

West Contra Costa Unified School District Early Learning Department State Preschool Program



# Staff Handbook

WCCUSD Early Learning Programs 1108 Bissell Avenue, Room 128 Richmond, CA 94801 Office: (510) 307-4585 Email: <u>preschool@wccusd.net</u> Webpage: <u>http://www.wccusd.net/domain/973</u>

#### **Governing Board**

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# <u>Superintendent</u>

Dr. Kenneth Hurst

# Program Coordinator

Lanre Ajayi M.Ed.

# Early Learning Office Supervisor

Demi Branch

# Office Typist Clerks

Maria Guerra Rosa Alba Sara Monares

# <u>Health Aide</u>

Jeny Aguirre

# <u>Graduate Tutor</u>

Doris Hernández Yolanda Lopez Anna Wirsig-Special Assignment

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# PRESCHOOL CLASSROOM HOURS & LOCATIONS

| SCHOOL  | ADDRESS & ROOM #   | SESSION                                | TIME                     | TELEPHONE               |
|---|--|--|--------------------------|-------------------------|
| BAYVIEW<br>Teacher, Julie Cruel<br>IAs, Lizet Scheidt<br>Dionisia Lazaro              | 3001 – 16 <sup>th</sup> Street - Room #M4<br>San Pablo, CA 94806           | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1401 Ext. 22004 |
| CHAVEZ<br>Teacher, Marietta Viray<br>IAs, Margaret Hernandez,<br>Cintia Ortega Santos | 960 17 <sup>th</sup> Street - Room #8<br>Richmond, CA 94801                | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1418 Ext. 23818 |
| CORONADO<br>Teacher,<br>IAs,  | 2100 Maine Street – Room #K102<br>Richmond, CA 94801<br>(inactive)         | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1419 Ext. 23924 |
| DOVER<br>Teacher, Zeena Attig<br>IAs, Guadalupe Andrade,<br>Iris Lizama               | 1871 21 <sup>st</sup> Street- Room #9<br>San Pablo, CA 94806               | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1420 Ext. 24067 |
| DOWNER<br>Teacher, Molly Tutino<br>IAs, Gay Garrett-Abbo<br>Rocio Castaneda           | 1231 18 <sup>TH</sup> Street -Room #126<br>San Pablo, CA 94806             | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1435 Ext. 74576 |
| FORD<br>Teacher, Naziya Naz<br>IAs, María Rivas,<br>María Belén                       | 2711 Maricopa Ave Room #137<br>Richmond, CA 94804                          | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1421 Ext. 26937 |
| GRANT<br>Teacher,<br>IAs,   | 2400 Downer Ave Room #43<br>Richmond, CA 94804<br>(inactive)               | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1422 Ext. 24229 |
| KING<br>Teacher, Heather Porch<br>IAs, Adrena Richardson<br>Andrea Martinez           | 4022 Florida Ave Room #114<br>Richmond, CA 94804                           | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1403 Ext. 22134 |
| LINCOLN<br>Teacher, Akinwale Ajayi<br>IAs, Cynthia Washington<br>Norma Vasquez        | 29 6 <sup>th</sup> Street- Room 119<br>Richmond, CA 94804                  | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1404 Ext. 22219 |
| MONTALVIN<br>Teacher, Vanessa Romero<br>IAs, Parrish Webber<br>Cynthia Castro         | 300 Christine Dr Room #125<br>San Pablo, CA 94806                          | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1405 Ext. 74579 |
| MURPHY<br>Teacher, Derri Pollock<br>IAs, Maria Viveros,<br>Kiera Barney               | 4350 Valley View Rd Room #39<br>Richmond, CA 94803                         | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1427 Ext. 24739 |
| NYSTROM<br>Teacher,<br>IAs,   | 230 Harbour Way South Rm C102<br>Richmond, CA 94804<br>(inactive)          | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1406 Ext. 22732 |
| PERES<br>Teacher,<br>IAs,   | 719 5 <sup>th</sup> Street- Room # H30<br>Richmond, CA 94801<br>(inactive) | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1407 Ext. 22848 |
| RIVERSIDE<br>Teacher, Anna Wirsig<br>IAs, Zahida Ahmad,<br>Ofelia Gaiza Lagunes       | 1300 Amador St Room # 6<br>San Pablo, CA 94806                             | AM session hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1409 Ext 11570  |
| WASHINGTON<br>Teacher, Alicia Carmona<br>IAs, Brittney Boyd,<br>Ofelia Gaiza Lagunes  | 565 Wine St Room Preschool<br>Richmond, CA 94801                           | AM session Hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1417 Ext. 11580 |
| OBAMA<br>Teacher,<br>IAs,   | 629 42 <sup>nd</sup> Street – Room K03<br>Richmond, CA 94804<br>(inactive) | AM session Hours:<br>PM Session Hours: | 8:15-11:15<br>12:00-3:00 | 510-231-1456 Ext. 27827 |

# August

Dear Early Learning Staff,

This handbook is very important to everyone at the **Early Learning Program**. The reasons for having a handbook are as follows:

- 1. A program functioning smoothly, efficiently, and effectively demands a local organization of policies, rules, and general information of program activities.
- 2. An effective channel of communication is created among staff members.
- 3. This handbook takes the place of many written and verbal bulletins. Needed information is not forgotten from year to year. It provides an effective means of finding information.
- 4. The booklet is not the sum total of everything, but does contain a great deal of program information.

5. It is to help you understand the Early Learning Program and to coordinate your efforts with your colleagues and parents.

- 6. The information found in this book should be thought of as existing information that does not necessarily have to be reaffirmed verbally or in written form.
- 7. One of the significant uses of this handbook is that it can be referred to at any time. Items that need attention can be mentioned or brought up at faculty meetings. Suggestions are always welcome. This handbook can become a useful resource by revising, adding, or subtracting information as required by logical and reasonable interpretations or changing situations. **Please take time to read and go over the handbook carefully.**

If there are any questions regarding information contained herein, I will be most happy to clarify them for you. I am looking forward to working with all of you this year. I know we are going to have an exciting and meaningful year.

Sincerely,

Olanrewaju Ajayi, M.S., Coordinator

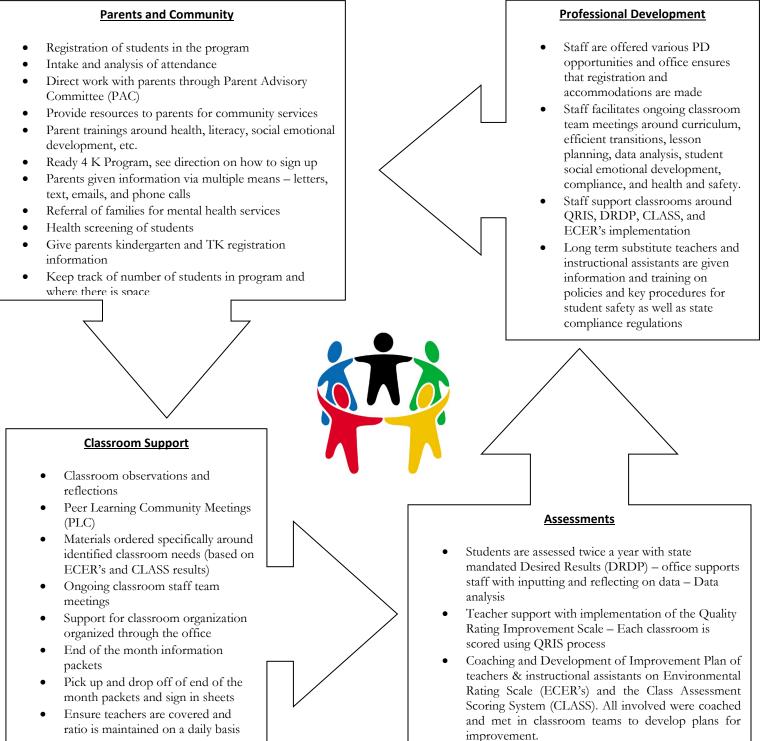


#### WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

#### Olanrewaju Ajayi

Coordinator, Early Learning Programs



• Walkthrough classrooms for safety and compliance

# PROGRAM MISSION, VISION, PHILSOPHY, AND GOALS

# **MISSION STATEMENT**

The West Contra Costa State Preschool Program is committed to providing a rich learning experience for each child in preparation for early success in school.

# VISION STATEMENT

Guided by high expectations, our preschool staff will provide students with a wide range of educational opportunities that will increase student success rates. The WCCUSD State Preschool Program will promote the development of students building literacy, math, goal setting, and critical thinking skills. In addition, our program provides learning experiences that will enrich each child's social emotional, physical, and creative abilities.

All students will be provided with a classroom environment that supports development of:

- ♥ a safe, nurturing educational experience;
- ♥ critical thinking skills;
- cultivating a love of learning and building problem solving skills;
- an appreciation for cultural differences and;
- ♥ to enter Transitional Kindergarten or Kindergarten with the necessary skills to promote lifelong learning.

# **PHILSOPHY**

The philosophy of the WCCUSD State Preschool program is to provide and promote experiences that meet individual needs of all children.

# PROGRAM GOALS

Children are encouraged to participate in variety of activities to prepare them:

- To be personally and socially competent
- To be effective learners
- To become critical thinkers
- To demonstrate physical and motor competence
- To be safe and healthy

# Early Learning Program Theory of Action

Our Theory of Action for the program guide sour continuing efforts to ensure that all our programs are high quality, with final belief and expectation that ALL students will have access to high levels of educational success in social, emotional, behavior as well as academic readiness skills.

- If we develop a culture where every adult in the program and the greater community act upon the belief that ALL students are capable of learning at higher levels, **then** ALL our students will be exposed to greater opportunities and support necessary for school success.
- If we ensure by providing needed Professional Development opportunities that support rigorous, research based curricula, taught to meet student individual needs for program staff, **then** we will be able to provide ALL students with accelerated learning and close the identified achievement gaps.
- If we engage in a deep and continuous process of data-driven decision-making with the best interests of our students in mind, **then** we will expand successful programs and support our areas in need.



# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT Early Learning Program – State Preschool

**Routines, Procedures and Unit Planning** 

| School: | Teacher: |
|---------|----------|
|         |          |

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

Unit of Study: \_\_\_\_\_

| Time      | Purpose          | Teachers Will  | Instructional Aides Will  | Students Will   |
|-----------|------------------|--|---|---|
| 8:05-8:15 | Room Set Up      | <ul> <li>Prepare for daily activities</li> <li>Place lesson plans in visible location</li> <li>Remove chairs from tables</li> <li>Clean tables</li> <li>Check room for pressing needs</li> </ul>                   | <ul> <li>Remove chairs from tables</li> <li>Clean tables</li> <li>Assist teacher as directed or needed</li> <li>Wipe shelves</li> <li>Clean easel</li> <li>Wash paint brushes &amp; aprons</li> </ul> |   |
| 8:15-8:25 | Sign In/Greeting | <ul> <li>Greet parents and<br/>students at the door</li> <li>Morning check ins</li> <li>Review sign in sheet</li> <li>Ensure the correct time is<br/>written</li> <li>Direct students to wash<br/>hands</li> </ul> | <ul> <li>Greet students</li> <li>Assist students washing hands</li> <li>Work with students in morning activity</li> </ul>   | <ul> <li>Wash hands</li> <li>Spell their name</li> <li>Do morning activity</li> </ul> |

| Transition |                                 | •   | •  | •   |
|------------|---------------------------------|---|--|---|
| 8:25-8:50  | Morning Meeting<br>(on the rug) | <ul> <li>Show and go over classroom expectations</li> <li>Introduce number/letter of the week</li> <li>Calendar/Weather review</li> </ul> Lesson Plan | <ul> <li>Look at student check in and sign in sheets / complete daily head count</li> <li>Assist children at the rug</li> <li>Call in lunch count</li> <li>Set up tables for small group activity</li> <li>Participate in group activity</li> <li>Lesson Plan</li> </ul> | <ul> <li>Participate</li> <li>Actively listen</li> <li>Follow rules and expectations</li> </ul> |
| Transition |                                 | •   | •  | •   |

| 8:50-9:10  | Small Group<br>*Triangle Plan | <ul> <li>Follow lesson plan</li> <li>Review expectations with students</li> <li>Interact with and support students</li> <li>Take observation notes as needed</li> <li>Differentiate instruction Lesson Plan</li> <li>•</li> </ul> | <ul> <li>Interact with and support students</li> <li>Follow lesson plan</li> <li>Take observation notes as needed</li> <li>Review expectations with students</li> </ul> Lesson Plan | <ul> <li>Listen and participate on in activity</li> <li>Follow expectations</li> </ul> |
|------------|-------------------------------|---|---|--|
| Transition |                               | •   | •   | •  |

| 9:10-10:10 | Free Choice Time<br>Assign<br>instructional<br>assistants a<br>rotating position<br>each day. Use<br>posted questions<br>to interact with<br>children to build<br>vocabulary etc | <ul> <li>Follow lesson plan</li> <li>Review expectations</li> <li>Interact with students</li> <li>Ask open ended<br/>questions</li> <li>Take observation notes as<br/>needed</li> <li>Read to/with students<br/>informally</li> <li>Monitor students for<br/>safety</li> </ul> Lesson Plan | <ul> <li>Review expectations</li> <li>Interact with students</li> <li>Ask open ended questions</li> <li>Take observation notes as needed</li> <li>Read to/with students informally</li> <li>Monitor students for safety</li> </ul> | <ul> <li>Interact with peers and teachers</li> <li>Follow expectations</li> <li>Have multiple opportunities to do activities connected to the unit</li> </ul> Lesson Plan |
|------------|--|--|--|---|
|            |  |  |  |   |

| Transition<br>10:10-10:40 | Outside Time | Review expectations   | <ul> <li>Head Counts – Complete</li> <li>check in and cut list of</li> </ul>   | • Interact with  |
|---------------------------|--------------|---|--|--|
|                           |              | <ul> <li>Head Counts – Complete check in and out list of students</li> <li>Interact with students</li> <li>Create various opportunities for students to develop</li> <li>Monitor students and yard for safety</li> <li>Ask open ended question</li> <li>Take observation notes where needed</li> <li>Wash hands upon reentering the classroom</li> <li>Lesson Plan</li> </ul> | <ul> <li>check in and out list of students</li> <li>Review expectations</li> <li>Interact with students</li> <li>Create various opportunities for students to develop</li> <li>Monitor students and yard for safety</li> <li>Ask open ended question</li> <li>Take observation notes where needed</li> <li>Wash hands upon reentering the classroom</li> </ul> | <ul> <li>peers and staff</li> <li>Follow<br/>expectations</li> <li>Have multiple<br/>opportunities to<br/>do activities<br/>connected to the<br/>unit</li> <li>Wash hands upon<br/>reentering the<br/>classroom</li> </ul> |

| Transition  | Lowel | •   | •  | •  |
|-------------|-------|---|--|--|
| 10:40-11:00 | Lunch | <ul> <li>Ensure all students who have allergies/dietary restrictions only eat the correct foods</li> <li>Wash hands</li> <li>Wash hands of students</li> <li>Nurture and encourage ongoing positive interactions and conversations</li> <li>Assist students in opening lunch while fostering opportunities for independence</li> <li>Clean area before the afternoon class comes</li> </ul> | <ul> <li>Ensure all students who have allergies/dietary restrictions only eat the correct foods</li> <li>Clean and disinfect tables</li> <li>Wash hands</li> <li>Set up lunch for students</li> <li>Wash hands of students</li> <li>Nurture and encourage ongoing positive interactions and conversations</li> <li>Assist students in opening lunch while fostering opportunities for independence</li> <li>Clean area before the afternoon class comes</li> </ul> | <ul> <li>Wash hands</li> <li>Students who<br/>have allergies or<br/>dietary<br/>restrictions will<br/>only eat the<br/>correct foods</li> <li>Have time to eat<br/>their lunch</li> <li>Have positive<br/>communication</li> </ul> |

| Transition  |                | •   | •  | •   |
|-------------|----------------|---|--|---|
| 11:00-11:15 | Closing Circle | <ul> <li>Review the activities and theme of the day</li> <li>Read a book</li> </ul> Lesson Plan   | <ul> <li>Assist students in gathering their materials</li> <li>Prepare the classroom for the afternoon class</li> <li>Lesson Plan</li> </ul>   | <ul> <li>Review activities<br/>and them of the<br/>day</li> <li>Gather their<br/>materials</li> <li>Lesson Plan</li> <li>•</li> </ul> |
| 11:15       | Dismissal      | <ul> <li>Call the students to be dismissed after appropriate person signing them out</li> <li>Ensure the correct time is written</li> <li>Observe classroom making sure students leave with correct guardian</li> </ul> | <ul> <li>Assist children as they<br/>leave</li> <li>Observe classroom<br/>making sure students leave<br/>with correct guardian</li> <li>Inform parents of<br/>homework assignment and<br/>theme of the week</li> </ul> | • Remain seated<br>until staff<br>member calls<br>their name after<br>guardian signs<br>them out                                      |

| • Inform parents of<br>homework assignment<br>and theme of the week |  |
|---|--|
|   |  |

**Note:** During transitions, ensure that protocols are followed. This includes ongoing head counts.

- Students must be observed at all times while using the restroom.
- Assist students with hand washing ensuring that they are washing the appropriate amount of time

# **Unit Learning Goals:**

| Books for this Unit |  |
|---------------------|--|
| Vocabulary Words    |  |
| DRDP Measures       |  |
| Foundations         |  |

| Home Connection          |  |
|--------------------------|--|
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
| Adaptations for Students |  |
| with IEP's               |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
| Adaptations for ESL      |  |
| Students                 |  |
|                          |  |
|                          |  |

• Resources:

• Family/Community Engagement:

• Common Core Connection:

• Assessments:

• Notes:

Individual Child Planning:

| "To Do" List:                             |
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| Expected Student Produced Artifacts/Work: |
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| Unit Reflection:                          |
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# What is WCCUSD CSPP Program?

# Goal:

To ensure that all our students are safe and have fun while learning.

# Rationale:

Early education program is seen as important mechanism for helping children develop the skills they need for school readiness.

# Partners:

Parents- Key to the program is parent participation. This provides families with skills and strategies for home/school connection and readiness skills.

# Small Group "Triangle Plan" Steps/Ideas

- Think about your student's instructional level.
- Use the DRDP and the <u>California Preschool Learning Foundations</u> to address what your small group focus will be.
- If necessary, Access the California Preschool Framework for ideas surrounding your focus or to broaden your planning.
- Plan a mini lesson to target a skill that your students need to grow in- i.e., upper case lower case letter matching. Each Table will work on a Variation of your lesson. For example, if your identified skill is letter i.e., the one table can be making letters out of playdough, another group could water color paint a letter or two and talk about them and the last group could be completing flash cards or hearing a story directly tied to that letter.
- Divide the class into three groups. Each group will sit at a table led by a teacher or aide. Keep the children engaged for at least 5-7 minutes.
- Ring a bell/ flash the light/clap or whatever else you do to get the children's attention. Each group stops working and groups rotate table to table. The teacher/aide remains at the table. Once the groups are settled, repeat the activity at each table.

\*Please refer to the California Preschool Learning Foundation and Preschool Curriculum Framework on the topic Alphabetic and Word/ Print Recognition. These Documents are available free by downloading them from <u>www.cde.ca.gov</u>.

# **Rainy Day Suggested Activities**

- 1. www.gonoodle.com
- 2. You Tube- Rainy Days Activities
- 3. Free Dance to Songs
- 4. Musical Parade using Classroom musical instrument
- 5. Indoor gross motor items- tunnel hula-hoops, dancing movements

West Contra Costa Unified School District

# (510) 307-4585 PRESCHOOL PART DAY PROGRAM SCHEDULE (AM)

| •   |                          |  |
|---|--------------------------|--|
| 8:15 - 8:25                               | TRANSITION               | SIGN-IN/ ATTENDANCE / HAND WASHING             |
| 8:25 - 8:45                               | BREAKFAST - for schools  | Adults sit at the table and have Conversations |
|   | with breakfast program / | with students                                  |
|   | TABLE TIME               | Handwashing                                    |
| 8:45 - 9:05                               | CIRCLE TIME              | Community Building                             |
|   |                          | Social Skills                                  |
|   |                          | Calendar                                       |
|   |                          | Weather  |
|   |                          | Shared Reading (Songs , Poems)                 |
|   |                          | Alphabet                                       |
|   |                          | Helpers  |
|   |                          | Interactive Read Aloud                         |
| 9:05 - 9:10                               | TRANSITION               | Oral Games                                     |
| 5.05-5.10                                 |                          | Movement                                       |
|   |                          |  |
|   |                          | Songs  |
| 9:10 - 10:10                              | CENTER TIME/ FREE CHOICE | Blocks   |
| 1. S. |                          | Literacy/ Library                              |
|   |                          | Puzzles  |
|   |                          | Sand/Water                                     |
|   |                          | Science  |
|   |                          | Math   |
|   |                          | Art  |
|   |                          | Music  |
| ·· · ·                                    |                          |  |
| 10:10 - 10:40                             | OUTDOOR PLAY/ PE         | Structured Games                               |
|   | 1                        | Books  |
|   |                          | Water/sand                                     |
|   |                          | Play   |
| 10:40 - 10:45                             | TRANSITION               | Songs  |
|   |                          | <ul> <li>Handwashing</li> </ul>                |
| 10:45 - 11:05                             | LUNCH                    | Adults sit at the table and have Conversations |
|   |                          | with students                                  |
|   |                          | Handwashing                                    |
| 11:05 - 11:10                             | Reading/ Writing         | Read Aloud                                     |
| 11:10- 11:15                              |                          | Clean Up/Dismissal                             |
|   |                          |  |
| 1   | 1                        |  |

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#### West Contra Costa Unified School District

| Þ             | RESCHOOL PART DAY PRO    | 0) 307-4585<br>GRAM SCHEDILLE ( <b>PM</b> )  |
|---------------|--------------------------|--|
|               |                          |  |
| 12:00 - 12:15 | TRANSITION               | SIGN-IN/ ATTENDANCE / HAND WASHING   |
| 12:15 - 12:55 | LUNCH/ TABLE TIME        | <ul> <li>Adults sit at the table and have Conversations<br/>with students</li> <li>Handwashing</li> </ul>  |
| 12:55 – 1:15  | CIRCLE TIME              | <ul> <li>Community Building</li> <li>Social Skills</li> <li>Calendar</li> <li>Weather</li> <li>Shared Reading (Songs, Poems)</li> <li>Alphabet</li> <li>Helpers</li> <li>Interactive Read Aloud</li> </ul> |
| 1:15 – 1:20   | TRANSITION               | Oral Games     Movement     Songs  |
| 1:20 - 2:20   | CENTER TIME/ FREE CHOICE | <ul> <li>Blocks</li> <li>Literacy/Library</li> <li>Puzzles</li> <li>Sand/Water</li> <li>Science</li> <li>Math</li> <li>Art</li> <li>Music</li> </ul>   |
| 2:20 - 2:50   | OUTDOOR PLAY/ PE         | <ul> <li>Structured Games</li> <li>Books</li> <li>Water/sand</li> <li>Play</li> </ul>  |
| 2:50 – 2:55   | TRANSITION               | <ul><li>Songs</li><li>Handwashing</li></ul>  |
| 2:55 – 3:00   | Reading/ Writing         | Read Aloud     Dismissal   |

21

# **Graduate Tutor Schedule 2023-24**

| Name    | Monday     | Tuesday    | Wednesday    | Thursday     | Friday        |
|---------|------------|------------|--------------|--------------|---------------|
| Doris   | AM Make Up | AM Make Up | AM Make Up   | AM Bayview   | AM Make Up    |
|         | PM Chavez  | PM Murphy  | PM Lincoln   | PM Ford      | PM Dover      |
| Yolanda | AM Make Up | AM Make Up | AM Make Up   | AM Make Up   | AM Make Up    |
|         | PM King    | PM Downer  | PM Montalvin | PM Riverside | PM Washington |

Daily Schedule:

| 1 <sup>st</sup> School Site | 8:15 a.m. – 11:15 a.m.  |
|-----------------------------|-------------------------|
| Lunch                       | 11:15 a.m. – 12:00 p.m. |
| Travel                      | 12:00 p.m. – 12:15 p.m. |
| 2 <sup>nd</sup> School Site | 12:15 p.m. – 3:00 p.m.  |

# **GENERAL REGULATION & EXPECTATIONS**

- Teachers should be acquainted with the rules, regulation and policies of the Board of Ι. Education and observe and enforce these in the course of their duties.
- Teachers should be in their classroom by 8:00 a.m. each day and remain on school 2. premises until 3:22 p.m.

| Teacher Schedule  | Instructional Assistant Schedule  |  |
|---|---|--|
| Prep 8:00 a.m 8:15 a.m.<br><u>Part Day</u><br>AM Session: 8:15 a.m 11:15 a.m.<br>Lunch: 11:15 a.m 12:00 p.m.<br>PM Session: 12:00 p.m 3:00 p.m. | Report time 8:15 a.m. – 3:15 p.m.<br><u>Part Day</u><br>Lunch: 11:15 a.m. – 12:00 p.m.<br>Break: 3:00-3:15 p.m. (uninterrupted) |  |

3. Teachers should attend all monthly Professional Learning Community (PLC) and staff meetings called by the coordinator *unless excused prior* to the meeting. Your school site team will be allowed to meet for **one (1) hour monthly only**, with proof of meeting; agenda, sign in sheet, meeting notes and time card. All meetings will take place at the Administration Building or any school site that has been previously determined.

| Staff Meeting   | Professional Learning Community                        |
|---|--|
| August 14 <sup>th</sup> , October 13 <sup>th</sup>    | September 14 <sup>th</sup> , November 17 <sup>th</sup> |
| December 15 <sup>th</sup> , February 15 <sup>th</sup> | January 18 <sup>th</sup> , March 21 <sup>st</sup>      |
| April 11 <sup>th</sup> , June 7 <sup>th</sup>         | May 16 <sup>th</sup>                                   |

- 4. ABSCENCES-Any teacher who must report an absence should notify Human Resources at credential substitute service in advance at (510) 231-1164 or sub services automated line at (510) 323-2895. Any instructional assistant who must report an absence should notify classified substitute services in advance (at least two hours before shift) at (510) 323-2895 or contact Classified Sub Services at (510) 231-1168. If you are leaving during the day, please inform your Principal. PLEASE DO NOT CALL THE PRESCHOOL OFFICE; WE DO NOT HAVE SUBS ON STANDBY. Please ensure that absences should be reported on time in order to secure a substitute.
- 5. Follow site directives for Fire and Disaster Drills and other emergencies.
- 6. Lesson Plan books should be kept up to date. During the teaching day, plan books should be kept on your desk. Your site administrator or program coordinator will be visiting your classroom many times throughout the year; your lesson plan book should be available. In an event that you will be absent, a three (3) day substitute lesson plans should be submitted to your site Principal or office staff, a copy left in your classroom and a copy sent to Demi Branch in order to meet licensing requirements.

A legible and complete Daily Lesson Plan will include the following current information for substitutes:

- a) The daily program in the order that the subjects come, giving the time allotments for each. Please use the schedule and have it available.
- b) An up-to-date seating chart or other means of identifying students, even the Lifetouch Pictures can be helpful if available.
- c) Complete titles of books used, pages to be covered, corresponding assignments in the teacher manuals, seatwork and assignments to be written on the board. Location of copy machine and code if needed, and other materials and equipment to be used.
- d) Location of handbook of local policies
- e) Duty schedule of the teacher, showing the time and the areas.
- f) Method of taking attendance.
- g) Manner of meeting before school and dismissing classes, including room and building exits.
- h) List of classroom rules of conduct.
- i) Fire Drill and Disaster Drill signals and instructions. (Please have maps on the right hand side of the wall by the main entrance)
- j) Location of room supplies and books used.
- k) List of Instructional Assistants assignments.
- 1) Names of reliable students who can be called for help.
- m) A list of students and times that they are to be gone from class for Speech Class, Music
- n) Group, RSP classes, Learning center, etc.
- o) The name and location of a teacher you can go to for help if the Principal is not available.
- p) Suggestions for rainy day activities and recess procedures
- 7. Daily Instruction Program is required of all teachers. Schedules should be made in duplicate.
  - ✓ Preschool Curriculum includes;
    - My Math by McGraw Hill
    - Teacher Created Materials
    - CA Foundations and Frameworks
    - Second steps Social skills training
- 8. **Teacher Evaluation** will be conducted by their **site principal** to review the California Standards for the Teaching Profession.
- 9. Maintain an 8:1 ratio of students to adult at all times to be in compliance with the state licensing regulations.
- 10. Submit Late Pick Up Log monthly. Please notify the office after 10 minutes and not later.
- 11. Conduct the official method of assessment Desired Results Developmental Profile (DRDP) in Preschool on every student in the **Fall and Spring.** Using District approved tools, e.g. Learning Genie

- 12. Hold two parent teacher conferences a year, November and April. Make sure you have a sign in sheet, an agenda and flyer and submit a copy to the preschool office once completed.
- 13. Host Back to School Night, Open House on the district's date and a parent meeting. Make sure you have a sign in sheet, an agenda and flyer and submit a copy to the preschool office once completed.
- 14. Follow all State and Community Care Licensing rules at all times. <u>Priority is student</u> <u>safety.</u>

Licensee Requirements Starting January 1, 2023, the programs specified in AB 2806 cannot expel children with persistent and serious behaviors without expeditiously pursuing and documenting reasonable steps to maintain the child's safe participation in the program. If, after doing so, the program determines that the child continued enrollment would present a serious safety threat to the child or other enrolled children, it cannot expel the child unless it refers to the child to other potentially appropriate placements or the local child care resource and referral agency. Starting January 1, 2023, the programs specified in AB 2806 cannot suspend a child with persistent and challenging behaviors unless there is a serious safety threat that cannot be reduced or eliminated without removal.

- 15. Review all Individual Educational Plan (IEP) documents of your students with special needs to as to know how best to support them in your classroom.
- 16. Discipline procedures will be discussed in the class and posted in all the classrooms;
  - a. Be proactive by modeling teacher and school readiness skills and social skills daily.
  - b. Be sure to treat all children equitably.
  - c. Develop an Assertive Discipline Plan Be proactive and acknowledge students who are on task Stand in close proximity in order to minimize disruption in the classroom Give private and quiet redirections in order to maintain control Send student to a temporary place to calm the situation Call home to report all interventions and ask for support
  - d. Send a copy of your plan or letter home to parents making them aware of your classroom standards. Turn in one copy of your letter to the program office and your site principal can read it before it goes to the parents.
  - e. Be consistent
  - f. Keep parents inform of the progress. Discipline begins at home and is carried over to the classroom with the teacher.
  - g. Utilize the Second Step Social Skills training daily to ensure that students are taught the expected behavior.
- 17. All the following classroom items should be kept out of reach of the children; tape, staplers, scissors, tacks and all toxic materials (medicine & cleaning agents).

- 18. No use of **CELL PHONES** and **COMPUTER** in the classroom at all times, <u>especially</u> <u>during</u> instruction and student supervision.
- 19. Non urgent emails should not be sent during instructional times, except there is an emergency.

The Administrator is expected to:

- ✓ Encourage and promote parent and family involvement through a positive partnership.
- Encourage all staff to use technology and data as a guide for differentiation of instruction to promote student learning.
- ✓ Hold teachers accountable for upholding classroom standards and teaching practices.
- ✓ Know and ensure that students master the California State and classroom standards.
- ✓ Hold students accountable for any disorderly conduct in school.
- ✓ Provide leadership that will encourage and promote future teacher leaders.
- ✓ Establish, publicize and enforce school rules that facilitate effective learning and promote attitudes and habits of good citizenship among the students and staff.
- ✓ Support site administrator

California Administrative Code, Title 5, Sec. 300

(Student Responsibilities)

- ✓ Every pupil shall attend school punctually and regularly; conform to the regulations of the school; <u>obey promptly all the directions of the teacher and others in authority;</u>
- ✓ Observe good order and propriety of department; be diligent in study; respectful to the Teacher and others in authority; kind and courteous to school mates; and refrain from being disruptive.

The Staff Members are expected to:

- ✓ Provide information about the standards to students and parents to ensure understanding and agreement about what students will be expected to learn and master as they progress through the school year.
- ✓ Work collaboratively with colleagues to develop age appropriate assignments as well as provide on-going assessments and data opportunities.
- ✓ Work closely with parents and all stakeholders to develop the total student and provide support services, e.g. intervention, IEP, SST (Student Study Team) etc.

- ✓ Use the results of a variety of relevant assessment and diagnostic measures to create instructional, individual and age appropriate lessons.
- ✓ Report and provide explanations to families about the student assessments and observation data via the telephone, e-mail, Parent Teacher Child Conferences or report cards.
- $\checkmark\,$  Provide appropriate assistance and differentiation of instruction to meet the needs of each student.
- ✓ Employ effective classroom management techniques using "Discipline with Dignity."
- ✓ Remember to always report Good News to parents prior to problems in order to build relationships (newsletters, telephone calls, or home visits are suggestions).
- ✓ Compliment students who are on task and following directions
- $\checkmark$  Use close proximity to calm the situation.
- $\checkmark$  Use private redirection to maintain the situation.
- $\checkmark$  Send students to a temporary new location.
- $\checkmark$  Be proactive and call home to report the incident.
- ✓ All serious infractions must be reported to the principal.
- ✓ Dress professionally and appropriately every day as to set a positive example to our school community and students.
- $\checkmark$  Do not share student personal contact information without parent permission.
- ✓ Always call sub-finder to report absences. Please adhere to this directive! This will ensure that your students are properly taken care of and that we are in ratio and compliant;
  - Sub-finder's telephone line is 510-323-2895 and follow the prompts!!!

# Education Code 44085 (Duties of Teacher)

Every teacher in the public schools shall enforce the course of study, the use of legally authorized textbooks, and the rules and regulations prescribed for school.

The Entire School Community is expected to:

- $\checkmark$  Be attentive to all students.
- $\checkmark$  Provide a safe and controlled environment.

- $\checkmark$  Promote responsible programs, citizenship and behavior.
- $\checkmark$  Encourage diversity and cultural acceptances.
- $\checkmark$  Promote and improve communication.
- ✓ Provide a quality education and core curriculum aligned with the California State Standards.
- $\checkmark\,$  Provide students with support, experiences and care to succeed in today's society and in the future.
- ✓ Follow through with the Mission and Vision statements for the Early Learning Program.

Supervision of Students:

 $\checkmark$  All adults must use effective and active supervision strategies at all times.

# Appointments with the Coordinator:

Mrs. Ajayi will be available on an appointment basis unless there is an emergency. We are asking that you be considerate and schedule appointments Wednesday, with the Program Supervisor or Office Staff. This will allow the Coordinator the flexibility to visit classrooms, support teachers and give you the one-on-one attention and quality time during your appointment. Please feel free to write or email your message and leave it in the department office. Mrs. Ajayi will make every attempt to meet with you as soon as possible. If however your situation is urgent, she will meet with you as soon as possible.

ALL REQUESTS: Please put them in writing.

#### **Office Contact Extensions**

| Demi Branch (Office Supervisor)                        |  |  |
|--|--|--|
| Supplies and any other question relating to program    |  |  |
| Jeny Aguirre (EL Community Worker)                     |  |  |
| Parent Engagement, Medical Issues                      |  |  |
| Maria Guerra (Clerk)                                   |  |  |
| All enrollment, NOA and attendance                     |  |  |
| Rosa Alba (Clerk)                                      |  |  |
| All emergency cards, NOA and lunch category, Classroom |  |  |
| coverage   |  |  |
| Sara Monares (Sub Clerk)                               |  |  |
| Licensing and CMR questions                            |  |  |
| Anna Wirsig (Sub Teacher)                              |  |  |
| DRDP Tech questions                                    |  |  |
|  |  |  |

#### STUDENT PRIVACY

All students' faces should be blocked when posting classroom activities on any form of media, except with parent/guardian permission given on the General Release form.

# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT



Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

Olanrewaju Ajayi

Coordinator, Early Learning Programs

# **State Preschool Program Protocol Guidelines**

The guidelines listed below must be adhered to at all times.

### State Licensing

- The Community Care Licensing representative must sign in to your school office and receive a visitor's sticker. Site office staff must notify the classroom of analyst visit.
- The representative must have a government issued identification badge.
- Your site administrator and the Early Program Office is called immediately to inform them of the visit (510) 307-4585
  - Note: You are to contact Demi Branch, the Early Learning Program Office Supervisor
- Information given is directly in line with instructions from the Preschool Office.
- Questions that the analyst may ask are answered in a knowledgeable fashion.
- No paperwork is signed without careful review and instructions from the program coordinator.

## **Unusual Incidents**

- All unusual incidents must be reported to your school site administrator and the program coordinator and the District incident report as well as the unusual incident report forms properly filled out and submitted to site office with a copy sent to the program office.
- Any information given to parents must be approved by the program coordinator or site administrator prior to distribution
- Unusual Incident Reports for the school district and state licensing must be submitted to your site office as well as the Early Learning Program on the day of occurrence for review
  - You will be given next steps by the program coordinator/director
  - Contact the health assistant for all health related issues
- Licensing is not to be contacted directly by classroom teachers

# Child Referrals (Child Mental Health/Cameron – IEP's)

- Email your school site administrator and cc the program coordinator the names of students in your classroom who you have identified as needing outside support before contacting Child Mental Health or Cameron
  - You will be given next steps by the program coordinator
  - $\circ$   $\;$  Continue giving them follow up information for these students

# **Outside Programs**

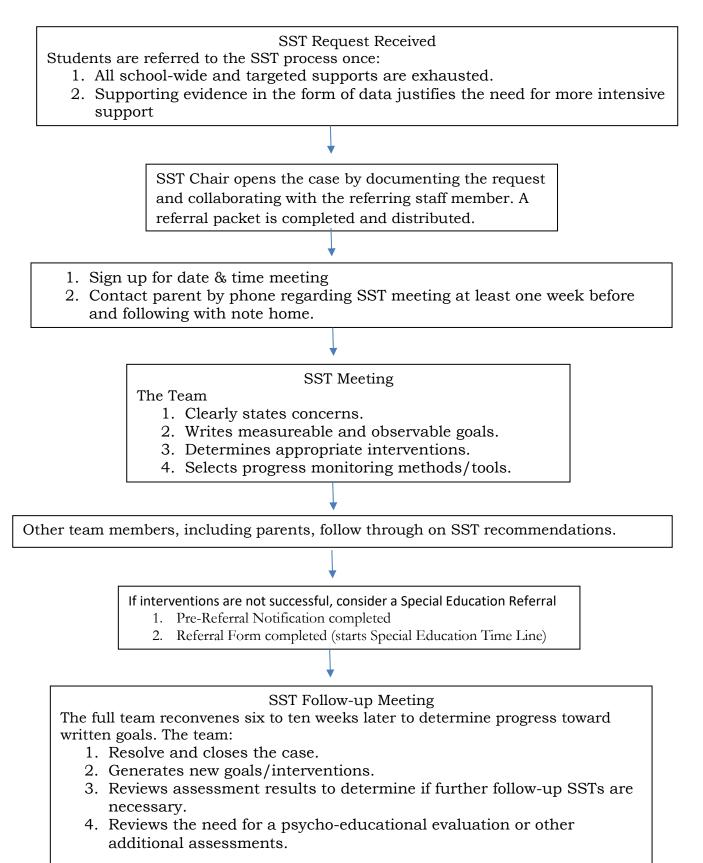
- All communications with outside agencies that are work related must be cleared before they take place
- Deadlines, forms, and processes that you have been instructed to follow cannot be changed

# Early Learning Reporting Procedure

| COMMUNITY CARE  | CHILD PROTECTIVE  | INJURIES  | MENTAL HEALTH/   |
|---|---|---|--|
| LICENSING   | SERVICES (CPS)  |   | CAMERON REFERRAL   |
| <ol> <li>Agents must sign in<br/>at site office</li> <li>Show badge</li> <li>Contact site<br/>administrator</li> <li>Contact Early<br/>Learning Office<br/>secretary<br/>immediately</li> <li>Do not sign any<br/>documents without<br/>review and approval<br/>from the Early<br/>Learning Program<br/>Office</li> </ol> | <ol> <li>You are a Mandated<br/>Reporter, follow<br/>WCCUSD policy</li> </ol> | <ol> <li>Attend to the student</li> <li>Fill out the<br/>WCCUSD Incident<br/>Report, submit the<br/>original to site<br/>administrator and<br/>submit a copy to<br/>Early Learning<br/>Office</li> <li>Fill out Unusual<br/>Incident report,<br/>submit the original<br/>to site administrator<br/>and submit a copy to<br/>Early Learning<br/>Office</li> <li>Do Not Contact<br/>Licensing Directly</li> </ol> | <ol> <li>Contact your site<br/>administrator and<br/>copy the program<br/>coordinator</li> <li>You will be<br/>contacted for next<br/>steps</li> <li>Continue to give<br/>follow up<br/>information on<br/>student to site<br/>administration and<br/>program coordinator</li> </ol> |

Please Note: Contact with outside agencies that are work related <u>must be cleared</u> before they take place.

# THE STUDENT SUCCESS TEAM REFERRAL PROCESS FOR CLASSROOM TEACHERS





# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

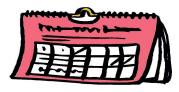
Olanrewaju Ajayi Coordinator, Early Learning Programs School: \_\_\_\_\_ Teacher: \_\_\_\_\_ As of today, \_\_\_\_\_\_, the items that are checked below have been turned into the Early Learning Department. First Parent Meeting (FALL) o Announcement • Sign In Sheet 0 Agenda • Officers 0 Minutes Second Parent Meeting o Announcement Sign In Sheet 0 Agenda 0 Officers 0 o Minutes Classroom o Schedule o Emergency Plan (Up to Date) Back To School Night (FALL) Sign In Sheet 0 Open House (Spring) Sign In Sheet 0 DRDP's (FALL) DRDP Cloud (Completed information for all students including anecdotal notes) 0 Developmental Profile Summary of Findings 0 Sample student work portfolios 0 DRDP's (Spring) o DRDP Cloud (Completed information for all students *including* anecdotal notes) 0 **Developmental Profile Summary of Findings** 0 Sample student work portfolios Transition Report for Parents (Kindergarten/TK students only) 0 Parent/Teacher Conference (FALL) Appointment Schedule 0 Conference Forms (with parent signatures) 0 Parent/Teacher Conference (Spring) o Appointment Schedule Conference Forms (with parent signatures) 0 **Environmental Rating Scale** 

- Score Sheet Rating Scale
   ECER's Plan of Action
  - Teacher Signature

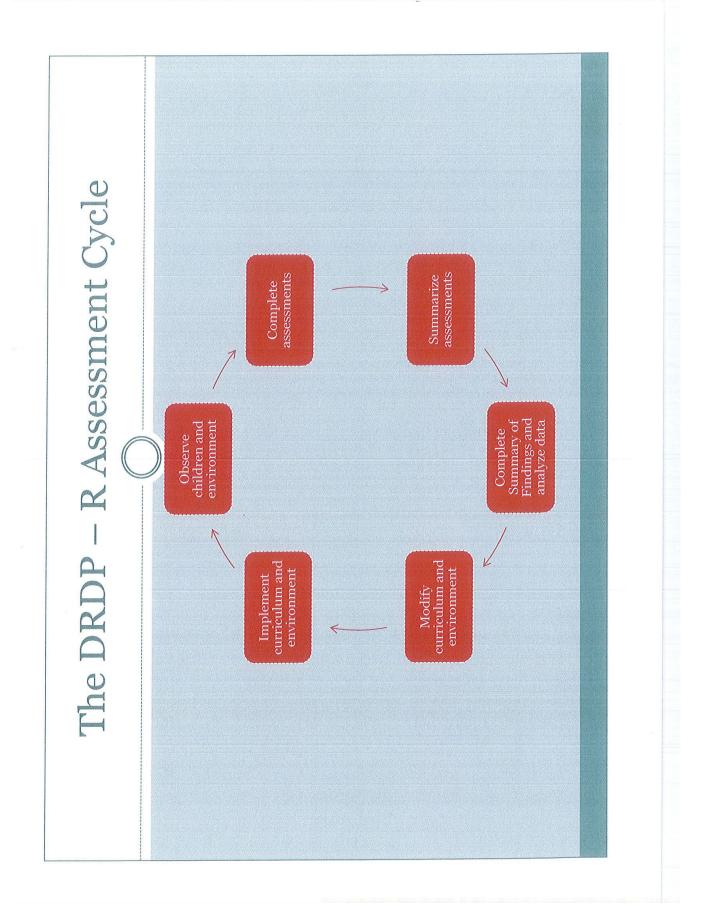
Office Staff Signature

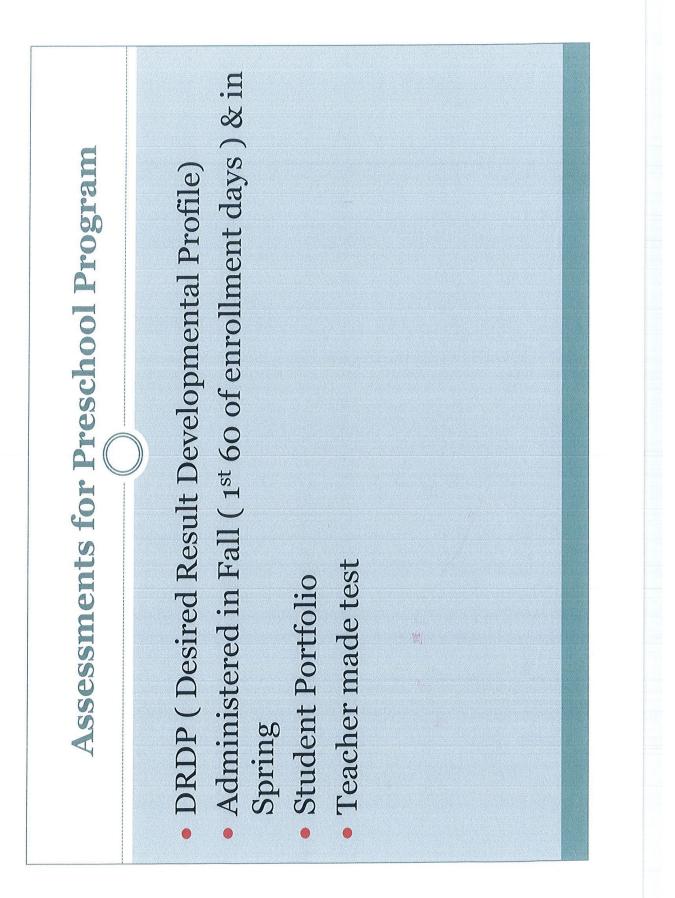
# DESIRED RESULTS DEVELOPMENT PROFILE (DRDP) 2023-2024

(Administered in the 1<sup>st</sup> 60 days of enrollment. Students will be rated in two rating period in a school year)

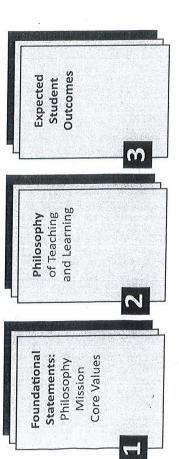


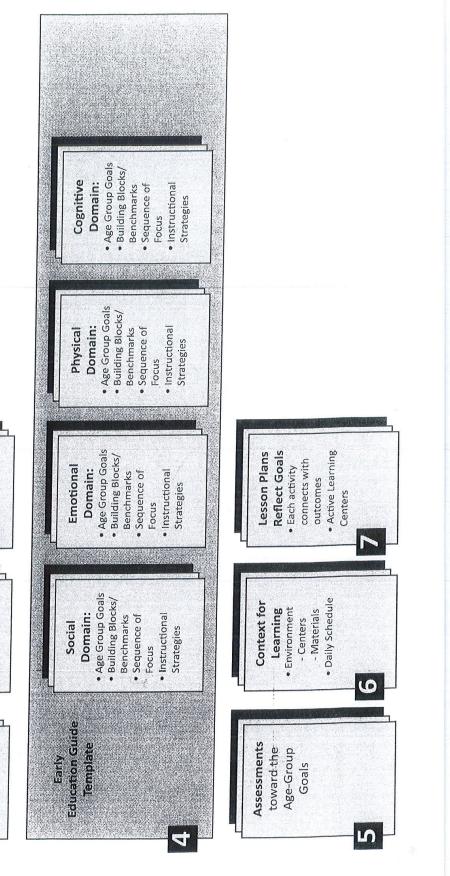
| Торіс   | <u>Information</u>  | Due Date  |
|---|---|---|
| <u>DRDP Fall 2023</u><br><u>Rating Period</u><br>August 16, 2023 –<br>November 11, 2023 | DRDP: Assessment & observations<br>for all PK & TK students whose<br>enrollment date is from August 16,<br>2023 to November 11, 2023  | <u>November 11, 2023</u><br>Anecdotal, observations, ratings must<br>be completely uploaded to DRDP Tech.<br>Data must be saved & locked<br>Generate summaries and reports for<br>Parent Teacher Conference, and others |
| DRDP Winter 2023<br>Rating Period<br>November 12, 2023 to<br>February 28, 2024          | DRDP: Assessment & observations<br>For all PK & TK students whose<br>enrollment date is from November<br>1, 2023 to December 31, 2023<br>(LATE ENROLLEES ONLY)  | <u>February 28, 2024</u><br>Anecdotal, observations, ratings must<br>be completely uploaded to DRDP Tech.<br>Data must be saved & locked<br>Generate summaries and reports.   |
| DRDP Spring 2024<br>Rating Period<br>March 1, 2024 to<br>May 31, 2024                   | DRDP: Final Assessment &<br>observations for <u>ALL</u> students<br>Students whose enrollment date is<br>from January 1, 2024 up to the last<br>day of enrollment must be included<br>in this rating period | <u>May 31, 2024</u><br>Anecdotal, observations, ratings must<br>be completely uploaded to DRDP Tech.<br>Data must be saved & locked<br>Generate summaries and reports for<br>Parent Teacher Conference, and others      |





EARLY EDUCATION CURRICULUM GUIDE/PLAN LAYOUT





### **OPEN ENDED QUESTIONS-**Questions that have more than one right answer or ones

that can be answer in many ways, are called open –ended questions. This way of asking question stimulates more language use, acknowledges that there can be many solutions to one problem, affirms children ideas, and encourage creative thinking.

- What does this make you think of?
- In what ways are these different?
- In what ways are they the same?
- What materials did you use?
- What would happened if...?
- What might you try instead?
- Tell me about you are....
- What does it looks like?
- What does it remind you of?
- What does it feel like?
- What can you do next time?
- What can u tell me about it?
- Tell me what happened.
- What could you have done instead?
- Which one do you have more of?
- Is one object longer/shorter than the other?
- What do you call the thigs you are using?
- Tell me what it looks like
- How did you do that?
- Is there anything else you could do/use?
- What will you do next after you finish that?
- How do you know?
- What are some different things you could do?
- What is it made of?
- Show me what you could do with it?

These open-ended questions can be written on sentence strips and place up high on the wall of the room or the list can be placed on a clipboard in an interest area as a quick reference for adults who are working with children.

# Preguntas Aviertas- Las preguntas abiertas que tienen más de una respuesta correcta o

que pueden responder de muchas maneras, se llaman preguntas abiertas. Esta forma de hacer preguntas estimula más el uso del lenguaje, reconoce que puede haber muchas soluciones a un problema, afirma las ideas de los niños, y alienta el pensamiento creative.

- En que te hace pensar esto?
- En que maneras son estas diferentes?
- En que maneras son iguales?
- Que Pasaria Si ...?
- Que podrias intentar envez de...?
- Dime acerca de...
- A que se parcia?
- Aque te recuerda?
- Como se Siente?
- Que puedes aser la proxima vez?
- Que puedes decir de esto?
- Dime que paso?
- Que podrias hacer envez de?
- De cual tienes mas?
- Es un objecto mas Largo/corto que los otros?
- Como se llaman las cosas que estas usando?
- Dime a que se parece?
- Como vas hacer eso?
- Que es lo que sientes/vez/escuchas/ pruebas o hueles?
- Como lo Hisite?
- Hay otra cosa que puedas hacer/usar?
- Que haras despues de terminar eso?
- Como Sabes?
- Cuales Son la diferentes cosas que tu podrias hacer?
- De que esta echo?
- Enseñame lo que puedes hacer con eso?

Estas preguntas abiertas pueden ser escritas en tiras de frases y colocarse en la pared de la habitación o la lista puede ser colocada en un portapapeles en un área de interés como una referencia rápida para adultos que están trabajando con niños.







#### INDIVIDUAL PROFESSIONAL DEVELOPMENT RECORD

| ame: Print Full First and Last Name |          | From://  | To:/ | //                 |
|-------------------------------------|----------|----------|------|--------------------|
| Title                               | Provider | Location | Date | Number<br>of Hours |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |
|                                     |          |          |      |                    |

Professional Development hours for QRIS must be documented (copies of certificates, transcripts, sign-in sheets and agendas) and added to the QRIS Portfolio under Element 3 (for teachers and FCCH) or Element 7 (for center directors). PD may include on-line training, ECE coursework, CPIN, First 5 trainings, ECE Conferences.

\*Remember to upload your certificate to your Workforce Registry

| Title                   | Education Requirement<br>(Option 1 for all permits)  | Experience<br>Requirement<br>(Applies to Option 1 Only)  | Alternative<br>Qualifications<br>(with option numbers indicated)  | Authorization   | Five Year Renewal   |
|-------------------------|--|--|---|---|---|
| Assistant<br>(Optional) | Option 1: 6 units of Early<br>Childhood Education (ECE) or<br>Child Development (CD)   | None   | Option 2: Accredited HERO program<br>(including ROP)  | Authorizes the holder to care for and assist in the<br>development and instruction of children in a child care<br>and development program under the supervision of an<br>Associate Teacher, Teacher, Master Teacher, Site<br>Supervisor or Program Director.  | 105 hours of professional<br>growth****   |
| Associate<br>Teacher    | Option 1: 12 units ECE/CD including core courses**   | 50 days of 3+ hours per<br>day within 2 years  | <i>Option 2:</i> Child Development Associate (CDA)<br>Credential.   | Authorizes the holder to provide service in the care,<br>development, and instruction of children in a child care<br>and development program, and supervise an Assistant<br>and an aide.  | Must complete 15<br>additional units toward a<br>Teacher Permit. Must<br>meet Teacher<br>requirements within 10<br>years. |
| Teacher                 | Option 1: 24 units ECE/CD<br>including core courses**<br><u>plus</u> 16 General Education<br>(GE) units*   | 175 days of 3+ hours per<br>day within 4 years   | Option 2: AA or higher in ECE/CD or related field with<br>3 units supervised field experience in ECE/CD setting   | Authorizes the holder to provide service in the care,<br>development and instruction of children in a child care<br>and development program, and supervise an<br>Associate Teacher, Assistant and an aide.  | 105 hours of professional<br>growth****   |
| Master<br>Teacher       | Option 1: 24 units ECE/CD<br>including core courses**<br><u>plus</u> 16 GE units*<br><u>plus</u> 6 specialization units<br><u>plus</u> 2 adult supervision units                                       | 350 days of 3+ hours per<br>day within 4 years   | Option 2: BA or higher (does not have to be in<br>ECE/CD) with 12 units of ECE/CD, <u>plus</u> 3 units<br>supervised field experience in ECE/CD setting   | Authorizes the holder to provide service in the care,<br>development and instruction of children in a child care<br>and development program, and supervise a Teacher,<br>Associate Teacher, Assistant and an aide. The permit<br>also authorizes the holder to serve as a coordinator of<br>curriculum and staff development. | 105 hours of professional<br>growth*****  |
| Site<br>Supervisor      | <ul> <li>Option 1: AA (or 60 units) which includes:</li> <li>24 ECE/CD units with core courses**</li> <li><u>plus</u> 6 administration units</li> <li><u>plus</u> 2 adult supervision units</li> </ul> | 350 days of 3+ hours per<br>day within 4 years<br>including at least 100 days<br>of supervising adults | Option 2: BA or higher (does not have to be in<br>ECE/CD) with 12 units of ECE/CD, <u>plus</u> 3 units<br>supervised field experience in ECE/CD setting; <u>or</u><br>Option 3: Admin. credential *** with 12 units of<br>ECE/CD, <u>plus</u> 3 units supervised field experience in<br>ECE/CD setting; <u>or</u><br>Option 4: Teaching credential **** with 12 units of<br>ECE/CD, <u>plus</u> 3 units supervised field experience in<br>ECE/CD, <u>plus</u> 3 units supervised field experience in<br>ECE/CD, <u>plus</u> 3 | Authorizes the holder to supervise a child care and<br>development program operating at a single site;<br>provide service in the care, development, and<br>instruction of children in a child care and development<br>program; and serve as a coordinator of curriculum and<br>staff development.                             | 105 hours of professional<br>growth*****  |
| Program<br>Director     | Option 1: BA or higher (does not have to be in ECE/CD) including:         • 24 ECE/CD units with core courses**         plus 6 administration units plus 2 adult supervision units                     | Site Supervisor status<br>and one program year of<br>Site Supervisor<br>experience                     | Option 2: Admin. credential *** with<br>12 units of ECE/CD, <u>plus</u> 3 units supervised field<br>experience in ECE/CD setting; <u>or</u><br>Option 3: Teaching credential**** with 12 units of<br>ECE/CD, <u>plus</u> 3 units supervised field experience in<br>ECE/CD setting, <u>plus</u> 6 units administration; <u>or</u><br>Option 4: Master's Degree in ECE/CD or<br>Child/Human Development   | Authorizes the holder to supervise a child care and<br>development program operating in a single site or<br>multiple sites; provide service in the care,<br>development, and instruction of children in a child care<br>and development program; and serve as coordinator<br>of curriculum and staff development.             | 105 hours of professional<br>growth*****  |

This matrix was prepared by the Child Development Training Consortium. To obtain a permit application visit our website at www.childdevelopment.org or call (209) 572-6080.

Permit Matrix 9-09 CL



Early Learning Program 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

> Olanrewaju Ajayi Coordinator, State Preschool Program

To: Preschool Teachers & Instructional Assistants

Re: Instructional Assistant's Break & Lunch Schedule

According to the California Department of Education and Community Care Licensing, the ratio for teacher student at **all times** is 1:8 with enrollment of 24 students. The ratio is to be maintained or the site will be cited for violation.

The instructional assistant's schedule and breaks at all sites is as follow:

### 8:15 – 3:15 Daily Schedules

8:15 – 11:15 AM Session (Instructional Time)

11:15 – 11:30 1<sup>st</sup> Break (15 mins) Parents are picking up students at this time, so we are in ratio.

11:30 - 12:00 Lunch (30 mins)

12:00 – 3:00 PM Session (Instructional Time)

# 3:00 - 3:15 2<sup>nd</sup> Break (15 mins) Parents are picking up students at this time, so we are in ratio.

#### Instructional Assistants are on break at this time, but must remain on site. They should not be assigned to perform duties.

Staggered schedule is no longer effective. Having breaks during instructional time is not compatible with the running of the State Preschool Program. Article 10. Section 2 & Section 3.



Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

Olanrewaju Ajayi Coordinator, Early Learning Programs

### **State Preschool Substitutes Protocol**

### (For Teachers and Instructional Aides)

The following must be adhered to **at all times**:

- 1. A ratio of 1 adult to 8 students
- 2. Maintain student and adult safety at all times
- 3. Daily check in and out located in the clip board
  - a. After sign in times
  - b. When leaving and returning in from the classroom
- 4. Hands of students and adults must be washed upon entering the classroom
- 5. The school office must be called and a staff member must replace you upon using the bathroom in order to maintain the 8:1 ratio
- 6. Students must be kept in view and supervised indoors and outside
  - a. Bathroom doors cannot be closed while students are using them
    - b. Supervision must be maintained of students when using the restroom – this includes when they have to go during outside time
- Transitions should be orderly with clear expectations given to students adults are in place throughout the classroom for visual supervision and interactions with students
- 8. Call the Early Learning Program whenever outside visitors come into the classroom (ex.-Licensing, Child Mental Health, Child Protective Services)
  - a. Do not assume the site office has called the Early Learning Program
- 9. All outside visitors who enter the classroom must do the following:
  - a. Follow site protocols regarding health and safety guidelines.
  - b. Sign in and receive a visitor's badge from the school office
  - c. Have an official badge and business card issued from the organization they work for
  - d. Sign in on the "Visitor Sign In Sheet" located at the front of the student attendance binder

# **10.** In case of an incident in the classroom, call the school office and state preschool office immediately

### State Preschool Office: 510-307-4585



Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

> Olanrewaju Ajayi Coordinator Early Learning Programs

### Policies and Key Procedures for Student Safety

- Emergencies must be reported to your school site office and the preschool office immediately
- Student Check In/Out
  - The blue checklist must be completed every morning right after parents sign in to ensure that all students are enrolled in your class, student class counts are taken, and all in attendance are correctly signed in.
    - Note: Parents who have dropped their child off but have not signed in must be called immediately to come back to the classroom
  - Salmon checklist is to be done on a daily basis upon exiting and entering the classroom (ex. – going out to the play yard)
  - The person who completes the forms should initial at the bottom every day
- Student Pick-Up
  - Everyone who picks up a child from school must adhere to the following:
    - Their name is listed on the emergency card
    - They have a valid ID with the name matching what is listed on the emergency card
    - They are at least 18 years old and not attending high school
    - Complete legal signature is used
    - Actual time of arrival/pick up is used
- ➢ Late Pick-Ups
  - o All students who are not picked up on time need to be reported to the preschool office
  - o Parents are to be called 5 minutes after the end of class
- ➢ All medications are locked away
- All children are to come to school in underwear No Pull ups or diapers at school



#### Active Supervision A Referenced Fact Sheet from The Head Start National Center on Health

Keeping children safe is a top priority for all Head Start and Early Head Start programs. The Head Start Program Performance Standards require that "no child shall be left alone or unsupervised while under their care" (45 CFR 1304.52[i][1][iii]). But what is active supervision and how will it benefit children and staff?

Active supervision is the most effective strategy for creating a safe environment and preventing injuries in young children. Educators from all over the world use this strategy to make sure that children of all ages explore their environments safely. Each program can keep children safe by teaching all educators how to look, listen, and engage.

#### What is Active Supervision?

Active supervision requires focused attention and intentional observation of children at all times. Educators (all Head Start staff who care for children) position themselves so that they can observe all of the children: watching, counting, and listening at all times. They also use their knowledge of each child's development and abilities to anticipate what they will do, then get involved and redirect them when necessary. This constant vigilance helps children learn safely.

#### Strategies to Put Active Supervision in Place

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. This includes daily routines such as sleeping, eating, and changing diapers or using the bathroom. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

#### Set Up the Environment

Educators set up the environment so that they can supervise children at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that educators can observe.

#### Position Staff

Educators carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Educators stay close to children who may need additional support. Their location helps them provide support, if necessary.

This document was prepared under Grant #90HC0005 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Health.



#### Scan and Count

Educators are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

#### Listen

Specific sounds or the absence of them may signify reason for concern. Educators who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert educators when a child leaves or enters the room.

#### Anticipate Children's Behavior

Educators use what they know about each child's individual interests and skills to predict what they will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs educators' observations and helps them anticipate children's behavior. Educators who know what to expect are better able to protect children from harm.

#### Engage and Redirect

Educators use active supervision skills to know when to offer children support. Educators wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

#### What Does Active Supervision Look Like?

To understand what active supervision might look like in your program, consider the following example. As you read the vignette, identify the specific strategies used in the bolded text.

Maria and Yasmin have taken their class of 3 year olds out to the playground for outdoor playtime. The 15-foot square playground has a plastic climber, a water/sand table, and a swing set. Maria and Yasmin stand at opposite corners of the playground to be able to move quickly to a child who might need assistance.<sup>1</sup> The children scatter through the playground to various areas. Some prefer the climber, while others like the swings. Many of the children play with the sand table because it is new. Maria and Yasmin have agreed on a supervision plan for the children they will observe<sup>2</sup> and are always counting the children in the areas closest to them, occasionally raising their fingers to

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show each other how many children are close to them.<sup>3</sup> This helps them keep track of where the children are, and to make sure no one is missing. If one child moves to a different area of the playground, they signal each other so that they are both aware of the child's change in location.<sup>4</sup>

Maria has noticed that Felicity loves to play in the sand table. She hears children scolding each other<sup>5</sup> and notices that Felicity throws the toys without looking. As Maria sees Felicity and Ahmed playing at the sand table, Maria stands behind Felicity and suggests she put the toy back in the basket when she is done with it.<sup>6</sup> By remaining close, she is also able to redirect Ahmed who has never seen a sand table before and throws sand at his classmates.<sup>7</sup> Kellan has been experimenting with some of the climbing equipment and is trying to jump off the third step onto the ground. While he is able to do this, some of the other children whose motor skills are not as advanced also try to do this. To help them build these skills, Yasmin stands close to the steps on the climbing structure.<sup>8</sup> She offers a hand or suggests a lower step to those who are not developmentally ready.<sup>9</sup>

Maria and Yasmin signal to each other 5 minutes before playtime is over, then tell the children they have 5 minutes left to play. When the children have 1 minute left, Maria begins to hand out colors that match color squares they have painted on the ground.<sup>10</sup> She asks Beto, a child who has trouble coming inside from play time, to help her.<sup>11</sup> When the children are handed a colored circle, they move to stand on the colored spot on the playground. As the children move to the line, Maria guides them to the right spot.<sup>12</sup> When all the children are in line, both Maria and Yasmin count them again. They scan the playground to make sure everyone is in place, then move the children back into the classroom.<sup>13</sup> They also listen to be sure that they do not hear any of the children still on the playground.<sup>14</sup> Yasmin heads the line and Maria takes the back end, holding Beto's hand.<sup>15</sup> When they return to the classroom, there are spots on the floor with the same colors that were on the playground. The children move to stand on their matching color in the classroom.<sup>16</sup> Maria and Yasmin take a final count, then collect the circles, and begin the next activity.<sup>17</sup>

Both Yasmin and Maria are actively engaged with the children and each other, supporting the children's learning and growth while ensuring their safety. They use systems and strategies to make sure they know where the children are at all times, and to support children in developmentally appropriate risk-taking and learning.

| 1. Position staff7. Engage & redirect13. Scan & count2. Set up the environment8. Anticipate14. Listen3. Scan & count9. Engage & redirect15. Engage & red4. Scan & count10. Set up the environment16. Set up the environment5. Listen11. Engage & redirect17. Scan & count6. Anticipate12. Engage & redirect17. Scan & count |
|---|
|---|

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#### Self-Reflection Tool Questions to Help You Assess Active Supervision Practices

How do we teach active supervision strategies and support educators to apply these skills in everyday practice?

How do we arrange the space to create a safe environment in classrooms, playgrounds, and family child care so that it is easy for educators to observe children?

How do we make sure that educators position themselves to be able to see the children at all times and quickly get to those who need assistance?

How do we ensure that educators continually scan and count children during both indoor and outdoor play?

How do educators assess individual children's skills and abilities, adapt activities to avoid potential injuries, and use their observational skills to anticipate when a child may need closer supervision?

How do educators engage and redirect children who need additional support?

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To understand how this approach will work for you, consider the following tool.

| Active Supervision Implementation Plan |                  |              |  |  |  |  |
|--|------------------|--------------|--|--|--|--|
| Key Strategy                           | Current Practice | Action Steps |  |  |  |  |
| Set up the environment                 |                  |              |  |  |  |  |
| Position staff                         |                  |              |  |  |  |  |
| Scan and count                         |                  |              |  |  |  |  |
| Listen                                 |                  |              |  |  |  |  |
| Anticipate children's<br>behavior      |                  |              |  |  |  |  |
| Engage and redirect                    |                  |              |  |  |  |  |

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#### Resources

Relevant Head Start Program Performance Standards 45 CFR 1304.52(i)(1)(iii) 45 CFR 1304.53(a)(9) 45 CFR 1306.32(a) 45 CFR 1306.35(a)(3)

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Northern Health. (2011). Supervision of Children.. Retrieved from: <u>http://www.northernhealth.ca/Portals/0/Your\_Health/Programs/Community%20Ca</u> re%20Licensing/Supervision%20of%20Children%2010-410-6024.pdf

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West Contra Costa Unified School District Early Learning Programs – State Preschool



#### Daily Adult - Student Ratio Guidelines

- □ Contact the site school office /principal immediately if you are missing an instructional assistant or teacher. Ask the school office staff to send someone to your room until the person arrives from the district to cover your class.
- □ If no one is available, all overage children must have a parent or guardian stay in class with them until someone arrives from the district. For example, if there is one instructional assistant and teacher, you can only accept the first 16 students. The 17<sup>th</sup> parent or guardian must stay until someone from the district arrives.
- □ Bathroom Procedures
  - Call the school site office to have a person come to your class while preschool staff attends to personal needs (restroom).
  - All classes are required to be in adult student ratio at all times (8:1 eight students to one adult).
- Recruit at least 2 parents per-classroom to become district parent volunteers for your room. (2 in the morning class and 2 in the afternoon class). The parents can also serve on the Parent Advisory Committee (PAC).
- □ All teachers and instructional assistants are required to call in all absences to the district sub finder system (E-Schools) at 235-1783
- □ If there are problems with the eSchool system, contact the following people at the district office:
  - Instructional Assistant's contact person: Classified Sub Services 231-1168
  - Teacher's contact person: Credential Sub Services 231-1164

### <u>Title 5 & 22 Description of Licensing Requirement</u>

Are children visually supervised by a teacher at all times? Are your volunteers supervised by a teacher? When on field trips, are qualified and adequate staffing present? Staff to child ratios must be met at all times. Visual observation is required at all times. Failure to provide adequate care and supervision may result in loss of a child, a child wandering off, injury or even death. West Contra Costa Unified School District



From: Coordinator, Early Learning Program

To: WCCUSD State Preschool Teachers

RE: Least Restrictive Environment and the Mainstreaming of Special Education Pre-K Students

Dear Preschool Teachers,

Thank you for providing your services to West Contra Costa's earliest learners!

In regards to Mainstreaming Special Education Pre-K Students who possess an IEP, please be advised that the practice is allowable.

Least Restrictive Environment (LRE)-An education setting that provides a child with disabilities the chance to work and learn to the best of his or her ability and which provides as much contact as possible with children without disabilities.

Mainstreaming-Placing children with disabilities in regular education classroom for a specified period of time

When mainstreaming students into the Pre-K classroom, please ensure that a joint *Student Support Plan of* with the Special Education teacher making the request is competed and then submitted to the Early Learning Coordinator. The Special Education teacher should likewise submit this plan to their Special Education Coordinator.

In the Student Support Plan of Action, please include the following information:

School: Classroom Teacher: Student's Name: Age: Mainstreaming request as identified in the student's Individual Education Plan (IEP):

We appreciate your continued efforts to support WCCUSD students. In following these guidelines, we will ensure all students a meaningful educational experience.

Should you have additional questions, please contact the Early Learning Office at 307-4585.

Thank You,

Mrs. O. Ajayi Olansewaju Ajayi Early Learning Program Obordinator.

West Contra Costa Unified School District Early Learning Programs – State Preschool



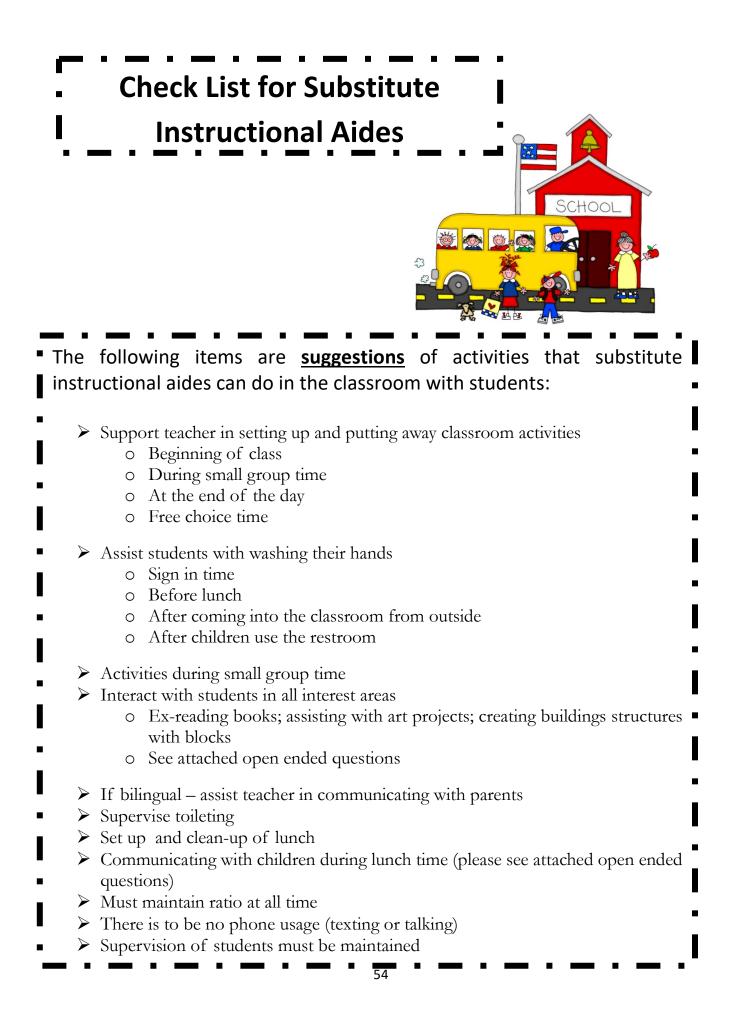
### Compliance Checklist Safety-Working

Directions: Review this list in your classroom. Check off all items that are consistently implemented.

### School: \_\_\_\_\_

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

- □ Complete daily check out/in process
- □ All cabinets are lock where chemicals are stored (e.g. cleaning solutions)
- □ All outlets that are not in use have safety plugs
- □ Ratio 8 students to one adult at all times
- □ Daily head counts at least four to five times
- □ All students are supervised and visible at all times during outside play
- □ All students are supervised and visible during class time
- □ Parent sign in/out
- □ All visitors must be cleared by the office
- □ Preschool visitor sign in sheet
- □ Visitors are not to take students out of the classroom unless cleared by the principal or principal designee
- □ Greeting procedures in place
- Departing procedures in place
- □ First Aid kit accessible during outside play time
- Earthquake backpack accessible & includes a copy of emergency cards & class list
- □ No broken toys (broken toys need to be removed)
- □ Cords and wires are secure
- □ Broken furniture removed
- □ No trash in play areas or centers
- □ Stop fighting before it becomes serious
- □ Jump ropes must be supervised at all times during play time
- □ Students are assigned to play zones & rotate for different experiences
- $\hfill\square$  Gates are closed and locked
- □ Substitute lesson plans
- Class rules posted
- Daily routines established with students & parents
- □ Compliant daily schedule posted
- □ Water with cups for outside play
- □ No sharps edges or objects at student levels
- □ No clutter on top of cabinets
- □ Tricycles are not broken
- □ No microwave ovens at student eye levels
- □ Must follow hand washing procedures
- □ Students should wash hands at least 6-7 times per-day
- □ Students are observed in the bathroom at all times



# Compliance –

It has to be done!!



What words and emotions come to you when you hear compliance/licensing/the STATE? The reality is that there are certain things we are mandated to do for funding and the safety of the children we provide services to.

- a) Everyone who picks students up must be on the emergency card and above the age of 18 and out of school.
- b) Children are NOT allowed in the classroom without a Notice of Action (NOA).
- c) Adults must use their full signatures to sign students in and out of the classroom.
- d) Signatures must be on the correct line on the attendance sheet.
- e) The actual time of drop off/pick up must be listed.
- f) The Principal of school site must sign all medical/incident forms.
- g) Medication left in your class by the guardian must match the person listed on the medical release form.
- h) Review all items from the Compliance Check List weekly.



### **Restroom Guidelines**

### State Preschool Bathroom Procedures

- All students are to go to the restroom one at a time
- Students using the restroom will be observed by teacher/instructional aides at all times
- Teacher/instructional aides are to check the restroom after each child to ensure toilets are flushed and bathrooms are clean
- No boys are to be in the restroom with girls and no girls are to be in the restroom with boys at the same time
- Teacher/instructional aides will escort students to the restroom at all schools where the restroom is located outside of the classroom

### Visibility Requirements

Regulation/H&S Code Section: 101214, 101215.1, 101216, 101229, 101230(c)(1), 101414.1, 101425, 101426.2: Are children visually supervised by a teacher at all times? Staff to child ratios must be met at all times. Visual observation is required at all times. Failure to provide adequate care and supervision may result in loss of a child, a child wandering off, injury, or even death.

### WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT EARLY LEARNING STATE PRESCHOOL

### HANDWASHING PROCEDURE

The handwashing procedure should be completed immediately after toileting or before touching other objects in the room. Handwashing at the sink should be conducted individually. For example, each child should wash hands, not having to share the sink and water, and the teachers should not consider that her hands have been washed because she washes the hands of a child. The teacher, as well as the child, should independently wash hands using the following procedure:

1. Moisten hands with water.

2.Use liquid soap.

3. Rub hands together for 20 seconds.

4. Rinse hands free of soap under running water.

5. Dry hands with a clean, disposable paper

towel or air dry with a blower.

6. Throw the used paper towel into a hands-free



### SIGN -- IN/OUT PROCEDURE

### Crucial information you should know about the sign-in/out forms:

- 1. Parent must sign with blue or black ink only **NO** Pencil
- 2. Parent should sign in at exact time of arrival.
- 3. Parents should sign out at exact time of departure.
- 4. There is a **5**-minute <u>grace period</u> for children to come late or picked up late.
  - An 8:20 a.m. or 12:05 pm is considered a <u>late arrival</u>, parent should have an excuse reason (doctor, WIC, dental appt. etc.) student is late. We do not turn away late students.
  - An 11:20 a.m. or 3:05 p.m. is considered a <u>late pick up</u>, you should call
    - Community Worker at the preschool office to report it (510) 307-4585 Ext. 26104
  - If a student is **absent for more than 3 consecutive days**, report it to Maria so she can follow up with the parent.
  - The following reason <u>should not</u> be written on the attendance sheets;
    - ✓ Do not celebrate holiday, i.e.... Halloween
    - ✓ Woke up late
    - ✓ Didn't want to come to school
    - $\checkmark \text{ <u>NO TEACHER</u>}$
    - ✓ Had to work
    - ✓ Child was crying...(put if child is "ill")
    - ✓ Raining to hard
- 5. Whenever a student is absent, you should <u>always get reason of absence</u> and have the

#### <u>parent sign</u>.

- 6. If you have a party at your site, please remember to have parents sign out.
- Parents/Guardian/Daycare Providers should always sign BOTH their <u>first and last name</u> AND their <u>LEGAL signature</u> - <u>NO INITIALS.</u>
- 8. If the student received lunch, please make sure you **<u>put a checkmark</u>** under "**Lunch**".
- Make sure ALL corrections are made before submitting your attendance binder. Attendance binders should be ready for pickup no later than the <u>1<sup>st</sup> of each month.</u>
- 10. Any questions contact Maria Guerra.

### Thank you, your Cooperation is greatly appreciated!

I acknowledge that I have read and will enforce these rules daily.

Teacher Name

Preschool Site



Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

Olanrewaju Ajayi Coordinator, Early Learning Programs

# LATE PICK UP

# WARNING NOTICE

First Second

d Third

Name of Student:

Time Picked Up:

Date:

Three late pickups may result in your child being placed on probation or can be terminated from the program.

Number 1: White Number 2: Yellow Number 3: Red



### Distrito Escolar Unificado de West Contra Costa

Oficina de Enseñanza, Aprendizaje y Liderazgo Programa Pre-escolar Estatal 1108 Bissell Avenue Richmond, California 94801 Teléfono: (510) 307-4585 Email: preschool@wccusd.net

> Olanrewaju Ajayi Coordinator, Early Learning Programs

# AVISO DE RECOGER TARDE

Primero

Segundo Tercera

Nombre de Nino/a:

Hora que recogio:

Fecha:

Tres tardanzas pueden resultar en que su hijo/a este puesto en periodo de prueba o que terminen servicios para su hijo/a.

Número 1: Blanco Número 2: Amarillo Numero 3: Rojo

### Teacher Late Pick Up Log Circle One: AM/PM Session

Month\_\_\_\_\_

Teacher: \_\_\_\_\_

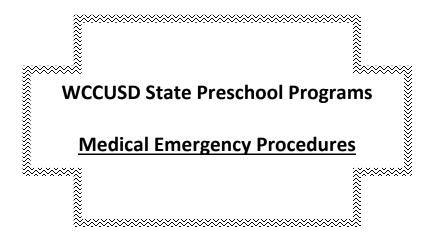
| Date     | Time  | Total<br>Minutes<br>Late | Student Name  | Parent Name    | Parent<br>Contact<br>Information |
|----------|-------|--------------------------|---------------|----------------|----------------------------------|
| 9/1/2010 | 11:40 | 10                       | Sam<br>August | Mary<br>August | 299-3001                         |
|          |       |                          |               |                |                                  |
|          |       |                          |               |                |                                  |
|          |       |                          |               |                |                                  |
|          |       |                          |               |                |                                  |
|          |       |                          |               |                |                                  |
|          |       |                          |               |                |                                  |

Submit Logs for the following total minutes:

- 15 Minutes
- 30 Minutes
- 60 Minutes

### Licensing Protocols for State Preschool

- The state representative has signed in to your school site office, received a Visitor's sticker, and follows all health and safety protocol.
- The representative has a government issued identification badge
- □ The Early Learning Programs office is called immediately to inform them of the visit (510)307-4585
- □ All item on the compliance checklist have been adhered to on an ongoing basis
- Questions that the representative asks are answered in a knowledgeable fashion. All other questions are referred to Olanrewaju Ajayi, program coordinator
- □ No paperwork is signed without careful review



Follow the procedures if there is a medical emergency with a student in your classroom:

- 1) Assess the situation
- 2) Look at student's emergency form to see if there are any allergies or medical predispositions
- 3) Contact the parents
- 4) Inform your school site principal
- 5) Call the Early Learning Department
- 6) Complete Emergency Forms (two forms)
  - a. Unusual Incident Report (Licensing)
  - b. School District Emergency Form
- 7) Give a copy of all forms to the Early Learning Department who will submit it to Community Care Licensing Department.
- 8) Leave a copy of the school district emergency form with your site principal
- 9) Follow up with the parents of the student

Please Note: Depending on the nature of the incident, The Unusual Incident Report must be submitted to Licensing within 7 days of the incident occurring.

| Community Care Licensing                        |
|---|
| Oakland Regional Office- Child Care             |
| 1515 Clay Street, Suite 1102, Oakland, CA 94612 |
| (510) 622-2602                                  |

### DOCUMENTATIONS REQUIRED FOR NEW DIRECTORS

| The name of the new director shall be reported to the Department within 10 days of a change.<br>The licensing file must contain certain information on all newly hired directors.<br>The following must be submitted to your analyst within 30 days of hire:   |
|--|
| LIC308- Designation of Administrative Responsibility, designating this individual with responsibility for the center's day-to-day operations. This form must be signed by the center's designated applicant.   |
| Copies of transcripts (must show infant care/toddler, if applicable, and ECE 3 administration units) or other proof of qualifications such as teaching certificates, supervisory permits, etc. Online transcripts are acceptable except for Mildly III program when official transcript is required.   |
| Operations and Record Keeping Orientation Certificate  |
| LIC501- Personnel Record   |
| LIC9108- Statement of Acknowledging Requirement to Report Child Abuse  |
| LIC9052- Notice of Employee Rights   |
| LIC508- Criminal Record Statement  |
| LIC503- Health Screening Report including TB test clearance within 12 months.  |
| Immunization Records: MMR, TDAP, and Influenza (optional) but need signed declaration (which needs to be renewed yearly)   |
| Verification of 16 hours of preventive health training:  |
| 8 hours of pediatric CPR and First Aid training approved by Emergency Medical Services<br>Authority (EMSA) stickers must be affixed on all the certificates and/or cards if training was<br>obtained from a vendor other than Red Cross or American Heart Association.   |
| 8 hours of preventive health training (includes 1-hour nutrition class)  |
| Mandated Reporting Training Certificates ( <u>www.mandatedreporterca.com</u> ) Renew every 2 years<br>One certificate for General Training- 4 hours, and One certificate for Child Care Providers- 3 hours   |
| <ul> <li>Documentations of work experience from each employer must include the following:</li> <li>Date(s) of employment with beginning and end dates</li> <li>Number of hours worked per day</li> <li>Age(s) of children taught</li> <li>Employee's job duties</li> <li>Was employee's work performance satisfactory?</li> </ul>                              |
| Date(s) fingerprints and Child Abuse Index Check were submitted to Department of Justice<br>If fingerprint cleared and transferring from another center- submit (LIC9182) Criminal Background<br>Clearance Transfer Request with copy of valid ID<br><u><b>OR</b></u><br>(LIC9188) if there's an exemption, with a copy of valid ID, LIC508 and duty statement |
| <u>OR</u>  |

(LIC9194) LiveScan for New Hires by visiting vendors listed at https://oag.ca.gov/fingerprints/locations

### RECORDS TO BE MAINTAINED AT THE FACILITY - CHILD CARE CENTERS, INFANT CENTERS, SCHOOL-AGE CENTERS AND CHILD CARE CENTERS FOR MILDLY ILL CHILDREN

THE FOLLOWING INFORMATION, which is required under sections of Title 22, California Code Of Regulations and/or Statute, MUST BE KEPT IN THE FACILITY, COMPLETE AND CURRENT, AND READILY AVAILABLE FOR REVIEW.

### IV. Documents to be posted at the Facility (Parent Board)

- □ A. Facility license.
- □ B. Personal Rights form (LIC 613A).
- $\Box$  C. Menus.
- D. Child passenger restraint system poster (PUB 269).
- **E**. Daily activity schedule.
- □ F. Emergency Disaster Plan (LIC 610) and Earthquake Preparedness Checklist (LIC 9148).
- G. Parent's Rights Poster (PUB 393).
- □ H. Notice of Site Visit (LIC 9213).
- □ I. Any licensing report documenting a type "A" citation must be posted for 30 days.
- J. Any licensing report or other document verifying compliance or noncompliance with the Department's order to correct a Type "A" deficiency must be posted for 30 days.

### **Additional Document**

- A. Copy of CPR/1<sup>st</sup> Aid Certificate
- B. Copy of Health & Safety Training Certificate

| Completed on (Date | ): | <br> |  |
|--------------------|----|------|--|
| Teacher Signature: |    | <br> |  |

Staff Signature: \_\_\_\_\_



# EMERGENCY DRILL RECORD

### SCHOOL:

**TEACHER:** 

| <u>Date</u> | <u>Start</u><br><u>Time</u> | <u>End</u><br><u>Time</u> | <u>Length</u><br>of Drill | What kind of<br>Drill?<br>(fire, reverse evacuation,<br>lockdown, earthquake,<br>shelter in place) |
|-------------|-----------------------------|---------------------------|---------------------------|--|
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
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|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |
|             |                             |                           |                           |  |

**FIRST AID KITS**- All centers should have a first-aid kit and manual that is easily accessible (location should be marked by "First Aid Kit Here" signs) available to staff and out of reach of children. The following items should be in the first-aid kits:

| Disposable, nonporous gloves | Triangular Bandage          |
|------------------------------|-----------------------------|
| Scissors                     | Pins for triangular bandage |
| Tweezers                     | Eye dressing (small cups)   |
| Thermometer                  | Pen/Pencil and note pad     |
| Bandage Tape                 | Cold Pack                   |
| Sterile gauze pads           | First Aid Guide             |
| Flexible roller gauze        | Poison Control Number       |
| CPR Mask                     | Triple Antibiotic Ointment  |
|                              |                             |

IMPORTANT NOTE: Please throw away all chewable Tylenol from the first aid kits.

### Please circle all items that you do not have in your kit and return to State Preschool Office

I have reviewed the list above and checked my classroom first aid kit.

| School: |  |
|---------|--|
|---------|--|

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

Signature



Early Learning Programs 1108 Bissell Avenue Richmond, California 94801 Telephone: (510) 307-4585 Email: preschool@wccusd.net

> Olanrewaju Ajayi Coordinator, Early Learning Programs

### Administration Guidelines Log State Preschool Program

School:\_\_\_\_\_

Teacher:\_\_\_\_\_

Please keep this form in your office as a running record of students who have medication in your state preschool classroom. A copy should also be given to your school site nurse.

| Student Name | Class<br>(AM/PM) | Illness | Medication | Date<br>Signed |
|--------------|------------------|---------|------------|----------------|
|              |                  |         |            |                |
|              |                  |         |            |                |
|              |                  |         |            |                |
|              |                  |         |            |                |
|              |                  |         |            |                |
|              |                  |         |            |                |
|              |                  |         |            |                |

# FIRST AID FOR ASTHMA

### Severe Symptoms May Include:

- Difficulty Speaking
- Difficulty Breathing
- Difficulty Walking

2

- Strained Neck Muscles
- Fearful
- Peak Flow Meter in Red Zone

STAY CALM, SPEAK REASSURINGLY & PROVIDE PRIVACY

### SEAT UPRIGHT, RELAX SHOULDERS & DO NOT RECLINE

FOLLOW ASTHMA ACTION PLAN, MEDICATE IMMEDIATELY & CALL HEALTH PROFESSIONAL

> IF NO IMPROVEMENT AFTER 5 MINUTES, CALL 911

CALL 911 IMMEDIATELY IF LIPS & NAILS ARE BLUE

# PRIMEROS AUXILIOS PARA EL ASMA

### Síntomas Serias Pueden Incluir:

- Hablar con Dificultad
- Respirar con Dificultad
- Caminar con Dificultad

Músculos del Cuello Torcidos Miedo Medidor de Flujo en Zona Roja

1

2



### MANTENGASE CALMADO, HABLE CON SEGURIDAD Y PROVEA PRIVASIDAD

SIENTE A LA PERSONA DERECHO, RELAJE LOS HOMROS, Y NO RECLINE A LA PERSONA

SIGA EL PLAN DE ACCIÓN DE ASMA, DE LOS MEDICAMENTOS INMEDIATAMENTE Y LLAME AL PROFESIONAL DE SALUD

> SI NO SE MEJORA EN 5 MINUTOS, LLAME AL 911

### LLAME INMEDIATAMENTE AL 911 SI LOS LABIOS O LAS UÑAS EST AN AZULES

| DATE:  |   | WCCUSD<br>STATE PRESCHOOI<br>1108 Bissell Avenue<br>Richmond, CA 94801  | . PROGRAM                    |
|--|---|---|------------------------------|
| ACCIDENT REPORT  |   |   |                              |
| Today, your child  | 01  | _ had an accident at  |                              |
|  |   | (1  | 100e)                        |
|  |   |   |                              |
| Your child has a:  |   | r/  |                              |
|  | (Staff person)  | provided much   | love, attention and          |
| cleaned with antisep<br>used an ice pack<br>put on a bandaid<br>other  |   |   |                              |
|  |   | FRONT   | BACK                         |
| F  |   |   |                              |
| FECHA: WCCUSD<br>PROGRAMA PREESCOLAR ESTATAL<br>1108 Bissell Avenue<br>Richmond, CA 94801                    |   |   |                              |
| FECHA:   |   | PROGRAMA PREESCOLAI<br>1108 Bissell Avenue  | R ESTATAL                    |
| FECHA:   | REPORTE DE A  | PROGRAMA PREESCOLA<br>1108 Bissell Avenue<br>Richmond, CA 94801   | R ESTATAL                    |
| Hoy, su hijo/a   | REPORTE DE A  | PROGRAMA PREESCOLAI<br>1108 Bissell Avenue<br>Richmond, CA 94801<br>ACCIDENTE<br>tuvo un accidente a las            |                              |
| Hoy, su hijo/a<br>Asi fué como susedió:  | REPORTE DE A  | PROGRAMA PREESCOLAI<br>1108 Bissell Avenue<br>Richmond, CA 94801<br>ACCIDENTE<br>tuvo un accidente a las            |                              |
| Hoy, su hijo/a<br>Asi fué como susedió:  | REPORTE DE A<br>(Nombre del Niño/a)   | PROGRAMA PREESCOLAI<br>1108 Bissell Avenue<br>Richmond, CA 94801<br>ACCIDENTE<br>tuvo un accidente a las<br>e,otro/ |                              |
| Hoy, su hijo/a<br>Asi fué como susedió:<br>Su hijo/a tiene una:<br>Le limpio con soluc<br>Uso una compresión | REPORTE DE .<br>(Nombre del Niño/a)<br>cortada, golpe<br>(Personal)<br>ión anticeptica<br>a de hielo<br>terilizada (curita/bandita) | PROGRAMA PREESCOLAI<br>1108 Bissell Avenue<br>Richmond, CA 94801<br>ACCIDENTE<br>tuvo un accidente a las<br>e,otro/ | (Hora)<br>a atención, amor y |

### West Contra Costa Unified School District

Pupil Services Center - District School Nurses

Dear Parent/Guardian:

Your child may have been exposed to the condition that is checked below:

□ CHICKEN POX (Varicella) – Onset 2-3 weeks after exposure to infected individual. Communicable from 1-2 days before rash appears until all blisters have been crusted, about one week after start of eruption. Signs are slight fever and irritability for one day, then fine blisters appear, first on trunk, then rest of body. Isolate child for six days after onset of rash or less if all lesions have dried and crusted over.

□ HEAD LICE (Pediculosis) – Transmitted directly or indirectly from another human. Contact must be close; lice do not jump or fly. Child may complain of an "itchy" head. Eggs or nits (tiny, pearly white objects) which stick tightly to the hair shaft generally appear first around neckline and around ears. Consult your physician or pharmacist for treatment. Child can return to school after treatment given. Recheck after 7 days. If live lice present, notify parent to retreat child. Child may remain in school with nits, but not with live lice. Other members of the family should be checked carefully and clothes and bedding cleaned thoroughly.

□ **RINGWORM OF THE SCALP** (Tinea Capitus) – Onset 10-14 days after exposure to infected hair from animals or man. Communicable as long as lesions are present. Signs are small ring-shaped lesions, scaly patches of temporary baldness. Seek medical attention for diagnosis and medication; avoid sharing of brushes, combs and hats. Readmit 24 hours after treatment begins.

□ **RINGWORM OF THE BODY** (Tinea Corporis) – Onset 10-14 days after exposure to infected persons, animals or other articles. Communicable as long as lesions are present. Signs are flat, scaly, spreading ring-shaped lesion. Seek medical attention for diagnosis and medication. Readmit 24 hours after treatment begins. All lesions on exposed parts of the body must be covered during school hours.

□ SCABIES (Mites, Ectoparasite) – Onset 2-6 weeks after exposure by direct skin to skin contact, or indirect contact through infected articles such as clothing, bed linens or towels. Mites burrow under the skin, usually between fingers, or wrists, elbows, under arms or other warm, moist areas, causing severe itching. Consult physician for diagnosis and treatment. Readmit after treatment has been completed.

**STREPTOCOCCAL INFECTIONS** (includes Scarlet Fever and Strep Throat) – Onset 2-5 days after exposure to respiratory secretions. Communicable 10-21 days if untreated. Symptoms are sore throat, fever, tender lymph nodes in neck, "Strawberry tongue", fine red rash blanching on pressure, nausea and vomiting. Consult physician for diagnosis and medication. Readmit 2 days after antibiotic treatment and after one day of normal health and activity at home.

□ IMPETIGO (Streptococcal or Staphylococcal skin infection) – Onset 5 days after exposure to an infected individual. Appears as honey-crusted sores on skin, often around mouth, nose, chin or extremities. In very mild cases, soak and remove crust and cover with antibiotic cream. When more extensive, seek medical treatment. Avoid contact with lesions. Readmit after antibiotic or local treatment for 48 hours.

**CONJUNCTIVITIS** (Pinkeye) – Onset 24-72 hours after exposure to an infected individual or articles, e.g. towels, wading pools. Symptoms are red, irritated, tearing eyes, swollen lids, and a yellow discharge that makes the eyelashes sticky. Diligent hand washing is required for all students and staff with exposure. Preschool and early elementary students who are most susceptible, who cannot monitor eye-to-hand contact, require early intervention by physician. Students with eye discharge/pus, fever and malaise, should be seen by physician. With pink sclera (white area of eye and border of inner eyelid), classroom should practice diligent hand washing, avoid touching others and inform parent of developing eye redness. No exclusion required. Consult with physician for diagnosis and treatment. Readmit after 24 hours of start of antibiotics. Symptomatic children may remain home after treatment.

□ HAND, FOOT AND MOUTH DISEASE (Coxsackie virus) – Onset 3-6 days after exposure to respiratory secretions, or feces of infected individual. Communicable for one week after start of illness. Symptoms include sudden fever, sores in mouth and throat, and small blisters on hands and feet. No treatment is usually necessary. Exclude until child has one day of normal health and activity at home. Good hygiene and hand washing are important.

□ **FIFTH DISEASE** (Slapped Cheek – Erythema Infectiosum) – onset 6-14 days after exposure to respiratory secretions. Signs are low grade fever, rash – bright red area on cheeks (like slapped cheeks), then spreads to trunk and extremities. Fades by 2-3 weeks but may disappear and reappear upon increased activity or sun exposure. Readmit after one day of normal health and activity.

**PINWORMS** – Transmitted by eggs from the feces of an infected individual to the mouth. Itching of the anal area, especially at night, is the most common sign. A thread-like worm may be visible in the stool. Consult physician for diagnosis and treatment. Other members of the family may have to be treated; isolation may be impractical but special care in toileting and hygiene measures should be taken.

□ **GIARDIASIS** (Diarrhea) – Onset varies and ranges from 6-22 days after exposure to the feces of an infected individual or contaminated food or water. Communicable as long as individual has active infection although that person may not have symptoms. Symptoms appear 1-4 weeks after exposure and may include loss of appetite, abdominal cramping, bloating, frequent loose bowel movements which may be pale, greasy and smelly. Persons with symptoms should have their feces tested and seek treatment. During outbreaks, treatment is necessary for infected persons. Isolation required for individuals with diarrhea until it resolves. Readmit 24 hours after treatment or with medical clearance.

□ SHIGELLOSIS – Onset usually 1-7 days after contact with feces of an infected individual, or articles, contaminated by the feces of an infected individual. Communicable during the time an individual has an infection. Diagnosis is made by testing the feces. Signs of infection are fever, diarrhea, vomiting, cramps. In severe cases, the feces may contain blood, mucus, or pus. Suspected cases should seek immediate medical treatment. Health Department will follow-up contacts. Readmit 24 hours after treatment or with medical clearance.

□ SALMONELLOSIS – Onset 8-24 hours (or could be as longs as 60 days) after exposure to article or food (commonly raw chicken, eggs, milk) contaminated with the feces of an infected person or animal; for example, chicken or turtle. Signs are sudden abdominal pain, diarrhea, nausea, vomiting, fever, and loss of appetite. Suspected cases should be isolated and seek immediate diagnosis and treatment. Health Department will follow-up contacts. Readmit 24 hours after treatment or with medical clearance.

□ HEPATITIS A – Onset 15-50 days after exposure to the feces of an infected individual. Signs are fever, weakness, loss of appetite, nausea, jaundice and abdominal discomfort. May be more severe in adults than in children. Very young children may not show signs but they can carry the germs and spread them to others. Contagious from two weeks before to one week after symptoms start. Suspected cases should seek medical treatment. During outbreaks, children, staff, or household should receive immunoglobulin protection. Health Department will follow-up contacts. Readmit after medical clearance.

Principal

6/13

### West Contra Costa Unified School District

Pupil Services Center - District School Nurses

Escuela:

Fecha:

Estimados padres/encargados:

#### Su hijo/a puede haber estado expuesto/a la enfermedad y/o condición que está marcada abajo:

□ Varicela (Chicken Pox): Los síntomas aparecen 2 a 3 semanas después del contacto con una persona infectada. La persona es probablemente más contagiosa 2 o 3 días antes de que aparezca la erupción y hasta que se hayan formado costras en todos los brotes, lo que sucede más o menos una semana después del comienzo de la erupción. Los síntomas son fiebre baja e irritabilidad que generalmente duran un día. Luego, sigue una erupción de pequeñas ampollas, primero en el torso y luego se esparce por el resto del cuerpo. Debe mantener al niño aislado por 6 días después de la aparición de las ampollas, o menos días si todas las ampollas se han secado y se han formado costras.

□ **Piojos (Pediculosis):** Son transmitidos directamente o indirectamente por una persona infectada. El contacto debe ser cercano, pues los piojos (lice) no saltan ni vuelan. El niño se puede quejar de picazón en la cabeza. Los huevos o "liendres" (nits), los cuales son pequeños y de un color blanco perla, se pegan firmemente a la base del cabello y generalmente aparecen primero en la parte posterior de la cabeza, cerca del cuello y alrededor de las orejas. Consulte con su médico o farmacéutico para que le recomiende un tratamiento anti-piojos. El niño podrá regresar a la escuela una vez que se le haya aplicado el tratamiento. Revise al niño 7 días después del tratamiento. Si encuentra piojos vivos notifiqueselo a los padres para que repitan el tratamiento. El niño puede permanecer en la escuela si tiene liendres, pero no si tiene piojos vivos. Inspeccione cuidadosamente el cabello de todos los miembros de la familia y limpie completamente los artículos de vestir y la ropa de cama.

□ **Tiña del Cuero Cabelludo (Tinea Capitus):** Los síntomas aparecen 10 a 14 días después de la exposición al cabello infectado de una persona o animal. Es contagioso durante el tiempo que las lesiones estén presentes. Los síntomas se presentan como lesiones pequeñas en forma de anillo y áreas escamosas de calvicie temporal. Busque ayuda médica inmediata para un pronto diagnóstico y tratamiento. Evite que se compartan cepillos de cabello, peinetas o sombreros. Se readmitirá al alumno 24 horas después del comienzo del tratamiento.

□ **Tiña del cuerpo (Tinea Corporis):** Aparece 10 a 14 días después de la exposición a personas, animales u otros artículos infectados. Es contagiosa mientras las lesiones estén presentes. Los síntomas se presentan como lesiones planas, escamosas y en forma de anillo que se van esparciendo. Busque ayuda médica inmediata para un pronto diagnóstico y tratamiento. Se readmitirá al alumno 24 horas después de haber comenzado su tratamiento. Todas las lesiones en las partes expuestas del cuerpo deben estar cubiertas durante las horas de clases.

□ Sarna, Escabiosis (Scabies): Los síntomas aparecen 2 a 6 semanas después del contacto directo con la piel de una persona infectada, o el contacto indirecto con artículos infectados tales como artículos de vestir, ropa de cama o toallas. El parásito hace túneles por debajo de la piel, usualmente entre los dedos, muñecas, codos, debajo de los brazos u otra parte húmeda del cuerpo causando una picazón severa. Consulte a un médico para que le dé un diagnóstico y tratamiento. Se readmitirá al alumno una vez que se haya completado el tratamiento.

□ Infecciones de Estreptococo (incluye Fiebre Escarlatina y Estreptococo de la Garganta (StrepThroat): Los síntomas aparecen 2 a 5 días después de la exposición a secreciones respiratorias. Es contagiosa por 10 a 21 días si no se trata con medicamentos. Los síntomas son dolor de garganta, fiebre, inflamación de los ganglios linfáticos del cuello, "lengua como frutilla", sarpullido rosado que se blanquea al presionar, náusea y vómito. Consulte a un médico para un diagnóstico y tratamiento. Se readmitirá al alumno a la escuela 2 días después de comenzar el tratamiento con antibióticos y después de que el niño haya tenido un día de salud y actividad normal en la casa.

□ Impétigo (Infección de la piel causada por las bacterias de Estreptococo o Estafilococo): Los síntomas aparecen 5 días después del contacto con una persona infectada. La enfermedad se presenta como lesiones con costras color miel que aparecen a menudo alrededor de la boca, nariz, barbilla o extremidades. En casos muy leves, remoje y remueva las costras y cúbralas con una crema antibiótica. Cuando la infección es más invasora o extensa, busque tratamiento médico. Evite el contacto con las lesiones. Se readmitirá al alumno después de 2 días de tratamiento con un antibiótico vía oral o local.

□ **Conjuntivitis** (**Pinkeye**): Los síntomas aparecen 24 a 72 horas después de la exposición de un individuo a personas o artículos infectados, como por ej., toallas y piscinas para niños. Los síntomas incluyen: ojos lagrimosos, irritados y enrojecidos, párpados inflamados y una secreción de color amarillo que se pega en las pestañas y las hace pegajosas.

Los alumnos y miembros del personal que hayan sido expuestos a la enfermedad necesitan lavarse frecuentemente las manos. Los alumnos preescolares y de los primeros grados son más susceptibles a la enfermedad y, debido a que no pueden controlar el tocarse los ojos con sus manos, necesitan una pronta intervención por un médico. Los alumnos que tengan secreción y/o pus, fiebre y malestar general deberían ser examinados por un médico. En el caso de conjuntivitis esclerótica (enrojecimiento de la parte blanca del ojo y del borde interior de los párpados), la clase deberá lavarse frecuentemente las manos, evitar tocar a otros y la escuela deberá informar a los padres si observan un enrojecimiento en los ojos de los alumnos. No se necesita aislamiento. Consulte a un médico para un diagnóstico y tratamiento. El alumno será readmitido a la escuela 24 horas después de comenzar el tratamiento con antibióticos. Los niños que tengan síntomas pueden permanecer en casa después del tratamiento.

□ Enfermedades de las manos, pies y boca (Virus Cocksackie): Aparece 3 a 6 días después de la exposición a secreciones respiratorias o heces de un individuo infectado. Es contagiosa por una semana después de la aparición de los primeros síntomas. Los síntomas incluyen fiebre súbita, heridas en la boca y garganta y pequeñas ampollas en las manos y pies. Generalmente no se necesita tratamiento. No mande al niño a la escuela hasta que éste haya tenido un día de salud y actividad normal en la casa. Es importante la buena higiene y el lavado de manos.

□ **Quinta Enfermedad (Eritema Infecciosa):** Aparece 6 a 14 días después de la exposición a secreciones respiratorias. Los síntomas son fiebre baja, sarpullido de color rojo-vivo que aparece en las mejillas (como si se le hubiese cacheteado), luego aparece el sarpullido en el torso y extremidades. Desaparece en 2 a 3 semanas, pero a veces los síntomas desaparecen y vuelven a aparecer cuando se aumenta la actividad o se expone al sol. Se readmitirá una vez que el niño haya tenido un día completo de salud y actividad normal en la casa.

□ **Parasitos (Pinworms):** Transmitida por huevos de la materia fecal de individuos infectados llevados a la boca. El síntoma más común es picazón en el ano, especialmente durante la noche. Puede ser visible una lombriz que parece hilo en la materia fecal. Consulte con un médico para el diagnóstico y tratamiento adecuado. Puede que otros miembros de la familia necesiten ser tratados. Puede que el aislamiento no sea práctico, pero deberán usarse medidas especiales de cuidado personal y de higiene.

□ **Giardiasis (Diarrea):** La aparición de la enfermedad varía y puede aparecer de 6 a 22 días después de la exposición a la materia fecal de un individuo infectado, o a agua o alimento contaminado. Se transmite durante todo el período que el individuo tenga la infección activa, aunque esa persona no tenga síntomas. Los síntomas aparecen de 1 a 4 semanas después de la exposición, y pueden incluir pérdida de apetito, dolor abdominal, sensación de hinchazón, aumento de gases, excremento blando que puede ser de color claro, grasoso, de mal olor y diarrea. Las personas con síntomas deben pedir un examen de su materia fecal y ponerse en tratamiento. Es muy importante que las personas infectadas obtengan tratamiento. Es necesario aislar a las personas con diarrea, hasta que se curen. Se readmitirá al alumno 24 horas después del comienzo del tratamiento y una vez que el médico lo haya autorizado.

□ Shigellosis: Aparece generalmente 1 a 7 días después del contacto directo con la materia fecal de un individuo infectado, o artículos contaminados con las heces de un individuo infectado. Es contagiosa durante todo el tiempo que el individuo tenga la infección activa. Se diagnostica por medio de un examen de la materia fecal. Los síntomas de infección son fiebre, diarrea, vómito y dolor de estómago. En casos severos la materia fecal puede contener sangre, moco o pus. En caso de que se sospeche tener la enfermedad debe obtener tratamiento médico inmediatamente. El Departamento de Salud investigará la cadena de contagio. Se readmitirá al alumno 24 horas después del comienzo del tratamiento o con autorización médica.

□ Salmonella: Aparece 8 a 24 horas (pero puede tardar hasta 60 días) después de haber estado expuesto a artículos o alimentos (generalmente pollo o huevos crudos o leche) contaminados con las heces de una persona o animal infectado, por ejemplo: pollo o tortuga. Los síntomas son dolor abdominal repentino, diarrea, náusea, vómito, fiebre y pérdida de apetito. Las personas en quienes se sospecha tener la enfermedad deben ser aisladas y se debe buscar ayuda médica inmediata para obtener un diagnóstico y el tratamiento. El Departamento de Salud investigará la cadena de contagio. Se readmitirá al alumno 24 horas después de comenzar su tratamiento o con autorización médica.

□ Hepatitis A: Aparece 15 a 50 días después de haber estado expuesto a heces fecales de un individuo infectado. Los síntomas son fiebre, debilidad, pérdida de apetito, náusea, ictericia y molestia estomacal. Puede presentarse más severamente en los adultos que en los niños. A veces los niños muy pequeños no presentan síntomas, pero pueden ser portadores de los gérmenes que causan la enfermedad. Es contagiosa desde dos semanas antes hasta una semana después de la aparición de los síntomas. Cuando se sospecha la enfermedad, debe buscarse ayuda médica. Durante la epidemia, los niños, miembros del personal o de la casa deberán recibir protección con inmunoglobulina. El Departamento de Salud investigará la cadena de contagio. Se readmitirá al alumno con una autorización médica.

Director/a

#### West Contra Costa Unified School District

Academic Support Division – Pupil Services Center District School Nurses 2465 Dolan Way, San Pablo, CA 94806 Phone: 510-307-4646 Fax: 510-741-8971

Matthew Duffy Superintendent Steve Collins SELPA Director

#### HEAD LICE POLICY

Head lice is a common problem in all school communities, but not one that causes disease. The American Academy of Pediatrics, the National Association of School Nurses and the Centers for Disease Control and Prevention, recommends a "no live lice policy." In keeping with current studies, the West Contra Costa Unified School District policy allows any student identified with live lice to remain in school through the end of the day. At the end of the day the student will be sent home with guidance for proper treatment.

#### **PROCEDURE**

1. If school personnel suspect that a student has head lice, a referral to the school office should be made. The office staff, or staff member assigned by the Principal, will check for evidence of live lice. It is imperative to protect the privacy of any student identified with nits or live lice. Confidentiality must be maintained to prevent stigma and possible bullying of the student.

2. If live lice are found, the student's parent will be notified to pick up the student at the end of the school day and given the "Dear Parent" letter and a copy of the brochure "A Parent's Guide to Head Lice". Both the letter and the brochure are located on the district website under Nurses Department. Parents should consult their physician or pharmacist for treatment.

3. The student with live lice will remain at home until treated with a lice shampoo. Once treatment is completed, student may return to class the next day. For maximum effectiveness, the shampoo should be repeated in 7 days.

4. The "Dear Parent" exposure letter will be sent home with the classmates of the student per discretion of the Principal.

JW 6-28-16 Head Lice Policy

#### WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Pupil Services Center 2465 Dolan Way, San Pablo, CA 94806 (510) 307-4646 FAX (510) 741-8971

|       | <b>Steve Collins</b><br>SELPA Director |
|-------|--|
| Date: |  |
|       |  |
|       | ,                                      |
|       | (birthdate)                            |
|       | Date:,,,                               |

has shown signs of pediculosis (head lice) and has been excluded from school.

The louse is a small, flat, grayish insect. **It does not hop or fly**, and is found only in humans. The nits (eggs) may be seen as white specks. Look for nits at the base of the hair shaft, close to the scalp, behind the ears, and on the nape of neck. The nits (eggs) resemble dandruff, but will not brush off the hair. These nits (eggs) will hatch in 8-11 days. The head louse is passed from person to person by close contact, the use of other person's combs, brushes, headgear, pillows, etc. This is one reason it is important to instruct children not to use brushes, combs, or hats of others.

**It is strongly recommended and requested** that you confer with your personal medical provider regarding treatment. You may consult with your provider or pharmacist for a lice shampoo. Follow the directions on the lice shampoo carefully. **Treat everyone in the family**; consult with your medical provider for treatment of infants under 6 months.

The nits and lice are usually killed by one application of lice shampoo. However, it is important for you to check your child's hair and scalp daily for the next 8-11 days – the length of time it takes for the nits to hatch. Re-treat in 8-11 days to kill any newly hatched nits. Dead nits can be removed with a fine-toothed comb dipped in a solution of 1 tablespoon of vinegar and 1 cup of warm water, which loosens the substance holding the nits to the hair.

To prevent re-infestation, you must treat all bed linens, stuffed animals, furniture, and clothing. Clothing, bedding, and washable stuffed animals must be laundered at least 20 minutes in water at **140 degrees**. Clothing and stuffed animals that cannot be laundered in hot water should be dry cleaned or placed in a sealed plastic bag for at least 2 weeks. Sofas, rugs, mattresses, and non-washable pillows need to be vacuumed thoroughly.

You must keep your child out of school until he/she has been treated and **all live lice** have been removed.

We are taking every precaution at school. However, to control this communicable condition, we need the help and cooperation of every parent.

For further information, call your medical provider, Contra Costa County Public Health Nursing Dept. at 925-313-6740, or the WCCUSD Public Health Nurses at 307-4646.

Thank you.

#### Principal

BM/jw 6-28-16 Lice Ltr. Infected Student

#### DISTRITO ESCOLAR UNIFICADO DE WEST CONTRA COSTA

Centro de Servicios al Alumno 2465 Dolan Way, San Pablo, CA 94806 (510) 307-4646 FAX (510) 741-8971

| Matthew Duffy<br>Superintendente de las Escuelas |                | Steve Collins |
|--|----------------|---------------|
| Superintentiente de las Escuellas                | Director SELPA |               |
| Escuela:   | Fecha:         |               |
| Estimado padre de familia/encargado:             |                |               |
| Su hijo/a,                                       |                |               |
| (Nombre)   | (Fecha de      | e nacimiento) |

ha estado expuesto/a a pediculosis (piojos de cabeza).

El piojo es un insecto grisáceo, pequeño y chato. **No salta ni vuela**, y solamente se encuentran en los humanos. Las liendres (huevos) pueden ser halladas en la base del cabello, cerca del cuero cabelludo, detrás de las orejas y en la nuca. Las liendres (huevos) se parecen a la caspa, pero no se caen cuando se cepilla el cabello. Estas liendres (huevos) incuban de 8 a 11 días. Los piojos se pasan de persona a persona al estar en contacto cercano, al usar los peines de otra persona, sombreros, almohadas, etc. Esta es una razón por la que es importante ensenar a los niños a no usar cepillos, peines, o sombreros de otras personas.

**Se recomienda y solicita encarecidamente** que consulte con doctor personal de algún tratamiento. Usted puede consultar con su doctor o farmacéutico para que le recomiende un champú. Siga las instrucciones del champú para piojos cuidadosamente. **Aplique el tratamiento a todos los miembros de su familia**; consulte con su doctor para algún tratamiento para bebés menores de 6 meses.

A las liendres y los piojos se los elimina usualmente tras una aplicación de champú para piojos. Sin embargo, es importante que usted revise el cabello y el cuero cabelludo de su hijo por los siguientes 8 a 11 días – que es lo que dura para que los liendres se incuben. Vuelva a aplicar el tratamiento en 8 a 11 días para matar cualquier liendre que recién vaya a incubarse. Los liendres muertos pueden ser sacados con un peine de dientes finos mojado en una solución de 1 cucharada de vinagre y 1 taza de agua tibia, la cual disuelve la sustancia que mantiene a los liendres pegados al cabello.

Para prevenir una nueva infestación usted debe aplicar lavar todas las sabanas, animales de peluche, mueble y ropa. La ropa, las sábanas (cubrecamas, colchas, sábanas, fundas) y animales de peluche lavables deberán ser lavadas al menos 20 minutos en agua a **140 grados**. La ropa y los animales de peluche que han sido lavados en agua caliente deberán ser lavados en seco o colocados dentro de una bolsa de plástico sellada por al menos de 2 semanas. Los sofás, alfombras, colchones y almohadas no lavables necesitan ser aspiradas completamente.

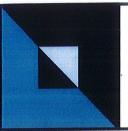
Por favor, no mande a su hijo/a a la escuela hasta que no haya sido tratado/a y **todos los piojos vivos** hayan sido eliminados.

Estamos tomando toda precaución en la escuela. Sin embargo, para controlar esta condición transmisible, necesitamos ayudar y cooperar con todos los padres.

Para mayor información, llame a su doctor, al departamento publico de enfermería del condado de Contra Costa al 925-313-6740, o a las enfermeras de Salud Publica del WCCUSD al 307-4646.

Gracias

Director



### CALIFORNIA MANDATED REPORTING EASY STEPS...

### WHAT MUST BE REPORTED and HOW TO REPORT!

#### What Must be Reported:

Any of the below acts involving anyone under the age of 18:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

The mandated reporter must only have *reasonable suspicion* that a child has been mistreated; no evidence or proof is required prior to making a report.

The case will be further investigated by law enforcement and/or child welfare services.

#### How to Report:

**By Phone:** Immediately, or as soon as possible, make a telephone report to child welfare services and/or to a Police or Sheriff's department.

1. Child Welfare Services phone #1-877-881-1116 Fax 925-608-6894 or 6895

- 2. Police Department phone #\_\_\_\_\_510-233-1214\_\_\_
- 3. Sheriff's Department phone # \_\_\_\_\_925-335-1500

In Writing: Within 36 hours, a written report must be sent, faxed or submitted electronically. The written report should be completed on a state form called the 8572, which can be downloaded at http://ag.ca.gov/childabuse/pdf/ss\_8572.pdf

#### Other information:

- · Safeguards for Mandated Reporters:
  - The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
  - Under state law, mandated reporters cannot be held liable in civil or criminal court when reporting as required; however, under federal law mandated reporters only have immunity for reports made in good faith.
- Failure to report:
  - Failure to report concerns of child abuse or neglect is considered a misdemeanor and is punishable in California by six months in jail and/or up to a \$1,000 fine.
- For the complete law and a list of mandated reporters refer to California Penal Codes 11164 -11174.3.

This document and Mandated Reporting information can be found at www.mandatedreporterca.com

#### **DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572**

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: http://www.leginfo.ca.gov/calaw.html (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

#### I. MANDATED CHILD ABUSE REPORTERS

Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

#### **II. TO WHOM REPORTS ARE TO BE MADE** ("DESIGNATED AGENCIES")

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

#### III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

#### IV. INSTRUCTIONS

SECTION A - REPORTING PARTY: Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

#### IV. INSTRUCTIONS (Continued)

- SECTION B REPORT NOTIFICATION: Complete the name and address of the designated agency notified, the date/ time of the phone call, and the name, title, and telephone number of the official contacted.
- SECTION C VICTIM (One Report per Victim): Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- SECTION D INVOLVED PARTIES: Enter the requested information for: Victim's Siblings, Victim's Parents/ Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- SECTION E INCIDENT INFORMATION: If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

#### V. DISTRIBUTION

- Reporting Party: After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- Designated Agency: Within 36 hours of receipt of Form SS 8572, send white copy to police or sheriff's department, blue copy to county welfare or probation department, and green copy to district attorney's office.

#### ETHNICITY CODES

|   | Interna cobbo   |    |                  |    |           |    |                        |                   |    |                        |
|---|-----------------|----|------------------|----|-----------|----|------------------------|-------------------|----|------------------------|
| 1 | Alaskan Native  | 6  | Caribbean        | 11 | Guamanian | 16 | Korean                 | 22 Polynesian     | 27 | White-Armenian         |
| 2 | American Indian | 7  | Central American | 12 | Hawaiian  | 17 | Laotian                | 23 Samoan         | 28 | White-Central American |
| 3 | Asian Indian    | 8  | Chinese          | 13 | Hispanic  | 18 | Mexican                | 24 South American | 29 | White-European         |
| 4 | Black           | 9  | Ethiopian        | 14 | Hmong     | 19 | Other Asian            | 25 Vietnamese     | 30 | White-Middle Eastern   |
| 5 | Cambodian       | 10 | Filipino         | 15 | Japanese  | 21 | Other Pacific Islander | 26 White          | 31 | White-Romanian         |





Anyone who works for the organization should keep their eyes and ears open to protect children!

Reporting suspected abuse is part of your job.

Not reporting suspected child abuse can create a liability for your organization and yourself, as the primary goal is to keep our children safe.



If you reasonably suspect any of the following, **REPORT IT**!

- Child Abuse
- Neglect
- Physical Abuse
- Emotional Abuse
- Sexual Activity between a
- Minor and Adult
- Unjustified Punishment
- Unlawful Corporal Punishment
   Willful Cruelty

Rumors: If unsure, err on the side of caution, report it and allow the agency to investigate and make the final conclusion.



Immediately, or as soon as possible!

By Phone (Child Protective Services or Local Police) To be safe, you may want to report to both.

By Fax/Email within 36 hours.

Submit a written follow up report within 36 hours to the same agency you contacted by phone.

Remember: Telling your supervisor does NOT satisfy your obligation to report!

YOU ARE OBLIGATED TO REPORT.



Form 8572: SCAR/Suspected Child Abuse Report

http://ag.ca.gov/childabuse/pdf/ss\_8572.pdf

Or CPS Website.

You will need:

- Your name, child's name
- Location of child, school, grade
- Involved parties
- What happened? Why the concern?

Keep a record of date, time and who you spoke with when filing.



The report can only be given to:

- The agency you called the report
- in to: Police or Sheriff's Department (not
- Police or Sherift's Department (not school police), or Child Protective Services
- Report may also be given to designated personnel within your
- organization, such as: Superintendent, Assistant Superintendent, Human Resources

Administrator

DO NOT give the report to any others without consulting legal counsel as you may lose your immunity.



Loss of license or credential



are required to sign a statement that they reporter requirements. have knowledge of their mandated Those working with and around children

personnel file. Your signed document is in your

It states that YOU KNOW that reporting suspected child abuse is part of your misconduct or child abuse. job and it's your obligation to report any



allegations of inappropriate conduct. situations that could lead to fraudulent Here are a few tips to help you avoid

- rubbing/massaging. hugging, touching, grabbing, or Avoid child contact that involves
- windows open when possible. When privacy with children is necessary, leave the doors and
- . For teachers, classroom arrangement should not have sections for privacy.

# 11]]] 1]]]]] 10. Resources

# California Department of Social Services (CDSS)

http://www.cdss.ca.gov/cdssweb/Default.htm

# Child Abuse and Neglect Reporting Act (CANRA)

playcode?section=pen&group=11001http://www.leginfo.ca.gov/cgi-bin/dis 12000&file=11164-11174.3

# Reporters The CA Child Abuse & Neglect Reporting Law: Issues and Answers for Mandated

Pub132.pdf www.mandatedreporterca.com/images/

Remember, it's YOUR obligation to NOT ignore child abuse and misconduct.

# REPORT IT TO THE PROPER **AUTHORITIES!**





www.keenan.com/abusepreventioncenter

|       |         |          |       | ÷      |
|-------|---------|----------|-------|--------|
| Print | SUSPECT | ED CHILD | ABUSE | REPORT |



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To Be Completed by Mandated Child Abuse Reporters SE NAME:

| Pursuant to | Penal | Code | Section | 11166 | CA |
|-------------|-------|------|---------|-------|----|
|             |       |      |         |       |    |

|                      |                                       |   | PLEASE PRI  | 11 01 1  | IFE   |   | CASE NUME   | JER  |            |                  |
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| k                    |                                       | REPORTER'S BUSINESS   | AGENCY NAME AND AI  | DRESS  | Street  | City  |             | ID MANDATED REPO   | RTER WITNE | SS THE INCIDENT? |
|                      | <u>,</u> 2                            | REPORTER'S TELEPHON   | E (DAYTIME)   | SIGNATURE  |   |   | Т           | ODAY'S DATE  |            |                  |
| 2                    | х<br>Ц                                | ( )   | ,   |  | -   |   |             | obiii o biiic  |            |                  |
| Γ.                   | z                                     | □ LAW ENFORCEMENT   | COUNTY PROBAT   | TION   | AGENCY  |   |             |  |            |                  |
|                      | ₫                                     | COUNTY WELFARE /  | CPS (Child Protective Sei   | rvices)  |   |   |             |  |            |                  |
| 0                    | <u>ا چ</u> (                          | ADDRESS   | Street  |  | City  |   | Zip         |  | DATE/TIME  | OF PHONE CALL    |
| l ü                  | 문                                     |   |   |  |   |   |             |  |            |                  |
| 1                    | NOTIFICATION                          | OFFICIAL CONTACTED -  | TITLE   |  |   |   |             | TELEPHONE  |            |                  |
| <u> </u>             | ž                                     |   |   |  |   |   |             | ( )  |            |                  |
|                      |                                       | NAME (LAST, FIRST, MID  | DLE)  |  |   |   | BIRTHDATE O | R APPROX. AGE  | SEX        | ETHNICITY        |
|                      |                                       |   |   |  |   |   |             |  | 1          |                  |
|                      | _                                     | ADDRESS   | Street  |  | City  |   | Zlp         | TELEPHONE  |            |                  |
|                      | ti<br>E                               |   |   |  |   |   |             | ( )  |            |                  |
| Σ                    | One report per victim                 | PRESENT LOCATION OF   | VICTIM  |  |   | SCHOOL  |             | CLASS  |            | GRADE            |
| I.E.                 | per                                   |   | ,   |  |   |   |             |  |            |                  |
| Iš                   | to                                    | PHYSICALLY DISABLED?  |   | DISABLED?  | OTHER DISABILITY  | (SPECIFY)                                       |             | PRIMARY LANGUA   | GE         |                  |
| C. VICTIM            | rep                                   |   | IT YES IT NO  |  | <u>,</u>  |   |             | SPOKEN IN HOME   |            |                  |
| ١ĭ                   | a                                     | IN FOSTER CARE?   |   |  |   | IDENT, CHECK TYPE OF CA                         |             | TYPE OF ABUSE (C   |            | -                |
|                      | 0                                     | YES   |   |  |   | FAMILY HOME                                     | RIEND       |  |            | XUAL D NEGLECT   |
|                      |                                       |   | G GROUP HOME OR I   | NSTITUTION                                       | C RELATIVE'S HON  |   |             | D OTHER (SPECIF)   | -          |                  |
|                      |                                       | RELATIONSHIP TO/SUSP  | EC1   |  |   | PHOTOS TAKEN?                                   |             | DID THE INCIDENT   |            |                  |
| -                    |                                       | NAME  | BIRTHDATE   | -  | SEX ETHNICITY   | I YES I NO                                      | NAME        | VICTIM'S DEATH?<br>BIRTHDAT  |            |                  |
|                      | VICTIM'S                              | 1   | DIKINDAT  | -  | SEX ETHNIGHT  | 3   | NAME        | BIRTHDAT   | E          | SEX ETHNICITY    |
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| <b>PARTIE</b>        | IM'S<br>SUARDIANS                     |   |   | City   | Zip   | HOME PHONE                                      |             |  |            |                  |
| ED PARTIE            | /ICTIM'S<br>TS/GUARDIANS              |   | Street  | City   | Zip   | HOME PHONE                                      |             |  | SEX        | ETHNICITY        |
| LVED PARTIE          | VICTIM'S<br>RENTS/GUARDIANS           | ADDRESS<br>NAME (LAST, FIRST, MID   | Street<br>DLE)  | -  |   | ( )   |             | BUSINESS PHONE   |            |                  |
| VOLVED PARTIE        | VICTIM'S<br>PARENTS/GUARDIANS         | ADDRESS<br>NAME (LAST, FIRST, MID   | Street  | City   | Zip   | HOME PHONE                                      |             | BUSINESS PHONE   |            |                  |
| INVOLVED PARTIE      | VICTIM'S<br>PARENTS/GUARDIANS         | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS  | Street  | -  |   | ( )   | BIRTHDATE O | BUSINESS PHONE<br>() ) R APPROX. AGE BUSINESS PHONE () )   | SEX        | ETHNICITY        |
| D. INVOLVED PARTIES  | VICTIM'S<br>PARENTS/GUARDIANS         | ADDRESS<br>NAME (LAST, FIRST, MID   | Street  | -  |   | ( )   | BIRTHDATE O | BUSINESS PHONE   |            |                  |
| D. INVOLVED PARTIE   | -                                     | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,   | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)  | City   | Zip   | ( )<br>HOME PHONE<br>( )                        | BIRTHDATE O | BUSINESS PHONE<br>()<br>R APPROX. AGE<br>BUSINESS PHONE<br>()<br>R APPROX. AGE   | SEX        | ETHNICITY        |
| D. INVOLVED PARTIE   | -                                     | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST  | Street  | City   |   | ( )   | BIRTHDATE O | BUSINESS PHONE<br>() ) R APPROX. AGE BUSINESS PHONE () )   | SEX        | ETHNICITY        |
| D. INVOLVED PARTIE   | VICTIM'S<br>SUSPECT PARENTS/GUARDIANS | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS  | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street  | City   | Zip   | ( )<br>HOME PHONE<br>( )                        | BIRTHDATE O | BUSINESS PHONE<br>()<br>R APPROX. AGE<br>BUSINESS PHONE<br>()<br>R APPROX. AGE   | SEX        | ETHNICITY        |
| D. INVOLVED PARTIE   | -                                     | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,   | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street  | City   | Zip   | ( )<br>HOME PHONE<br>( )                        | BIRTHDATE O | BUSINESS PHONE<br>()<br>R APPROX. AGE<br>BUSINESS PHONE<br>()<br>R APPROX. AGE   | SEX        | ETHNICITY        |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS  | Street DLE) Street FIRST, MIDDLE) Street RMATION  | City   | Zp<br>City  | ( )<br>HOME PHONE<br>( )<br>Zip                 | BIRTHDATE O | BUSINESS PHONE ( ) R APPROX. AGE BUSINESS PHONE ( ) R APPROX. AGE TELEPHONE ( )  | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOR  | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)                        | City   | Zp<br>City<br>R FORM(S) AND Cł                                      | ( )<br>HOME PHONE<br>( )<br>Zip                 | BIRTHDATE O | BUSINESS PHONE<br>()<br>R APPROX. AGE<br>BUSINESS PHONE<br>()<br>R APPROX. AGE   | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOR<br>IF NECESSARY, ATTA                                  | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)                        | City<br>OR OTHER                                 | Zp<br>City<br>R FORM(S) AND Cł                                      | ( )<br>HOME PHONE<br>( )<br>Zip                 | BIRTHDATE O | BUSINESS PHONE ( ) R APPROX. AGE BUSINESS PHONE ( ) R APPROX. AGE TELEPHONE ( )  | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip                 | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
| INCIDENT INFORMATION |                                       | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>RMATION<br>CH EXTRA SHEET(S)<br>T                   | City<br>OR OTHER<br>PLACE OF II                  | Zp<br>City<br>R FORM(S) AND Cf<br>NCIDENT                           | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT                            | SEX<br>SEX |                  |
|                      | SUSPECT                               | ADDRESS<br>NAME (LAST, FIRST, MID<br>ADDRESS<br>SUSPECT'S NAME (LAST,<br>ADDRESS<br>OTHER RELEVANT INFOF<br><i>IF NECESSARY, ATTA</i><br>DATE / TIME OF INCIDEN | Street<br>DLE)<br>Street<br>FIRST, MIDDLE)<br>Street<br>CH EXTRA SHEET(S)<br>T<br>N (Whet victim(s) said/wh | City<br>OR OTHER<br>PLACE OF II<br>at the mandat | Zp<br>City<br>R FORM(S) AND Cł<br>NGIDENT<br>łed reporter observedA | ( )<br>HOME PHONE<br>( )<br>Zip<br>ECK THIS BOX | BIRTHDATE O | BUSINESS PHONE () RAPPROX. AGE BUSINESS PHONE () RAPPROX. AGE TELEPHONE () VICTIMS, INDICAT milar or past incidents in | SEX<br>SEX |                  |

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded. WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

#### WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT INCIDENT REPORT FORM Non-Automobile) For Students and General Public Only

This report is for confidential use of West Contra Costa Unified School District's third-party claims administrator and attorneys for the school district and its employees in defending litigation.

| Date of incident:                    | Time of incident:    |                         | School:                |              | Did incident occur<br>on School Property? | Yes□     | No□ |
|--------------------------------------|----------------------|-------------------------|------------------------|--------------|---|----------|-----|
| Place of Incident (be specific):     |                      |                         |                        |              |   |          |     |
| Name of Person Injured:              |                      | Da                      | ate of Birth:          | <del>-</del> | _ Sex: M 🗆 F 🗆                            | Grade -  |     |
| Name of parents/guardians or injured | public person:       |                         | ····                   |              | <u>.</u>                                  |          |     |
| Home Address:                        |                      |                         |                        |              | Zip:                                      |          |     |
| Home Telephone:                      |                      | Wo                      | rk Telephone:          |              |   |          |     |
| Describe injury and/or damage incurr | ed:                  |                         |                        |              |   |          |     |
| Describe briefly what happened:      |                      |                         |                        |              |   |          |     |
|                                      |                      |                         |                        |              |   |          |     |
| Name of site supervisor(s) and/or ya | , .                  |                         |                        |              |   |          |     |
| First Aid given by:                  |                      | By:                     |                        |              |   |          |     |
| Sent home at (time):                 |                      | By:                     |                        | ······       |   | <u> </u> |     |
| Was parent/other responsible persor  | notified? Yes 🗆 No 🗆 | Who was notified?       |                        |              |   |          |     |
| By Whom?                             |                      |                         |                        |              |   |          |     |
| Other important information:         |                      |                         |                        |              |   |          |     |
|                                      |                      | Sign in Blue            |                        |              |   |          |     |
| Required Signature of Person         |                      |                         |                        |              |   |          |     |
| Preparing this Report:               |                      | т                       | itle:                  |              | Date:                                     |          |     |
| Required Signature of Principal:     |                      |                         | Date:                  |              | <del>`</del>                              |          |     |
| 672600 Rev. 8/09 mf                  | Distribu             | ution: Liability Claims | Office. Original and t | wo copies.   |   |          |     |

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

| UNUSUAL INCIDENT/INJUR<br>REPORT   | Y                          | RESP<br>SUBM<br>RETAI                              | S: NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND<br>RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.<br>SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.<br>RETAIN COPY OF REPORT IN CLIENT'S FILE.<br>FACILITY FILE NUMBER TELÉPHONE NUMBER () |  |  |
|--|----------------------------|--|--|--|--|
| CLIENTS/RESIDENTS INVOLVED   | DATE OCCURRED              | AGE  | SEX  | DATE OF ADMISSION  |  |
|  |                            |  |  |  |  |
|  |                            |  |  |  |  |
| TYPE OF INCIDENT         Unauthorized Absence       Alleged Client Ab         Aggressive Act/Self       Sexual         Aggressive Act/Another Client       Physical         Aggressive Act/Staff       Psychological         Aggressive Act/Family, Visitors       Financial         Alleged Violation of Rights       Neglect         DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETR<br>ANY INJURIES:       Image: Client Ab | Pregnanc: Suicide At Other | y []  <br>tempt []  <br>[]  <br>[]  <br>[]  <br>[] | Epidemic Outb<br>lospitalization   | n Origin  Other Sexual Incident other Client havior episode Fire reak Property Damage Other ( <i>explain</i> ) |  |
| PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:  |                            |  |  |  |  |
| · · ·  |                            |  |  | ······   |  |
| EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTE  | D):                        |  |  |  |  |
|  |                            |  |  |  |  |
| UC 624 (4/99)  | OVER                       |  | · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·  |  |

| WHERE ADMINISTERED:                                      | ADMINISTERED BY:                       |
|--|--|
| OLLOW-UP TREATMENT, IF ANY:                              |  |
|  |  |
|  | ······································ |
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| CTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS: |  |
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| CENSEE/SUPERVISOR COMMENTS:                              |  |
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| ME OF ATTENDING PHYSICIAN                                |  |
| NAME AND TH  | E DATE                                 |
| EPORT SUBMITTED BY:                                      |  |
| EPORT REVIEWED/APPROVED BY:                              | E DATE                                 |
|  |  |
| GENCIES/INDIVIDUALS NOTIFIED (SPECIFY I                  | AME AND TELEPHONE NUMBER)              |
|  |  |
|  | ADULT/CHILD PROTECTIVE SERVICES        |
|  |  |
| LONG TERM CARE OMBUDSMAN                                 |  |
|  |  |
|  |  |



# EARLY LEARNING CHILD CARE FOR PRESCHOOL STAFF

# **CLEANING, SANITIZING & DISINFECTING PROCEDURES**

Only use the EPA-approved products provided by district for all routine cleaning.

| ITEM/AREA                      | BEFORE<br>EACH USE   | AFTER EACH<br>USE    | AT END OF<br>EACH DAY | WEEKLY           | MONTHLY          | COMMENTS        |
|--------------------------------|----------------------|----------------------|-----------------------|------------------|------------------|-----------------|
|                                |                      |                      | Classroom             |                  |                  |                 |
| Computer                       |                      | Clean &              |                       |                  |                  |                 |
| Keyboards                      |                      | Sanitize             |                       |                  |                  |                 |
| Countertops                    | Clean                | Clean &<br>Sanitize  |                       |                  |                  |                 |
| Desks                          |                      |                      | Clean &<br>Sanitize   |                  |                  |                 |
| Door and<br>cabinet<br>handles |                      |                      | Clean &<br>Disinfect  |                  |                  |                 |
| Sinks/<br>Handles              |                      | Clean &<br>Disinfect | Clean &<br>Disinfect  |                  |                  |                 |
| Toys and<br>Materials          | Clean &<br>Disinfect |                      | Clean &<br>Disinfect  |                  |                  |                 |
|                                |                      | 5                    | Snack/Lunch Are       | ea               |                  |                 |
| Tables                         | Clean &<br>Sanitize  | Clean &<br>Sanitize  |                       |                  |                  |                 |
|                                |                      |                      | Games/Toys            |                  |                  |                 |
| Games and toy evening custor   |                      | lividually. All iter | ms that are put i     | n "ready to be c | cleaned" table a | re sanitized by |
|                                |                      |                      |                       |                  |                  |                 |
|                                |                      |                      |                       |                  |                  |                 |
|                                |                      |                      |                       |                  |                  |                 |

## WCCUSD Early Learning Program

# Behavior Chart Gráfico de comportamiento

| Date:   | Student Name: | · · · · · · · · · · · · · · · · · · · |
|---|---------------|---------------------------------------|
| TIME  | BEHAVIOR      | COMMENTS                              |
| 8:15 - 8:30   |               |                                       |
| Sign In / Greeting<br>Iniciar sesión / Saludo<br>Transition/Transición<br>8:30 – 8:45           |               |                                       |
| Morning Meeting/ Reunión matutina<br>Circle time & Transition<br>Tiempo de círculo y transición |               |                                       |
| 8:45 - 9:00   |               |                                       |
| Small Group/Grupo pequeño<br>Transition/ Transición   |               |                                       |
| 9:00 - 10:00  |               |                                       |
| Free Choice/ Libre elección<br>Transition/ Transición   |               |                                       |
| 10:00 - 10:30   |               |                                       |
| Outside Time/ tiempo exterior<br>Transition/ Transición   |               |                                       |
| 10:30 - 11:00   |               |                                       |
| Lunch & Transition<br>Almuerzo y Transición   |               |                                       |
| 11:00 - 11:15   |               |                                       |
| Closing Circle/ círculo de cierre<br>Dismissal/ Despido   |               |                                       |

 Teacher Signature:

 Parent Signature:

**Parent Comments**:

## WCCUSD Early Learning Program

# Behavior Chart Gráfico de comportamiento

| Date:  | Student Name: |          |
|--|---------------|----------|
| TIME   | BEHAVIOR      | COMMENTS |
| 12:00 – 12:15<br>Sign In / Greeting<br>Iniciar sesión / Saludo<br>Transition/Transición                          |               |          |
| 12:15 – 12:30<br>Morning Meeting/ Reunión matutina<br>Circle time & Transition<br>Tiempo de círculo y transición |               |          |
| 12:30 – 12:45<br>Small Group/Grupo pequeño<br>Transition/ Transición   |               |          |
| 12:45 – 1:45<br>Free Choice/ Libre elección<br>Transition/ Transición  |               |          |
| 1:45 – 2:15<br>Outside Time/ tiempo exterior<br>Transition/ Transición   |               |          |
| 2:15 – 2:45<br>Lunch & Transition<br>Almuerzo y Transición   |               |          |
| 2:45 – 3:00<br>Closing Circle/ círculo de cierre<br>Dismissal/ Despido   |               |          |

Teacher Signature: \_\_\_\_\_

Parent Signature:

Parent Comments: