115 Adkisson Way
Taft, CA 93268

**WSFHC Dental Clinic
Instruction Bulletin # 1
HVAC**

Dear Ryan Shultz

Black / Hall Construction is pleased to provide the below cost proposal for your review.

ITEM:

Instruction Bulletin # 1
HVAC

Contractor

ACS

Total

\$2,126.05

BOND

\$42.52

Price is good for 24 hours

Price includes only the work specifically indicated on the back up documentation all other work is excluded. If required we will provide quotes for work at that time.

Justified additional days will be required as well as extended overhead.

Additional Days Requested

Subtotal

Mark Up

Total

20%

14 Working Days

\$ 2,168.57

\$ 433.71

\$ 2,602.28

Sincerely,

Glenn W. Black

President

Black / Hall Construction Inc.

P.O. Box 445
Taft, Ca 93268

Phone: 661-763-3818
Fax: 661-763-0048

ACS Mechanical

9117 Broad Oak Ave.
Bakersfield Ca 93311
661-663-0970

WORK ORDER**000111**

For:
Black/Hall Construction

Date of Order: _____

Customer Order Number: _____

Date: 9/2/2026

Telephone: _____

Fax No.: _____

Job Site Telephone Number: _____

Job Number:	Job Name: West Side Health Care	Job Location: 100 East North St. Taft, Ca.
Date Started:	Terms:	Order Taken By:

PARTS AND MATERIALS

Quantity	Description	Price	Amount
3.00	T-Bar Return Air Grills, ducting, flex connections, duct insulation.	333.10	999.30
1.00	10% Mark up	99.30	99.30
1.00	8.25 Equipment tax	82.45	82.45

Total Parts **1,181.05****LABOR**

Hours	Description	Rate	Amount
7.00	Install ducting labor & finish.	135.00	945.00

Total Labor **945.00****Description of work completed:**

Furnish/install additional RA grills and ducting
for revised plans.

Per Instruction Bulletin #1 dated 9-17-26

SubTotal **2,126.05**

Tax on Parts @ _____

Tax on Labor @ _____

Grand Total \$2,126.05

I hereby acknowledge the satisfactory completion of work:

Work Ordered by: _____



License # 860638

October 19, 2026

West Side Health Care District
119 Adkisson Way
Taft, CA 93268

**Re: WSHCD Dental Clinic
Changes & Extras to Plans
In Regards to IB # 1 as well as Dental Equipment Drawings and Owner
Requested Changes
Extended Duration and Overhead**

Dear West Side Health Care District,

This letter is to confirm that based on our meeting on 10/19/26, should the additional work identified in Instruction Bulletin No. 1 (CP # 4 – CP # 11) be approved and authorized to proceed consecutively without interruption, we anticipate completing the work within **thirty-seven (37) working days**.

Due to the extended duration required to perform this additional work, an additional extended overhead fee of **\$527.44 per working day** will apply. Based on the anticipated 37 working days, the total extended overhead cost would be **\$19,515.28**.

This schedule and associated cost are contingent upon approval of Instruction Bulletin No. 1 and the ability to perform the additional work consecutively without delays or interruptions.

We respectfully request your review and approval of the additional work, the anticipated 37-working-day duration, and the associated extended overhead costs.

Please contact us if further clarification or supporting documentation is required.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Glenn W. Black', is written over a light blue rectangular background.

Glenn W. Black
President

ITEM 11

DRAFT

AIA® Document G714® – 2017

Construction Change Directive

PROJECT: *(name and address)*
Westside Health Care District - Dental
Clinic

CONTRACT INFORMATION:
Contract For: General Construction

Date: 7-20-26

CCD INFORMATION:
Directive Number: 001

Date: 10-19-26

OWNER: *(name and address)*
Westside Health Care District
100 E. North Street
Taft CA, 93268

ARCHITECT: *(name and address)*
PDA, Inc
1330 22nd Street
Bakersfield, CA, 93301

CONTRACTOR: *(name and address)*
Black / Hall Construction, Inc.
145 Kern Street
Taft, CA 93268

The Contractor is hereby directed to make the following change(s) in this Contract:
(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits.)

IB-01 and associated CP's

PROPOSED ADJUSTMENTS

1. The proposed basis of adjustment to the Contract Sum or Guaranteed Maximum Price is:
 - ☐ Lump Sum increase of \$0.00
 - ☐ Unit Price of \$ per
 - ☐ Cost, as defined below, plus the following fee:
(Insert a definition of, or method for determining, cost)
 - ☒ As follows: Cost to be determined in a manner agreed upon by the parties and a mutually acceptable fixed or percentage fee; or as provided in Section 7.3.4. of A201-2017 General Conditions of the Contract for Construction
2. The Contract Time is proposed to . The proposed adjustment, if any, is .

NOTE: The Owner, Architect and Contractor should execute a Change Order to supersede this Construction Change Directive to the extent they agree upon adjustments to the Contract Sum, Contract Time, or Guaranteed Maximum price for the change(s) described herein.

When signed by the Owner and Architect and received by the Contractor, this document becomes effective IMMEDIATELY as a Construction Change Directive (CCD), and the Contractor shall proceed with the change(s) described above.

Contractor signature indicates agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this CCD.

PDA, Inc
ARCHITECT *(Firm name)*

Westside Health Care District
OWNER *(Firm name)*

Black / Hall Construction, Inc.
CONTRACTOR *(Firm name)*

SIGNATURE
Paul Dhanens, Architect
Consultant
PRINTED NAME AND TITLE

SIGNATURE
Ryan Shultz, Executive
Director
PRINTED NAME AND TITLE

SIGNATURE

PRINTED NAME AND TITLE

DATE

DATE

DATE