

Congratulations on your acceptance in the CTE Professional Health Science program for the 2024-2025 school year!

Kalamazoo RESA Career and Technical Education (CTE) invite you and your parent/guardian to attend an orientation highlighting next year's CTE Professional Health Science experience. Attendance is **important** so that we can explain the summer requirements to help prepare students for the fall and to review this program packet. We **strongly encourage** a parent/guardian to attend with the students. Please join us on:

Thursday, April 25, 2024, at 6:00 p.m. on KVCC's Texas Township Campus, Room 4240
(see map on next page)

In this meeting, you will have the opportunity to:

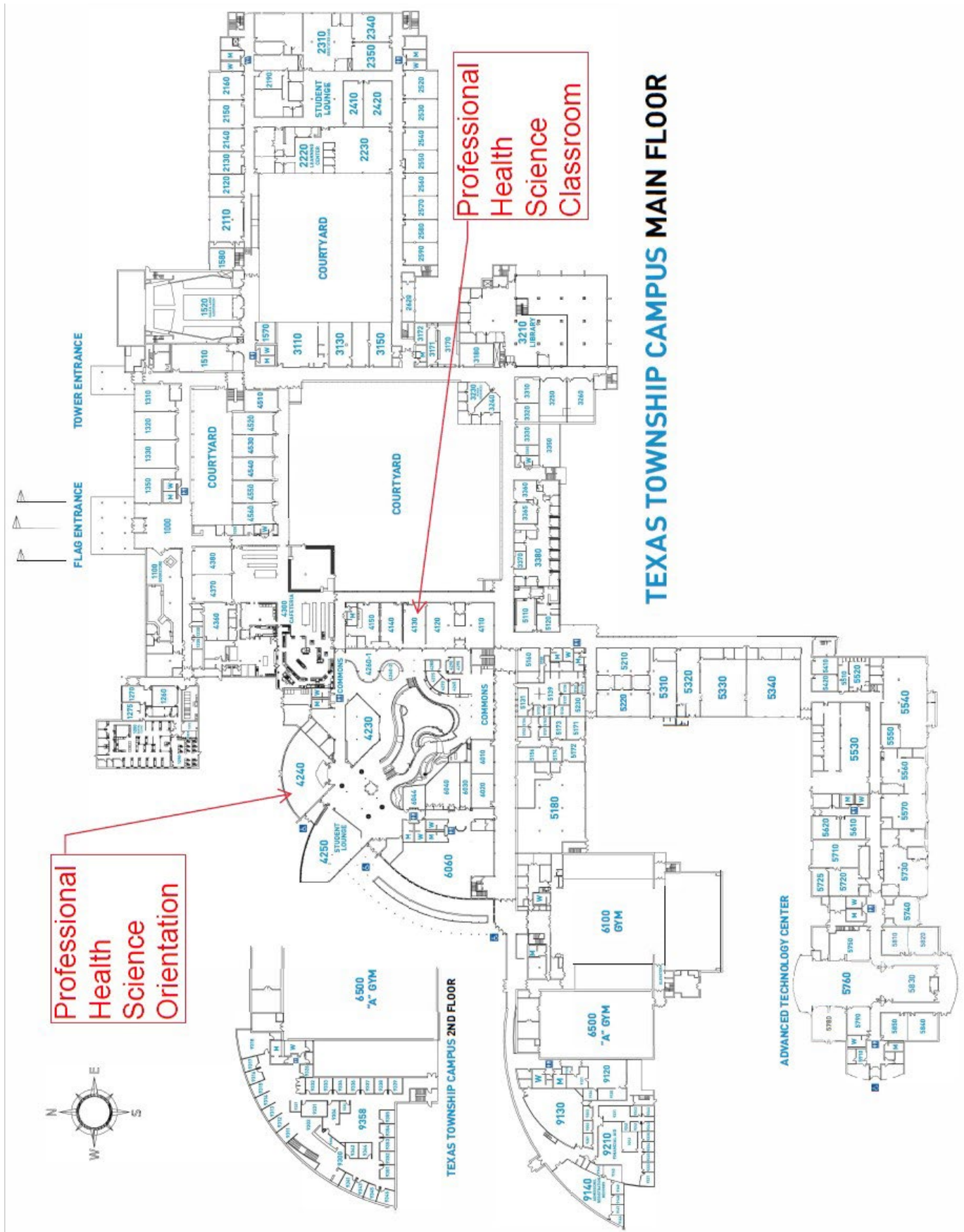
- Meet the instructor and hear from current second year students
- Learn about summer requirements to be prepared for the fall
- Learn about the program's year-long expectations, dress code and logistics
- Learn how successful completion of the course can lead to future opportunities
- Tour the program
- Ask questions

The attached program guidelines will be discussed in detail during the orientation. Please review this packet thoroughly prior to and have it with you during orientation. There are summer requirements that **must** be completed before the fall. We also want you to be sure next year's program meets your expectations before the school year begins.

Special Note:

You are receiving this packet because your name was provided to us by your school counselor as enrolling in a CTE program. If in doubt, check with your counselor. We apologize if this packet was sent to you in error.

Notice of Non-discrimination: It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt, Mindy Miller, & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.





Professional Health Science 2024-2025

This is an exciting opportunity to continue your journey in healthcare! In Professional Health Science, you will participate in two internships, enhance your medical terminology and your technical skills, as well as work towards your Patient Care Tech credential.

Students have some requirements to be ready for the next school year.

April 25, 2024	<input type="checkbox"/> It is <i>strongly encouraged</i> that you and one parent/guardian attend the orientation and <i>have this packet with you</i> . See details on the cover page.
By early summer	<input type="checkbox"/> Schedule a doctor's visit to complete the physical, immunization and TB testing requirements (see forms attached) <input type="checkbox"/> Immunization record – provide a copy of your MCIR – Michigan Care Improvement Registry record (https://mcir.org/public/) <input type="checkbox"/> Physical must be good for the entire next school year (cannot receive any earlier than April of current year.) <input type="checkbox"/> TB testing/form
August 27, 2024	<input type="checkbox"/> Attend class at KVCC's Texas Township Campus.
By August 29, 2024	<input type="checkbox"/> Submit pages 4-12 of this packet to your instructor <input type="checkbox"/> Be sure to include your Valley # on these forms.
Before 1st internship	<input type="checkbox"/> Take and successfully pass a <i>random</i> drug test, during class time, administered by a company approved by CTE. Students <u>do not</u> complete this on their own. <input type="checkbox"/> Complete a background check conducted by CTE
By October 31, 2024	<input type="checkbox"/> Submit proof of flu vaccine to instructor (must be current year)

Kim Millin, Instructor
kimberly.millin@kresa.org
Morgan Mumbower, Technical Skills Assistant
morgan.mumbower@kresa.org

Nora Hafez
CTE Registrar
nora.hafez@kresa.org
269-250-9309

The expectations stated in this document were established in partnership with local healthcare agencies. Please review the following program guidelines:

1. Students enrolling in the Career and Technical Education (CTE) Professional Health Science program are committing to a full-year program located on Kalamazoo Valley Community College's Texas Township Campus.
2. The following contains general dress code guidelines that apply to classroom, laboratory, internship, and/or professional areas.

- *Official hospital dress code or the wearing of blue (ceil) scrubs or hospital lab coat (provided)*
- *Closed-toed, closed-back, clean, polished shoes in good repair with socks. No lettering or graphic designs other than brand. Styles such as clogs, crocs without holes and mules with heel straps are acceptable.*
- *Clean, well-groomed, moderate-colored nails kept at no longer than past the fingertips. Artificial nails and nail materials are prohibited for infection control reasons.*
- *The avoidance of heavy perfumes and colognes*
- *Shoulder length hair or longer must be tied back*
- *No dangling earrings. Stud inserts or piercings may be used for nose, lip or eyebrow piercings.*
- *Tattoos may not contain profanity, sexually explicit and/or discriminatory content, words, or images. Tattoos containing such content must be concealed by clothing or band-aids where appropriate. Newly inked tattoos may be required to be concealed by band-aids as they are healing, for infection control purposes.*

****Students may have additional expectations dictated by their internship opportunities.***

Dual Enrollment

Students will have the opportunity to earn 1 college credit by taking HCR 116 Medical Terminology during KVCC's fall semester. Students will register for this course as a class in September and **must have their valley #.** HCR 116 will be embedded in the Professional Health Science course content.

Patient Care Technician (PCT) Credential

Students have the opportunity to sit for the national PCT credentialing exam. This exam is governed through the National Healthcare Association (NHA.) Students should familiarize themselves with the NHA candidate handbook located at the link below; paying special attention to the eligibility requirements, exam results and how to maintain the certification.

https://www.nhanow.com/docs/default-source/test-plans/candidate_handbook.pdf

Working towards your PCT (patient care technician) certification includes but is not limited to:

- 5 Successful EKG's
- 5 Successful capillary fills
- 5 Successful Phlebotomy pokes
- 10 Vital Signs

Volunteers are needed to help students practice the above skills. Parents and guardians are welcome in the classroom in this capacity. All volunteers will need to complete a background check completed by KRESA.

Work-Based Learning/Internships

Students will participate in two 14-week internships two days per week; one 1st semester and one 2nd semester.

Internships will be arranged between the CTE instructor, the healthcare agency and the student. Students are responsible for their own transportation to and from the internship site. Internships will only take place if the student's documentation is complete and on file at the time of scheduling. As a CTE student in the Professional Health Science program, the workplace partner may request student information. Upon request from the workplace affiliate, CTE may release information from the student's file, including but not limited to: physical examination form, immunization records, drug screen results, criminal background check results, and proof of valid BLS certification.

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**Kalamazoo RESA Career and Technical Education
Physical Examination Form**

Student: _____ **V00** _____
Last Name First Name Middle Name Valley #

High School: _____

Physical Examination - Describe all abnormalities (To be completed by the examining Provider)

A CTE student may submit a copy of their high school sports physical, instead of having this form completed by a healthcare provider **PROVIDED** the sports physical is for the school year the student is enrolled in their CTE program.

THE TYPICAL DEMANDS PLACED ON A HEALTH CAREER STUDENT AND PRACTITIONER ARE:

STRENGTH - Frequently and repetitively, perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

MANUAL DEXTERITY - Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as calibration of equipment, drawing blood, endotracheal intubation, etc.

COORDINATION - Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking BPs, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.

MOBILITY - Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

VISUAL DISCRIMINATION - Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

HEARING - Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

CONCENTRATION - Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.

ATTENTION SPAN - Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

CONCEPTUALIZATION - Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

MEMORY - Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

CRITICAL THINKING - Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

COMMUNICATION - Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.

STRESS - Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Summary Assessment Circle appropriate responses. *(Attach a separate sheet if necessary)*

Considering this applicant's history and physical examination, are there any conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the CTE Health Science Educational Program), or limitations that could restrict the student's participation in a CTE Health Sciences educational program or limit subsequent employability?

Yes No Explain

Are there any accommodations necessary for this applicant?

Yes No Explain

Are there any special precautions, restrictions or conditions, which might result in an emergency (e.g., allergies, diabetes, seizure disorder, fainting, or other) in the classroom or during clinical practice?

Yes No Explain

Provider completed, conducted, reviewed and/or verified all sections of the physical exam form.

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

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2-STEP TB FAQ's

What is a 2-step TB skin test (TST)?

- Tuberculin Skin Test (TST) is a screening method developed to evaluate an individual's status for active Tuberculosis (TB) or Latent TB infection.
- A 2-Step TST is recommended for initial skin testing of adults who will be periodically retested, such as healthcare workers.
- A 2 step is defined as two TST's done within 1 month of each other.

What is the procedure for 2-step TB skin test?

Both step 1 and step 2 of the 2 step TB skin test must be completed within 28 days. See the description below.

STEP 1

Visit 1, Day 1

- Administer first TST following proper protocol
- A dose of PPD antigen is applied under the skin

Visit 2, Day 3 (or 48-72 hours after placement of PPD)

- The TST test is read
- Negative - a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.
- Positive - consider TB infected, no second TST needed; the following is needed:
 - A chest X-ray and medical evaluation by a physician is necessary.
 - If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual will be referred to the health department.

STEP 2

Visit 3, Day 7-21 (TST may be repeated 7-21 days after first TB skin test is read)

- A second TST is performed - another dose of PPD antigen is applied under the skin

Visit 4, 48-72 hours after the second TST placement

- The second test is read.
- Negative - consider person not infected.
- Positive - consider TB infection in the distant past.
 - The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease will be referred to the health department.

TB TEST FORM

(To be completed by the Examining Provider)

Name: _____
Last First Middle

Valley ID #: V00 _____ Program: _____

TUBERCULOSIS: Check appropriate box and specify date(s) and findings. Absence of active Tuberculosis is required and may be documented in either one of four ways:

1. ☐ **PPD (Mantoux) 2-Step TB test**

Directions: Two PPD (Mantoux) skin tests need to be performed at least 7 days apart (and no more than 21 days apart) with documentation of each result. Each TB test requires two visits (**4 visits total**) as each test must be read 48-72 hours after it is placed.

Date read and test results: **Step 1** _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

Step 2 _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

2. ☐ **QuantiFERON Gold Blood Test**

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

3. ☐ **T-Spot Blood Test**

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

4. ☐ If PPD, QuantiFERON or T-Spot is positive, evidence of a **Chest X-Ray** is required within the past three years.

Date read and test results: _____ / _____ / _____
Month Day Year

Result: ☐ Negative ☐ Positive

Provider completed, conducted, reviewed and/or verified all sections of the TB Test Form:

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone



TO: Prospective CTE Student

FROM: Diane Fort, CTE Principal
Kalamazoo RESA Career and Technical Education

RE: Student Drug Testing and Criminal Background Checks

Contracts with local healthcare agencies require Career and Technical Education students in health occupational programs to successfully pass a drug test before participating in a workplace observation or clinical experience associated with their program. *CTE will cover the fee of the drug screen.* This test is administered on a **random date** during class time, administered by a company approved by CTE. If a student's initial drug test indicates further testing is necessary, the student may incur additional cost.

Another requirement from local healthcare agencies is students must complete a background check. Currently, the CTE office can conduct this check via the Internet Criminal History Access Tool (ICHAT). This method of investigation searches public records contained in the Michigan Criminal History Records maintained by the Michigan State Police Criminal Justice Information Center and fulfills the minimal requirement of the healthcare sites partnering with our programs.

If either of the above come back flawed, the student and their parent/guardian will be notified. Please read the following document and sign indicating your acceptance and agreement to CTE completing these program requirements. **Students DO NOT complete the drug test OR background check on their own!**

Career and Technical Education Health Careers Programs
Kalamazoo RESA
Drug Test Authorization Form

PLEASE PRINT CLEARLY

Student Name (Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/____/____

I authorize facilities approved by Kalamazoo RESA Career and Technical Education (CTE) to conduct a drug screen for any drug, alcohol or substance requested by CTE, and to release those results to CTE. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass or refuse to take a drug screen will not be placed into a workplace observation and/or clinical experience and will be removed from any such opportunity if already placed.

I acknowledge that as a condition of workplace observation/clinical experiences with agencies collaborating with CTE, all students enrolled in health career programs are required to participate in drug testing. As a student in such a program, I voluntarily subject myself to such drug testing to take place as required during my enrollment.

I also understand and agree that if I am arrested for, or convicted of any drug or alcohol related offense, I will immediately inform my instructor. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at CTE's discretion, not be placed into a workplace opportunity, or may be removed from any such rotation if already placed.

I authorize CTE to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements or assessing my qualifications for a workplace observation and/or clinical experiences.

Signature

Date

Parent/Guardian (print name)

Signature

Date

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VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Nonemployment and Pre-Employment Background Checks

Location: _____

In order to ensure the protection of children in the care of **Kalamazoo RESA**, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT and sex offender registry check. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Race/Ethnicity: _____
[mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered at Kalamazoo RESA before? ☐ Yes ☐ No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

☐ Yes ☐ No

Date and State that the offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

☐ Yes ☐ No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction (use back if necessary): _____

4) Are you the subject of a current criminal investigation or have pending charges against you?

☐ Yes ☐ No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

Kalamazoo RESA reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____
Date Signed: _____

Please return the completed form to the school/site of service.

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied: _____

Determining Staff Member (initials): _____

Type of ID Checked: _____

ICHAT Date: _____ FP Date: _____

TCN: _____

Board Approved Yes No

Date: _____

HR Signature: _____

Supervisor Notified: _____

Comments: _____

Sex Offender Registry Ck: MI _____
U.S. _____



Authorization for Release of Information High School Dual Enrollment

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of eligible students' education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) Directory Information, including a student's name, address, telephone numbers, date of birth, enrollment status, enrollment dates, major and degrees earned, may be shared without consent unless the student has placed a confidential hold on their records.

Kalamazoo Valley Community College will not release information, other than directory information, without an Authorization for Release of Information signed by the student, unless it is expressly allowed within the act. Even with this authorization, Kalamazoo Valley is not required to release any information. Upon request of the designated individual or organization, Kalamazoo Valley will use discretion when determining what information may be released.

Information will only be released to authorized parents or individuals in person with photo ID or by written request. Based on established relationships and allowances within FERPA, communication with high school personnel and college coordinators will occur via their identified contact methods or address. Only the most recently signed authorization will be honored. Your authorization will remain effective for the dates you specify up to a maximum of one year or until you submit a written request to terminate this release authorization.

Student's Identification

Name: _____
First Middle Initial Last

Valley Number: V If Valley Number is unknown, provide your birth date: _____

Reason for Disclosure

☒ Participation in the Postsecondary Enrollment Options Act (PSEO)

Information to be Released

☒ All Educational Records (including, but not limited to, the items listed below)

Or, specify individual records: (check all that apply)

<u>Enrollment</u>	<u>Grades</u>	<u>Financial</u>
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Grade Point Average (GPA)	<input type="checkbox"/> Tuition, fees, payment and refunds
<input type="checkbox"/> Number of credit hours enrolled in	<input type="checkbox"/> Grades	<input type="checkbox"/> Tuition Bill (includes class schedule)
<input type="checkbox"/> Program of Study Plan	<input type="checkbox"/> Unofficial Transcript	
<input type="checkbox"/> Other: _____		

Effective Dates of Authorization

☒ Valid for one academic year beginning April 1, 2024 and ending with reporting PSEO participation to the State June 30 the following year.

☐ Valid from this date: _____ to this date: _____

Note: The period cannot exceed one year.

Student's Authorization

I authorize Kalamazoo Valley Community College to release the specified information to the individual or organization identified. This release remains in effect for the period defined above or until I provide a signed termination letter to the Kalamazoo Valley Admissions, Registration and Records office prior to that expiration date.

Signature: _____ Date: _____

Please indicate on the back of this form to whom the information can be released.

Rev. 5/27/2020

High School Authorization

Authorization allows KVCC faculty and staff to communicate with your high school principal, counselor or business/finance office representatives to provide appropriate support services, program evaluation, and grade reporting requirements. E-mail addresses are provided solely for the exchange of information that does not contain personally identifiable information from your education record, unless the message is encrypted or the confidential information is in a secured attachment.

Kalamazoo County Schools:

- | | | |
|---|---|---|
| <input type="checkbox"/> Climax-Scotts High School
Ph: 269-746-2300
@cssschools.net | <input type="checkbox"/> Loy Norrix High School
Ph: 269-337-0200
@kalamazoopublicschools.net | <input type="checkbox"/> Portage Northern High School
269-323-5400
@portageps.org |
| <input type="checkbox"/> Comstock High School
Ph: 269-250-8700
@comstockps.org | <input type="checkbox"/> Kalamazoo Central High School
Ph: 269-337-0300
@kalamazoopublicschools.net | <input type="checkbox"/> Schoolcraft High School
269-488-7350
@schoolcraftschools.org |
| <input type="checkbox"/> Galesburg-Augusta High School
Ph: 269-484-2010
@gacsnet.org | <input type="checkbox"/> Parchment High School
269-488-1100
@parchment.k12.mi.us | <input type="checkbox"/> Vicksburg High School
269-321-1100
@vicksburgschools.org |
| <input type="checkbox"/> Gull Lake Community Schools
Ph: 269-548-3500
@gulllakecs.org | <input type="checkbox"/> Portage Central High School
269-323-5200
@portageps.org | |

Van Buren County Schools:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bangor High School
269-427-6844
@bangorvikings.org | <input type="checkbox"/> Gobles High School
269-628-9347
@gobles.org | <input type="checkbox"/> Mattawan High School
269-668-3361
@mattawanschools.org |
| <input type="checkbox"/> Bloomingdale High School
269-521-3917
@bdalecards.org | <input type="checkbox"/> Hartford High School
269-621-7000
@hpsmi.org | <input type="checkbox"/> Paw Paw High School
269-415-5611
@ppps.org |
| <input type="checkbox"/> Covert High School
269-764-3700
@covertps.org | <input type="checkbox"/> Lawrence High School
269-674-8232
@lawrencetigers.com | <input type="checkbox"/> South Haven High School
269-637-0507
@shps.org |
| <input type="checkbox"/> Decatur High School
269-423-6853
@raiderpride.org | <input type="checkbox"/> Lawton High School
269-624-7806
@lawtoncs.org | |

☐ Other: _____ Ph: _____ E-mail: _____

PSEO College Coordinators

Authorization allows Kalamazoo Valley faculty and staff, school district representatives who coordinate with the high schools, and the high schools to exchange information and communicate with each other to provide appropriate support services and program evaluation.

- | | | |
|---|------------------|--------------------|
| <input checked="" type="checkbox"/> Kalamazoo Regional Educational Service Agency (KRESA) | Ph: 269-250-9200 | E-mail: @kresa.org |
| <input type="checkbox"/> Van Buren Intermediate School District (VBISD) | Ph: 269-674-8001 | E-mail: @vbisd.org |
| <input type="checkbox"/> Other: _____ | Ph: _____ | E-mail: _____ |

Parent or Individual Being Authorized

- ☐ Parent's name(s) _____
- FERPA permits Kalamazoo Valley to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes.
- ☐ I certify that my parent(s) claim me as a dependent for federal income tax purposes.
- ☐ I am authorizing my parent(s) even though I am not a dependent for tax purposes, or I do not know if I am.
- ☐ Individual's name _____
- Relationship: _____

Turn in pages 4 - 12 of this packet, along with your immunization MCIR record, to your teacher by August 29.

I received a copy of the CTE Professional Health Science Guidelines and reviewed them. By signing below, I acknowledge understanding the requirements for successful completion of this program. I also understand the requirements of the physical, immunizations, mandatory drug screen and background check, in order to participate in work-based learning opportunities, as required by most of CTE's healthcare partners. If I am not up to date, my opportunities will be limited.

Student name (printed): _____

Student signature: _____

Date: _____

By signing below, I acknowledge understanding the requirements for successful completion of this program for my child.

Parental/Legal Guardian name (printed): _____

Parental/Legal Guardian signature: _____

Date: _____

Mailing address: _____
Street Address City Zip Code

Student email: _____ Student cell number: _____

Parent/legal guardian email: _____ Parent/legal guardian number: _____

Notice of Non-discrimination: It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt, Mindy Miller, & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.