

**KITTITAS COUNTY EMS & TRAUMA CARE COUNCIL – EXECUTIVE COMMITTEE (EC)**  
**Sept. 18, 2024** - Committee Minutes (w/additional actions noted if required between meetings)  
**Submitted by** - Cheryl Burrows, EMS Coordinator

**MEMBERS (emailed packet 9/17/24):** Lee Hadden, Chairman, Danielle Bertschi, Vice Chair, Geoff Scherer, Sec./Treas., and staff-Cheryl Burrows, EMS Coordinator

**FINANCIAL REPORT / ACTION ITEMS:**

- **Treasurer’s Report / Vouchers:** Coordinator  
**Account Balance:**
  - **Checking** = **\$ 180,024.85****Program Balances (1/26/24):**
  - 2024 Office = \$ 136,872.14
  - FY24 Training = \$ 43,152.71
  - Total Balance = \$ 180,024.85**

Checks issued (2024): #6915-6928 (14) \$ 7,464.47  
Electronic Fund Transfer (6/20/24) = \$ 322.07  
Voided check(s): none  
**TOTAL PAYMENTS = \$ 7,786.45**

The Executive Committee was provided for review and approval vouchers and corresponding invoices for Aug./Sept., revenues, account registers, and activities for 8/8/24-09/17/24. All account activities were available for review in the form of Umpqua Bank Accounts Activity Summary, Bank Statement, Quick Books register, reconciliation report, and program spreadsheets. Chairman verified vouchers, signed, and mailed checks on 9/18/24.

**Other Committee Action:**

- 8/27- Requested approval to accept the Life Support gift to the KCEMS/TC Council in the amount of \$6,320. Requested \$3,820 for the MCI training supplies. Received an additional \$2,500 for EMS supplies and equipment. Members approved.
- AFA Initial Training participants – Cheryl requested if there were any objection to allowing 16 y/o to attend the Advanced First Aid class (no younger). Previous age limit was 18 y/o. However, some of the fire department cadets are under 18. Participants <18 y/o will be required to have guardian approval and signature on the KCEMS Release and Hold Harmless Agreement.

The agency supervisor verifies on the course application:

“I, the undersigned, hereby approve attendance to this training course by the individual named on this application. As an employee or member of our organization, this individual will have total professional liability, health, and accident insurance, while involved in any training activities and/or clinical experiences if applicable. I acknowledge that if payment for this training is made by the applicant, a written reimbursement process is in place with this agency upon successful course completion and/or fulfillment of requirements preestablished by this agency if applicable.”

- NO OBJECTION FROM EXEC. COMMITTEE COMMUNICATED.

**Staff & program updates provided:** Victoria is on PFML until the end of Sept.

**Approved by:**

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Lee Hadden, Chairman  
Danielle Bertschi, Vice Chair

**Prepared by:**

\_\_\_\_\_  
Cheryl Burrows  
EMS Coordinator

Date: \_\_\_\_\_