

CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY
PLEASANT GAP, PENNSYLVANIA

JOINT OPERATING COMMITTEE
REGULAR MEETING - 4:30 P.M.
TUESDAY, APRIL 9, 2024

PRESIDENT'S SUITE - CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY

A G E N D A

- I. CALL TO ORDER
- II. ROLL CALL
- III. RECOGNITION OF VISITORS
- IV. REPORTS, PRESENTATIONS, OR COMMENTS BY VISITORS
Time limit of five minutes per presentation.
- V. PRESENTATIONS OR REPORTS
- VI. MINUTES
 - A. *A motion to approve the minutes of the March 11, 2024 regular meeting.*
- VII. TREASURER'S REPORT AND PREPAID AND CURRENT BILLS
 - A. *A motion to approve the treasurer's reports to be filed for audit and approval of the prepaid and current bills as presented.*
- VIII. OLD BUSINESS
- IX. NEW BUSINESS
 - A. *Mrs. Jessica Martin – Vice-President, Secondary Education's Report*
 - B. *Mr. Todd Taylor – Vice-President, Post-Secondary Education's Report*
 - C. *Mr. Rick Carra – Director of Facilities' Report*
 - D. *Mr. Craig Livergood – Business Manager's Report*
 - E. *Mrs. MaryAnn Volders – President's Report*
 - F. *Mrs. Tammie Burnaford – Chief School Administrator's Report*
- X. CONSENT AGENDA
All matters taken under this section are considered routine, and action will be taken by one motion. There will be no separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda and considered separately.
 - A. ADMINISTRATION
 1. *Approval of an Externship Program Memorandum of Understanding with Centre Area Transportation Authority (CATA) to host Commercial Driver's License (CDL) student externships effective upon signing. (Attachment #1)*

2. *Approval of the updates to the Nurse Aide handbook. (Attachment #2)*
3. *Approval of an out-of-country learning opportunity to Italy for Culinary Arts students and two chaperones on December 27, 2024 – January 7, 2025.*

B. PERSONNEL

1. *Approval to accept the resignation of Dawn Daugherty as Interim Coordinator/Instructor for the CDL program effective April 17, 2024.*
2. *Approval to hire Cindy Gongloff as Assistant Post-Secondary Cosmetology Instructor at an hourly rate of \$22.25 effective April 15, 2024. Pending receipt of the FBI Criminal Background Check, Pennsylvania State Police Criminal History Report, Pennsylvania Child Abuse History Certification, and Recognizing and Reporting Child Abuse Training Certificate.*
3. *Approval to hire Jason Grubb as an Assistant CDL Instructor at an hourly rate of \$27.00 for training, and \$32.00 for PENNDOT 3rd Party Testing effective April 10, 2024. All clearances have been received.*
4. *Approval to hire Brandon McKean as a Substitute Instructor at a daily rate of \$100.00, effective April 10, 2024. All clearances have been received.*
5. *Approval for the President to appoint staff to vacancies not yet filled or to those that become open until the Board can take action at the next regular meeting on May 13, 2024.*

C. INFORMATION

1. *Adult Full-Time Program Enrollment Update as of March 27, 2024. (Attachment #3)*
2. *2022-2023 Secondary and Intergenerational Enrollment figures as of April 1, 2024. (Attachment #4)*
3. *February Students of the Month. (Attachment #5)*
4. *Cooperative Education Report (Attachment #6)*
5. *Signing Night – May 1, 6:00 PM*
6. *Staff Appreciation Breakfast – May 3, 7:30 AM*
7. *Car Show – May 4, 9:00 AM*
8. *Elementary Career Days – Bellefonte, May 13 & 14 (4th & 5th grades); Penns Valley, May 17 (5th & 6th grades); Bald Eagle, May 22 (5th grade)*
9. *Senior Certificate and Awards Night – May 28, 6:00 PM*

XI. ADJOURNMENT

XII. EXECUTIVE SESSION

Executive Session, if necessary, for the discussion of matters of employment, real estate, litigation, collective bargaining, safety and other matters which if conducted in public would violate lawful privilege as defined by Act 84.

The regular meeting of the Central Pennsylvania Institute of Science and Technology Joint Operating Committee was held in the boardroom at the Central Pennsylvania Institute of Science and Technology, Pleasant Gap, PA on Monday, March 11, 2024.

Present were:

Committee Members: Mrs. Tina Greene
Ms. Mary Ann Hamilton, Vice-Chairman
Mr. Allen Miller
Mr. Daniel Pick
Mrs. Kimberly Weaver, Chairman
Mrs. Theresa Brickley, non-voting Secretary
Mr. Craig Livergood, non-voting Treasurer

Staff Members: Mrs. Tammie Burnaford, Superintendent of Record
Mr. Rick Carra
Dr. Scott Etter, Solicitor
Mr. Craig Livergood
Mrs. Jessica Martin
Mr. Todd Taylor
Mrs. MaryAnn Volders

Visitors: None

Mrs. Weaver called the regular meeting to order at 5:31 p.m.

Roll was called: Ms. Hamilton, Mr. Miller, Mr. Pick and Mrs. Weaver were present. Mrs. Greene was absent.

Mr. Miller moved, seconded by Ms. Hamilton, approval of the minutes of the regular meeting held on February 12, 2024. All in favor. Motion carried.

Ms. Hamilton moved, seconded by Mr. Pick, approval of the Treasurer's reports to be filed for audit and approval of the prepaid and current bills as presented.

Roll call vote as follows:

Mrs. Weaver	yes	Mr. Pick	yes	Mr. Miller	yes
Ms. Hamilton	yes				

Motion carried.

Old Business:

There was no old business.

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New Business:

Vice President of Secondary Education:

Mrs. Martin reported on the student competitors and chaperones going to the Pennsylvania Leadership and Skills Championship in Hershey, PA from April 3-5, 2024; Mr. Kessler, Adult Heavy Equipment Operations Instructor, will mentor Mr. Butterworth, Secondary Heavy Equipment Operations Instructor; Senior Certificate and Awards Night will be held on May 28th at Bellefonte Area High School; and she gave an update on the progress towards the 2023-2024 Secondary Education Goals.

Vice President of Adult and Post-Secondary Education:

Mr. Taylor reported on new hire – Richard Grabowski as CCPSTC Instructor Evaluator; gave a handout of an assignment and compensation update for Terri Rider; enrollments from the open house event; an ACCSC reaccreditation visit is scheduled for April 18-19, 2024; Nurse Aide program PDE audit has been completed and renewed for two years; and he gave an update on the progress towards the 2023-2024 Post-Secondary Education Goals.

Director of Facilities:

Mr. Carra had nothing to report.

Business Manager:

Mr. Livergood reported that the audit has been wrapped up and hopefully the auditors will be here to report in April. He also spoke about the excess funds from the 2022-2023 budget in the amount of \$351,166.38. CPI requests the excess funds be transferred to the CPI Capital Account and designated for capital improvements of the facility. The sending school boards would need to approve the request.

Mrs. Volders spoke about the budget and some of the expenses that have not been done for awhile because of the need to keep the budget lean.

President:

Mrs. Volders reported on the 2024-2025 school calendar; reviewed the Adult Full-Time Program Enrollment and Secondary and Intergenerational Enrollment; April 8th is the Joint Operating Committee Meeting and April 9th is the Joint Boards Meeting; the Builder's Association Home Show was this past weekend; and she had Mrs. Martin explain the "Be Kind" initiative and Pi Day celebration; and she had Dr. Etter explain the Health Science Building – Owner's Certification Regarding Eminent Domain which we need all three sending districts to approve.

Superintendent of Record:

Mrs. Burnaford had nothing to report.

Ms. Hamilton moved, seconded by Mr. Miller, approval of the 2024-2025 school calendar; approval for the attached list of students, and chaperones to attend the SkillsUSA Pennsylvania Leadership and Skills Championship in Hershey, PA on April 3-5, 2024; approval to appoint Dave Kessler, Adult Heavy

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Equipment Operations Instructor, as mentor for Gregory Butterworth, Secondary Heavy Equipment Operations Instructor, with a stipend of \$500.00, effective March 12, 2024; approval to hire Richard Grabowski as a Centre County Public Safety Training Center Instructor Evaluator at an hourly rate of \$21.00, effective March 12, 2024; approval for the President to appoint staff to vacancies not yet filled or to those that become open until the Board can take action at the next regular meeting on April 8, 2024.

Roll call vote as follows:

Mr. Pick	yes	Mr. Miller	yes	Ms. Hamilton	yes
Mrs. Weaver	yes				

Motion carried.

Mrs. Hamilton moved, seconded by Mr. Miller to adjourn.

At 6:11 p.m. Mrs. Weaver adjourned the meeting.

The meeting was reconvened to discuss changing the date and time of the April JOC meeting.

Mrs. Weaver called the meeting to order at 6:13 p.m.

A discussion was held whether to move the April JOC meeting to Tuesday, April 9th before the Joint Boards of Education meetings that will be held at CPI. All agreed to move the regular meeting to Tuesday, April 9th at 4:30 p.m.

Ms. Hamilton moved, seconded by Mr. Miller to adjourn the meeting.

At 6:16 p.m. Mrs. Weaver adjourned the meeting.

Secretary



Payment of Bills Summary

February 29, 2024

Account	From Check #	To Check #	Total Amount	Date From	Date To
Operating	51242	51349 + PR Trans	633,578.87	2/1/2024	2/29/2024
Payroll	DD, ACH & 6715	DD, ACH & 6721	213,333.97	2/1/2024	2/29/2024
Capital Project	-	-	-	2/1/2024	2/29/2024
CCPSTC	3795	3814	5,576.47	2/1/2024	2/29/2024

Treasurer's Report

February 29, 2024

CPI Bank Accounts	Opening Balance 2/1/2024	Deposits	Expenditures	Net Sweep Transfers In/(Out)	Reconciled Balance 2/29/2024
Operating	326,099.13	1,038,494.73	633,578.87	(391,305.46)	339,709.53
Operating Sweep	171,792.26	897.21	-	391,305.46	563,994.93
Payroll	2,505.59	213,334.35	213,333.97	-	2,505.97
Capital Project	137,804.84	481.76	-	-	138,286.60
Capital Proj. House	44,283.16	154.81	-	-	44,437.97
CCPSTC	66,939.05	61,757.11	5,576.47	-	123,119.69
TOTALS:	749,424.03	1,315,119.97	852,489.31	-	1,212,054.69

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051350	03/04/2024	AP3005900001		2024-02	10-1380-329-000-30-872-000-000-0000	13320872	2,500.00
PLUMBEPAL-Plumber Paige LLC				Order ID O-1	Payment Date: 03/04/2024	Payment Amt:	2,500.00
0000051351	03/05/2024	AP3006600001			10-2360-610-000-40-236-000-000-0000	16610236	30.00
0000051351	03/05/2024	AP3006600002			10-2360-610-000-30-236-000-000-0000	13610236	30.00
ADAMNAP-Adam & Nancy's Paninis				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	60.00
0000051352	03/04/2024	LE3006100007	2400000850	INV2400360	10-1610-610-000-40-880-000-000-0000	16610880	1,360.00
ALLEGHENY-ALLEGHENY EDUCATIONAL SYSTEMS				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	1,360.00
0000051353	03/05/2024	AP3007100003		2	10-2440-330-000-30-240-000-000-0000	13330240	400.00
ANTHONCA-Anthony Cardell				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	400.00
0000051354	03/04/2024	LE3006100002	2400000873	41010046	10-2660-610-360-30-000-000-000-0000	13610266360	1,903.60
0000051354	03/04/2024	LE3006100003	2400000873	41010046	10-2660-610-360-30-000-000-000-0000	13610266360	877.87
0000051354	03/04/2024	LE3006100004	2400000873	41010046	10-2660-330-360-30-000-000-000-0000	13330266360	148.50
APPTEC-App-Techs Corporation				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	2,929.97
0000051355	02/29/2024	LE3006100005	2400000869	101416	10-1380-610-000-30-835-000-000-0000	13610835	30.60
0000051355	02/29/2024	LE3006100006	2400000870	101492	10-1380-610-000-30-835-000-000-0000	13610835	160.46
0000051355	04/03/2024	OD3024000002	2400000869	101416	10-1380-610-000-30-835-000-000-0000	13610835	(30.60)
0000051355	04/03/2024	OD3024000003	2400000870	101492	10-1380-610-000-30-835-000-000-0000	13610835	(160.46)
ASAPHYD-ASAP HYDRAULICS STATE COLLEGE				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	0.00
0000051356	03/04/2024	AP3007100009		BT2692417	10-2310-330-000-30-230-000-000-0000	13330230	400.00
0000051356	03/04/2024	AP3007100010		BT2692417	10-2310-330-000-30-230-000-000-0000	13330230	8,000.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
BAKERTILY-BAKER TILLY US, LLP				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	8,400.00
0000051357	03/04/2024	AP3007100004		3048	10-2840-610-000-30-280-000-000-0000	13610280	17.28
0000051357	03/04/2024	AP3007100005		3048	10-2840-610-000-30-280-000-000-0000	13610280	65.96
0000051357	03/04/2024	AP3007100006		3048	10-2840-610-000-30-280-000-000-0000	13610280	221.94
0000051357	03/04/2024	AP3007100011		3049	10-2840-610-000-30-280-000-000-0000	13610280	8,000.00
BLACKHF-Black Hoof Technology LLC				Order ID O-2	Payment Date: 03/05/2024	Payment Amt:	8,305.18
0000051358	03/05/2024	AP3006900001			10-2360-610-000-40-236-000-000-0000	16610236	10.00
0000051358	03/05/2024	AP3006900002			10-2360-610-000-30-236-000-000-0000	13610236	10.00
BRAZILMU-Brazilian Munchies				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	20.00
0000051359	03/04/2024	LE3006100013	2400000865	1157919-00	10-1610-610-000-40-830-000-000-0000	16610830	98.60
BURMAX-BURMAX CO. INC.				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	98.60
0000051360	03/04/2024	LE3006100011	2400000878	1396044	10-1380-610-000-30-810-000-000-0000	13610810	109.17
0000051360	03/04/2024	LE3006100012	2400000878	1396044	10-1610-610-000-40-810-000-000-0000	16610810	46.78
CARS2-CAPITAL AUTO REFINISHING				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	155.95
0000051361	03/04/2024	AP3007100015			10-2360-810-000-40-236-000-000-0000	16810236	300.00
0000051361	03/04/2024	AP3007100016			10-2360-810-000-40-236-000-000-0000	16810236	300.00
CENTREPRT-CENTRE PRINTING				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	600.00
0000051362	02/26/2024	AP3007100028		4184243511	10-2620-415-000-30-260-000-000-0000	13415260	385.91
CINTAS-CINTAS CORPORATION LOC. 536				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	385.91

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

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Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051363	03/04/2024	LE3006100018	2400000877	INPP5865799	10-1610-610-000-40-845-000-000-0000	16610845	1,278.70
0000051363	03/04/2024	LE3006100019	2400000877	INPP5865799	10-1380-610-000-30-845-000-000-0000	13610845	1,278.89
CLEVELAND-CLEVELAND BROTHERS				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	2,557.59
0000051364	03/04/2024	AP3007100017		20086143021724	10-1610-610-000-40-875-000-000-0000	16610875	32.20
0000051364	03/04/2024	AP3007100018		20086143021724	10-1610-610-000-42-820-000-000-0000	1661082042	32.17
0000051364	03/04/2024	AP3007100019		20086143021724	10-2360-610-000-40-236-000-000-0000	16610236	32.17
0000051364	03/04/2024	AP3007100020		20086143021724	10-2360-610-000-30-236-000-000-0000	13610236	32.17
CRYSTASP-Crystal Springs				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	128.71
0000051365	03/04/2024	LE3006100001	2400000890	203195	10-1342-610-000-30-342-000-000-0000	13610342	279.14
0000051365	03/04/2024	LE3006100008	2400000890	203194	10-1342-610-000-30-342-000-000-0000	13610342	497.77
0000051365	02/29/2024	LE3006100009	2400000882	198574	10-1342-610-000-30-342-000-000-0000	13610342	192.94
0000051365	02/26/2024	LE3006100010	2400000864	191012	10-1342-610-000-30-342-000-000-0000	13610342	260.96
CURTZE-C.A. Curtze Co.				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	1,230.81
0000051366	03/04/2024	AP3007100026	2400000796	564628	10-2620-610-000-30-260-000-000-0000	13610260	309.45
CWP-CLEARFIELD WHOLESALE PAPER COMPANY				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	309.45
0000051367	03/05/2024	AP3007000001			10-2360-610-000-40-236-000-000-0000	16610236	40.00
0000051367	03/05/2024	AP3007000002			10-2360-610-000-30-236-000-000-0000	13610236	40.00
ELIZABSC-Elizabeth Schindler				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	80.00
0000051368	03/04/2024	AP3007100023		331	10-2310-330-000-30-230-000-000-0000	13330230	75.00
0000051368	03/04/2024	AP3007100024		331	10-2310-330-000-30-230-000-000-0000	13330230	500.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

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Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051368	03/04/2024	AP3007100025		331	10-2310-330-000-30-230-000-000-0000	13330230	1,036.74
ETTERLAW-Etter Law Firm LLC				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	1,611.74
0000051369	03/04/2024	LE3006100014	2400000861	136-419073	10-1380-610-000-30-815-000-000-0000	13610815	133.59
0000051369	03/04/2024	LE3006100015	2400000861	136-419073	10-1610-610-000-40-815-000-000-0000	16610815	33.40
0000051369	02/26/2024	LE3006100016	2400000872	136-419215	10-1380-610-000-30-815-000-000-0000	13610815	106.38
0000051369	02/26/2024	LE3006100017	2400000872	136-419215	10-1610-610-000-40-815-000-000-0000	16610815	26.60
FISHERSBT-FISHERS AUTO PARTS				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	299.97
0000051370	02/26/2024	AP3007100022		GW3775	10-2620-530-000-30-260-000-000-0000	13530260	199.00
GETWIRELE-GETWIRELESS.NET				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	199.00
0000051371	03/05/2024	AP3007100029		52	10-2360-549-000-30-236-000-000-0000	13549236	7,000.00
GRACEFBUL-Gracefully Built LLC				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	7,000.00
0000051372	03/04/2024	LE3006100020	2400000785	SWO218209-1	10-1380-430-000-30-845-000-000-0000	13430845	790.55
0000051372	03/04/2024	LE3006100021	2400000785	SWO218209-1	10-1610-430-000-40-845-000-000-0000	16430845	790.57
GT&E-GROFF TRACTOR & EQUIPMENT INC				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	1,581.12
0000051373	03/04/2024	AP3007100032		4590	10-2360-610-000-40-236-000-000-0000	16610236	148.50
0000051373	03/04/2024	AP3007100033		4590	10-2360-610-000-30-236-000-000-0000	13610236	148.50
Guard911-Guard 911, LLC				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	297.00
0000051374	03/04/2024	AP3007100056		6929	10-1610-525-000-40-875-000-000-0000	16525875	1,000.00
HARTMAN-THE HARTMAN AGENCY INC.				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	1,000.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

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Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051375	03/05/2024	AP3007100001			10-2360-610-000-30-236-000-000-0000	13610236	114.40
HIGHMARK-HIGHMARK INC				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	114.40
0000051376	03/05/2024	AP3006500001			10-2360-610-000-40-236-000-000-0000	16610236	52.50
0000051376	03/05/2024	AP3006500002			10-2360-610-000-30-236-000-000-0000	13610236	52.50
KENDRASNC-Kendra Snyder Concessions				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	105.00
0000051377	03/04/2024	AP3007100038		41245127	10-1610-610-000-40-870-000-000-0000	16610870	23.95
0000051377	03/04/2024	AP3007100039		41245127	10-1380-610-000-30-870-000-000-0000	13610870	215.32
LINDEGAE-Linde Gas & Equipment Inc.				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	239.27
0000051378	03/05/2024	AP3006700001			10-2360-610-000-40-236-000-000-0000	16610236	15.00
0000051378	03/05/2024	AP3006700002			10-2360-610-000-30-236-000-000-0000	13610236	15.00
MARINEA-Marin Eats				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	30.00
0000051379	02/26/2024	AP3007100031			10-1610-580-000-40-890-000-000-0000	16580890	46.38
MARYRA-Mary Raab					Payment Date: 03/05/2024	Payment Amt:	46.38
0000051380	03/04/2024	AP3007100030		INV04033327	10-2360-610-000-40-236-000-000-0000	16610236	224.93
MESSMEDIA-MessageMedia USA, Inc.				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	224.93
0000051381	03/04/2024	LE3006100023	2400000895	803166	10-1380-610-000-30-845-000-000-0000	13610845	237.95
NITTANSU-Nittany Supply Inc				Remit ID R-3	Payment Date: 03/05/2024	Payment Amt:	237.95
0000051382	03/05/2024	LE3006100022	2400000902	04182028	10-1380-610-000-30-840-000-000-0000	13610840	225.00
NURTURNAC-Nurture Nature Center, Inc.				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	225.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051383	03/05/2024	AP3007100049		15095	10-1610-549-000-40-236-000-000-0000	16549236	795.00
PABUSCENT-PA Business Central				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	795.00
0000051384	02/26/2024	AP3007100047	2400000717	3029837038	10-1610-610-000-40-330-000-000-0000	16610330	250.45
0000051384	02/26/2024	AP3007100048	2400000717	3029837038	10-1330-610-000-30-330-000-000-0000	13610330	250.44
PDENTAL-Patterson Dental				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	500.89
0000051385	02/26/2024	AP3007100046		3318764394	10-2290-610-000-30-229-000-000-0000	13610229	326.04
PITNEYBOW-PITNEY BOWES INC.				Remit ID R-6	Payment Date: 03/05/2024	Payment Amt:	326.04
0000051386	03/04/2024	AP3007100043		J76159	10-1610-610-000-40-870-000-000-0000	16610870	202.30
0000051386	03/04/2024	AP3007100044		J76159	10-1380-610-000-30-870-000-000-0000	13610870	303.45
0000051386	03/04/2024	AP3007100045		J76158	10-1380-610-000-30-835-000-000-0000	13610835	73.60
ROBERTOXY-Roberts Oxygen Company INC.				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	579.35
0000051387	02/26/2024	LE3006100024	2400000874	10657	10-1610-610-000-40-331-000-000-0000	16610331	27.00
STRIVE-StriveScan				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	27.00
0000051388	03/05/2024	AP3006800001			10-2360-610-000-30-236-000-000-0000	13610236	65.00
0000051388	03/05/2024	AP3006800002			10-2360-610-000-40-236-000-000-0000	16610236	65.00
TWISTEWHC-Twisted Whisk Catering				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	130.00
0000051389	03/04/2024	AP3007100054			10-2620-622-000-30-260-000-000-0000	13622260	10,245.87
0000051389	03/04/2024	AP3007100055			10-2620-622-000-30-260-000-000-0000	13622260	5,059.64
WESTPENN-West Penn Power				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	15,305.51

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FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051390	03/05/2024	AP3007100051		95608828	10-1610-610-000-40-875-000-000-0000	16610875	1,574.55
0000051390	03/05/2024	AP3007100052		95608828	10-1380-610-000-30-865-000-000-0000	13610865	20.44
0000051390	03/05/2024	AP3007100053		95608828	10-2360-610-000-40-236-000-000-0000	16610236	33.50
WEXBANK-WEX BANK				Remit ID R-1	Payment Date: 03/05/2024	Payment Amt:	1,628.49
0000051391	03/04/2024	AP3007100008			10-6943-000-000-40-890-000-000-0000	16943890	1,634.00
ZZZZZ-Angela Rider					Payment Date: 03/05/2024	Payment Amt:	1,634.00
0000051392	03/04/2024	AP3007100007			10-6943-000-000-40-890-000-000-0000	16943890	3,609.00
ZZZZZ-Ashley McDonaldson					Payment Date: 03/05/2024	Payment Amt:	3,609.00
0000051393	03/04/2024	AP3007100014			10-6943-000-000-40-890-000-000-0000	16943890	1,630.00
ZZZZZ-Chineze Ebeigbe					Payment Date: 03/05/2024	Payment Amt:	1,630.00
0000051394	03/04/2024	AP3007100012			10-6943-000-000-40-331-000-000-0000	16943331	175.00
0000051394	03/04/2024	AP3007100013			10-6943-000-000-40-331-000-000-0000	16943331	175.00
ZZZZZ-Centre Dental Care					Payment Date: 03/05/2024	Payment Amt:	350.00
0000051395	03/04/2024	AP3007100021			10-6943-000-000-40-890-000-000-0000	16943890	2,684.00
ZZZZZ-Christina Nyman					Payment Date: 03/05/2024	Payment Amt:	2,684.00
0000051396	03/04/2024	AP3007100037			10-6943-000-000-40-890-000-000-0000	16943890	3,566.00
ZZZZZ-Mary Fletcher					Payment Date: 03/05/2024	Payment Amt:	3,566.00
0000051397	03/04/2024	AP3007100036			10-6943-000-000-40-890-000-000-0000	16943890	640.00
ZZZZZ-Malley Grubb					Payment Date: 03/05/2024	Payment Amt:	640.00

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FUND ACCOUNTING PAYMENT REGISTER

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Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051398	03/04/2024	AP3007100035			10-6943-000-000-40-890-000-000-0000	16943890	534.00
ZZZZZ-Heather Hughes					Payment Date: 03/05/2024	Payment Amt:	534.00
0000051399	03/04/2024	AP3007100034			10-6943-000-000-40-890-000-000-0000	16943890	255.00
ZZZZZ-Krimsin Manis					Payment Date: 03/05/2024	Payment Amt:	255.00
0000051400	03/04/2024	AP3007100042			10-6943-000-000-40-890-000-000-0000	16943890	640.00
ZZZZZ-Montgomery Eutzky					Payment Date: 03/05/2024	Payment Amt:	640.00
0000051401	03/04/2024	AP3007100041			10-6943-000-000-40-890-000-000-0000	16943890	1,630.00
ZZZZZ-Serenity Paul					Payment Date: 03/05/2024	Payment Amt:	1,630.00
0000051402	03/08/2024	LE3008000014	2400000929	26838480	10-2360-610-000-30-236-000-000-0000	13610236	1,436.98
4IMPRINT-4imprint Inc.				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	1,436.98
0000051403	03/11/2024	LE3008000010	2400000897	63056	10-1610-610-000-40-870-000-000-0000	16610870	673.52
0000051403	03/11/2024	LE3008000011	2400000897	63056	10-1380-610-000-30-870-000-000-0000	13610870	117.87
0000051403	03/11/2024	LE3008000012	2400000897	63056	10-1610-610-000-40-870-000-000-0000	16610870	50.51
ALTOONPIP-ALTOONA PIPE & STEEL CO. INC.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	841.90
0000051404	03/08/2024	LE3008000017	2400000925	1397931	10-1380-610-000-30-810-000-000-0000	13610810	572.10
0000051404	03/08/2024	LE3008000018	2400000925	1397931	10-1610-610-000-40-810-000-000-0000	16610810	245.19
0000051404	03/08/2024	LE3008000019	2400000793	1391304	10-1380-610-000-30-810-000-000-0000	13610810	38.67
0000051404	03/08/2024	LE3008000020	2400000793	1391304	10-1610-610-000-40-810-000-000-0000	16610810	16.58
CARS2-CAPITAL AUTO REFINISHING				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	872.54

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FUND ACCOUNTING PAYMENT REGISTER

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Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051405	03/08/2024	AP3009300012			10-2620-411-000-30-260-000-000-0000	13411260	46.88
		CCRRA-Centre County Recycling &		Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	46.88
0000051406	03/07/2024	AP3009300018		4184929359	10-2620-415-000-30-260-000-000-0000	13415260	385.91
0000051406	03/07/2024	AP3009300019		4185675044	10-2620-415-000-30-260-000-000-0000	13415260	385.91
		CINTAS-CINTAS CORPORATION LOC. 536		Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	771.82
0000051407	03/11/2024	LE3008000023	2400000938	INPP5731794	10-1380-610-000-30-845-000-000-0000	13610845	223.92
0000051407	03/11/2024	LE3008000024	2400000938	INPP5731794	10-1610-610-000-40-845-000-000-0000	16610845	223.90
0000051407	03/08/2024	LE3008000025	2400000891	INPP5867972	10-1610-610-000-40-845-000-000-0000	16610845	43.45
0000051407	03/08/2024	LE3008000026	2400000891	INPP5867972	10-1380-610-000-30-845-000-000-0000	13610845	43.45
		CLEVELAND-CLEVELAND BROTHERS		Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	534.72
0000051408	03/11/2024	AP3009200001			10-0462-213-000-00-000-000-000-0000	462213	549.90
		CMREGENT-CM REGENT LLC		Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	549.90
0000051409	03/11/2024	AP3009300001			10-0462-214-000-00-000-000-000-0000	462214	1,042.03
		CMREGENT2-CM Regent LLC		Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	1,042.03
0000051410	03/11/2024	AP3009300015			10-2620-530-000-30-260-000-000-0000	13530260	678.99
0000051410	03/11/2024	AP3009300016			10-2620-530-000-30-260-000-000-0000	13530260	974.67
		COMCASTB-COMCAST BUSINESS		Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	1,653.66
0000051411	03/11/2024	AP3009300017			10-2620-530-000-30-260-000-000-0000	13530260	1,260.88
		COMCASTB-COMCAST BUSINESS		Remit ID R-2	Payment Date: 03/11/2024	Payment Amt:	1,260.88

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FUND ACCOUNTING PAYMENT REGISTER

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Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051412	02/26/2024	LE3001600001	2400000864	191011	10-1342-610-000-30-342-000-000-0000	13610342	515.24
0000051412	02/29/2024	LE3004800001	2400000882	198573	10-1342-610-000-30-342-000-000-0000	13610342	978.93
0000051412	03/08/2024	LE3008000001	2400000896	208803	10-1342-610-000-30-342-000-000-0000	13610342	835.79
0000051412	03/11/2024	LE3008000015	2400000924	216891	10-1342-610-000-30-342-000-000-0000	13610342	737.64
0000051412	03/08/2024	LE3008000016	2400000896	208804	10-1342-610-000-30-342-000-000-0000	13610342	92.20
CURTZE-C.A. Curtze Co.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	3,159.80
0000051413	03/11/2024	LE3008000008	2400000867	519188	10-1310-610-000-30-310-000-000-0000	13610310	238.55
0000051413	03/11/2024	LE3008000022	2400000867	519300	10-1310-610-000-30-310-000-000-0000	13610310	3.82
DILLONFLO-DILLON FLORAL				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	242.37
0000051414	03/11/2024	AP3009300024		136-418356	10-1380-610-000-30-815-000-000-0000	13610815	(35.00)
0000051414	03/08/2024	AP3009300025		136-419543	10-1610-610-000-40-815-000-000-0000	16610815	(15.00)
0000051414	03/08/2024	AP3009300026		136-419543	10-1380-610-000-30-815-000-000-0000	13610815	(15.00)
0000051414	03/11/2024	AP3009300069		136-419543	10-1380-610-000-30-815-000-000-0000	13610815	(30.00)
0000051414	03/11/2024	LE3008000027	2400000782	136-418162	10-1380-610-000-30-815-000-000-0000	13610815	124.46
0000051414	03/11/2024	LE3008000028	2400000782	136-418162	10-1610-610-000-40-815-000-000-0000	16610815	31.11
0000051414	03/08/2024	LE3008000029	2400000915	136-419773	10-1380-610-000-30-815-000-000-0000	13610815	37.41
0000051414	03/08/2024	LE3008000030	2400000915	136-419773	10-1610-610-000-40-815-000-000-0000	16610815	9.35
0000051414	03/07/2024	LE3008000031	2400000904	136-419718	10-1380-610-000-30-815-000-000-0000	13610815	38.02
0000051414	03/07/2024	LE3008000032	2400000904	136-419718	10-1610-610-000-40-815-000-000-0000	16610815	9.50
0000051414	03/11/2024	LE3008000038	2400000845	136-418796	10-1380-610-000-30-815-000-000-0000	13610815	130.52
0000051414	03/11/2024	LE3008000039	2400000845	136-418796	10-1610-610-000-40-815-000-000-0000	16610815	32.63

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051414	03/11/2024	LE3008000040	2400000827	136-418564	10-1380-610-000-30-815-000-000-0000	13610815	135.00
0000051414	03/11/2024	LE3008000041	2400000827	136-418564	10-1610-610-000-40-815-000-000-0000	16610815	33.75
FISHERSBT-FISHERS AUTO PARTS				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	486.75
0000051415	03/08/2024	LE3008000033	2400000857	14421596	10-1310-610-000-30-310-000-000-0000	13610310	869.62
GRIFFIGRS-Griffin Greenhouse Supplies, Inc.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	869.62
0000051416	03/07/2024	LE3008000034	2400000907	PSO532339-1	10-1610-610-000-42-835-000-000-0000	1661083542	36.50
0000051416	03/07/2024	LE3008000035	2400000907	PSO532339-1	10-1610-610-000-42-835-000-000-0000	1661083542	67.00
0000051416	03/07/2024	LE3008000036	2400000858	PSO530540-1	10-1380-610-000-30-845-000-000-0000	13610845	592.01
0000051416	03/07/2024	LE3008000037	2400000858	PSO530540-1	10-1610-610-000-40-845-000-000-0000	16610845	592.02
GT&E-GROFF TRACTOR & EQUIPMENT INC				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	1,287.53
0000051417	03/08/2024	AP3009300029		762003	10-1610-610-000-40-845-000-000-0000	16610845	1,026.99
0000051417	03/08/2024	AP3009300030		762003	10-1380-610-000-30-845-000-000-0000	13610845	1,026.99
JJPOWELL-J.J. POWELL INC				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	2,053.98
0000051418	03/07/2024	LE3008000042	2400000919		10-1610-610-000-40-890-000-000-0000	16610890	237.00
LAERDAME-Laerdal Medical Corporation				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	237.00
0000051419	03/11/2024	AP3009300080		3326	10-2620-530-000-30-260-000-000-0000	13530260	250.00
LAZERPRO-Lazerpro				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	250.00
0000051420	03/07/2024	LE3008000050	2400000789	912749649	10-1380-610-000-30-870-000-000-0000	13610870	234.50
0000051420	03/07/2024	LE3008000051	2400000789	912749649	10-1610-610-000-40-870-000-000-0000	16610870	100.50

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
LINCOLEL-The Lincoln Electric Company				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	335.00
0000051421	03/08/2024	AP3009300103			10-1610-580-000-40-875-000-000-0000	16580875	300.20
LOCKHAVEN-THE LOCK HAVEN EXPRESS				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	300.20
0000051422	03/11/2024	AP3009300077		47182	10-2220-610-000-30-222-000-000-0000	13610222	1,199.00
LVTEC-LVTECH				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	1,199.00
0000051423	03/08/2024	LE3008000049	2400000917	0072696-IN	10-1380-610-000-30-840-000-000-0000	13610840	3,158.00
0000051423	03/08/2024	LE3009400001	2400000922		10-1342-610-000-30-342-000-000-0000	13610342	4,348.00
MARIANNAS-Mariannas				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	7,506.00
0000051424	03/08/2024	LE3008000048	2400000677	14934	10-2620-610-000-30-260-000-000-0000	13610260	595.00
MAXWELLTR-MAXWELL TRUCKING				Order ID O-2	Payment Date: 03/11/2024	Payment Amt:	595.00
0000051425	03/11/2024	LE3008000047	2400000002	84896-030824	10-2620-432-000-30-260-000-000-0000	13432260	6,444.00
MCCLURE-MCCLURE MECHANICAL SERVICES				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	6,444.00
0000051426	03/07/2024	LE3008000045	2400000887	111476MP	10-1610-610-000-42-835-000-000-0000	1661083542	23.47
0000051426	03/07/2024	LE3008000046	2400000859	111377MP	10-1610-610-000-42-835-000-000-0000	1661083542	47.80
MKTRC-M&K Truck Centers				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	71.27
0000051427	03/11/2024	AP3009300079			10-2620-411-000-30-260-000-000-0000	13411260	750.00
NEWMANHIL-NEWMAN HILL INC.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	750.00
0000051428	03/11/2024	AP3009100001			10-0462-212-000-00-000-000-000-0000	0462212	2,640.00
PAFEDERAT-PA FEDERATION OF TEACHERS				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	2,640.00

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0000051429	03/08/2024	LE3008000070	2400000855	37346990	10-2360-610-000-30-236-000-000-0000	13610236	89.30
0000051429	03/08/2024	LE3008000071	2400000855	37346990	10-1380-610-000-30-845-000-000-0000	13610845	89.31
0000051429	03/08/2024	LE3008000072	2400000855	37346990	10-1610-610-000-40-850-000-000-0000	16610850	89.35
QUILL-QUILL CORP.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	267.96
0000051430	03/11/2024	LE3008000066	2400000187	308114759	10-1380-610-000-30-850-000-000-0000	13610850	35.15
0000051430	03/11/2024	LE3008000067	2400000187	308114759	10-1610-610-000-40-850-000-000-0000	16610850	35.14
R.E.MICHE-R.E. MICHEL COMPANY INC.				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	70.29
0000051431	03/11/2024	AP3009300094		308456102	10-1610-610-000-40-850-000-000-0000	16610850	(42.01)
0000051431	03/11/2024	AP3009300095		308456102	10-1380-610-000-30-850-000-000-0000	13610850	(41.01)
0000051431	03/11/2024	AP3009300096		306426523	10-1610-610-000-40-850-000-000-0000	16610850	(4.93)
0000051431	03/11/2024	AP3009300097		25021811	10-1610-610-000-40-850-000-000-0000	16610850	(118.40)
0000051431	03/11/2024	AP3009300098		25021811	10-1380-610-000-30-850-000-000-0000	13610850	(118.30)
0000051431	03/11/2024	AP3009300099		25005190	10-1610-610-000-40-850-000-000-0000	16610850	(399.00)
0000051431	03/11/2024	AP3009300100		25005190	10-1380-610-000-30-850-000-000-0000	13610850	(398.90)
0000051431	03/11/2024	AP3009300101		308235686	10-1610-610-000-40-850-000-000-0000	16610850	444.02
0000051431	03/11/2024	AP3009300102		308235686	10-1380-610-000-30-850-000-000-0000	13610850	444.01
0000051431	03/11/2024	LE3008000002	2400000226	308148150	10-1380-610-000-30-850-000-000-0000	13610850	46.49
0000051431	03/11/2024	LE3008000003	2400000226	308148150	10-1610-610-000-40-850-000-000-0000	16610850	46.49
0000051431	03/11/2024	LE3008000004	2400000226	308155349	10-1610-610-000-40-850-000-000-0000	16610850	7.65
0000051431	03/11/2024	LE3008000005	2400000226	308155349	10-1380-610-000-30-850-000-000-0000	13610850	7.64
0000051431	03/11/2024	LE3008000006	2400000319	308343940	10-1610-610-000-40-850-000-000-0000	16610850	72.22

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051431	03/11/2024	LE3008000007	2400000319	308343940	10-1380-610-000-30-850-000-000-0000	13610850	72.22
0000051431	03/11/2024	LE3008000055	2400000319	308394397	10-1380-610-000-30-850-000-000-0000	13610850	11.63
0000051431	03/11/2024	LE3008000056	2400000319	308394397	10-1610-610-000-40-850-000-000-0000	16610850	11.64
0000051431	03/11/2024	LE3008000057	2400000327	308348476	10-2620-610-000-30-500-000-000-0000	13610500	74.33
0000051431	03/11/2024	LE3008000058	2400000264	308235881	10-1380-610-000-30-850-000-000-0000	13610850	227.48
0000051431	03/11/2024	LE3008000059	2400000264	308235881	10-1610-610-000-40-850-000-000-0000	16610850	227.47
0000051431	03/11/2024	LE3008000060	2400000226	308201296	10-1380-610-000-30-850-000-000-0000	13610850	90.19
0000051431	03/11/2024	LE3008000061	2400000226	308201296	10-1610-610-000-40-850-000-000-0000	16610850	90.16
0000051431	03/11/2024	LE3008000062	2400000230	308201269	10-1610-610-000-40-850-000-000-0000	16610850	423.63
0000051431	03/11/2024	LE3008000063	2400000230	308201269	10-1380-610-000-30-850-000-000-0000	13610850	423.63
0000051431	03/11/2024	LE3008000064	2400000204	308114772	10-1610-610-000-40-850-000-000-0000	16610850	171.74
0000051431	03/11/2024	LE3008000065	2400000204	308114772	10-1380-610-000-30-850-000-000-0000	13610850	171.74
0000051431	03/11/2024	LE3008000068	2400000188	308077922	10-1610-610-000-40-850-000-000-0000	16610850	78.03
0000051431	03/11/2024	LE3008000069	2400000188	308077922	10-1380-610-000-30-850-000-000-0000	13610850	78.04
R.E.MICHE-R.E. MICHEL COMPANY INC.				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	2,097.90
0000051432	03/11/2024	LE3008000053	2400000944	21366	10-2620-432-000-30-260-000-000-0000	13432260	350.00
0000051432	03/11/2024	LE3008000054	2400000943	21361	10-2620-432-000-30-260-000-000-0000	13432260	425.00
ROTO ROOT-ROTO ROOTER				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	775.00
0000051433	03/11/2024	AP3009000001			10-0462-211-000-00-000-000-000-0000	462211	110,085.16
TIUCIT-TIUCIT				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	110,085.16

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051434	03/08/2024	LE3008000073	2400000945		10-2360-610-000-40-236-000-000-0000	16610236	1,900.00
		USPS-United State Postal Services		Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	1,900.00
0000051435	03/11/2024	AP3009300093			10-1610-610-000-40-333-000-000-0000	16610333	138.24
		VERIZONWI-VERIZON WIRELESS		Remit ID R-3	Payment Date: 03/11/2024	Payment Amt:	138.24
0000051436	03/11/2024	AP3009300091			10-2620-530-000-30-260-000-000-0000	13530260	7.70
		WINDSTREA-WINDSTREAM ACCOUNTS PAYABLE		Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	7.70
0000051437	03/07/2024	AP3009300007			10-6943-000-000-40-890-000-000-0000	16943890	640.00
		ZZZZZ-Aalaya Lavender			Payment Date: 03/11/2024	Payment Amt:	640.00
0000051438	03/07/2024	AP3009300006			10-6943-000-000-40-890-000-000-0000	16943890	1,805.00
		ZZZZZ-Angelique Ramsey			Payment Date: 03/11/2024	Payment Amt:	1,805.00
0000051439	03/07/2024	AP3009300005			10-6943-000-000-40-890-000-000-0000	16943890	3,609.00
		ZZZZZ-Alyssa Timko			Payment Date: 03/11/2024	Payment Amt:	3,609.00
0000051440	03/08/2024	AP3009300004			10-6943-000-000-42-880-000-000-0000	1694388042	139.25
		ZZZZZ-Brayden Yost			Payment Date: 03/11/2024	Payment Amt:	139.25
0000051441	03/08/2024	AP3009300003			10-6943-000-000-40-890-000-000-0000	16943890	1,214.00
		ZZZZZ-Allyson Mikitko			Payment Date: 03/11/2024	Payment Amt:	1,214.00
0000051442	03/08/2024	AP3009300002			10-6943-000-000-40-890-000-000-0000	16943890	1,333.00
		ZZZZZ-Andrew Porter			Payment Date: 03/11/2024	Payment Amt:	1,333.00
0000051443	03/08/2024	AP3009300011			10-6943-000-000-42-880-000-000-0000	1694388042	139.25

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
ZZZZZ-Bryce Yost					Payment Date: 03/11/2024	Payment Amt:	139.25
0000051444	03/08/2024	AP3009300010			10-6943-000-000-42-835-000-000-0000	1694383542	4.34
ZZZZZ-Charles Frantz					Payment Date: 03/11/2024	Payment Amt:	4.34
0000051445	03/08/2024	AP3009300009			10-6943-000-000-40-890-000-000-0000	16943890	2,857.00
ZZZZZ-Breanna Bradley					Payment Date: 03/11/2024	Payment Amt:	2,857.00
0000051446	03/08/2024	AP3009300008			10-6943-000-000-40-890-000-000-0000	16943890	1,214.00
ZZZZZ-Bridget Lutz					Payment Date: 03/11/2024	Payment Amt:	1,214.00
0000051447	03/07/2024	AP3009300014			10-6943-000-000-40-335-000-000-0000	16943335	2,000.00
ZZZZZ-Dakota Geyer-Burd					Payment Date: 03/11/2024	Payment Amt:	2,000.00
0000051448	03/08/2024	AP3009300013			10-6943-000-000-40-890-000-000-0000	16943890	2,857.00
ZZZZZ-Chloe Newbauer					Payment Date: 03/11/2024	Payment Amt:	2,857.00
0000051449	03/07/2024	AP3009300023			10-6943-000-000-40-890-000-000-0000	16943890	640.00
ZZZZZ-Emma Tovar					Payment Date: 03/11/2024	Payment Amt:	640.00
0000051450	03/07/2024	AP3009300022			10-6943-000-000-40-335-000-000-0000	16943335	2,000.00
ZZZZZ-Emma Grenot					Payment Date: 03/11/2024	Payment Amt:	2,000.00
0000051451	03/08/2024	AP3009300021			10-6943-000-000-42-335-000-000-0000	1694333542	1,892.86
ZZZZZ-Eva Minotti					Payment Date: 03/11/2024	Payment Amt:	1,892.86
0000051452	03/08/2024	AP3009300020			10-6943-000-000-40-890-000-000-0000	16943890	1,213.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
ZZZZZ-Emma Stuck					Payment Date: 03/11/2024	Payment Amt:	1,213.00
0000051453	03/07/2024	AP3009300028			10-6943-000-000-40-850-000-000-0000	16943850	3,000.00
ZZZZZ-Ilya Pinchuk					Payment Date: 03/11/2024	Payment Amt:	3,000.00
0000051454	03/08/2024	AP3009300027			10-6943-000-000-40-830-000-000-0000	16943830	1,857.00
ZZZZZ-Emma Ertel					Payment Date: 03/11/2024	Payment Amt:	1,857.00
0000051455	03/07/2024	AP3009300076			10-6943-000-000-40-890-000-000-0000	16943890	1,584.00
ZZZZZ-Jerusha Nganga					Payment Date: 03/11/2024	Payment Amt:	1,584.00
0000051456	03/07/2024	AP3009300075			10-6943-000-000-40-890-000-000-0000	16943890	3,609.00
ZZZZZ-Kasey Swanson					Payment Date: 03/11/2024	Payment Amt:	3,609.00
0000051457	03/07/2024	AP3009300074			10-6943-000-000-40-850-000-000-0000	16943850	3,000.00
ZZZZZ-Jacob Ashpole					Payment Date: 03/11/2024	Payment Amt:	3,000.00
0000051458	03/08/2024	AP3009300073			10-6943-000-000-42-335-000-000-0000	1694333542	808.86
ZZZZZ-Laura White					Payment Date: 03/11/2024	Payment Amt:	808.86
0000051459	03/08/2024	AP3009300072			10-6943-000-000-42-835-000-000-0000	1694383542	456.34
ZZZZZ-Kyle Stahl					Payment Date: 03/11/2024	Payment Amt:	456.34
0000051460	03/08/2024	AP3009300071			10-6943-000-000-40-890-000-000-0000	16943890	861.00
ZZZZZ-Jade Myers					Payment Date: 03/11/2024	Payment Amt:	861.00
0000051461	03/08/2024	AP3009300070			10-6943-000-000-40-890-000-000-0000	16943890	1,214.00

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
ZZZZZ-Karsyn Bradley					Payment Date: 03/11/2024	Payment Amt:	1,214.00
0000051462	03/07/2024	AP3009300078			10-6943-000-000-40-850-000-000-0000	16943850	1,574.00
ZZZZZ-Nicholas Masorti					Payment Date: 03/11/2024	Payment Amt:	1,574.00
0000051463	03/07/2024	AP3009300090			10-6943-000-000-40-890-000-000-0000	16943890	3,191.00
ZZZZZ-Patrice Blenman					Payment Date: 03/11/2024	Payment Amt:	3,191.00
0000051464	03/07/2024	AP3009300089			10-6943-000-000-40-890-000-000-0000	16943890	1,434.00
ZZZZZ-Qy Spangler					Payment Date: 03/11/2024	Payment Amt:	1,434.00
0000051465	03/07/2024	AP3009300088			10-6943-000-000-40-890-000-000-0000	16943890	3,609.00
ZZZZZ-Samantha Ticknor					Payment Date: 03/11/2024	Payment Amt:	3,609.00
0000051466	03/07/2024	AP3009300087			10-6943-000-000-40-850-000-000-0000	16943850	3,000.00
ZZZZZ-Owen Hoover					Payment Date: 03/11/2024	Payment Amt:	3,000.00
0000051467	03/07/2024	AP3009300086			10-6943-000-000-40-850-000-000-0000	16943850	1,338.84
ZZZZZ-Taji Ramseur					Payment Date: 03/11/2024	Payment Amt:	1,338.84
0000051468	03/07/2024	AP3009300085			10-6943-000-000-40-335-000-000-0000	16943335	2,000.00
ZZZZZ-Skyler Thompson					Payment Date: 03/11/2024	Payment Amt:	2,000.00
0000051469	03/07/2024	AP3009300084			10-6943-000-000-40-815-000-000-0000	16943815	3,000.00
ZZZZZ-Noah Uncapher					Payment Date: 03/11/2024	Payment Amt:	3,000.00
0000051470	03/08/2024	AP3009300083			10-6943-000-000-42-820-000-000-0000	1694382042	434.67

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FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
ZZZZZ-Ryan Miller					Payment Date: 03/11/2024	Payment Amt:	434.67
0000051471	03/08/2024	AP3009300082			10-6943-000-000-40-890-000-000-0000	16943890	1,120.00
ZZZZZ-Tori Stover					Payment Date: 03/11/2024	Payment Amt:	1,120.00
0000051472	03/08/2024	AP3009300081			10-6943-000-000-42-835-000-000-0000	1694383542	108.34
ZZZZZ-Wyatt Goss					Payment Date: 03/11/2024	Payment Amt:	108.34
0000051473	03/21/2024	LE3016000019	2400000888	INV3359340	10-2490-610-000-30-240-000-000-0000	136102490	1,291.10
AEDSuper-Cardio Partners Inc				Remit ID R-2	Payment Date: 03/22/2024	Payment Amt:	1,291.10
0000051474	03/19/2024	LE3016000057	2400000931	101673	10-1380-610-000-30-835-000-000-0000	13610835	23.15
ASAPHYD-ASAP HYDRAULICS STATE COLLEGE				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	23.15
0000051475	03/21/2024	AP3016200020		3212024	10-1610-610-000-40-835-000-000-0000	16610835	115.00
0000051475	03/19/2024	AP3016200021			10-1610-610-000-40-875-000-000-0000	16610875	115.00
0000051475	03/19/2024	AP3016200022			10-1610-610-000-40-875-000-000-0000	16610875	65.00
BARRETTJO-JOHN A. BARRETT D.C.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	295.00
0000051476	03/21/2024	LE3016000004	2400000932	82C54620	10-1380-610-000-30-835-000-000-0000	13610835	48.07
0000051476	03/21/2024	LE3016000043	2400000932	82W38468	10-1380-610-000-30-835-000-000-0000	13610835	55.80
BERGEYTR1-Bergey's Truck Center				Remit ID R-2	Payment Date: 03/22/2024	Payment Amt:	103.87
0000051477	03/21/2024	LE3016000053	2400000982	P13551	10-1380-610-000-30-845-000-000-0000	13610845	261.12
0000051477	03/21/2024	LE3016000054	2400000982	P13551	10-1610-610-000-40-845-000-000-0000	16610845	261.12
0000051477	03/15/2024	LE3016000055	2400000941	W06782	10-1610-430-000-40-845-000-000-0000	16430845	45.50

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FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051477	03/15/2024	LE3016000056	2400000941	W06782	10-1380-430-000-30-845-000-000-0000	13430845	45.50
BESTLINE-BEST LINE LEASING				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	613.24
0000051478	03/19/2024	LE3016000051	2400000837	74610	10-1380-610-000-30-815-000-000-0000	13610815	292.20
0000051478	03/19/2024	LE3016000052	2400000837	74610	10-1610-610-000-40-815-000-000-0000	16610815	73.05
BLAISE-BLAISE ALEXANDER CHRYSLER				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	365.25
0000051479	03/21/2024	LE3016000050	2400000940	1159648-00	10-1610-610-000-40-830-000-000-0000	16610830	6,478.66
BURMAX-BURMAX CO. INC.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	6,478.66
0000051480	03/19/2024	LE3016000046	2400000965	1399626	10-1380-610-000-30-810-000-000-0000	13610810	155.33
0000051480	03/19/2024	LE3016000047	2400000965	1399626	10-1610-610-000-40-810-000-000-0000	16610810	66.57
0000051480	03/19/2024	LE3016000048	2400000950	1398854	10-1380-610-000-30-810-000-000-0000	13610810	293.43
0000051480	03/19/2024	LE3016000049	2400000950	1398854	10-1610-610-000-40-810-000-000-0000	16610810	125.75
CARS2-CAPITAL AUTO REFINISHING				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	641.08
0000051481	03/22/2024	AP3016200038			10-5140-913-000-40-845-000-000-0000	16913845	595.94
0000051481	03/22/2024	AP3016200039			10-5140-913-000-30-845-000-000-0000	13913845	595.93
CATERPILL-Caterpillar Financial Services Corporation				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	1,191.87
0000051482	03/15/2024	AP3016200017		4186409415	10-2620-415-000-30-260-000-000-0000	13415260	385.91
CINTAS-CINTAS CORPORATION LOC. 536				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	385.91
0000051483	03/21/2024	AP3016200016		A5678201	10-1380-440-000-30-845-000-000-0000	13440845	1,970.00
0000051483	03/19/2024	LE3016000010	2400000936	INPP5882915	10-1610-610-000-40-845-000-000-0000	16610845	226.71
0000051483	03/19/2024	LE3016000011	2400000936	INPP5882915	10-1380-610-000-30-845-000-000-0000	13610845	226.71

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FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051483	03/21/2024	LE3016000044	2400000936	TV82127	10-1380-610-000-30-845-000-000-0000	13610845	300.00
0000051483	03/21/2024	LE3016000045	2400000936	TV82127	10-1610-610-000-40-845-000-000-0000	16610845	300.00
CLEVELAND-CLEVELAND BROTHERS				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	3,023.42
0000051484	03/19/2024	AP3016200014			10-2620-621-000-30-260-000-000-0000	13621260	2,179.43
0000051484	03/19/2024	AP3016200015			10-2620-621-000-30-260-000-000-0000	13621260	5,773.40
COLUMBIAG-COLUMBIA GAS OF PENNSYLVANIA				Remit ID R-2	Payment Date: 03/22/2024	Payment Amt:	7,952.83
0000051485	03/21/2024	AP3016200012		238023	10-1342-610-000-30-342-000-000-0000	13610342	45.15
0000051485	03/19/2024	LE3016000001	2400000955	229313	10-1342-610-000-30-342-000-000-0000	13610342	726.28
0000051485	03/19/2024	LE3016000002	2400000947	224661	10-1342-610-000-30-342-000-000-0000	13610342	1,402.64
0000051485	03/21/2024	LE3016000003	2400000973	234446	10-1342-610-000-30-342-000-000-0000	13610342	960.02
0000051485	03/21/2024	LE3016000040	2400000973	234447	10-1342-610-000-30-342-000-000-0000	13610342	187.94
0000051485	03/19/2024	LE3016000041	2400000947	224662	10-1342-610-000-30-342-000-000-0000	13610342	127.34
0000051485	03/19/2024	LE3016000042	2400000955	229314	10-1342-610-000-30-342-000-000-0000	13610342	107.50
CURTZE-C.A. Curtze Co.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	3,556.87
0000051486	03/22/2024	AP3016200036		19	10-1380-513-000-30-872-000-000-0000	13513872	20.00
0000051486	03/22/2024	AP3016200037		19	10-1380-513-000-30-872-000-000-0000	13513872	120.78
DDTR-D&D Transportation Inc				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	140.78
0000051487	03/19/2024	AP3016200010		58058543	10-2620-330-000-30-260-000-000-0000	13330260	84.00
0000051487	03/19/2024	AP3016200011		58057886	10-2620-330-000-30-260-000-000-0000	13330260	124.02
EHRlich-J.C. Ehrlich				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	208.02

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051488	03/19/2024	LE3016000012	2400000948	C6362162	10-1380-610-000-30-850-000-000-0000	13610850	262.50
0000051488	03/19/2024	LE3016000013	2400000948	C6362162	10-1610-610-000-40-850-000-000-0000	16610850	112.50
ESCOIN-ESCO Institute				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	375.00
0000051489	03/21/2024	LE3016000034	2400000986	136-420515	10-1380-610-000-30-815-000-000-0000	13610815	119.84
0000051489	03/21/2024	LE3016000035	2400000986	136-420515	10-1610-610-000-40-815-000-000-0000	16610815	29.96
0000051489	03/19/2024	LE3016000036	2400000977	136-420452	10-1380-610-000-30-815-000-000-0000	13610815	22.78
0000051489	03/19/2024	LE3016000037	2400000977	136-420452	10-1610-610-000-40-815-000-000-0000	16610815	5.70
0000051489	03/19/2024	LE3016000038	2400000954	136-420143	10-1380-610-000-30-815-000-000-0000	13610815	29.40
0000051489	03/19/2024	LE3016000039	2400000954	136-420143	10-1610-610-000-40-815-000-000-0000	16610815	7.35
FISHERSBT-FISHERS AUTO PARTS				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	215.03
0000051490	03/21/2024	LE3016000032	2400000985		10-2360-610-000-40-236-000-000-0000	16610236	100.00
0000051490	03/21/2024	LE3016000033	2400000985		10-2360-610-000-30-236-000-000-0000	13610236	100.00
GRANGE-GRANGE FAIR				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	200.00
0000051491	03/19/2024	LE3016000016	2400000857	14422265	10-1310-610-000-30-310-000-000-0000	13610310	247.03
GRIFFIGRS-Griffin Greenhouse Supplies, Inc.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	247.03
0000051492	03/21/2024	AP3016200008		762125	10-1610-610-000-40-845-000-000-0000	16610845	916.60
0000051492	03/21/2024	AP3016200009		762125	10-1380-610-000-30-845-000-000-0000	13610845	916.50
JJPOWELL-J.J. POWELL INC				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	1,833.10
0000051493	03/19/2024	LE3016000030	2400000959	4764-22455-1	10-1610-610-000-40-890-000-000-0000	16610890	1,150.00
0000051493	03/19/2024	LE3016000031	2400000958	4764-22455-1	10-1610-610-600-40-995-000-000-0000	16610995	6,625.00

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
KAPLAN-KAPLAN Higher Education Corp-NIT				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	7,775.00
0000051494	03/21/2024	LE3016000029	2400000956	K453295	10-1610-610-000-40-331-000-000-0000	16610331	2,562.65
KILGORE-Kilgore International Inc				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	2,562.65
0000051495	03/15/2024	AP3016200002		R01738	10-1380-440-000-30-845-000-000-0000	13440845	4,250.00
KOMATSFIL-KOMATSU America Corp				Order ID O-2	Payment Date: 03/22/2024	Payment Amt:	4,250.00
0000051496	03/15/2024	LE3016000028	2400000687	154982851	10-1610-430-000-40-835-000-000-0000	16430835	5,295.11
KONECRAN-KONE CRANES INC.				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	5,295.11
0000051497	03/19/2024	LE3016000018	2400000962		10-2360-549-000-30-236-000-000-0000	13549236	42.40
MCCLAT-McClatchy				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	42.40
0000051498	03/15/2024	LE3016000014	2400000916	0962-476197	10-1610-610-000-42-835-000-000-0000	1661083542	211.97
0000051498	03/15/2024	LE3016000015	2400000876	0962-476354	10-1610-610-000-42-835-000-000-0000	1661083542	319.64
NAPABE-NAPA Auto Parts				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	531.61
0000051499	03/21/2024	AP3016200026			10-2360-610-000-30-236-000-000-0000	13610236	98.79
0000051499	03/21/2024	AP3016200027			10-2360-610-000-40-236-000-000-0000	16610236	139.65
0000051499	03/21/2024	AP3016200028			10-2360-610-000-30-236-000-000-0000	13610236	558.58
0000051499	03/21/2024	AP3016200029			10-2360-610-000-40-236-000-000-0000	16610236	142.00
0000051499	03/21/2024	AP3016200030			10-2360-610-000-30-236-000-000-0000	13610236	568.00
0000051499	03/21/2024	AP3016200031			10-2360-610-000-30-236-000-000-0000	13610236	6.99
0000051499	03/21/2024	AP3016200032			10-2360-610-000-30-236-000-000-0000	13610236	74.20
0000051499	03/21/2024	AP3016200033			10-2360-610-000-30-236-000-000-0000	13610236	134.12

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051499	03/21/2024	AP3016200034			10-2360-610-000-30-236-000-000-0000	13610236	60.57
0000051499	03/21/2024	AP3016200035			10-2360-610-000-30-236-000-000-0000	13610236	148.35
NORTHWBA-Northwest Bank				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	1,931.25
0000051500	03/15/2024	LE3016000017	2400000971	INV-0391	10-1610-610-600-40-995-000-000-0000	16610995	8,690.00
NURSEA-NurseAchieve, Corp.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	8,690.00
0000051501	03/15/2024	AP3016200003			10-6943-000-000-40-890-000-000-0000	16943890	3,250.00
OVR-OVR				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	3,250.00
0000051502	03/21/2024	LE3016000021	2400000920	407178831	10-1380-610-000-30-850-000-000-0000	13610850	13.21
0000051502	03/21/2024	LE3016000022	2400000920	407178831	10-1610-610-000-40-850-000-000-0000	16610850	5.66
PEIRCEPHE-PEIRCE-PHELPS INC				Remit ID R-1	Payment Date: 03/22/2024	Payment Amt:	18.87
0000051503	03/15/2024	AP3016200001			10-6943-000-000-40-890-000-000-0000	16943890	4,790.00
PENNHIIH-Penn Highlands Healthcare				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	4,790.00
0000051504	03/21/2024	LE3016000027	2400000930	37621746	10-2360-610-000-30-236-000-000-0000	13610236	192.59
QUILL-QUILL CORP.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	192.59
0000051505	03/19/2024	LE3016000025	2400000952	74201	10-1380-610-000-30-870-000-000-0000	13610870	260.28
0000051505	03/19/2024	LE3016000026	2400000952	74201	10-1610-610-000-40-870-000-000-0000	16610870	111.54
ROBERTOXY-Roberts Oxygen Company INC.				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	371.82
0000051506	03/21/2024	LE3016000024	2400000975	21372	10-2620-432-000-30-260-000-000-0000	13432260	350.00
ROTO ROOT-ROTO ROOTER				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	350.00

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0000051507	03/19/2024	AP3016200004		32434	10-2360-610-000-40-236-000-000-0000	16610236	74.93
0000051507	03/19/2024	AP3016200005		32434	10-2360-610-000-30-236-000-000-0000	13610236	74.92
TELEME-Telemedicine Management, Inc.d/b/a				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	149.85
0000051508	03/19/2024	AP3016200024		12524	10-2620-621-000-30-260-000-000-0000	13621260	1,930.83
0000051508	03/19/2024	AP3016200025		12524	10-2620-621-000-30-260-000-000-0000	13621260	6,367.03
UNITEDENT-United Energy Trading, LLC				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	8,297.86
0000051509	03/19/2024	LE3016000059	2400000983		10-2360-610-000-40-236-000-000-0000	16610236	320.00
USPS-United State Postal Services				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	320.00
0000051510	03/15/2024	LE3016000058	2400000946	J3902994	10-1610-610-600-40-995-000-000-0000	16610995	2,399.00
WOLTERKLU-WOLTERS KLUWER				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	2,399.00
0000051511	03/19/2024	AP3016200006			10-6943-000-000-40-830-000-000-0000	16943830	105.00
ZZZZZ-Natalie Reeder					Payment Date: 03/22/2024	Payment Amt:	105.00
0004198343	03/12/2024	OD3025500001			10-2515-610-000-30-250-000-000-0000	13610250	86.84
0004198343	03/12/2024	OD3025500002			10-1610-610-000-42-820-000-000-0000	1661082042	55.86
0004198343	03/12/2024	OD3025500003			10-1610-610-000-40-835-000-000-0000	16610835	51.87
0004198343	03/12/2024	OD3025500004			10-1380-610-000-30-835-000-000-0000	13610835	291.27
0004198343	03/12/2024	OD3025500005			10-2380-610-000-30-238-000-000-0000	13610238	15.00
0004198343	03/12/2024	OD3025500006			10-2380-610-000-30-238-000-000-0000	13610238	151.00
0004198343	03/12/2024	OD3025500007			10-1380-610-000-30-810-000-000-0000	13610810	151.00
0004198343	03/12/2024	OD3025500008			10-1380-610-000-30-850-000-000-0000	13610850	151.00

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Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0004198343	03/12/2024	OD3025500009			10-1380-610-000-30-815-000-000-0000	13610815	151.00
0004198343	03/12/2024	OD3025500010			10-1330-610-000-30-330-000-000-0000	13610330	151.00
0004198343	03/12/2024	OD3025500011			10-2834-360-000-30-000-000-000-0000	1336030	375.00
0004198343	03/12/2024	OD3025500012			10-2360-580-000-30-236-000-000-0000	13580236	49.98
0004198343	03/12/2024	OD3025500013			10-2513-810-000-40-250-000-000-0000	168102513	31.10
0004198343	03/12/2024	OD3025500014			10-1610-610-000-40-815-000-000-0000	16610815	13.52
0004198343	03/12/2024	OD3025500015			10-1380-610-000-30-815-000-000-0000	13610815	54.08
0004198343	03/12/2024	OD3025500016			10-2360-580-000-30-236-000-000-0000	13580236	90.44
0004198343	03/12/2024	OD3025500017			10-1610-610-000-40-825-000-000-0000	16610825	5.77
0004198343	03/12/2024	OD3025500018			10-1380-610-000-30-825-000-000-0000	13610825	51.97
0004198343	03/12/2024	OD3025500019			10-2360-610-000-30-236-000-000-0000	13610236	30.00
0004198343	03/12/2024	OD3025500020			10-2360-610-000-30-236-000-000-0000	13610236	150.00
0004198343	03/12/2024	OD3025500021			10-2360-610-000-30-236-000-000-0000	13610236	28.50
0004198343	03/12/2024	OD3025500022			10-2360-610-000-30-236-000-000-0000	13610236	40.57
0004198343	03/12/2024	OD3025500023			10-2360-610-000-40-236-000-000-0000	16610236	149.60
0004198343	03/12/2024	OD3025500024			10-2360-580-000-40-236-000-000-0000	16580236	202.02
0004198343	03/12/2024	OD3025500025			10-2360-580-000-40-236-000-000-0000	16580236	12.47
0004198343	03/12/2024	OD3025500026			10-2360-580-000-40-236-000-000-0000	16580236	18.02
0004198343	03/12/2024	OD3025500027			10-2360-580-000-40-236-000-000-0000	16580236	14.66
0004198343	03/12/2024	OD3025500028			10-2360-610-000-40-236-000-000-0000	16610236	117.64
0004198343	03/12/2024	OD3025500029			10-2360-580-000-40-236-000-000-0000	16580236	25.94

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0004198343	03/12/2024	OD3025500030			10-1610-329-000-40-892-000-000-0000	16320892	165.00
0004198343	03/12/2024	OD3025500031			10-2360-580-000-40-236-000-000-0000	16580236	405.46
0004198343	03/12/2024	OD3025500032			10-2360-580-000-40-236-000-000-0000	16580236	129.89
0004198343	03/12/2024	OD3025500033			10-2360-610-000-40-236-000-000-0000	16610236	38.00
0004198343	03/12/2024	OD3025500034			10-2360-580-000-40-236-000-000-0000	16580236	112.49
0004198343	03/12/2024	OD3025500035			10-2360-610-000-40-236-000-000-0000	16610236	148.49
0004198343	03/12/2024	OD3025500036			10-2360-610-000-40-236-000-000-0000	16610236	329.82
0004198343	03/12/2024	OD3025500037			10-2360-610-000-40-236-000-000-0000	16610236	16.95
FNB-FNB COMMERCIAL CREDIT CARD				Remit ID R-1	Payment Date: 03/12/2024	Payment Amt:	4,063.22
0015127601	03/01/2024	OD3005800001		5028295783	10-1610-610-000-40-845-000-000-0000	16610845	677.98
0015127601	03/01/2024	OD3005800002		5028295783	10-1380-610-000-30-845-000-000-0000	13610845	677.98
WELLSFAVE-Wells Fargo Vendor Fin Serv				Order ID O-1	Payment Date: 03/01/2024	Payment Amt:	1,355.96
0015144362	03/04/2024	OD3006400010		5028591666	10-1610-610-000-40-845-000-000-0000	16610845	782.04
0015144362	03/04/2024	OD3006400011		5028591666	10-1380-610-000-30-845-000-000-0000	13610845	782.03
WELLSFARG-Wells Fargo Equipment Finance Inc				Remit ID R-1	Payment Date: 03/04/2024	Payment Amt:	1,564.07
0099669143	03/25/2024	OD3025200001	2400000885	16rv-d9pt-d7w1	10-1380-610-000-30-840-000-000-0000	13610840	27.32
0099669143	03/25/2024	OD3025200002	2400000842	11tn-lpq7-lhd9	10-1380-610-000-30-840-000-000-0000	13610840	22.98
0099669143	03/25/2024	OD3025200003	2400000966	1q1j-t1mw-cmlx	10-2220-610-000-40-222-000-000-0000	16610222	25.80
0099669143	03/25/2024	OD3025200004	2400000968	1wkk-cjcp-qr44	10-1610-610-000-40-885-000-000-0000	16610885	90.58
0099669143	03/25/2024	OD3025200005	2400000883	16hg-r7qh-c693	10-1610-610-000-40-885-000-000-0000	16610885	230.69

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0099669143	03/25/2024	OD3025200006	2400000990	16gy-q3lj-l33v	10-1610-610-000-42-835-000-000-0000	1661083542	11.48
0099669143	03/25/2024	OD3025200007	2400000990	16gy-q3lj-l33v	10-1610-610-000-42-835-000-000-0000	1661083542	22.65
0099669143	03/25/2024	OD3025200008	2400000899	11tj-myyv-7l6v	10-2840-610-000-30-280-000-000-0000	13610280	22.98
0099669143	03/25/2024	OD3025200009	2400000927	1m67-cyqn-ckyky	10-1380-610-000-30-865-000-000-0000	13610865	98.01
0099669143	03/25/2024	OD3025200010	2400000912	1gk6-vjyj-1qtl	10-1610-610-000-40-892-000-000-0000	16610892	2,383.46
0099669143	03/25/2024	OD3025200011	2400000879	1kh1-ndhx-17dm	10-1380-610-000-30-830-000-000-0000	13610830	495.97
0099669143	03/25/2024	OD3025200012	2400000889	1jqm-cg4n-9fcm	10-2620-610-000-30-260-000-000-0000	13610260	88.05
0099669143	03/25/2024	OD3025200013	2400000914	11p1-gkrv-1gmh	10-1610-610-000-40-885-000-000-0000	16610885	33.28
0099669143	03/25/2024	OD3025200014	2400000995	164h-6wnd-prcy	10-1380-610-000-30-870-000-000-0000	13610870	67.46
0099669143	03/25/2024	OD3025200015	2400000995	164h-6wnd-prcy	10-1610-610-000-40-870-000-000-0000	16610870	28.91
0099669143	03/25/2024	OD3025200016	2400000921	1wkc-ykv1-j47f	10-1342-610-000-30-345-000-000-0000	13610345	116.87
0099669143	03/25/2024	OD3025200017	2400000900	1dw9-tlk7-jpf4	10-1610-610-000-40-870-000-000-0000	16610870	53.03
0099669143	03/25/2024	OD3025200018	2400000900	1dw9-tlk7-jpf4	10-1380-610-000-30-870-000-000-0000	13610870	123.74
0099669143	03/25/2024	OD3025200019	2400000953	1g9m-wrqh-7c4j	10-1380-610-000-30-840-000-000-0000	13610840	44.76
0099669143	03/25/2024	OD3025200020	2400000884	1lqf-tn3d-lrmy	10-1610-610-000-40-331-000-000-0000	16610331	3,260.49
0099669143	03/25/2024	OD3025200021	2400000961	14lq-j7vj-qdnt	10-2360-610-000-30-236-000-000-0000	13610236	72.95
0099669143	03/25/2024	OD3025200022	2400000894	1gnd-lffd-qrld	10-2620-610-000-30-260-000-000-0000	13610260	19.86
0099669143	03/25/2024	OD3025200023	2400000963	1w13-gvpt-t46g	10-2360-610-000-30-236-000-000-0000	13610236	212.04
0099669143	03/25/2024	OD3025200024	2400000885	1kwg-6nw6-xykp	10-1380-610-000-30-840-000-000-0000	13610840	66.87
0099669143	03/25/2024	OD3025200025	2400000854	1pww-dylf-wwck	10-1380-610-000-30-850-000-000-0000	13610850	101.83
0099669143	03/25/2024	OD3025200026	2400000854	1pww-dylf-wwck	10-1610-610-000-40-850-000-000-0000	16610850	43.64

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND **Payment Dates:** 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards

Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0099669143	03/25/2024	OD3025200027	2400000964	14lq-j7vj-mnql	10-2440-610-000-30-240-000-000-0000	13610240	102.95
0099669143	03/25/2024	OD3025200028	2400000906	19q4-jn3m-jkpc	10-1610-610-000-40-880-000-000-0000	16610880	139.13
0099669143	03/25/2024	OD3025200029	2400000976	1cwj-cp4r-79lr	10-2620-610-000-30-260-000-000-0000	13610260	63.97
0099669143	03/25/2024	OD3025200030	2400000846	1t9c-6lh4-jh4f	10-1380-610-000-30-872-000-000-0000	13610872	480.54
0099669143	03/25/2024	OD3025200031	2400000926	1jlv-xc77-6tfc	10-1380-610-000-30-850-000-000-0000	13610850	52.81
0099669143	03/25/2024	OD3025200032	2400000926	1jlv-xc77-6tfc	10-1610-610-000-40-850-000-000-0000	16610850	22.63
0099669143	03/25/2024	OD3025200033	2400000960	1g46-6h3k-qt7	10-1380-610-000-30-872-000-000-0000	13610872	135.89
0099669143	03/25/2024	OD3025200034	2400000991	131g-3knm-r7vq	10-2360-610-000-30-236-000-000-0000	13610236	40.99
0099669143	03/25/2024	OD3025200035	2400000942	14cc-f1cc-ytmt	10-1610-610-000-40-845-000-000-0000	16610845	99.36
0099669143	03/25/2024	OD3025200036	2400000942	14cc-f1cc-ytmt	10-1380-610-000-30-845-000-000-0000	13610845	99.37
0099669143	03/25/2024	OD3025200037	2400000875	1mfm-96d9-7r1r	10-1610-610-000-42-835-000-000-0000	1661083542	20.63
0099669143	03/25/2024	OD3025200038	2400000875	1mfm-96d9-7r1r	10-1610-610-000-42-835-000-000-0000	1661083542	29.77
0099669143	03/25/2024	OD3025200039	2400000875	1mfm-96d9-7r1r	10-1610-610-000-42-835-000-000-0000	1661083542	22.89
0099669143	03/25/2024	OD3025200040	2400000875	1mfm-96d9-7r1r	10-1610-610-000-42-835-000-000-0000	1661083542	21.99
0099669143	03/25/2024	OD3025200041	2400000939	13tm-d9hr-7f9d	10-1610-610-000-40-845-000-000-0000	16610845	141.77
0099669143	03/25/2024	OD3025200042	2400000939	13tm-d9hr-7f9d	10-1380-610-000-30-845-000-000-0000	13610845	141.77
0099669143	03/25/2024	OD3025200043	2400000849	1wq1-jhqh-ckxm	10-1610-610-000-40-885-000-000-0000	16610885	31.68
0099669143	03/25/2024	OD3025200044	2400000911	16rv-d9pt-97h6	10-1610-610-000-42-835-000-000-0000	1661083542	17.69
0099669143	03/25/2024	OD3025200045	2400000911	16rv-d9pt-97h6	10-1610-610-000-42-835-000-000-0000	1661083542	18.09
0099669143	03/25/2024	OD3025200046	2400000911	16rv-d9pt-97h6	10-1610-610-000-42-835-000-000-0000	1661083542	12.99
0099669143	03/25/2024	OD3025200047	2400000911	16rv-d9pt-97h6	10-1610-610-000-42-835-000-000-0000	1661083542	5.20

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
0099669143	03/25/2024	OD3025200048	2400000933	1gpw-7jw6-gw4w	10-1380-610-000-30-865-000-000-0000	13610865	58.18
Amazon-Amazon				Remit ID R-1	Payment Date: 03/25/2024	Payment Amt:	9,525.99
2016733003	03/04/2024	OD3023600001		4009709	10-5110-911-000-30-000-000-000-0000	511091130	2,065.09
CNHINDUST-CNH INDUSTRIAL CAPITAL AMERICA LLC				Remit ID R-1	Payment Date: 03/04/2024	Payment Amt:	2,065.09
*	03/18/2024	OD3020700011			10-0462-AFL-PAY-00-000-000-000-0000	AFLAC	118.79
AFL0000229							
*	03/18/2024	OD3020700012			10-0462-AFL-PAY-00-000-000-000-0000	AFLAC	118.79
AFL0000229							
AFLAC-AFLAC				Order ID O-1	Payment Date: 03/18/2024	Payment Amt:	237.58
*	03/22/2024	OD3020700002			10-0462-230-000-00-000-000-000-0000	462230	288,617.33
ERR0000131							
PSERSCONT-PSERS				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	288,617.33
*	03/22/2024	OD3020700003			10-0462-230-000-00-000-000-000-0000	462230	673.20
ERSH000322							
PSERSCONT-PSERS				Order ID O-1	Payment Date: 03/22/2024	Payment Amt:	673.20
*	03/11/2024	OD3020200001			10-2513-810-000-30-250-000-000-0000	138102513	90.38
GFAC022924							
FNB-FIRST NATIONAL BANK				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	90.38
*	03/11/2024	OD3020100001			10-2513-810-000-30-250-000-000-0000	138102513	686.70
GFMS022924							
FNB-FNB COMMERCIAL CREDIT CARD				Remit ID R-1	Payment Date: 03/11/2024	Payment Amt:	686.70
*	03/01/2024	OD3005000007			10-0462-HSA-EMP-00-000-000-000-0000	100462HSAE MP	1,468.53
HSA0000229							
PNCHSACU-PNC-HSA Custodian					Payment Date: 03/01/2024	Payment Amt:	1,468.53

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
* HSA0000315	03/15/2024	OD3020700005			10-0462-HSA-EMP-00-000-000-000-0000	100462HSAE MP	1,368.53
PNCHSACU-PNC-HSA Custodian					Payment Date: 03/15/2024	Payment Amt:	1,368.53
* IRS0000229	03/05/2024	OD3006400002			10-0462-220-000-00-000-000-000-0000	462220	294.91
* IRS0000229	03/05/2024	OD3006400003			10-0462-FED-PAY-00-000-000-000-0000	FITWH	297.27
* IRS0000229	03/05/2024	OD3006400004			10-0462-MED-PAY-00-000-000-000-0000	EEMEDICAR E	55.90
* IRS0000229	03/05/2024	OD3006400005			10-0462-SSA-PAY-00-000-000-000-0000	EE SOCSEC	239.01
* IRS0000229	03/05/2024	OD3006400006			10-0462-220-000-00-000-000-000-0000	462220	13,111.83
* IRS0000229	03/05/2024	OD3006400007			10-0462-FED-PAY-00-000-000-000-0000	FITWH	13,213.66
* IRS0000229	03/05/2024	OD3006400008			10-0462-MED-PAY-00-000-000-000-0000	EEMEDICAR E	2,485.28
* IRS0000229	03/05/2024	OD3006400009			10-0462-SSA-PAY-00-000-000-000-0000	EE SOCSEC	10,626.55
IRS-INTERNAL REVENUE SERVICE				Order ID O-1	Payment Date: 03/05/2024	Payment Amt:	40,324.41
* IRS0000315	03/19/2024	OD3020700007			10-0462-220-000-00-000-000-000-0000	462220	9,269.25
* IRS0000315	03/19/2024	OD3020700008			10-0462-FED-PAY-00-000-000-000-0000	FITWH	9,228.78
* IRS0000315	03/19/2024	OD3020700009			10-0462-MED-PAY-00-000-000-000-0000	EEMEDICAR E	1,756.93
* IRS0000315	03/19/2024	OD3020700010			10-0462-SSA-PAY-00-000-000-000-0000	EE SOCSEC	7,512.32
IRS-INTERNAL REVENUE SERVICE				Order ID O-1	Payment Date: 03/19/2024	Payment Amt:	27,767.28
* PAY0000315	03/14/2024	OD3020700026			10-0101-NET-PAY-00-000-000-000-0000	NET PAY	85,457.19
PAYROLL-Payroll				Order ID O-1	Payment Date: 03/14/2024	Payment Amt:	85,457.19

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
* PAY0000329	03/28/2024	OD3020700025			10-0101-NET-PAY-00-000-000-000-0000	NET PAY	114,654.81
PAYROLL-Payroll			Order ID O-1	Payment Date: 03/28/2024	Payment Amt:		114,654.81
* POS0000229	03/08/2024	OD3009700003			10-0462-POS-PAY-00-000-000-000-0000	POSPAY	11.40
* POS0000229	03/08/2024	OD3009700004			10-0462-POS-PAY-00-000-000-000-0000	POSPAY	11.40
POSPERS-PSERS - POS			Order ID O-1	Payment Date: 03/08/2024	Payment Amt:		22.80
* RET0000229	03/08/2024	OD3009700001			10-0462-RET-PAY-00-000-000-000-0000	EE PSERS	11,961.03
* RET0000229	03/08/2024	OD3009700002			10-0462-RET-PAY-00-000-000-000-0000	EE PSERS	9,252.85
PSERSEMP-PSERS-Employee Share			Order ID O-1	Payment Date: 03/08/2024	Payment Amt:		21,213.88
* STX0000229	03/01/2024	OD3005000004			10-0462-STA-PAY-00-000-000-000-0000	SITWH	118.35
* STX0000229	03/01/2024	OD3005000005			10-0462-STA-PAY-00-000-000-000-0000	SITWH	5,276.81
PADEPTREV-PA DEPT OF REVENUE			Order ID O-1	Payment Date: 03/01/2024	Payment Amt:		5,395.16
* STX0000315	03/19/2024	OD3020700006			10-0462-STA-PAY-00-000-000-000-0000	SITWH	3,719.79
PADEPTREV-PA DEPT OF REVENUE			Order ID O-1	Payment Date: 03/19/2024	Payment Amt:		3,719.79
* SUP0000229	03/01/2024	OD3005000003			10-0462-SUP-PAY-00-000-000-000-0000	SUPPORT	150.50
EXPERT-EXPERT PAY			Order ID O-1	Payment Date: 03/01/2024	Payment Amt:		150.50
* SUP0000315	03/15/2024	OD3020700004			10-0462-SUP-PAY-00-000-000-000-0000	SUPPORT	150.50

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Payment #	Trans Date	Trans #	PO #/Proc Ctrl#	Invoice #	Account Code	ASN	Amount
EXPERT-EXPERT PAY				Order ID O-1	Payment Date: 03/15/2024	Payment Amt:	150.50
*	03/11/2024	OD3009800001			10-0199-000-000-00-000-000-0000	100199	8,450.00
T114615520							
CCPSTC-Centre County Public Safety Training Center				Order ID O-1	Payment Date: 03/11/2024	Payment Amt:	8,450.00
*	03/01/2024	OD3005000008			10-0462-230-000-00-000-000-0000	462230	1,491.55
VOYA000228							
*	03/01/2024	OD3005000009			10-0462-RET-PAY-00-000-000-0000	EE PSERS	2,314.23
VOYA000228							
PSERSEMP-PSERS-VOYAEmployee Share				Order ID O-2	Payment Date: 03/01/2024	Payment Amt:	3,805.78
*	03/01/2024	OD3005000006			10-0462-ING-PAY-00-000-000-0000	ING	325.00
VOYA000301							
VOYARETIR-Voya Institutional Trust Company				Order ID O-1	Payment Date: 03/01/2024	Payment Amt:	325.00
*	03/18/2024	OD3020700014			10-0462-230-000-00-000-000-0000	462230	744.10
VOYA000315							
*	03/18/2024	OD3020700015			10-0462-RET-PAY-00-000-000-0000	EE PSERS	1,055.34
VOYA000315							
PSERSEMP-PSERS-VOYAEmployee Share				Order ID O-2	Payment Date: 03/18/2024	Payment Amt:	1,799.44
*	03/18/2024	OD3020700013			10-0462-ING-PAY-00-000-000-0000	ING	325.00
VOYA000318							
VOYARETIR-Voya Institutional Trust Company				Order ID O-1	Payment Date: 03/18/2024	Payment Amt:	325.00
10 - GENERAL FUND							998,479.38

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment

FUND ACCOUNTING PAYMENT REGISTER

Bank Account: GF - GENERAL FUND Payment Dates: 03/01/2024 - 03/31/2024

Payment Categories: Regular Checks, Non-negotiable Disbursements, Direct Deposits, Manual Checks, Procurement Cards, Credit Cards
Sort: Payment Number

Grand Total All Funds	998,479.38
Grand Total Credit Cards	0.00
Grand Total Direct Deposits	0.00
Grand Total Manual Checks	18,383.27
Grand Total Other Disbursement Non-negotiables	606,703.79
Grand Total Procurement Card Other Disbursement Non-negotiables	0.00
Grand Total Regular Checks	373,392.32
Grand Total Virtual Payments	0.00
Grand Total All Payments	998,479.38

* - Non-Negotiable Disbursement + - Procurement Card Non-Negotiable # - Payable within Payment P - Prenote D - Direct Deposit C - Credit Card ^ - Virtual Payment



EXTERNSHIP PROGRAM MEMORANDUM OF UNDERSTANDING

THIS EXTERNSHIP PROGRAM MEMORANDUM OF UNDERSTANDING ("MOU") is entered into by and between Centre Area Transportation Authority ("CATA"), a Pennsylvania Municipal Authority, and Central Pennsylvania Institute of Science and Technology ("CPI"), for purposes of mutual benefit to both parties to outline the general conditions between CPI and CATA for CATA to host student externs:

Background: CATA is a municipal authority engaged in provision of public transportation within Centre County, and activities related thereto. In order to provide this service, CATA continually needs to recruit, train, and hire qualified individuals such as bus operators and mechanics. These positions require training, certification, and licenses, including a Commercial Driver's License ("CDL") with Class B and Class A certification. CPI provides education and vocational training to students seeking to obtain a CDL and/ or mechanical training in fields related to operation of CDL rated vehicles. CPI's course of study may require or offer students the opportunity to participate in externships relevant to their course of study. For the mutual benefit of CATA and CPI, CATA is willing offer, and CPI is willing to participate in, an externship program where CPI students can train at CATA and learn of potential career opportunities at CATA following completion of their course of study at CPI.

Term: The term of this MOU shall commence on _____ and shall continue until such time as either or both CPI and/ or CATA choose to end their relationship. Termination by one party shall require a minimum of thirty (30) days' notice.

Conditions of Externship: CATA shall have sole discretion to determine eligibility and accept externs based on non-discriminatory criteria related to the training the student extern wishes to participate in. Student externs shall be required to sign a separate "Student Externship Agreement" with CATA in the form attached hereto as Exhibit "A" as a condition of CATA accepting the student for an externship at CATA. CATA may at its discretion cancel or discontinue an externship if a student fails to comply with CATA rules, requirements, policies, or procedures, or any requirements of the externship set forth by CPI and communicated to CATA. Externships shall be scheduled by CATA consistent with normal service operations and as necessary to provide the relevant externship training. CATA makes no representation or warranty whether a student extern will be successful in completion of any course at CPI, or whether student will obtain any desired licenses or certifications.

Requirements of Externship: CPI shall regularly provide a list of eligible and interested candidates for an externship to CATA. The length of each externship is anticipated to be approximately 200 hours but may be modified depending on the needs of the student, CATA, or CPI. CPI shall communicate any education requirements of the externship to CATA and shall monitor each student's performance. CATA shall provide CPI with regular assessments of the student's performance. CPI is solely responsible for determining whether the student extern receives credit for the externship toward completion of any relevant course of study. CATA will provide equipment, instruction, and facilities reasonably necessary to meet the requirements of the externship and related training.

Financial Considerations: This MOU does not contemplate the exchange of any monetary consideration between CATA and CPI. CATA may provide a trainee stipend directly to student externs that shall be treated as regular wages for purposes of taxation and withholding. This MOU does not contemplate payment by the student extern to CATA for credit or training. Tuition or other payments between the student extern and CPI are outside of the scope of this MOU and between CPI and the student. CATA shall have the right and sole discretion to offer employment to student externs that participate in the program. CATA shall not be responsible for the cost of licenses or certifications sought by a student extern.

Insurance/ Benefits: Student externs shall not be eligible for health insurance from CATA or any other employee benefits. Coverage for any work-related injury or illness shall be determined by Pennsylvania Workers' Compensation law. CPI shall maintain any insurance coverages it presently has for students/ student externs and shall provide CATA with any information concerning type and amount of insurance coverage. Nothing in this MOU shall be construed to limit or otherwise waive any immunity or limitation of liability provided to CATA under Pennsylvania law.

Miscellaneous: This MOU shall be construed in accordance with the laws of the Commonwealth of Pennsylvania and shall only be amended by writing signed by both parties. This MOU supersedes and prior oral or written agreements between the parties regarding the subject matter herein. This MOU and the responsibilities of each party shall not be assigned without the prior written consent of the other party.

NOW THEREFORE, in consideration for the mutual promises set forth herein, the parties sign their names below and certify that they have authority to enter into the MOU.

CPI

CATA

Name:

Name:

Date:

Date:

Current

A. Level of Achievement:

Satisfactory completion, as defined by fulfilling all requirements and consistently meeting criteria of the CPI nurse Aide training program is determined by and/or dependent upon the following information:

- Satisfactory attendance record as evidenced by daily attendance records and adherence to the attendance policy.
- Attainment of a theory grade average of 80%,
- Demonstration of lab skills with 100% accuracy
- Satisfactory attainment of clinical performance (rating of 7 or higher, on a scale of 1-10).
- Fulfillment of: 40 Theory hours; 55 hours of supervised clinical practice; and 25 lab hours for a total of 120 program hours

Proposed

A. Level of Achievement:

Satisfactory completion, as defined by fulfilling all requirements and consistently meeting criteria of the CPI nurse Aide training program is determined by and/or dependent upon the following information:

- Satisfactory attendance record as evidenced by daily attendance records and adherence to the attendance policy.
- Attainment of a theory grade average of 80%, including quizzes and tests, with an opportunity for remediation and a second attempt to pass the quiz or test with at least an 80% if not successful on the first attempt.
- Demonstration of lab skills with 100% accuracy
- Satisfactory attainment of clinical performance (rating of 7 or higher, on a scale of 1-10).
- Fulfillment of: 40 Theory hours; 55 hours of supervised clinical practice; and 25 lab hours for a total of 120 program hours

Proposed

B. Admission Policy:

Current

B. Admission Policy:

Selection for admission to the Nurse Aide Training Program is based on the individual's physical, mental and emotional ability, capability, stability and adaptability, as evidenced by the physical examination.

If the applicant's 2-step Mantoux test is positive, a chest x-ray must be performed prior to the start of the program and be read by a healthcare professional, stating that no active tuberculosis is present.

Applicant will complete a Child Abuse Clearance and Verification of PA Residency prior to the start of class, and the Program Coordinator is to verify the student's identification using acceptable methods such as a driver's license, passport or a state issued identification card. Copies of social security cards or credit cards will not be retained in the student files after being verified by the Program Coordinator. An Attestation of Compliance with PA Act 14, which indicates that the student has not been convicted of any of the Prohibitive offenses contained in Act 14 of 1997 must be completed by the student. An applicant's Pennsylvania CHRI (Criminal History Record Information) must be obtained within the preceding one year period of time prior to enrolling in the Nurse Aide Training Program

Selection for admission to the Nurse Aide Training Program is based on the individual's physical, mental and emotional ability, capability, stability and adaptability, as evidenced by the physical examination.

Students are required to have a completed physical and a 2-step Mantoux/ QuantiFERON TB Gold Plus test to rule out TB prior to the start of class.

If the applicant's 2-step Mantoux test is positive, a chest x-ray must be performed prior to the start of the program and be read by a healthcare professional, stating that no active tuberculosis is present. The Nurse Aide Coordinator is responsible to verify the applicant's physical and 2-Step Mantoux/QuantiFERON TB Gold Plus test forms for accuracy and completeness prior to the start of class.

Applicant will complete a Child Abuse Clearance and Verification of PA Residency prior to the start of class, and the Program Coordinator is to verify the student's identification using acceptable methods such as a driver's license, passport or a state issued identification card. Copies of social security cards or credit cards will not be retained in the student files after being verified by the Program Coordinator.

An Attestation of Compliance with PA Act 14, which indicates that the student has not been convicted of any of the Prohibitive offenses contained in Act 14 of 1997 must be completed by the student. An applicant's Pennsylvania CHRI (Criminal History Record Information) must be obtained within the preceding one year period of time prior to enrolling in the Nurse Aide Training Program. It will be the responsibility of the Program Coordinator to review this document for accuracy, ensure that it is readable and has an official seal present, sign and date and file securely prior to the start of class.

Current

C. Attendance Policy:

The student nurse aide is expected to be present and on time for all classes and clinical days, totaling 120 hours. No absences are permitted except for emergencies and extenuating circumstances. Under these circumstances, students must contact his/her Instructor **and** the Nurse Aide Training Program Coordinator.

If theory/lab hours are missed prior to the first clinical, and make-up time is not prearranged, students may be dismissed from the program. Students who miss more than one clinical day will be terminated from the program.

Proposed

C. Attendance Policy:

The student nurse aide is expected to be present and on time for all classes and clinical days, totaling 120 hours. No absences are permitted except for emergencies and extenuating circumstances. Under these circumstances, students must contact his/her Instructor **and** the Nurse Aide Training Program Coordinator.

Make-up time is NOT optional. Students enrolled in the Nurse Aide Program are required to make-up all missed class time, including theory, lab or clinical. Attendance is documented daily by Instructors and will be documented on a class attendance record. Missed time and content must be made up within an appropriate time frame and documented by the instructor. Make-up time is scheduled at the discretion of the Instructor.

If theory/lab hours are missed prior to the first clinical, and make-up time is not prearranged, students may be dismissed from the program. Students who miss more than one clinical day will be terminated from the program.

Proposed—addition to current
(per PDE recommendation)

Current

**K. PERFORMANCE
REVIEW/EVALUATION
PROCEDURE:**

Trainee behavior and performance is monitored in the classroom and at the clinical site. Appropriate anecdotal notes are written and shared with the trainee as necessary. An open line of confidential communication is maintained between trainer and student for resolution of concerns or problems, encouragement, and/or commendation. A final written performance evaluation, in which test scores, trainee performance, behavior and skills check list are reviewed and is confidentially presented to the trainee by the instructor at the conclusion of the program. Following discussion of the evaluation, this documentation of theory and clinical performance is placed in the educational file of the trainee.

**K. Performance
Review/Evaluation Procedure**

This document, called the Performance Checklist and required by the Pennsylvania Department of Education, is a permanent legal document that must be accurately and thoroughly completed by the Program Instructor and Coordinator for each student according to the instructions. A completed Performance Checklist provides evidence of compliance with OBRA and Act 14 curriculum requirements and may be used as a transcript for employment. Whenever possible, performance objectives are to be demonstrated in the clinical environment. If there is no clinical experience available for an objective, then demonstration by a lab experience or a test question must be indicated with a *or + symbol, as directed by the instructions. Performance Checklists must be accurately and thoroughly completed according to the instructions posted on the Pennsylvania Department of Education website. www.education.pa.gov Additional instructions for this program's Instructors and Coordinator will be kept in an Education Binder in the Nurse Aide Coordinator's office.

CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY

STUDENT NURSE AIDE TRAINING PROGRAM

POLICIES AND PROCEDURES

Total Hours:	120
Classroom:	40
Lab/Skills Hours:	25
Clinical:	55

COURSE LOCATIONS:

Classroom and Lab/Skills: Central PA Institute of Science and Technology
540 N Harrison Road, Pleasant Gap, PA 16823

Clinical: TBA

A. CPI FACILITY POLICY:

In addition to the CPI Nurse Aide policies, all CPI facility policies, per Enrollment Agreement are applicable.

B. LEVEL OF ACHIEVEMENT:

Satisfactory completion, as defined by fulfilling all requirements and consistently meeting criteria of the CPI nurse aide training program, is determined by and/or dependent upon the following information:

- Satisfactory attendance record as evidenced by daily attendance records and adherence to the attendance policy.
- Attainment of a theory grade average of 80%, including quizzes and tests, with an opportunity for remediation and a second attempt to pass the quiz or test with at least an 80% if not successful on the first attempt.
- Demonstration of lab skills with 100% accuracy
- Satisfactory attainment of clinical performance (rating of 7 or higher, on a scale of 1-10).
- Fulfillment of: 40 Theory hours; 55 hours of supervised clinical practice; and 25 lab hours for a total of 120 program hours
- Satisfactory performance in class, lab and clinical.
- Fulfillment of all requirements and consistently meeting criteria on the NA skills checklist.

- Demonstration of ability to interact and to function adequately in the clinical setting.
- Observed ability to safely deliver nursing care in a compassionate manner.
- Demonstrated ability to effectively interact and communicate with all residents, with special consideration for the cognitively impaired resident.
- Demonstrated ability to maintain resident confidentiality.
- Observed ability to render nursing care and services while maintaining resident dignity, encouraging independence and promoting a high level of resident self-esteem.
- Compliance with CPI rules and regulations as well as NATCEP standards of behavior and nursing care.

C. ADMISSION POLICY:

Selection for admission to the Nurse Aide Training Program is based on the individual's physical, Mental and emotional ability, capability, stability and adaptability, as evidenced by the physical examination. Students are required to have a completed physical and a 2-step Mantoux/QuantiFERON TB Gold Plus test to rule out TB prior to the start of class.

If the applicant's 2-step Mantoux test is positive, a chest x-ray must be performed prior to the start of the program and be read by a healthcare professional, stating that no active tuberculosis is present. The Nurse Aide Coordinator is responsible to verify the applicant's physical and 2-Step Mantoux/QuantiFERON TB Gold Plus test forms for accuracy and completeness prior to the start of class.

Applicant will complete a Child Abuse Clearance and Verification of PA Residency prior to the start of class, and the Program Coordinator is to verify the student's identification using acceptable methods such as a driver's license, passport or a state issued identification card. Copies of social security cards or credit cards will not be retained in the student files after being verified by the Program Coordinator.

An Attestation of Compliance with PA Act 14, which indicates that the student has not been convicted of any of the Prohibitive offenses contained in Act 14 of 1997 must be completed by the student. An applicant's Pennsylvania CHRI (Criminal History Record Information) must be obtained within the preceding one year period of time prior to enrolling in the Nurse Aide Training Program. It will be the responsibility of the Program Coordinator to review this document for accuracy, ensure that it is readable and has an official seal present, sign and date and file securely prior to the start of class.

If the applicant has not been a Pennsylvania resident for the past 2 years an FBI finger printing process must be completed in addition to the PA CHRI background check prior to the start of class.

All clearances must remain in effect until completion of Nurse Aide Training Program.

Policy and Procedure for Acceptance into CPI Nurse Aide Program

Timeline Recommendations for Nurse Aide Registration --

FIVE weeks prior to class start date:

Request an application to enter the Nurse Aide Program.

To ensure the success of the student, a pre-test is required for eligibility into the Nurse Aide program. The Nurse Aide Coordinator will schedule testing. Once testing requirements are met, the applicant is eligible to enroll in the program.

All information will be provided to obtain CHRI, FBI report and Child Abuse Clearance.

The student will need to request an FBI background report if the student has not been a Pennsylvania resident for twenty-four consecutive months before application date to enter Nurse Aide program.

The student will be required to complete a Verification of Pennsylvania Residency Form, in addition to an Attestation of Compliance with Act 14 which indicates that the student has not been convicted of any of the Prohibitive Offenses contained in Act 14 of 1997. The Verification of Residency Form must be completed by the student and verified by the Program Coordinator. The student's identification must be verified by using acceptable methods such as a driver's license, passport, or a state issued identification card. Copies of social security cards or credit cards will not be retained in the student files after being verified by the program coordinator.

The above mentioned clearances must have been obtained within the preceding 1-year period to class start date and remain in effect until completion of class.

FOUR weeks prior to orientation:

- Have physical performed on CPI Physical Form or acceptable alternative.
- Have first PPD test administered and read.
- Influenza vaccine administered (October through April) or as per requirement of the long-term care facility policy.
- Proof of Covid 19 Vaccination (as required per long term care facility policy).
- Nurse Aide trainee will be required to receive the influenza vaccine prior to the start of the program if the program dates fall during flu season.
- Refusal of the influenza vaccine will require an influenza declination form to be completed.
- Additionally, if the Nurse Aide trainee refuses the influenza vaccine, they will be required to wear a mask during all contact with residents

TWO weeks prior to class start date:

- Have second PPD test administered and read
- Hand deliver all readable copies of clearances: physical, TB test, Child Abuse Clearance, PA Criminal History Record Information with official seal and FBI report if needed, to the CPI Nurse Aide office or mail via USPS. These copies must be legible copies of the documents.

Within TWO weeks of the class start date, applicant will be notified via USPS through a letter of acceptance that all paperwork is in order and applicant is enrolled into the Nurse Aide Program.

There will be no exceptions. If documents are not received by class start date, applicant will need to re-register for the next class.

D. ATTENDANCE POLICY:

The student nurse aide is expected to be present and on time for all classes and clinical days, totaling 120 hours. No absences are permitted except for emergencies and extenuating circumstances. Under these circumstances, students must contact his/her Instructor **and** the Nurse Aide Training Program Coordinator.

Make-up time is NOT optional. Students enrolled in the Nurse Aide Program are required to make-up all missed class time, including theory, lab or clinical. Attendance is documented daily by Instructors and will be documented on a class attendance record. Missed time and content must be made up within an appropriate time frame and documented by the instructor. Make-up time is scheduled at the discretion of the Instructor. If theory/lab hours are missed prior to the first clinical, and make-up time is not prearranged, students may be dismissed from the program. Students who miss more than one clinical day will be terminated from the program.

Students who are absent will be required to pay for make-up time. This includes missed theory, lab, and/or clinical time. The Instructor's hourly pay rate is determined by CPI. Payment to CPI (in the form of cash or check) and appropriate form for make-up time payment must be submitted to CPI within 48 hours of the make-up day. Payment will be received by Nurse Aide Coordinator. Student will receive a copy of receipt.

E. CALL OFF POLICY FOR CLASS

Students who are unable to attend class or clinical must call of in the appropriate manner. If student is going to be late or unable to attend class at CPI for any reason, the student must:

1. Call the instructor the morning of class by 8 A.M. with the reason of absence.
2. If evening class, call the instructor by 3:30 P.M. with the reason of absence.
3. Call their sponsor, if applicable, prior to the missed class with the reason of absence.

F. CALL OFF POLICY FOR CLINICAL

If student is going to be late or unable to attend clinical for any reason, the student must:

1. Call the instructor the morning of clinical by 6 A.M. or the night before by 8 P.M.

- a. If instructor does not answer, student must leave a voicemail.
2. Call their sponsor, if applicable (Centre Care, Juniper, Lock Haven Rehabilitation) with the reason of absence.
3. Failure to call off appropriately will result in verbal warning and completion of behavior sheet by instructors. Texting instructors is not acceptable. Repetitive offenses may be grounds for dismissal.

G. EXPECTED STUDENT BEHAVIOR AND ACADEMIC HONESTY POLICY:

As a student in the Nurse Aide program at the Central PA Institute of Science and Technology, you will demonstrate professional behavior both at the school and at all clinical sites. Exemplary ethics are expected in all aspects of this training. Respect and strict adherence to confidentiality policies are required. *Use of cellphones in the classroom and the clinical site is prohibited and considered unprofessional behavior.* Unprofessional/inappropriate behaviors will be addressed on an individual basis. Student and instructor will complete a 'behavior sheet', outlining the inappropriate behavior and the instructor will provide counseling regarding the unprofessional behavior(s). Unprofessional and inappropriate repetitious behaviors may be grounds for dismissal at the coordinator's discretion.

Academic honesty relates to any observation or report of cheating. Cheating, by definition, means any attempt to mislead by deception or to obtain by fraud or deception with the intent to gain by doing so; i.e., copying assignments from others, lending one's own work for the purpose of aiding another to cheat, giving or receiving aid during the testing period. Consequences are as follows:

- First offense with obvious evidence of cheating on an assignment or exam: students involved receive a zero on the assignment and will be placed on academic probation.
- Second offense - expulsion for violation of the academic honest policy.

H. PHYSICAL EXAMINATION/HEALTH CONDITION POLICY:

Student health is validated by the required pre-enrollment physical and two-step Mantoux test. The student may submit a baseline 2-step Mantoux if the student has been receiving a yearly Mantoux. Additionally, the last Mantoux must have been within a year of enrollment into the nurse aide training program.

Trainees must maintain a state of health and be free of communicable disease throughout the program. If a student is diagnosed with a communicable disease during the program (i.e. influenza, pink eye), the student may be not allowed to attend class or clinical, until a health care professional has declared it is appropriate for the student to return. The student must provide written proof of the date that he/she may return to the program. If the student's health condition has caused excessive absences of class and/or clinical, the student may be dismissed from the program (see attendance policy). Alternate learning experiences will be arranged and provision made for a make-up of clinical time, if possible and/or feasible.

The nurse aide trainee will be required to receive the influenza vaccine prior to the start of the program if the program dates fall during flu season. Refusal of the influenza

vaccine will require an influenza declination form to be completed, and the student to wear a mask during all contact with residents.

I. STUDENT INJURY POLICY

During Nurse Aide training, proper body mechanics must be utilized as per instruction, as to avoid injury to the student.

When an injury occurs in clinical practice the student must follow the CPI policy for reporting and follow up of the injury and in some cases the student must also follow the clinical facility's procedures for injuries. The Clinical Instructor and the student are responsible for knowing CPI's protocol and policy for reporting injury. All injuries require reporting per CPI policy.

Any report of illness or injury to the instructor that could impact that safety of patients and/or residents may be subject to evaluation by a Health Care Provider. Students should seek medical attention based on the severity of injury and at the instructor's discretion, as they see student "fit for duty."

The following steps must be taken:

- 1) The student must report any injury to the Clinical Instructor immediately.
- 2) The student should receive immediate first-aid or medical attention at the site as needed, and should receive information to the nearest emergency services, if necessary.
 - a. CPI employees are not permitted to transport a sick or injured student under any circumstance
- 3) Students must arrange for transportation to leave the clinical site for evaluation.
- 4) If not "fit for duty," the student will be unable to participate in resident/patient care until cleared by a Health Care Provider.
 - a. A copy of a Health Care Provider's report stating ability to perform clinical duties of a nurse aide student is required. The report must be reviewed by clinical instructor or coordinator of program prior to returning to clinical duties. CPI does not provide health care coverage for students. Any costs incurred are the responsibility of the student.
 - b. Clinical hours may be deducted from the time of the event until resumption of student clinical responsibilities are granted by a Health Care Provider.
- 5) The nurse aide coordinator must be notified immediately after event, once student safety is established.
- 6) The injuries should be documented on the CPI Nurse Aide Incident Report.

J. APPEARANCE POLICY/DRESS CODE:

During clinical, students are required to wear uniforms known as scrubs. The scrubs may be a solid color (not white) or a *tasteful* print and should be an appropriate size to allow the student to move freely. Shoes must be supporting, clean, closed-toed, non-skid, and without holes (i.e. sneakers), worn with socks. A watch with a second hand is needed prior to the start of class date. An identification badge will be provided for each student and it must be worn above the waist during all clinical rotations, and class times.

Jewelry that is allowable is limited to: One earring per ear (one pair of smaller, discreet studs), wedding band (no engagement rings), no bracelets, no dangling earrings, or visible dermal piercings. Long hair must be pulled back, off of neck line and visible tattoos must be covered. Acrylic nails are prohibited.

Any student arriving to clinical not adhering to the appearance policy/dress code will be sent home by the instructor and the attendance policy will be followed for missed time.

K. TOBACCO, DRUG, AND ALCOHOL POLICY:

The nurse aide training program is a tobacco, drug, and alcohol free program. No smoking is permitted within the Central PA Institute of Science and Technology building or on the grounds. Students are to remain on school grounds during short breaks between class content. A 30-minute lunch will be provided and at that time, students may leave the school grounds to get lunch, returning by the time that class starts.

During clinical hours, smoking is prohibited. No smoking is permitted on the grounds of the clinical site. Students may not leave the clinical site for any reason, unless an emergency or extenuating circumstance arises.

During class or clinical hours, a nurse aide student showing any evidence of alcohol, smoking and/or nicotine use, or unauthorized drug use will be subject to review for possible dismissal.

“Smoking” includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking look-alike device for the purpose of circumventing the prohibition of smoking.

The act of “smoking” or possession of any of these materials (including but not limited to: chewing tobacco, snus, cigarettes, cigars, e-cigarettes, vapes, look-alike devices, or any component parts and accessories to these devices), will be subject to review for dismissal from the program.

L. PERFORMANCE REVIEW/EVALUATION PROCEDURE:

Trainee behavior and performance is monitored in the classroom and at the clinical site. Appropriate anecdotal notes are written and shared with the trainee as necessary. An open line of confidential communication is maintained between trainer and student for resolution of concerns or problems, encouragement, and/or commendation. A final written performance evaluation, in which test scores, trainee performance, behavior and skills check list are reviewed and is confidentially presented to the trainee by the instructor at the conclusion of the program. Following discussion of the evaluation, this documentation of theory and clinical performance is placed in the educational file of the trainee. This document, called the Performance Checklist and required by the Pennsylvania Department of Education, is a permanent legal document that must be accurately and thoroughly completed by the Program Instructor and Coordinator for each student according to the instructions. A completed Performance Checklist provides evidence of compliance with OBRA and Act 14 curriculum requirements and may be used as a transcript for employment. Whenever possible, performance objectives are to be demonstrated in the clinical environment. If there is no clinical experience available for an objective, then demonstration by a lab experience or a test question must be indicated with a *or + symbol, as directed by the instructions. Performance Checklists must be accurately and thoroughly completed according to the instructions posted on the Pennsylvania Department of Education website. www.education.pa.gov Additional

instructions for this program's Instructors and Coordinator will be kept in an Education Binder in the Nurse Aide Coordinator's office.

M. GRIEVANCE PROCEDURE:

CPI Adult Education Nurse Aide Training Program – Student Grievance Procedure

Purpose:

The purpose of this procedure is to assist with the process of coming to equitable solutions to a claim of the aggrieved party.

STEP I: Arrange to speak with the Instructor of the program to resolve the problem within five (5) calendar days of the occurrence of the alleged grievance, submitted in writing by the student.

STEP II: Any student initiating an alleged grievance shall request a meeting to formally present the grievance and support in writing to the Program Coordinator. This request must be within seven (7) days after the occurrence of the alleged violation of the program policies and/or procedures. The Program Coordinator shall reply in writing to the aggrieved party within five (5) days after the initial presentation of the grievance. If the program does not have a Coordinator, proceed to Step III.

STEP III: The next step, should the above action be unsatisfactory, involves the student initiating the alleged grievance shall present the grievance in writing to the Vice President of Post-Secondary Education within five (5) days after the decision of the Coordinator. The Vice President of Post-Secondary Education shall render a decision and reply in writing to the aggrieved party within five (5) days of receipt of complaint.

STEP IV: If the action in Step III fails to resolve the grievance to the satisfaction of the aggrieved party, the grievance shall be referred in writing to CPI's President. The President will meet to discuss the matter with the aggrieved party and shall officially notify the aggrieved party, in writing, of the final decision on the grievance within five (5) days of receiving the complaint.

N. UTILIZATION OF TRAINEE POLICY:

Trainees are utilized only for the tasks, skills and procedures for which they have been taught, supervised and deemed competent by the instructor to perform Documentation on the NA TRAINING PROGRAM SKILLS CHECKLIST validated competency. Trainees are instructed to respectfully decline to perform any task or render any nursing care which they have not been taught nor competency validated, and report such requests to the nurse aide instructor. The trainee may also respectfully decline to perform any task or deliver and care with which they are not competently

comfortable and to request additional instruction and/or supervision of and when necessary. There must be no resident contact in the clinical area until or unless NA trainee has received a minimum of 16 theory hours in the area of: Communication and Interpersonal Skills, Infection Control, Safety/Emergency Procedures (including the abdominal thrust), Promoting Residents Independence and Respecting Residents Rights.

O. PROGRAM EVALUATION:

The Nurse Aide Coordinator and the Vice President, Post-Secondary Education are responsible for on-going evaluation of the Nurse Aide Training Program. They will review instructor and student files on a monthly basis. They will also meet with the Nurse Aide Training Program Coordinator to share the results of the review and to receive an update of the program's progress. If changes are necessary, they are to be corrected within one week and will be reviewed by the administrative team. Program evaluations are given to the students to provide program strengths and weaknesses are appreciated and will be accepted as a positive contribution. An evaluation form will be given to the students for each instructor involved in teaching the class. The results are shared with instructors, Nurse Aide Training Program Coordinator, and administration. Results of the administrative oversight reviews will be shared regularly with the President.

P. DISSEMINATION OF STUDENT RECORDS POLICY:

At the completion of this program, the nurse aide will receive an original completed list of performance objectives and a Certificate of Completion, a copy of his/her physical, copy of clearances, copy of their TB test, and a Reimbursement of Tuition letter. A copy of the completed list of performance objectives will be provided to the nurse aide's employer. CPI maintains these documents, as well, in a secure location. NO records of a student shall be disclosed to any other individual or institution without written consent of the student regardless of the statue of the student as a dependent of his/her parents. Each class folder will contain attendance sheets, copies of each student's performance checklist, individual test scores, absence form (if absent during course), and any anecdotal notes or counseling forms.

Q. DISMISSAL POLICY:

If a nurse aide trainee does not adhere to the written rules and policies of the Nurse Aide Training Program and of the Central PA Institute of Science and Technology, of which the student will receive a copy of both, the nurse aide trainee will be subject to dismissal from the program. If dismissed, the student will receive a letter stating the reasons dismissal has occurred, referencing the policies and procedures of the nurse aide training program that were violated. A copy of this letter will be sent to the Program Coordinator and the Director of Adult Education of the Central PA Institute of Science and Technology. The student may follow the grievance procedure of the Nurse Aide Training Program if he/she disagrees with the action taken.

R. TUITION AND REFUND POLICY:

Tuition is due prior to the first day of class. A full refund will be given only before the first day of class. After this period, no refund is given. The fee for the competency exam must be paid separately and directly to Credentia in order for the reimbursement letter for the testing fee to be sent from Credentia.

S. STUDENT INSURANCE POLICY:

The Central PA Institute of Science and Technology carries liability insurance on each nurse aide training program student.

T. NONDISCRIMINATION POLICY:

The Central PA Institute of Science and Technology does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Section 504 Coordinator at the Central PA Institute of Science and Technology, 540 N. Harrison Road, Pleasant Gap, PA 16823 or 814-359-2793.

U. DEPARTMENT OF PUBLIC WELFARE MEDICAL ASSISTANCE BULLETING, 99-11-05

During the Nurse Aide Training Program orientation, students are advised regarding the Department of Public Welfare Medical Assistance Bulleting, 99-11-05, exclusion from Participation in Medicare, Medicaid, or any other federal health care program and the implications regarding future employment.

99-11-05 Statement

MEDICAL ASSISTANCE BULLETIN 99-11-05 EXCLUSION FROM PARTICIPATION IN MEDICARE, MEDICAID OR ANY OTHER FEDERAL HEALTH CARE PROGRAM

While your CHRI may be acceptable for nurse aide training, you should be aware that Pennsylvania maintains a database by Department of Health and Human Services' Office of Inspector General that identifies individuals or entities that have been excluded nationwide from participating in any federal health care program. Health care facilities are required to develop policies and procedures for screening all employees to determine if they have been excluded from participation in federal health care programs. If you are on this exclusion list, it is possible that you will not be eligible for employment in a health care agency. To see if you are on the list, please go to the following website <http://oig.hhs.gov/fraud/esclusions.asp>

CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY
STUDENT NURSE AIDE TRAINING PROGRAM POLICIES AND PROCEDURES

STUDENT SIGNATURE FORM

- LEVEL OF ACHIEVEMENT
- ADMISSION POLICY
- ATTENDANCE POLICY
- CALL OFF POLICY
- EXPECTED STUDENT BEHAVIOR AND ACADEMIC HONESTY POLICY
- PHYSICAL EXAMINATION/HEALTH CONDITION POLICY
- STUDENT INJURY POLICY
- APPEARANCE POLICY/DRESS CODE
- TOBACCO, DRUG, AND ALCOHOL POLICY
- PERFORMANCE REVIEW/EVALUATION PROCEDURE
- GREIVANCE PROCEDURE
- UTILIZATION OF TRAINEE POLICY
- PROGRAM EVALUATION
- DISSEMINATION OF STUDENT RECORDS POLICY
- DISMISSAL POLICY
- TUITION AND TESTING REFUND POLICY
- STUDENT INSURANCE POLICY

I have read and understand the above policies and procedures that are necessary requirements for successful completion of the CPI Nurse Aide Training Program. This signed document will be kept in the student's file.

Student Signature

Date

CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY

ADMINISTRATIVE NURSE AIDE TRAINING PROGRAM

POLICIES AND PROCEDURES

Total Hours:	120
Classroom:	40
Lab/Skills Hours:	25
Clinical:	55

COURSE LOCATIONS:

Classroom and Lab/Skills: Central PA Institute of Science and Technology
540 N Harrison Road, Pleasant Gap, PA 16823

Clinical: TBA

A. LEVEL OF ACHIEVEMENT:

Satisfactory completion, as defined by fulfilling all requirements and consistently meeting criteria of the CPI nurse Aide training program is determined by and/or dependent upon the following information:

- Satisfactory attendance record as evidenced by daily attendance records and adherence to the attendance policy.
- Attainment of a theory grade average of 80%, including quizzes and tests, with an opportunity for remediation and a second attempt to pass the quiz or test with at least an 80% if not successful on the first attempt.
- Demonstration of lab skills with 100% accuracy
- Satisfactory attainment of clinical performance (rating of 7 or higher, on a scale of 1-10).
- Fulfillment of: 40 Theory hours; 55 hours of supervised clinical practice; and 25 lab hours for a total of 120 program hours
- Satisfactory performance in class, lab and clinical.
- Fulfillment of all requirements and consistently meeting criteria on the NA skills checklist.

- Demonstration of ability to interact and to function adequately in the clinical setting.
- Observed ability to safely deliver nursing care in a compassionate manner.
- Demonstrated ability to effectively interact and communicate with all residents, with special consideration for the cognitively impaired resident.
- Demonstrated ability to maintain resident confidentiality.
- Observed ability to render nursing care and services while maintaining resident dignity, encouraging independence and promoting a high level of resident self-esteem.
- Compliance with CPI rules and regulations as well as NATCEP standards of behavior and nursing care.

B. ADMISSION POLICY:

Selection for admission to the Nurse Aide Training Program is based on the individual's physical, Mental and emotional ability, capability, stability and adaptability, as evidenced by the physical examination. Students are required to have a completed physical and a 2-step Mantoux/QuantiFERON TB Gold Plus test to rule out TB prior to the start of class.

If the applicant's 2-step Mantoux test is positive, a chest x-ray must be performed prior to the start of the program and be read by a healthcare professional, stating that no active tuberculosis is present. The Nurse Aide Coordinator is responsible to verify the applicant's physical and 2-Step Mantoux/QuantiFERON TB Gold Plus test forms for accuracy and completeness prior to the start of class.

Applicant will complete a Child Abuse Clearance and Verification of PA Residency prior to the start of class, and the Program Coordinator is to verify the student's identification using acceptable methods such as a driver's license, passport or a state issued identification card. Copies of social security cards or credit cards will not be retained in the student files after being verified by the Program Coordinator.

An Attestation of Compliance with PA Act 14, which indicates that the student has not been convicted of any of the Prohibitive offenses contained in Act 14 of 1997 must be completed by the student. An applicant's Pennsylvania CHRI (Criminal History Record Information) must be obtained within the preceding one year period of time prior to enrolling in the Nurse Aide Training Program. It will be the responsibility of the Program Coordinator to review this document for accuracy, ensure that it is readable and has an official seal present, sign and date and file securely prior to the start of class.

If the applicant has not been a Pennsylvania resident for the past 2 years an FBI finger printing process must be completed in addition to the PA CHRI background check prior to the start of class.

All clearances must remain in effect until completion of Nurse Aide Training Program.

Policy and Procedure for Acceptance into CPI Nurse Aide Program

Timeline Recommendations for Nurse Aide Registration

FIVE weeks prior to class start date:

- Submit an application to enter the CPI Nurse Aide Program.
- To ensure the success of the applicant, a pre-test is required to determine eligibility into the Nurse Aide program. The Nurse Aide Coordinator will schedule testing.
- Once testing requirements are met, applicant is eligible for enrollment in the Nurse Aide Program.
- All information will be provided on how to obtain CHRI, FBI report and Child Abuse Clearance. The Attestation of Compliance with PA Act 14, Verification of PA residency, requires one (1) form for an official photo ID recognition, the CPI Physical, PPD, and the cost break down of the course will be included. The enrollment form will be processed only after all the paper work is cleared by the Nurse Aide Coordinator and found to be in order. The information listed above may be emailed or may be obtained from CPI's Nurse Aide Coordinator.

FOUR weeks prior to class start date:

- Have physical completed
- Have first PPD test administered and read
- Proof of Covid-19 Virus Vaccination (per facility policy)
- Influenza vaccine administered (October through April) or follow the long-term care facility policy.
- The nurse aide trainee will be required to receive the influenza vaccine prior to the start of the program if the program dates fall during flu season.
- Refusal of the influenza vaccine will require an influenza declination form to be completed.
- If the applicant refuses the influenza vaccine, they will be required to wear a mask during all contact with residents.

TWO weeks prior to class start date:

- Have second PPD test administered and read
- Hand deliver all readable copies of clearances: physical, TB test, Child Abuse Clearance, PA Criminal History Record Information with official seal and FBI report if needed, to the CPI Nurse Aide office or mail via USPS. These copies must be legible copies of the documents.

Within TWO weeks of the class start date, applicant will be notified via USPS through a letter of acceptance that all paperwork is in order and applicant is enrolled into the Nurse Aide Program.

There will be no exceptions. If documents are not received by class start date, applicant will need to re-register for the next class.

C. ATTENDANCE POLICY:

The student nurse aide is expected to be present and on time for all classes and clinical days, totaling 120 hours. No absences are permitted except for emergencies and extenuating circumstances. Under these circumstances, students must contact his/her Instructor **and** the Nurse Aide Training Program Coordinator.

Make-up time is NOT optional. Students enrolled in the Nurse Aide Program are required to make-up all missed class time, including theory, lab or clinical. Attendance is documented daily by Instructors and will be documented on a class attendance record. Missed time and content must be made up within an appropriate time frame and documented by the instructor. Make-up time is scheduled at the discretion of the Instructor. If theory/lab hours are missed prior to the first clinical, and make-up time is not prearranged, students may be dismissed from the program. Students who miss more than one clinical day will be terminated from the program.

Students who are absent will be required to pay for make-up time. This includes missed theory, lab, and/or clinical time. The Instructor's hourly pay rate is determined by CPI. Payment to CPI (in the form of cash or check) and appropriate form for make-up time payment must be submitted to CPI within 48 hours of the make-up day. Payment will be received by Nurse Aide Coordinator. Student will receive a copy of receipt.

D. CALL OFF POLICY FOR CLASS

Students who are unable to attend class or clinical must call off in the appropriate manner. If student is going to be late or unable to attend class at CPI for any reason, the student must:

1. Call the instructor the morning of class by 8 A.M. with the reason of absence.
2. If evening class, call the instructor by 3:30 P.M. with the reason of absence.
3. Call their sponsor, if applicable, prior to the missed class with the reason of absence.

E. CALL OFF POLICY FOR CLINICAL

If student is going to be late or unable to attend clinical for any reason, the student must:

1. Call the instructor the morning of clinical by 6 A.M. or the night before by 8 P.M.
 - a. If instructor does not answer, student must leave a voicemail.
2. Call their sponsor, if applicable (Centre Care, Juniper, Lock Haven Rehabilitation) with the reason of absence.

3. Failure to call off appropriately will result in verbal warning and completion of behavior sheet by instructors. Texting instructors is not acceptable. Repetitive offenses may be grounds for dismissal.

F. EXPECTED STUDENT BEHAVIOR AND ACADEMIC HONESTY POLICY:

As a student in the Nurse Aide program at the Central PA Institute of Science and Technology, you will demonstrate professional behavior both at the school and at all clinical sites. Exemplary ethics are expected in all aspects of this training. Respect and strict adherence to confidentiality policies are required. *Use of cellphones in the classroom and the clinical site is prohibited and considered unprofessional behavior.* Unprofessional/inappropriate behaviors will be addressed on an individual basis. Student and instructor will complete a 'behavior sheet', outlining the inappropriate behavior and the instructor will provide counseling regarding the unprofessional behavior(s). Unprofessional and inappropriate repetitious behaviors may be grounds for dismissal at the coordinator's discretion.

Academic honesty relates to any observation or report of cheating. Cheating, by definition, means any attempt to mislead by deception or to obtain by fraud or deception with the intent to gain by doing so; i.e., copying assignments from others, lending one's own work for the purpose of aiding another to cheat, giving or receiving aid during the testing period. Consequences are as follows:

- First offense with obvious evidence of cheating on an assignment or exam: students involved receive a zero on the assignment and will be placed on academic probation.
- Second offense - expulsion for violation of the academic honest policy.

G. PHYSICAL EXAMINATION/HEALTH CONDITION POLICY:

Student's health is validated by the required pre-enrollment physical and two-step Mantoux test. The student may submit a baseline 2-step Mantoux if the student has been receiving a yearly Mantoux. Additionally, the last Mantoux must have been within a year of enrollment into the nurse aide training program. The two-step Mantoux must remain valid during the program hours (see admission policy and procedure). The nurse aide trainee will be required to receive the influenza vaccine prior to the start of the program if the program dates fall during flu season. Refusal of the influenza vaccine will require an influenza declination form to be completed, and the student to wear a mask during all contact with residents.

Students must maintain a state of health and be free of communicable disease throughout the program. If a student is diagnosed with a communicable disease during the program (i.e. influenza, pink eye), the student may be not allowed to attend class or clinical, until a health care professional has declared it is appropriate for the student to return. The student must provide written proof of the date that he/she may return to the program. If the student's health condition has caused excessive absences of class and/or clinical, the student may be dismissed from the program (see attendance policy).

H. STUDENT INJURY POLICY

When an injury occurs in clinical practice the student must follow the CPI policy for reporting and follow up of the injury and in some cases the student must also follow the clinical facility's procedures for injuries. The Clinical Instructor and the student are responsible for knowing CPI's protocol and policy for reporting injury. All injuries require reporting per CPI policy.

Any report of illness or injury to the instructor that could impact that safety of patients and/or residents may be subject to evaluation by a Health Care Provider. Students should seek medical attention based on the severity of injury and at the instructor's discretion, as they see student "fit for duty."

The following steps must be taken:

- 1) The student must report any injury to the Clinical Instructor immediately.
- 2) The student should receive immediate first-aid or medical attention at the site as needed, and should receive information to the nearest emergency services, if necessary.
 - a. CPI employees are not permitted to transport a sick or injured student under any circumstance
- 3) Students must arrange for transportation to leave the clinical site for evaluation.
- 4) If not "fit for duty," the student will be unable to participate in resident/patient care until cleared by a Health Care Provider.
 - a. A copy of a Health Care Provider's report stating ability to perform clinical duties of a nurse aide student is required. The report must be reviewed by clinical instructor or coordinator of program prior to returning to clinical duties. CPI does not provide health care coverage for students. Any costs incurred are the responsibility of the student.
 - b. Clinical hours may be deducted from the time of the event until resumption of student clinical responsibilities are granted by a Health Care Provider.
- 5) The Nurse Aide Coordinator must be notified immediately after event, once student safety is established.
- 6) The injuries should be documented on the CPI Nurse Aide Incident Report.

I. APPEARANCE POLICY/DRESS CODE:

During clinical, students are required to wear uniforms known as scrubs. The scrubs may be a solid color (not white) or a *tasteful* print and should be an appropriate size to allow the student to move freely. Shoes must be supporting, clean, closed-toed, non-skid, and without holes (i.e. sneakers), worn with white socks. A watch with a second hand is needed prior to the start of class date. An identification badge will be provided for each student and it must be worn above the waist during all clinical rotations, and class times.

Jewelry that is allowable is limited to: One earring per ear (one pair of smaller, discreet studs), wedding band (no engagement rings), no bracelets, dangling earrings, or dermal piercings. Long hair must be pulled back, off of neck line and visible tattoos must be covered. Acrylic nails are prohibited.

Any student arriving to clinical not adhering to the appearance policy/dress code will be sent home by the instructor and the attendance policy will be followed for missed time.

J. TOBACCO, DRUG, AND ALCOHOL POLICY:

The nurse aide training program is a tobacco, drug, and alcohol free program. No smoking is permitted within the Central PA Institute of Science and Technology building or on the grounds. Students are to remain on school grounds during short breaks between class content. A 30-minute lunch will be provided and at that time, students may leave the school grounds to get lunch, returning by the time that class starts.

During clinical hours, smoking is prohibited. No smoking is permitted on the grounds of the clinical site. Students may not leave the clinical site for any reason, unless an emergency or extenuating circumstance arises.

During class or clinical hours, a nurse aide student showing any evidence of alcohol, smoking and/or nicotine use, or unauthorized drug use will be subject to review for possible dismissal.

“Smoking” includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking look-alike device for the purpose of circumventing the prohibition of smoking.

The act of “smoking” or possession of any of these materials (including but not limited to: chewing tobacco, snus, cigarettes, cigars, e-cigarettes, vapes, look-alike devices, or any component parts and accessories to these devices), will be subject to review for dismissal from the program.

K. PERFORMANCE REVIEW/EVALUATION PROCEDURE:

Trainee behavior and performance is monitored in the classroom and at the clinical site. Appropriate anecdotal notes are written and shared with the trainee as necessary. An open line of confidential communication is maintained between trainer and student for resolution of concerns or problems, encouragement, and/or commendation. A final written performance evaluation, in which test scores, trainee performance, behavior and skills check list are reviewed and is confidentially presented to the trainee by the instructor at the conclusion of the program. Following discussion of the evaluation, this documentation of theory and clinical performance is placed in the educational file of the trainee. This document, called the Performance Checklist and required by the Pennsylvania Department of Education, is a permanent legal document that must be accurately and thoroughly completed by the Program Instructor and Coordinator for each student according to the instructions. A completed Performance Checklist provides evidence of compliance with OBRA and Act 14 curriculum requirements and may be used as a transcript for employment. Whenever possible, performance objectives are to be demonstrated in the clinical environment. If there is no clinical experience available for an objective, then demonstration by a lab experience or a test question must be indicated with a *or + symbol, as directed by the instructions. Performance Checklists must be accurately and thoroughly completed according to the instructions posted on the Pennsylvania Department of Education website. www.education.pa.gov Additional instructions for this program’s Instructors and Coordinator will be kept in an Education Binder in the Nurse Aide Coordinator’s office.

L. GRIEVANCE PROCEDURE:

CPI Adult Education Nurse Aide Training Program – Student Grievance Procedure

Purpose:

The purpose of this procedure is to assist with the process of coming to equitable solutions to a claim of the aggrieved party.

STEP I: Arrange to speak with the Instructor of the program to resolve the problem within five (5) calendar days of the occurrence of the alleged grievance, submitted in writing by the student.

STEP II: Any student initiating an alleged grievance shall request a meeting to formally present the grievance and support in writing to the Program Coordinator. This request must be within seven (7) days after the occurrence of the alleged violation of the program policies and/or procedures. The Program Coordinator shall reply in writing to the aggrieved party within five (5) days after the initial presentation of the grievance. If the program does not have a Coordinator, proceed to Step III.

STEP III: The next step, should the above action be unsatisfactory, involves the student initiating the alleged grievance shall present the grievance in writing to the Vice President of Post-Secondary Education within five (5) days after the decision of the Coordinator. The Vice President of Post-Secondary Education shall render a decision and reply in writing to the aggrieved party within five (5) days of receipt of complaint.

STEP IV: If the action in Step III fails to resolve the grievance to the satisfaction of the aggrieved party, the grievance shall be referred in writing to CPI's President. The President will meet to discuss the matter with the aggrieved party and shall officially notify the aggrieved party, in writing, of the final decision on the grievance within five (5) days of receiving the complaint.

M. UTILIZATION OF TRAINEE POLICY:

Students are utilized only for the tasks, skills and procedures for which they have been taught, supervised and deemed competent by the instructor to perform. Documentation on the NA TRAINING PROGRAM SKILLS CHECKLIST validated competency. Students are instructed to respectfully decline to perform any task or render any nursing care which they have not been taught nor competency validated, and report such requests to their Nurse Aide Instructor. The student may also respectfully decline to perform any task or deliver and care with which they are not competently comfortable and to request additional instruction and/or supervision of and when necessary. There must be no resident contact in the clinical area until or unless a NA student has received a minimum of 16 theory hours in the area of: Communication and Interpersonal Skills, Infection

Control, Safety/Emergency Procedures (including the abdominal thrust), Promoting Residents Independence and Respecting Residents Rights.

N. PROGRAM EVALUATION:

The evaluation form will be given to the students for each instructor involved in teaching the class. Program evaluations are given to the students to provide data on strengths and weaknesses of the Nurse Aide program. The Nurse Aide Coordinator and the Nurse Aide Instructors will meet monthly to discuss the student program evaluations. It is responsibility of the Post-Secondary education for the on-going assessment of the Nurse Aide Training program. The Vice President, Post-Secondary education will receive and review the evaluations. Any recommendations for change will be presented to the Nurse Aide Coordinator and corrected within one week of the submission for change by the administration.

O. DISSEMINATION OF STUDENT RECORDS POLICY:

At the completion of this program, the nurse aide student will receive an original completed list of performance objectives and a Certificate of Completion, a copy of his/her physical, copy of clearances, copy of their TB test, and a Reimbursement of Tuition letter. A copy of the completed list of performance objectives will be provided to the nurse aide's employer. CPI maintains these documents, as well, in a secure location. NO records of a student shall be disclosed to any other individual or institution without written consent of the student regardless of the statue of the student as a dependent of his/her parents. Each class folder will contain attendance sheets, copies of each student's performance checklist, individual test scores, absence form (if absent during course), and any anecdotal notes or counseling forms.

P. DISMISSAL POLICY:

If a nurse aide student does not adhere to the written rules and policies of the Nurse Aide Training Program and of the Central PA Institute of Science and Technology, of which the student will receive a copy of both, the nurse aide student will be subject to dismissal from the program. If dismissed, the student will receive a letter stating the reasons dismissal has occurred, referencing the policies and procedures of the nurse aide training program that were violated. A copy of this letter will be sent to the Program Coordinator and the Vice President of Post-Secondary Education of the Central PA Institute of Science and Technology. The student may follow the grievance procedure of the Nurse Aide Training Program if he/she disagrees with the action taken.

Q. TUITION AND REFUND POLICY:

Tuition is due prior to the first day of class. A full refund will be given only before the first day of class. After this period, no refund is given. The fee for the competency exam must be paid separately and directly to Credentia in order for the reimbursement letter for the testing fee to be sent from Credentia.

R. STUDENT INSURANCE POLICY:

The Central PA Institute of Science and Technology carries liability insurance on each nurse aide training program student.

S. NONDISCRIMINATION POLICY:

The Central Pennsylvania Institute of Science & Technology is a publicly-owned, equal opportunity education institution and will not discriminate on the basis race, color, national origin, sex, handicap, age or religion in its activities, programs, or employment practices as required by Title VI, Title IX and Section 504. For more information regarding civil rights or grievance procedures and services, activities, and facilities that are accessible to and usable by handicapped persons, contact Mrs. MaryAnn Volders, Vice President, Secondary Education, Central Pennsylvania Institute of Science & Technology, 540 N. Harrison Road, Pleasant Gap, PA 15823 (814) 359-2793.

T. EVALUATION OF PROGRAM/INSTRUCTOR PROCEDURE:

Appropriate forms for program evaluation are designed and utilized by the student to provide input and criticism of the program. Student identification of program strengths and weaknesses are appreciated and will be accepted as a positive contribution. When more than one instructor participates in the class, the student will be given an evaluation form to complete for each instructor. Ongoing evaluation of the program is conducted through periodic conferences involving the Program Coordinator, Vice President of Post-Secondary Education and Instructors in which student recommendations, program outcomes and student performance is addressed.

U. RECORD KEEPING:

Student quiz and test grades, attendance records and sign in sheets, class, lab and clinical performance level and any anecdotal notes must be documented and maintained confidentially, per Pennsylvania Department of Education guidelines and as referenced and outlined in the Train The Educator (TTE) Nurse Aide Instructor Manual, by the Nurse Aide Instructors at CPI. All student records are considered confidential and will be maintained in a secure manner by the Program Coordinator. Student grades, individual quiz and test scores, attendance sheets including sign in sheets, performance checklists and any anecdotal notes will be kept in a class folder. Compliance reviews will be performed by PDE to assure that these documentation regulations are met so that the Nurse Aide Training Program may be approved. The Self-Study Booklet, provided by PDE, will give instructions for submitting documentation. www.education.pa.gov Additional instructions for completing documentation for this program's Instructors and Coordinator will be kept in an Education Binder in the Nurse Aide Coordinator's office.

Records are securely kept in the CPI Post-Secondary Education Office and the Practical Nursing Library. The following will be kept on the file ad infinitum:

- PA Nurse Aide Training Report (NATR)
The PA Nurse Aide Training Report is a permanent, legal document that must be completed and maintained according to the instructions located on the website and in the program's Education Binder. See additional Instructions for Completing the Pennsylvania Nurse Aide Training Report on separate policy and supplied by the Pennsylvania Department of Education, Instructor's Corner.

- Certificate of Completion for each graduate—This must include specific information as evidence of compliance with OBRA, Act 14 and a state approved NATCEP. Details on the certificate include the name of program approved by the PA Department of Education, name of graduate, approved program code and hours, date of completion and signature of the administrative personnel which aligns with the PCL and NATR.
- Copy of a complete and accurate Performance Checklist (PCL) for every student who begins the Nurse Aide Training Program (including those students who withdraw or are dismissed during the program). See Performance Review/Evaluation Procedure Policy.

The following records shall be kept a minimum of three years:

- Grades
- Instructor Schedules-Instructor Primary Time Sheet- which ensures that teaching assignments are maintained to record the daily number of hours taught and the percentages of instructional hours have been documented.
- Program Evaluations by students
- Course Calendar/Syllabus
- Instructor Evaluations by students
- Attendance Report including make-up time attended by students
- CHRI Report
- Anecdotal Notes concerning students or course, including retaining anecdotal notes for unsatisfactory, or not consistently meeting criteria or fulfilling all requirements

V. CHRI POLICY:

The student who has resided in the Commonwealth less than two (2) full years prior to their class start date will obtain an FBI report from the Federal Bureau of Investigation.

A written statement requiring the student to submit a CHRI report, which was obtained during the year prior to class start date in the nurse aide training program, is given to each prospective NA student. A clear copy of the CHRI report, including a visible seal indicating that the CHRI is official, must be obtained, reviewed, signed and dated by the Nurse Aide Coordinator prior to the start of class.

The Program Coordinator will sign and date a copy of the applicant's CHRI Report and place it in locked file cabinet (or similar storage area) at CPI, and ensure that only those individuals names in the Facilities "Right to Know" policy for the NATCEP Program and state and federal employees involved in monitoring the program have access to these files.

A written statement to give assurance that the designated representatives may not enroll a nurse aide application whose CHRI Report indicates that the applicant has been

convicted of any of the offenses designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act (P.S. 780-101, 780-144); or any offense listed in Act 14.

The facility has a written policy, which stipulates that the individuals designated to review and approve applications for enrollment into the program who willfully fail to comply with 701-12 (2) and (3) or 701.13 of Act 14 shall be subject to a civil penalty as provided for in 701.21.

The Attestation of Compliance form will be explained to students and have yellow highlights to call attention to the box. By checking this box, the student applicant signifies that state that "I have not been convicted of any of the Prohibitive Offenses Contained in Act 14 of 1997". This document will be reviewed for accuracy by the Nurse Aide Coordinator prior to the start of class. During record review, this area will receive increased scrutiny.

W. CURRICULUM POLICY STATEMENT:

On January 2, 2014, Central Pennsylvania Institute of Science and Technology has adopted a policy to use Model Curriculum created by the Pennsylvania Department of Education, Nurse Aide Training Program.

X. POLICY DEVELOPMENT AND REVISION:

The Program Coordinator and Instructors will meet quarterly to review policies and procedures prior to Occupational Advisor Committee's (OAC) semi-annual meeting. Nurse Aide Coordinator and the Instructors will review student evaluations, analyze Credentia data, and student's grades. During the meetings revisions and recommendations to the Nurse Aide Program will be discussed. The policy/policies will be presented to the Occupational Advisory Committee for additional recommendations and then will go to Joint Operating Committee for final approval. Upon receiving approval, the policy will be shared with instructors and students, as well as being documented on the website and literature.

Y. DEPARTMENT OF PUBLIC WELFARE MEDICAL ASSISTANCE BULLETING, 99-11-05

During the Nurse Aide Training Program orientation, students are advised regarding the Department of Public Welfare Medical Assistance Bulleting, 99-11-05, exclusion from Participation in Medicare, Medicaid, or any other federal health care program and the implications regarding future employment.

99-11-05 Statement

MEDICAL ASSISTANCE BULLETIN 99-11-05 EXCLUSION FROM PARTICIPATION IN MEDICARE, MEDICAID OR ANY OTHER FEDERAL HEALTH CARE PROGRAM

While your CHRI may be acceptable for nurse aide training, you should be aware that Pennsylvania maintains a database by Department of Health and Human Services'

Office of Inspector General that identifies individuals or entities that have been excluded nationwide from participating in any federal health care program. Health care facilities are required to develop policies and procedures for screening all employees to determine if they have been excluded from participation in federal health care programs. If you are on this exclusion list, it is possible that you will not be eligible for employment in a health care agency. To see if you are on the list, please go to the following website <http://oig.hhs.gov/fraud/exclusions.asp>

Z. REPORTING CHANGE:

CPI will submit a Report of Change Form if/when a major change is made to the Nurse Aide Training Program as required by the Pennsylvania Department of Education. Major changes must first be approved by PDE on form PDE-292 before the change may be implemented within the Nurse Aide Program.

Major changes include:

Administrator-submitted for accurate record keeping and communication

Training Sponsor

Program Name

Program Coordinator

RN Supervisor/Instructor

RN or LPN Instructor

Classroom Site

Clinical Site

Program Hours

The Curriculum

The Performance Checklist

Placement on the Inactive List

Voluntary Termination

Reactivate Program

AA. SEPARATE POLICY DOCUMENT:

A separate policy document has been developed and is given to all students on or before the first day of class. The signed document will be kept in the student's file for the length of the program.

NURSE AIDE TRAINING REPORT COMPLETION POLICY:

Provided by Pennsylvania Department of Education for completion instructions.

Instructions for Completing the Pennsylvania Nurse Aide Training Report

Revised: July 2022

Print or type the requested information on the Pennsylvania Nurse Aide Training Report. If more than ten (10) students are accepted for a nurse aide class, an additional Pennsylvania Nurse Aide Training Report must be thoroughly completed, including signatures.

The designated program representative (administrator or coordinator) is responsible for ensuring that all spaces and columns of program or student information are complete and accurate. Only the information requested should be entered on this form.

The Pennsylvania Nurse Aide Training Report is an ad infinitum document. Most sections can be completed on or before the first day of class.

Header Section

1. Enter the approved Nurse Aide Training and Competency Evaluation Program (NATCEP) name and complete mailing address.
2. Enter the name and mailing address of the clinical site where students completed their clinical experience. If the student was assigned to residents at two different clinical sites, enter the name and address of the second clinical site on the back of the Pennsylvania Nurse Aide Training Report. If the clinical site is the same as the program, leave the space blank.
3. Document the total program hours and distribution of theory, lab, and clinical hours.
4. Record the 7-digit training program code number.
5. Record the class start and completion dates.
6. Record the number of applicants accepted into class.

Student Information Section

1. Student Name - Alphabetize by students' last name.
2. Address - Complete mailing address, city, state, zip code.
3. Birth Date - MM/DD/YYYY.
4. PA Residency - Mark either the **Yes** or **No** box as verification of PA residency for the last two consecutive years prior to enrolling in NATCEP.
5. PA Criminal History Report Information Date Reviewed by NATCEP - Record the date the NATCEP representative signed and dated the student's CHRI as attestation of compliance with the Prohibitive Offenses contained in Act 14 (P.L. 169).
6. PA CHRI Date Disseminated by the Pennsylvania State Police - record the date when the CHRI was disseminated by the Pennsylvania State Police (NOT the date the CHRI was requested).
7. Date the FBI report was reviewed by the NATCEP - enter the date the NATCEP reviewed the student's FBI report. If an FBI report is not required for enrollment in a nurse aide class based on residency in PA for the last two consecutive years, leave the space blank. **Do not write "N/A."**
8. Date of Hire - Record the date the student is placed on the payroll as a nurse aide. Be advised that some health care facilities hire employees and place them on the payroll as a nurse aide prior to enrolling them in class.
9. Date Student Completed Training – Record the date the student completed all program requirements. If the student was required to make up missed time, then the date of training program completion could be different from other students. If a student withdraws from class or is dismissed, record the actual date of withdrawal and a brief explanation. The explanation may extend into adjacent columns. Anecdotal notes should be retained in the student's record. Examples: 9/13/21 No Call/ No Show (NC/NS) dismissed per student policy or 9/13/21

Dismissed due to unsuccessful academic achievement or 9/13/21 Dismissed due to unsuccessful clinical achievement.

10. Date of CEP (Competency Evaluation Program) Exam - Record the date the student took the Pennsylvania Nurse Aide Competency Examination. Place the first exam date on the first line. This information can be obtained by checking the PA nurse aide registry. If the student needs a second or third attempt to pass the examination, enter the corresponding date(s).
11. Written P/F - Enter a mark in the **Written** column to indicate a P (Pass) or F (Fail) for the result of the written examination. If the exam is taken orally, indicate an "O" or by interpreter, an "I".
12. Skills P/F - Enter a mark in the **Skills** column to indicate a P (Pass) or F (Fail) for the result of the skills exam.

Footer Section

1. Provide an instructor's signature, license information and date. If more than one instructor taught the class, program determines who must sign this document.
2. If an LPN taught any/all the NATCEP, provide the signature of the RN supervisor, license number and date. If more than one RN supervisor, program determine who must sign.
3. Provide the school/facility administrator's signature, date, phone number, and professional license information, if applicable.
4. Provide the signature of the NATCEP representative designated to review Pennsylvania CHRI and FBI letters, date, and phone number.



Post-Secondary Enrollment
As of 3/27/24

Post-Secondary Diploma/Certificate Programs	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Cosmetology	4	10	14	12	11	0	0	8				
Diesel Technology	6	4	3	3	3	3	3	3				
Esthetician	6	8	8	8	0	4	4	4				
Heavy Equipment Operations	8	7	7	7	7	12	6	6				
Emerging Energy and Infrastructure	1	2	2	2	2	2	2	2				
CDL	1	1	2	1	1	1	1	1				
EFDA (September 2023)	24	23	13	13	13	13	13	24				
Medical Assistant	5	5	5	5	5	5	5	5				
Practical Nursing (August 2023)	17	15	15	15	15	14	14	14				
Practical Nursing (January 2023)	8	8	8	8	8	25	23	23				
Practical Nursing (Part Time - January 2022)	18	18	18	18	18	29	31	31				
Subtotal	98	101	95	92	83	108	102	121	0	0	0	0
Post-Secondary Associate Degree Programs												
Health Care Management - AST (August 2022)	2	2	2	1	1	1	1	1				
Health Care Management - AST (August 2023)	3	2	2	2	2	2	2	2				
Advanced Manufacturing Technology - AST (August 2022)	0	0	0	0	0	0	0	0				
Advanced Manufacturing Technology - AST (August 2023)	2	2	2	2	2	2	2	2				
Heavy Diesel Construction - AST (August 2023)	5	5	5	5	5	4	4	4				
Natural Gas Compression - AST (August 2022)	7	7	6	6	6	6	0	0				
Natural Gas Compression - AST (August 2023)	4	2	2	2	2	2	1	1				
Subtotal	23	20	19	18	18	17	10	10	0	0	0	0
Post-Secondary Intergenerational Programs												
Automotive Technology	4	3	3	3	3	2	2	2				
Carpentry	3	2	2	2	1	1	1	1				
Collision Repair	2	2	2	2	2	2	2	2				
Dental Assisting	4	2	1	1	1	1	1	1				
HVAC	8	8	8	7	7	6	6	6				
Horticulture and Landscaping	0	0	0	0	0	0	0	0				
Welding	7	7	7	7	7	7	7	7				
Subtotal	28	24	23	22	21	19	19	19	0	0	0	0
Total Post-Secondary Enrollment	149	145	137	132	122	144	131	150	0	0	0	0



**Central PA Institute of Science and Technology
2023-2024 Secondary and Adult Enrollment (By School)**

TOTAL	BEA	BHS	PV	SC	PAC	CM	ADULTS	
26	8	7	9				2	Automotive Body Technology/Collision Repair
26	7	14	3				2	Automotive Science & Technology
35	9	20	4		1		1	Carpentry & Building Construction Technology
24	6	16	2					Cisco Networking Academy
30	4	20	6					Commercial & Advertising Arts
43	16	19	7	1				Cosmetology
39	14	16	9					Culinary Arts / Food & Beverage Management
12	1	4	5	1			1	Dental Assisting
43	13	17	12	1				Diesel Equipment Maintenance & Repair Tech
37	10	17	10					Early Childhood Education
25	5	11	9					Emergency Services
47	23	13	9	2				Heavy Equipment Operation Technology
16	8	5	3					Horticulture/Landscaping
36	16	7	6			1	6	HVAC
36	17	7	12					Medical Science & Technology
41	13	9	12				7	Welding & Metal Fabrication Technology
516	170	202	118	5	1	1	19	Totals

Central PA Institute of Science and Technology
Students of the Month - February: Engaged and Motivated to learn.

AM Students

Dusty Shaffer
 Halle Urbanik
 Kyle Shawley
 Keira Clarkson
 Evan Guebara
 Anna Shellenberger-Moore
 John Stover
 Haley Kormanec
 Michael Wesley
 Shai Rice
 Ashlynn Smith
 Gabrielle Miller
 Thomas Haupt
 Samantha A. Smith
 Ava Baker
 Mitchel Covalleski
 Brogan Glenn
 Chris Harman
 Colson Serb

Program

Ad. Arts
 Cosmetology
 Automotive
 Dental Assisting
 Culinary
 Culinary
 Culinary
 Culinary
 Welding
 Diesel Technology
 Medical Sciences
 Horticulture
 HVAC
 Early Childhood
 Early Childhood
 HEO
 Carpentry
 IT
 Collison Repair

School

Bell
 BEA
 BEA
 Bell
 Bell
 Bell
 BEA
 BEA
 BEA
 BEA
 PV
 Bell
 BEA
 Bell
 Bell
 BEA
 Bell
 Bell
 BEA

PM Students

Garrett Myers
 Kiera Walk
 Elizabeth Dean
 Alyssa King
 Kylee Cessna
 Olivia Gassner
 Emilie Grant
 Lilian Heffron
 Noah Heverly
 Kyrianna Howell
 Keirly McGonigal
 Skyla Moore
 Brenda St. Clair
 Zach Rummel
 Dalton Barnyak
 Bailey Bower
 Rosie Dann
 Logan Woodward
 Samantha Brown
 Makenzie Lamey
 Grace Crestani
 Alex James
 Emily Lovrak
 Logan Taylor
 Kason Rote

Program

Ad. Arts
 Cosmetology
 Automotive
 Dental Assisting
 Dental Assisting
 Culinary
 Culinary
 Culinary
 Culinary
 Culinary
 Culinary
 Culinary
 Culinary
 Culinary
 Welding
 Diesel Technology
 Medical Sciences
 Horticulture
 HVAC
 Early Childhood
 Early Childhood
 HEO
 Carpentry
 IT
 IT
 Collison Repair

School

BEA
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COOPERATIVE EDUCATION REPORT

April 2024

Bill Luther, Business & Industry Liaison

ENROLLMENT

- Twenty-six secondary students are in “Capstone” placements.
- Thirty-nine secondary students were in a “Job Shadowing” placement since the March report.
- Seven secondary students are in “Internship” (unpaid) placements.
- One postsecondary student is in a “Capstone” placement

CURRENT HAPPENINGS

- ★ Cooperative Education started the April NOCTI post testing which includes both the online and performance (hands on) components. Testing will conclude by April 30th and totals 125 seniors in 16 programs. After completing both components, students will be placed in one of three different levels – Basic, Competent, or Advanced. CPI hopes to have at minimum 90% of seniors scoring at the combined Competent and Advanced level.
- ★ Twenty-six students are currently in Capstone placements. April 2023 had twenty-three Capstone placements. Seven students are in Internship placements; there were eight Internship placements at this time last year. There were thirty-nine additional Job Shadows since the March report. There was one new job shadow at this time last year. There is one postsecondary student in a Capstone placement currently. There were four at this time last year.
- ★ CPI has a school-wide goal of 80% of the students attending a Job Shadow placement during the 2023-2024 school year. This would be approximately 400 students. Currently, we have 189 students (38%) that have participated as of this report. There were only fifteen Job Shadows as of this date in 2023.

CPI

Cooperative Education Students

April 2024

(SECONDARY) **CAPSTONE**

<u>STUDENT</u>	<u>SCHOOL</u>	<u>PROGRAM</u>	<u>PLACEMENT</u>
Samantha Brown	PV	Early Childhood	Calvary Kid Care
Haley Swires	PV	Early Childhood	Your First Page
Kayla Gonzalez	Bell	Early Childhood	Redman's Kidz Konnection
Kaylee McFadden	Bell	Collision	Stocker Chevrolet
Maddux Redmond	Central Mountain	HVAC	Redmond's Complete Comfort
Ashlynn Park	BEA	Medical Science	Geisinger Bellefonte
Olivia Tobias	BEA	Medical Science	Encompass Health
Riley Monsell	Bell	Medical Science	Eagle Ridge Personal Care
Jeffrey Barnyak	Bell	IT/Cisco	Black Hoof Technology
Dustin Stover	PV	IT/Cisco	PVASD
Mason Rider	Bell	HVAC	Bartley Builders
Jaiden Sanner	Bell	Auto Tech	Stocker Chevrolet
Gavin Bennett	BEA	Welding	Robinson Vacuum Tanks
Ethan McClure	Bell	Carpentry	Remodelers Workshop
Lydia Wenzel	Bell	Dental	Dr. Calie Dang
Wyatt Homan	PV	Carpentry	Chris Kunes General Contractor
Clayton Reigh	BEA	HEO	Ameron Construction
Michael McCoy	Bell	Auto Tech	Willowbank Auto
Preston Reed	BEA	HVAC	Joseph C. Hazel Inc.
Shawn Knepp	BEA	Diesel	PennDOT
Landon Sweitzer	BHS	Carpentry	Garman Construction
Naudiya Ergott	BEA	Cosmetology	Twisted Scissors Dezign

Dalton Bartley	BHS	HEO	Landscaping by Meyer
Mason Houtz	PV	HEO	A.M. Logging, LLC
Charles Watkins	BHS	Auto Tech	Stuckey Ford Bellefonte
Brady Nagy	SC	HEO	JRS Landscaping LLC

(SECONDARY) **INTERNSHIP**

<u>STUDENT</u>	<u>SCHOOL</u>	<u>PROGRAM</u>	<u>PLACEMENT</u>
Makenzie Lamey	PV	Early Childhood	Miles Township Elementary
Ayla Hearn	Bell	Early Childhood	Marion Walker Elementary
Hannah Gray	BEA	Early Childhood	Wingate Elementary
Grace Seth	BEA	Early Childhood	Wingate Elementary
Destiny Rhoads	BEA	Early Childhood	Wingate Elementary
Jenna Osborne	Bell	Early Childhood	Centre County Christian Academy
Sophia Bubnova	Bell	Early Childhood	Bellefonte Middle School Life Skills

(SECONDARY) **JOB SHADOW**

<u>TOTAL</u>	<u>SCHOOL</u>	<u>PROGRAM</u>	<u>PLACEMENT</u>
38 (PM)	BHS, BEA, PV	Carpentry, HVAC, Horticulture	Home Expo
Lane Ripple	PV	HVAC	Nittany Energy

39 Total Students

(POSTSECONDARY) **CAPSTONE**

<u>STUDENT</u>	<u>SCHOOL</u>	<u>PROGRAM</u>	<u>PLACEMENT</u>
Morgan Arnold	N/A	Welding	Robinson Vacuum Tanks