



PHYSICAL FACILITIES PLAN

Physical Facilities Maintenance and Improvement

The Vocational Nursing Institute Inc. rents its space from Richlak Enterprises LP. The landlord is responsible to ensure the grounds are maintained, trees trimmed, building is maintained, and the appearance is clean, functioning, and working properly. The Vocational Nursing Institute Inc. maintains the facilities by doing daily walk throughs, documenting items for repair on the maintenance clip board, coordinating with the School Director for immediate issues, and works with the landlord if there are any issues identified.

The School Director orients new employees to the requirement that the school is clean, tidy, and that there are no trip hazards. The school maintains its own equipment and replaces it when broken, old, or if it needs repaired then it is repaired timely, the School Director works with the staff to this end.

The plan is maintained on the student portal off of the website and on the school's SharePoint portal for employees. The plan is evaluated annually during the safety committee meeting. The school contracts for cleaning services to professionally clean the building and in between the staff are responsible to assist as needed.

THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

Title: FACILITIES POLICY

REGULATION:

Title 40, Texas Administrative Code, Chapter 807, Texas Proprietary School Rules
Subchapter H

Texas Board of Nursing Rules and Regulations, Chapter 214. Vocational Nursing Education,
§214.7 Faculty, §214.11. Facilities, Resources, and Services.

PURPOSE:

To establish standards for the facilities provided for instruction and provide guidance for adding
classrooms.

POLICY:

The facilities provided for classroom instruction shall comfortably accommodate the maximum number of
current students enrolled in class.

The controlling governing institution shall provide educational facilities, resources, and
services which support the effective development and implementation of the nursing educational
program.

Additional classroom facilities can be added by requesting approval from the Texas Workforce
Commission (TWC).

It is the policy of this school to maintain records relating to the facilities and make them available for
inspection by regulatory agencies as required by law.

PROCEDURE:

Classroom and Laboratory Facility Requirements

1. The following procedures will be followed in determining if school facilities meet student
needs:
 - a. In designing lecture and laboratory facilities, the school director shall consider the
amount of lecture and laboratory space required to accommodate the maximum number
of current students enrolled in a class;
 - b. Enrollment shall not exceed the design characteristics of available workstations.
 - c. The level of care and acuity of clients will be considered during the enrollment process.

THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

2. Additional classroom facilities can be added as needed as long as they are within one mile of the main campus and that all student records, administrative services, supervision, fiscal control and student services will be provided and maintained at the main campus. The procedure for gaining approval is as follows:
 - a. Complete and submit the Request for Approval of Additional Classroom Facility form provided by TWC;
 - b. Complete and attach the Facilities and Equipment Inspection Report along with the above required form.
3. An appropriately equipped skills laboratory shall be provided to accommodate maximum number of students allowed for the program.
 - a. The laboratory shall be equipped with hot and cold running water.
 - b. The laboratory shall have adequate storage for equipment.

Physical Facilities

1. The physical facilities shall be adequate to meet the needs of the program in relation to the size of the faculty and the student body.
 - a. The director/coordinator shall have a private office.
 - b. Faculty offices shall be conveniently located and adequate in number and size to provide faculty with privacy for conferences with students and uninterrupted work.
 - c. Space for clerical staff, records, files, and equipment shall be adequate.
 - d. There shall be mechanisms which provide for the security of sensitive materials, such as examinations and health records.
 - e. Classrooms, laboratories, and conference rooms shall be conducive to learning and adequate in number, size, and type for the number of students and the educational purposes for which the rooms are used.
 - f. Adequate restrooms and lounges shall be provided convenient to the classroom

Required Documentation to Maintain

2. Documents to be maintained and made available for inspection by regulatory agencies are as follows:
 - a. Certificate of Occupancy;
 - b. Current fire inspection by municipal authority, or letter of release and approval of private contractor from municipal authority including inspection dates;
 - c. Rental or lease agreement for school facilities, or statement of ownership for current address. This shall include:
 - d. Owner's/Leaseholder's name;
 - e. Property management name (if different from above);
 - f. Property management address;
 - g. Property management city/state/zip;
 - h. Property management contact person;
 - i. Property Management phone number.
 - j. Rental or lease agreement for instructional equipment and instructional aids, or statement of ownership;
 - k. Floor plan.

THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

FORMS:

Request for Approval of Additional Classroom Facility
Facility and Equipment Inspection Report

THE VOCATIONAL NURSING INSTITUTE, INC.

UTILITIES MANAGEMENT AND GENERAL SAFETY GUIDELINES

FACILITY SAFETY CHECK LIST

When a condition is determined to be unsafe or not complying with safe practices a corrective action must be indicated.

1.	<u>Aisles</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Clear of obstruction	_____	_____	_____
2.	<u>Exits and Emergency Preparedness</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	No locked or barred exits	_____	_____	_____
	Emergency exits adequately marked	_____	_____	_____
	Written and posted emergency evacuation exit map	_____	_____	_____
	Emergency numbers are posted	_____	_____	_____
3.	<u>Fire</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	Fire extinguisher(s) inspected monthly	_____	_____	_____
	Fire extinguisher training and licensed inspection completed annually.	_____	_____	_____
	(Date of last training: _____)	_____	_____	_____
	Smoke alarm(s) tested annually and are in working order	_____	_____	_____
	(Date last tested: _____)	_____	_____	_____
	Fire alarm(s) tested annually and are in working order	_____	_____	_____
	(Date last tested: _____)	_____	_____	_____
	Fire drill conducted annually	_____	_____	_____
	(Date of last fire drill: _____)	_____	_____	_____
	Electrical circuits are not overloaded	_____	_____	_____
4.	<u>Floors</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	No slip, trip or fall hazards	_____	_____	_____
	Rugs are free of holes, tears and do not skid.	_____	_____	_____
5.	<u>Offices</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
	No holes or depressions in floors	_____	_____	_____
	No electrical equipment cords or lines stretched across walkways	_____	_____	_____
	Light switch and cover plates in place	_____	_____	_____
	Adequate lighting is present	_____	_____	_____
	General housekeeping is good	_____	_____	_____
	Aisles and walkways are free of obstruction.	_____	_____	_____

THE VOCATIONAL NURSING INSTITUTE, INC.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
6. <u>Waste Disposal</u>			
Biohazardous waste container available	___	___	___
Sharps containers available	___	___	___
Waste Management Tracking Reports are maintained and current	___	___	___
7. <u>Stairs</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
No storage of material on stairs	___	___	___
No worn or damaged stairs	___	___	___
8. <u>Storage</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Clear of obstruction	___	___	___
Adequate housekeeping	___	___	___
Supplies and equipment are in cool, dry areas	___	___	___

PROBLEM(S) IDENTIFIED:

ITEM # _____

ITEM # _____

CORRECTIVE ACTION (INCLUDE DATE(S) COMPLETED):

ITEM # _____

ITEM # _____

SIGNATURE OF PERSON CONDUCTING SURVEY DATE

SIGNATURE OF SAFETY COORDINATOR DATE