



21<sup>ST</sup> CENTURY LONG BEACH WRAP  
AGREEMENT FOR SERVICES

**30071**

THIS CONTRACT is made this 11TH day of AUGUST, 2006, between **CITY OF LONG BEACH**, hereinafter called the Contractor, and **LONG BEACH UNIFIED SCHOOL DISTRICT OF LOS ANGELES COUNTY**, hereinafter called the District.

PURPOSE

Program funds shall be used by the Contractor to operate an after-school enrichment program at Edison Elementary School. The program will include academic components to promote participating students' achievement, and a range of services and programs to support the mental, physical, social and emotional development of participating students.

SCOPE OF WORK

Contractor agrees to operate a 21st Century Long Beach Winners Reaching Amazing Potential (WRAP) after-school enrichment program in accordance with policies and procedures issued by the District and incorporated herein by reference as Exhibit A.

TOTAL CONTRACT AMOUNT AND PAYMENT RATE

The District agrees to pay the Contractor a total amount not to exceed ONE HUNDRED TWENTY-NINE THOUSAND SEVEN HUNDRED DOLLARS AND NO/100 (\$129,700.00) for services performed. The maximum core amount is \$99,769 and supplemental amount is \$29,931. The rate per student per day shall be the amount allowed per the funding grant.

For purposes of this agreement, a year shall be considered the period from July 1 through June 30. Contractor must submit monthly attendance reports and invoices. Payment will be made based on the number of students as set forth by the requirements of the funding grant.

TERM

The effective time period of this contract is July 1, 2006 through December 31, 2007.

TERMINATION

This contract may be terminated by either party at any time upon thirty (30) calendar days prior written notice.

BUDGET CONTINGENCY

It is mutually agreed that if sufficient funds are not appropriated for the program in the current year budget and/or subsequent years covered under this contract, then this contract shall be of no further force and effect. In this event, the District shall have no liability to pay any funds to the Contractor or furnish any other considerations under this contract, and the Contractor shall not be obligated to perform any provisions of this Contract.

AUDIT AND INSPECTION OF RECORDS

The Contractor shall maintain and the District shall have the right to examine and audit all of the books, records, documents, accounting procedures and practices and other evidence regardless of form or type, sufficient to properly reflect all costs claimed to have been incurred or anticipated to be incurred in performing the contract. Within ninety (90) days of termination of services at any site, Contractor agrees to turn over all relevant records from program operations to the District, including, but not limited to, attendance records, accounting documents, cancelled checks, and expense receipts.

The Contractor shall make said evidence available to the District at all reasonable times and without charge to the District. Said material shall be provided to the District within five (5) working days of a written request from the District. The Contractor shall at no cost to the District, furnish assistance for such examination/audit. The Contractor and its suppliers shall keep and preserve all such records for a period of no less than five (5) years, and in no event for a period shorter than required by the funding grant, from and after final payment or contract termination. The District's rights under this section shall also include access to the Contractor's offices for the purpose of interviewing the Contractor's employees.

The Contractor's failure to provide records or access within the time requested shall preclude Contractor from receiving any payment due under the terms of this contract until such evidence/documents are provided to the District.

NOTICES

All notices shall be in writing and personally delivered or deposited in the U.S. Postal service, U.S. mail, certified or registered, addressed to the Long Beach Unified School District at 2201 Market St., Long Beach, California 90805, Attn: Purchasing and Contracts Director, and to the Contractor addressed to City of Long Beach, Parks and Recreation Department at 1150 E. 4<sup>th</sup> Street, Ste. 205, Long Beach, CA 90802. All notices shall be considered received three (3) days after the date mailed certified or registered by either party.

RESPONSIBILITY

The work will be performed by the Contractor under the direction of the Director of Special Projects, for the District.

ASSIGNMENT OR TRANSFER

Neither this contract, nor any portion hereof, or interest herein shall be assigned or transferred by either party.

INSURANCE

As a material condition of this Contract, the Contractor shall maintain at its sole expense, for the duration of this Contract and if applicable throughout the close-out period of all program activities, a program of insurance or self-insurance, or a combination thereof, as required below against claims for injury, damage, or loss that may arise from or in connection with its performance or non-performance pertaining to this Contract. The Contractor shall name the District as additional insured and shall reference this Contract.

The Contractor shall furnish the District with satisfactory written evidence of insurance for the services provided herein, and the additional insured endorsement prior to commencement of this Contract. Each insurance policy or self-insurance program required by this Contract shall be endorsed to state that

coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) calendar days prior written notice. Each insurance policy shall be provided by an insurance organization acceptable to the District with a rating of at least A or better and authorized by the California Insurance Commissioner to transact insurance business in the State of California.

**Minimum Scope and Limits of Insurance and/or Self-Insurance:**

General Liability Coverage for injury, damage, or loss, including, but not limited to, premises and operations, contractual liability, independent contractors, personal injury, and professional liability for errors and omissions, with limits of not less than the following:

General Aggregate: two million dollars (\$2,000,000.00)

Products/Completed Operations Aggregate: one million dollars (\$1,000,000.00)

Personal and Advertising Injury: one million dollars (\$1,000,000.00)

Each Occurrence: one million dollars (\$1,000,000.00)

If coverage is written on claims made form, such coverage shall be endorsed to provide an extended period of not less than one year following the termination of this Contract.

Comprehensive Auto Liability insurance which shall be endorsed for all owned, non-owned, and hired vehicles with a combined single limit of not less than one million dollars (\$1,000,000.00) per occurrence.

Workers' Compensation insurance with limits as required by the Labor Code of the State of California and Employers' Liability coverage with limits of not less than the following:

Each accident: one million dollars (\$1,000,000.00)

Disease – policy limit: one million dollars (\$1,000,000.00)

Disease – each employee: one million dollars (\$1,000,000.00)

The Contractor agrees to provide Workers' Compensation Insurance covering services to be provided by Contractor under this contract, or to self-insure such services.

**INDEMNIFICATION**

Contractor agrees to hold harmless and indemnify the District, its officers, agents and employees, with respect to all damages, costs, expenses or claims, in law or in equity, arising or asserted because of injuries to or death of persons or damage to, destruction, loss or theft of property arising out of faulty performance of the services to be performed by Contractor hereunder, and Contractor agrees to defend any and all actions, suits or other legal proceedings, at Contractor's own expense, cost and risk, that may be brought or instituted against the District, its officers, agents and employees, on any such claim or demand, and pay or satisfy any final judgment or award against the District, its officers, agents or employees in any such action, suit or legal proceeding.

District agrees to hold harmless and indemnify the Contractor, its officers, agents and employees, with respect to all damages, costs, expenses or claims, in law or in equity, arising or asserted because of injuries to or death of persons or damage to, destruction, loss or theft of property arising out of willful misconduct or negligence by District hereunder.

**EQUIPMENT**

Contractor acknowledges that all equipment necessary for the program will be purchased by the District from 21<sup>st</sup> Century grant proceeds. District shall maintain title to all equipment purchased for the program.

IN-KIND CONTRIBUTION

The Contractor agrees that in-kind contribution to the program is integral to the on-going success of the program. The Contractor agrees to contribute 15% to the program during the term of this agreement. In-kind contributions shall be demonstrated in an In-Kind Financial Budget report to be submitted to the District on an annual basis.

REPORTING REQUIREMENTS

The Contractor shall submit to District all financial documents including a written budget of estimated expenses for each program site at the beginning of the district's fiscal year and statistical and narrative reports required by District, as further outlined in Exhibit A. At a minimum, Contractor agrees to submit the following reports: program budget for the term of this agreement, to be submitted within thirty days of the commencement of services; year end accounting reconciliation, to be submitted by September 1<sup>st</sup> of each program year; State and Federal evaluation templates; and attendance track records. All such reports shall be submitted on a timely basis. Long Beach Unified School District reserves the right to place additional reporting requirements on the Contractor as appropriate.

NO THIRD PARTY OBLIGATIONS

The execution and delivery of this contract shall not be deemed to confer any rights upon, nor obligate any parties thereto, to any person or entity other than the parties hereto.

CHANGES TO THE CONTRACT

This contract represents the entire contract between the District and Contractor and supersedes all prior negotiations, representations or agreements, either written or oral. This contract may be amended or modified only by an amendment in writing signed by both parties.

DISPUTES

All legal claims must be mediated in the County of Los Angeles within the State of California.

In the event of a dispute or claim arising out of or relating to the contract, both parties agree to engage in mediation prior to seeking any legal relief.

If either party brings an action or proceeding in order to enforce the provisions of this contract, each party shall bear the cost of its own attorney's fees.

GOVERNING LAW

This contract shall be governed by the laws of the State of California both as to interpretation and performance.

FINGERPRINT REQUIREMENTS:

During the entire term of this Contract, the Contractor shall fully comply with the provisions of Education Code 45125.1 (Fingerprint Requirements).

COMPLIANCE:



The Contractor shall conduct the program in compliance with all current and applicable laws and regulations. The Contractor shall also execute activities and expend resources in conformity with the guidelines in the Grant.

INTERPRETATION

Should interpretation of this contract, or any portion thereof, be necessary, it is deemed that this contract was prepared by the parties jointly and equally and shall not be interpreted against either party on the grounds that said party prepared the contract or caused it to be prepared. The captions and headings of the various sections of the contract are for convenience and identification only and shall not be deemed to limit or define the content of the respective sections hereof.

INDEPENDENT CONTRACTOR:

This contract is by and between Long Beach Unified School District and Contractor and is not intended, and shall not be construed by the aforementioned parties or any third parties, to create the relationship of principal or agent, officer, employee, partnership, joint venture or any other business or legal association Long Beach Unified School District and Contractor. Contractor understands and agrees that all persons furnishing services on behalf of Contractor pursuant to this contract are, for purposes of Workers' Compensation liability, employees solely of Contractor and not of Long Beach Unified School District. Contractor shall bear the sole responsibility and liability for furnishing Workers' Compensation benefits to any person for injuries arising from or connected with services performed on behalf on Contractor pursuant to this contract.

EDUCATION CODE:

In accordance with Education Code Section 17604, this contract is not valid or an enforceable obligation against the District until approved or ratified by motion of the governing board duly passed and adopted.

The undersigned hereby certify that they are authorized to bind their respective agencies.

**CITY OF LONG BEACH**  
**EXECUTED PURSUANT**  
**TO SECTION 301 OF** **ASSISTANT**  
**THE CITY CHARTER**

By Christine F. Shippey  
Print Name Gerald R. Miller  
Title City Manager  
Date 5-3-07  
Phone 562-570-6916  
FAX 562-570-7650  
Tax ID# [REDACTED]

**LONG BEACH UNIFIED SCHOOL DISTRICT**  
**OF LOS ANGELES COUNTY**

By Barrick L. Bartlett  
Barrick L. Bartlett  
Purchasing and Contracts Director  
Date 3/28/07

APPROVED AS TO FORM  
APR 11 2007  
ROBERT E. SHANNON City Attorney  
DEPUTY CITY ATTORNEY

# **EXHIBIT 'A'**

**Long Beach  
WRAP  
Policies  
and  
Procedures  
Manual**

# TABLE OF CONTENTS

## Long Beach WRAP Policies and Procedures Manual

Table of Contents	I-IV
Collaborative Statement	3
<b>CONTACT INFORMATION</b>	4
Partnership Management Team	5
Boys and Girls Club of Long Beach	7
Camp Fire USA	8
City of Long Beach, Dept of Parks, Recreation, and Marine	9
Conservation Corps of Long Beach	10
International Center for Education and Sports (ICES)	11
Long Beach Unified School District	12
Downtown Community Development YMCA	13
Long Beach WRAP Site Administrator	14
Site Directors	18
<b>ORGANIZATIONAL CHART AND JOB DESCRIPTIONS</b>	19
LB WRAP Organizational Chart	20
Project Director Job Description	21
Program Facilitator Job Description	22
Academic Director Job Description	23
Monitoring/Evaluation Job Description	25
Academic Coaches Job Description	26
Youth Development Consultant Job Description	27
Office Assistant Job Description	28
Accountant Technician Job Description	29
Parent Program Aides Job Description	30
<b>PARTNERSHIP MANAGEMENT TEAM (PMT)</b>	31
PMT Mission	32
PMT Vision	33
PMT Goals	34
PMT Structure	35
PMT Partnership Roles	36
<b>LB WRAP PROGRAM COMPONENTS</b>	37
WRAP Program Components	38
Homework Assistance	39
Homework Communication Sheet	40
Psychophysical Activity Time	41
<b>LB WRAP STANDARDS</b>	42
Staffing Requirements (Site Directors and Program Coordinators )	43
Staffing Requirements (All Staff Members)	44
Dress Code Standards	45
<b>SNACK</b>	47
Snack Preparation and Storage	48

Snack Accountability	49
Snack Serving	50
“And Justice for All” Poster (USDA Form AD-475C)	51
Grains and Breads, FCS Instruction 7831	52
Inter-Session Snack	54
Inter-Session Snack Request Form	55
Summer Session Lunch/Snack	56
Summer Lunch Request Form (Free/Reduced Non-Qualifying Schools)	57
Summer Lunch Request Form (Free/Reduced Qualifying Schools)	58
Snack Items List Order Form	59
<b>TRANSLATION</b>	60
Translation of Limited English Proficient Parent Information	61
Translation and Interpretation Sites	63
Translation Request Form	64
Translation Request Form – Spanish	65
Translation Request Form – Khmer	66
<b>VOLUNTEERS</b>	68
Volunteer Application Process	69
Volunteers in Public Schools (VIP) Application Template	70
Volunteers in Public Schools (VIP) Application Template – Spanish	72
Permission Slip Template	74
<b>CONTRACTS AND LIABILITY</b>	75
Contract Requests	76
Contract Request Flow Chart	78
Fingerprint Request – Contractor Certification	79
Liability Coverage	80
<b>STUDENT REGISTRATION</b>	82
Registration Process	83
Emergency / Enrollment Card Template	84
Emergency / Enrollment Card Template – Spanish	85
Emergency / Enrollment Card Template – Khmer	86
Parent / Guardian Agreement Template	87
Parent / Guardian Agreement Template – Spanish	88
Parent / Guardian Agreement Template – Khmer	89
Student Registration Form Template	90
Student Registration Form Template – Spanish	91
Student Registration Form Template – Khmer	93
Special Needs Policy	95
<b>BEHAVIOR DOCUMENTATION</b>	96
Behavior Management Documentation	97
Incident Documentation Template	100
Incident Documentation / Inappropriate Behavior Template	101
Incident documentation / Inappropriate Behavior Template – Spanish	102
Incident documentation / Inappropriate Behavior Template – Khmer	103
Behavior Contract Template	104

Behavior Contract Template – Spanish	105
Behavior Contract Template – Khmer	106
Suspension Notice Template	107
Suspension Notice Template – Spanish	108
Suspension Notice Template – Khmer	109
Warning of Dismissal Template	110
Warning of Dismissal Template – Spanish	111
Warning of Dismissal Template – Khmer	112
Student Dismissal Letter Template	113
Student Dismissal Letter Template – Spanish	114
Student Dismissal Letter Template – Khmer	115
Early Pick-up	116
Early Pick-up Warning Letter Template	117
Early Pick-up Warning Letter Template – Spanish	118
Early Pick-up Warning Letter Template – Khmer	119
Late Pick-up	120
Late Pick-up Warning Letter Template	121
Late Pick-up Warning Letter Template – Spanish	122
Late Pick-up Warning Letter Template – Khmer	123
<b>INCIDENT/SAFETY</b>	124
School Safety and Emergency Preparedness	125
Let’s Talk About the Law	127
Guidelines for District Staff in Handling Bomb Threats	129
Responding to Children Abandoned at the End of the School Day	131
Emergency Communication Radios	132
Handling Combative Students	133
Emergency Lockdown Procedure	135
Emergency Procedure for School-Site Shootings	137
Guideline for Barring Disruptive Persons from School Sites	138
Report of Assault on School Employee by Student	142
Sexual Harassment	143
Facts About Sexual Harassment	144
Child Abuse Reporting	146
Child Abuse Reporting Requirements	147
Suspected Child Abuse Report Form	148
Recreation Safety	149
Recreation Guide	150
Incident Reporting	167
Incident Reporting Form	169
<b>FIRST AID</b>	170
First Aid / CPR Staffing Requirement	171
First Aid for Minor Injury	172
First Aid for Major Injury	173
Accident / Injury Report	175
Accident / Injury Report – Spanish	176

First Aid Kit Contents	177
Use of Epi-Pens	178
<b>MEDICATION ADMINISTRATION</b>	<b>179</b>
Medication Administration for Pupils	180
Permission to Carry Medication at School Request Form Template	182
Medication at School – Parent’s / Physician’s Request Form Template	183
<b>INVENTORY</b>	<b>185</b>
Inventory Requirements	186
Inventory Sheet Form	187
<b>ATTENDANCE</b>	<b>188</b>
Attendance Tracker Forms	189
Attendance Tracker (Core only) Form	194
Attendance Tracker (Supplemental only) Form	195
Sign-in / Sign-out Procedure	196
Sign-in / Sign-out Procedure Form Template	197
Early Release Policy	198
<b>INVOICING</b>	<b>199</b>
Invoicing	200
Invoice Template	202
<b>EVALUATION</b>	<b>203</b>
Evaluation	204
Student Survey	206
Parent Survey	207
Parent Survey – Spanish	208
Teacher Survey	209
Evaluation Report	210
<b>FIELD TRIPS</b>	<b>222</b>
Field Trips	223
Field Trip Request Form Template	224
Field Trip Permission Slip Template	225
Safe Bus Riding Rules	226
<b>PROGRAM ADMINISTRATION</b>	<b>227</b>
Staffing Requirements	228
Staff Development	229
Calendar / Schedule Requirements	230
Academic Lesson Evaluation	232
Academic Enrichment Lesson Outline	233
Academic Lesson Evaluation Form	235
Site Visitation	237
Initial Site Visit Report Form	238
Site Visit Follow-up Form	240
Classroom Teacher to Program Leader Communication	242
Classroom Connection Form Template	243



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

## **COLLABORATION STATEMENT**

In addition to the policies and procedures stated in this manual, the Partner Agencies have their own policies and procedures with which to comply. This manual is to be used in conjunction with the policies and procedures of the Partner Agencies. Should a conflict in policies or procedures stated in this manual and those of the Partner Agencies arise, the Long Beach WRAP Program Director will meet with the Partner Agency to discuss a resolution to the conflict.

**"Source" has been included on all policies and procedures as a contact and/or reference should a change become necessary in policy and/or procedure.**



# CONTACT INFORMATION



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**PARTNERSHIP MANAGEMENT TEAM**  
 Contact Information

<b>Agency Name</b>	<b>Contact Person</b>	<b>Email</b>	<b>Address</b>	<b>Phone</b>
Boys and Girls Club of Long Beach	Karen Reside	<a href="mailto:karenr@bgclublb.org">karenr@bgclublb.org</a>	3635 Long Beach Blvd. Long Beach, 90807	562/595-5945
	Don Rodriguez	<a href="mailto:donr@bgclublb.org">donr@bgclublb.org</a>	3635 Long Beach Blvd. Long Beach, 90807	562/595-5945 x 223 562/305-5133 (cell)
Camp Fire USA	Shirlee Jackert	<a href="mailto:shirleejackert@earthlink.net">shirleejackert@earthlink.net</a>	7070 E. Carson St. Long Beach, 90808	562/421-2725
	Aubrey Ranson	<a href="mailto:aransoncflb@earthlink.net">aransoncflb@earthlink.net</a>	7070 E. Carson St. Long Beach, 90808	562/421-2725
City of Long Beach Department of Parks, Recreation and Marine	Gladys Kaiser	<a href="mailto:gladys_kaiser@longbeach.gov">gladys_kaiser@longbeach.gov</a>	1150 E. Fourth St. Long Beach, 90802	562/570-3536
	Joy Warren	<a href="mailto:joy_warren@longbeach.gov">joy_warren@longbeach.gov</a>	1150 E. Fourth St. Long Beach, 90802	562/570-3559 562/755-6631 (cell)
Conservation Corps of Long Beach	Mary Jo Ginty	<a href="mailto:mginty@cclb-corps.org">mginty@cclb-corps.org</a>	3635 Atlantic Avenue Long Beach, 90807	562/216-1790 x227 310/678-1000 cell
	Jerry Garcia	<a href="mailto:jgarcia@cclb-corps.org">jgarcia@cclb-corps.org</a>	3635 Atlantic Avenue Long Beach, 90807	562/216-1790 310/ 925-0257 (cell)
	Trennell Weaver	<a href="mailto:tweaver@cclb-corps.org">tweaver@cclb-corps.org</a>	3635 Atlantic Avenue Long Beach, 90807	562/216 1790 x 227 562/ 577 1366
	Susan McKibben	<a href="mailto:susanmckibben@hotmail.com">susanmckibben@hotmail.com</a>	340 Nieto Ave. Long Beach, 90814	(562) 216-1790 x226 (310) 505-4205 cell (562) 216-1797

Consultant	Marianne Kugler	<a href="mailto:mkuglerasp@aol.com">mkuglerasp@aol.com</a>	5972 Scott Court Goleta, CA 93117	805/964-0517 (810) 813-9969 (cell)
Consultant	Sue Schatz	<a href="mailto:schatz_sue@laco.edu">schatz_sue@laco.edu</a>	9300 Imperial Highway Downey, CA, 90242	562/803-8336 (310) 749-6542 (cell)
International Center for Education & Sports (I.C.E.S.) International Center for Education & Sports (I.C.E.S.)	Ed Robinson	<a href="mailto:info@icessports.com">info@icessports.com</a> <a href="mailto:info@iceseducation.org">info@iceseducation.org</a>	201 Covina Ave. Ste #2 Long Beach, 90803	562/434-5313 562/494-2769 (h)
	Claudia Villalba	<a href="mailto:claudia@icessports.com">claudia@icessports.com</a>	201 Covina Ave. Ste #2 Long Beach, 90803	562/434-5313
Long Beach Unified School District	Jerry Stover	<a href="mailto:jstover@lbusd.k12.ca.us">jstover@lbusd.k12.ca.us</a>	1515 Hughes Way Long Beach, CA 90810	562/997-8307 997-8456 (secretary)
	Ronnie Clare	<a href="mailto:rclare@lbusd.k12.ca.us">rclare@lbusd.k12.ca.us</a> <a href="mailto:oclare@aol.com">oclare@aol.com</a>	1100 E. Del Amo Blvd. Long Beach, CA 90807	562/422-6070 x 279 562/572-6025 (cell)
	Sandra Velasco	<a href="mailto:svelasco@lbusd.k12.ca.us">svelasco@lbusd.k12.ca.us</a>	1100 E. Del Amo Blvd. Long Beach, CA 90807	562/422-6070 x276 562/ 572-5851 (cell)
	Dennis Windscheffel	<a href="mailto:dwindscheffel@lbusd.k12.ca.us">dwindscheffel@lbusd.k12.ca.us</a>	710 W. Spring Street Long Beach, CA 90808	562/290-0323x277 562/673-5320
YMCA of Greater Long Beach	Bob Cabeza	<a href="mailto:bob.cabeza@lbymca.org">bob.cabeza@lbymca.org</a>	525 E. 7 <sup>th</sup> Street Long Beach, CA 90813	562/624-5474 (workline) 562/624-2376 (fax)
	Sue Gevedon	<a href="mailto:sue.gevedon@lbymca.org">sue.gevedon@lbymca.org</a>	226 E. 6 <sup>th</sup> Street Long Beach, CA 90802	562/436-9622 562/279-1700 562/824-2623 (cell) *



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**BOYS & GIRLS CLUBS OF LONG BEACH**  
 3635 Long Beach Blvd.  
 Long Beach, CA 90807  
 562/595-5945

<b>Regarding:</b>	<b>Contact:</b>	<b>Preferred Contact Info:</b>	<b>Alternative Contact Info:</b>	<b>Alternative Contact Info:</b>
<b>Administrative</b>	Don Rodriguez	562 595-5945 Ext. 223	<a href="mailto:donr@bgclublb.org">donr@bgclublb.org</a>	562 305-5133
<b>Contracts</b>	Don Rodriguez	562 595-5945 Ext. 223	<a href="mailto:donr@bgclublb.org">donr@bgclublb.org</a>	562 305-5133
<b>Financial</b>	Renee May	562 595-5945 Ext. 232	<a href="mailto:reneem@bgclublb.org">reneem@bgclublb.org</a>	
<b>PMT Voting Member</b>	Don Rodriguez	562 595-5945 Ext. 223	<a href="mailto:donr@bgclublb.org">donr@bgclublb.org</a>	562 305-5133
<b>Program</b>	Karen Reside	562 595-5945 Ext. 224	<a href="mailto:karenr@bgclublb.org">karenr@bgclublb.org</a>	562 572-7136



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**CAMP FIRE USA**  
 Long Beach Area Council  
 7070 E. Carson Street  
 Long Beach, CA 90808  
 562/421-2725

<b>Regarding:</b>	<b>Contact:</b>	<b>Preferred Contact Info:</b>	<b>Alternative Contact Info:</b>	<b>Alternative Contact Info:</b>
<b>Administrative</b>	<b>Aubrey Ranson</b>	<b>(562) 421-2725</b>	<b>Shirlee Jackert</b>	<b>(562) 421-2725</b>
<b>Contracts</b>	<b>Shirlee Jackert</b>	<b>(562) 421-2725</b>	<b>Aubrey Ranson</b>	<b>(562) 421-2725</b>
<b>Financial</b>	<b>Victoria Villarreal</b>	<b>(562) 421-2725</b>	<b>Aubrey Ranson</b>	<b>(562) 421-2725</b>
<b>PMT Voting Member</b>	<b>Shirlee Jackert</b>	<b>(562) 421-2725</b>	<b>Aubrey Ranson</b>	<b>(562) 421-2725</b>
<b>Program</b>	<b>Aubrey Ranson</b>	<b>(562) 421-2725</b>	<b>Azuree Struiksma</b>	<b>(562) 421-2725</b>



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**CITY OF LONG BEACH, DEPT OF PARKS, RECREATION AND MARINE**  
 1150 E. Fourth Street  
 Long Beach, CA 90802  
 562/570-3538

<b>Regarding:</b>	<b>Contact:</b>	<b>Preferred Contact Info:</b>	<b>Alternative Contact Info:</b>	<b>Alternative Contact Info:</b>
<b>Administrative</b>	Gladys Kaiser Joy Warren	Gladys_Kaiser@longbeach.gov  Joy_Warren@longbeach.gov	Gladys: (562) 570-3536 Joy: (562) 570-3559	Joy cell: (562) 755-6631
<b>Contracts</b>	Chrissy Marshall	<u>Chrissy_Marshall@longbeach.gov</u>	(562) 570-3150	
<b>Financial</b>	Ann Link	Ann_Link@longbeach.gov	(562) 570-3150	
<b>PMT Voting Member</b>	Gladys Kaiser	<u>Gladys_Kaiser@longbeach.gov</u>	(562) 570-3150	
<b>Program</b>	Joy Warren Crystal Halona	<u>Joy_Warren@longbeach.gov</u>  <u>Crystal_Halona@longbeach.gov</u>	Joy: (562) 570-3559 Crystal: (562) 570-3561	Joy cell: (562) 755-6631 Crystal cell: (562) 755-6639



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**CONSERVATION CORPS OF LONG BEACH**

Mailing address: 340 Nieto Avenue Long Beach, CA 90814  
 ECOR building: 3635 Atlantic Avenue, Long Beach, CA

**NOTE: CONTACT AND ALTERNATE CONTACT ARE TO RECEIVE ANY AND ALL  
 CORRESPONDENCE**

<b>Regarding:</b>	<b>Contact:</b>	<b>Preferred Contact Info:</b>	<b>Alternative Contact Info:</b>	<b>Alternative Contact Info:</b>
<b>Administrative</b>	Mary Jo Ginty	562 216 1790 x 227 310 678 1000 cell	Mike Bassett	562 986 1249 x 101
<b>Contracts</b>	Mary Jo Ginty Director of Education	562 216 1790 x 227 310 678 1000 cell	Mike Bassett Ex Dir/CEO	562 986 1249 x 101
<b>Financial</b>	Mary Jo Ginty  John Dunay Director of Finance	562 216 1790 x 227 310 678 1000 cell  562 986 1249 x 103	Mike Bassett	562 986 1249 x 101
<b>PMT Voting Member</b>	Mary Jo Ginty	562 216 1790 x 227 310 678 1000 cell	Mike Bassett	562 986 1249 x 101
<b>Program</b>	Trennell Weaver: middle and high schools  Jerry Garcia: K-8 and off site programs	562-216 1790 x 205 562 577 1366 cell  562 216 1790 x 211 310 9250257 cell	Mary Jo Ginty	562 216 1790 x 227 310 678 1000 cell



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**INTERNATIONAL CENTER FOR EDUCATION AND SPORTS (I.C.E.S.)**

201 Covina Avenue, Suite 2  
 Long Beach, CA 90803  
 562/434-5313

<b>Regarding:</b>	<b>Contact:</b>	<b>Preferred Contact Info:</b>	<b>Alternative Contact Info:</b>	<b>Alternative Contact Info:</b>
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**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**LONG BEACH UNIFIED SCHOOL DISTRICT**  
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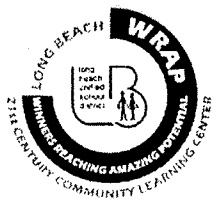
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<b>Evaluation</b>	Dennis Windscheffel	562.290.0323 x 277 562.673.5320 <u><a href="mailto:dwindscheffel@lbusd.k12.ca.us">dwindscheffel@lbusd.k12.ca.us</a></u>		
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**Long Beach WRAP**  
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 After-School Programs

**DOWNTOWN COMMUNITY DEVELOPMENT YMCA**  
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 Long Beach, CA 90802  
 562/436-9622

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<b>Program</b>	Sue Gevedon	562-436-9622	Maritza Del Razo	562-624-5476



**Long Beach WRAP**  
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 2005-2006

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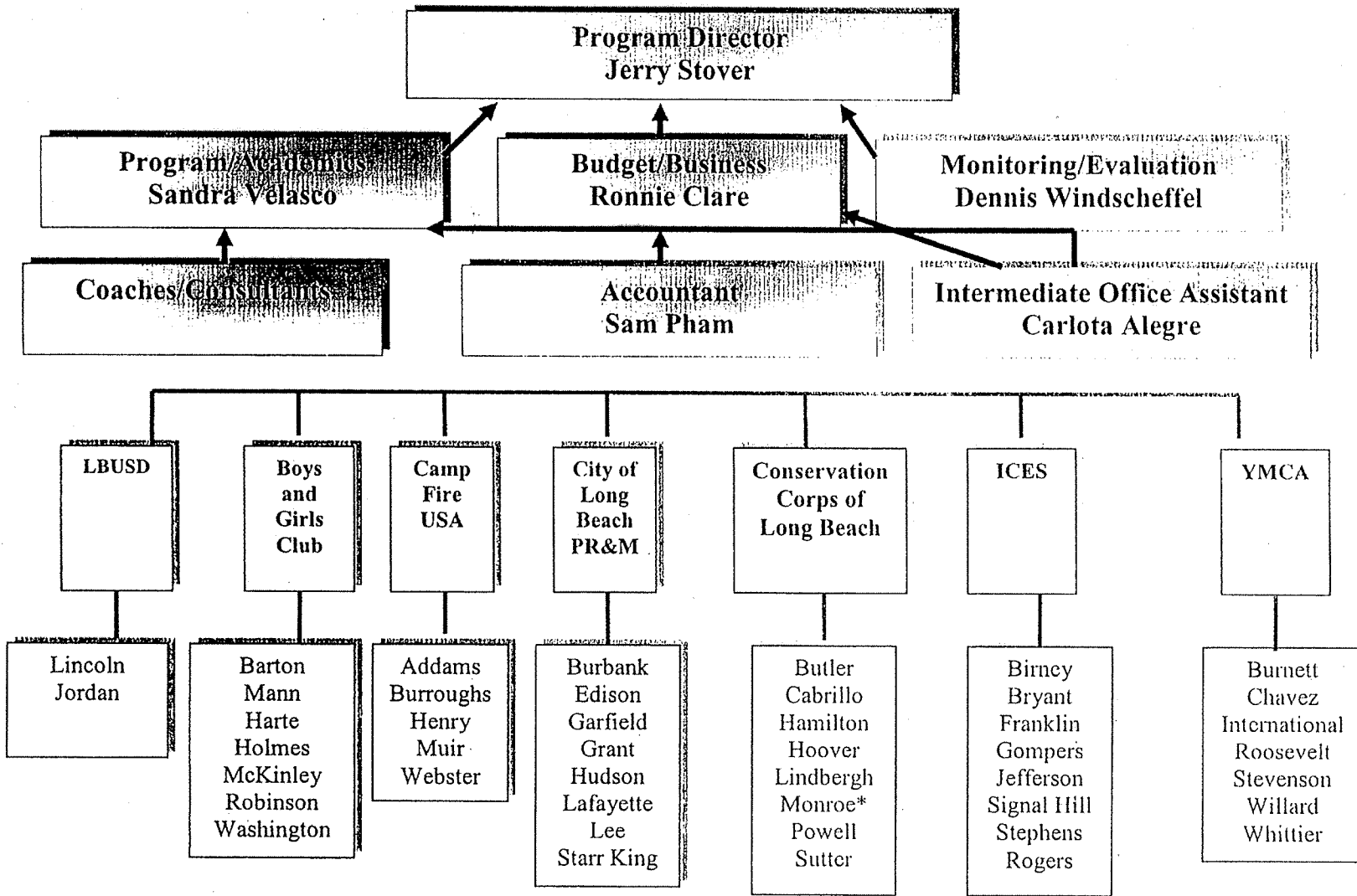
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<b>Hudson</b>	<b>Brooks Davis</b>	<b>(562) 773-6481</b>
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<b>Roosevelt</b>	<b>Elizabeth Alvarado</b>	<b>(562) 599-1888</b>
<b>Signal Hill</b>	<b>Hector Olivares</b>	<b>(562) 254-8810</b>
<b>Stephens</b>		<b>(562) 254-8807</b>
<b>Stevenson</b>	<b>David Leonard</b>	<b>(562) 437-0407</b>
<b>Sutter</b>	<b>Nai Beard</b>	<b>(562) 577-2593</b>
<b>Washington</b>	<b>Andrew Vie</b>	<b>(714) 743-2578</b>
	<b>Jose Herrera</b>	<b>(562) 591-2434</b>
<b>Webster</b>	<b>Eric Weber</b>	<b>(562) 964-3381</b>
<b>Whitter</b>	<b>Al Rodriguez</b>	<b>(562) 599-6263 ext. 159</b>
<b>Willard</b>	<b>Yvette Montellano</b>	<b>(562) 434-7923</b>
<b>Ronnie Clare</b>	<b>WRAP Facilitator</b>	<b>(562) 422-6070 x279</b>
<b>Sandra Velasco</b>	<b>Academic Director</b>	<b>(562) 422-6070 x276</b>
<b>Chandra Stovall</b>	<b>Youth Development Specialist</b>	<b>(562) 422-6070 x278</b>
<b>Carlota Alegre</b>	<b>Secretary</b>	<b>(562) 422-6070 x275</b>
<b>Frances Luna</b>	<b>Parent Liaison</b>	<b>(562) 422-6070 x277</b>
<b>Elisabet Perez</b>	<b>Parent Liaison</b>	<b>(562) 422-6070 x277</b>

# ORGANIZATIONAL CHART AND JOB DESCRIPTIONS

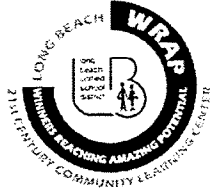




\* Off-Site Locations  
 Monroe – Grace Methodist Church

Revised 4/6/06

**LONG BEACH WRAP  
 After-School Grants  
 ORGANIZATION CHART**



## **Long Beach WRAP**

**"Winners Reaching Amazing Potential"**

### **After-School Programs**

### **LBUSD After-School Program Job Descriptions**

***Project Director***  
***Jerry Stover***  
***Office 562.997.8307***

#### **Responsibilities:**

- Monitor the work of the WRAP staff, through weekly meetings
- Sign off on invoices and monitor programs' spending patterns
- Conduct quarterly meetings with the Principals and serve as primary contact for principals
- Participate in all Partnership meetings and subcommittee meetings as appropriate
- Coordinate the appeal process, should Partners have issues
- Develop the general terms of all contracts
- Maintain contact with LBUSD top administration for WRAP through monthly updates
- Keep other LBUSD departments informed about WRAP through the district newsletter or other available methods
- Serve as a spokesperson for WRAP in the community when appropriate
- Monitor the work of the WRAP consultant through products and reports, as well as regular briefings

#### **Products**

Operational Manual  
WRAP Presentations



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

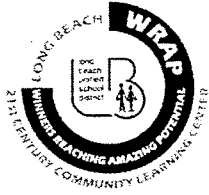
***Program Facilitator***  
***Ronnie Clare***  
***Office 562.422.6070 x 279***

**Responsibilities:**

- Share WRAP office staff and their supervision
- Coordinate with the Grant Monitor on all evaluations and reports
- Attend WRAP Partner meetings
- Attend ASAP meetings
- Oversee all accounting activities
  - Serve on related Partnership's subcommittees (TBD)
  - Develop annual WRAP budget in collaboration with key WRAP staff
  - Conduct the work of contract development and monitor the contracts
  - Initiate and monitor all VA's, timecards, buyouts, work orders, purchases, etc.
  - Attend state and national level meetings related to the grants
  - Review marketing materials development for after school
  - Maintain ongoing contact with CDE and LACOE on fiscal issues
  - Draft budget and review the progress on the yearly budget and give monthly updates to the director at monthly meetings or more often as needed
  - Facilitate all accounting and budget activities with central office staff
  - Follow up on spending issues for elementary and middle school programs
  - Monitor all invoices
  - Ensure timely payments to managing partners
  - Collect data and prepare summer nutrition request
  - Coordinate sustainability efforts
  - Report weekly to the director of WRAP, providing up-to-date fiscal information involving contracts, invoices, and general fiscal monitoring
  - Coordinate the Cabrillo ASSETS program

**Products**

Contracts prepared and completed satisfactorily  
Copy of Annual WRAP budget available by March 1 of each year  
Monthly budget tracking reports  
Accounting timelines  
Attendance reports



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

***Academic Director***  
***Sandra Velasco***  
***Office 562.422.6070 x 276***

**Responsibilities:**

- Share WRAP Office staff and their supervision
- Attend WRAP Partner meets and serve on selected Partnership Subcommittees
- Attend ASAP meetings
- Maintain contact with CDE and LACOE on program issues
- Coordinate the work of the WRAP Support Team, including the Enrichment Specialist and Parent Program Aides
- Develop the Parent/Community Advisory Group
- Attend state and national-level meetings related to the grant
- Maintain a high-level of knowledge about after-school development
- Develop the Parent/Community Advisory group
- Assist Program coordinators through joint site visits and coaching
- Work with Partnership to assess staff development needs
- Coordinate staff development activities for Program Coordinators, Site Directors and Site Leaders including state standards and academic curriculums and approaches
- Provide academic support to Site Directors and Site Leaders through training and materials
- Facilitate regular Site Director meetings
- Facilitate regular Academic Coach meetings
- Provide training and support for Academic Coaches
- Model Academic Coach role
- Maintain expert knowledge of after school academic curriculums including Kidzlit and Kidzmath as well as other research-based curriculums
- Develop a notebook for each Site Director of homework help approaches, alternative groupings and schedules and activities
- Provide regular briefings the Grants Director at weekly meetings or as requested
- Coordinate with other related District programs including Gear Up and AVID
- Report weekly to the director, providing up-to-date program information
- Support evaluation process
  - a. Products
  - b. Staff Development Yearly Calendar
  - c. Staff Development Assessment

- d. Academic support materials
- e. Monthly calendar and goals
- f. Calendar of site visits
- g. Notes from meetings of Program Coordinators, Academic Coaches
- h. Agendas from trainings attended
- i. Notebook on Homework Help
- j. Notes of coordination meetings with Gear Up and AVID and other related program work



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

***Monitoring/Evaluation***  
***Dennis Windscheffel***  
***Office 562.290.0323***

**Responsibilities:**

- Supervise Data Collection, Evaluation and High School Assets Activities
- Attend WRAP partner meetings and sever on selected Partnership subcommittees
- Maintain ongoing contact with CDE and LACOE on evaluation/attendance issues
- Develop calendar of evaluation reports due
- Monitor the collection of evaluation data
- Coordinate evaluation reports with Program Facilitator and Academic Director
- Prepare state reports on data gathered, with evaluation consultant
- Review invoices and monitor the processing for high schools
- Develop RFP and assist in interviews of Evaluation Consultant with Partner subcommittee
- Coordinate ASSETS program  
And work toward collaborations between local agencies and the WRAP high schools
- Develop pilot of Internet Network of Long Beach Agencies and Organizations
- Coordinate marketing activities
- Attend regional, state, and national-level meetings related to grant
- Support sustainability efforts
- Report weekly to the WRAP Project director, providing up-to-date monitoring information

**Products**

State reports completed and submitted on time, based on calendar  
Copy of RFP and completion of evaluation consultant selection process  
Copy of network description and process



## **Long Beach WRAP**

**"Winners Reaching Amazing Potential"**  
**After-School Programs**

### **LBUSD After-School Program Job Descriptions**

#### ***Academic Coaches***

**Contact: Sandra Velasco, Academic Coach**  
**Office 562.422.6070 ext. 276**

#### **Responsibilities:**

- Regularly visit assigned sites to assess academic supports and coach Site Leaders
- Maintain expertise in after school academic curriculum through reading and workshops
- Assist the Academic Director with the development of academic support materials
- Provide expertise in leadership problem solving approaches for individual student academic needs
- Maintain regular contact with classroom teachers and school expectations to assist in planning academic supports
- AVID and other related program work



## **Long Beach WRAP**

**"Winners Reaching Amazing Potential"**  
**After-School Programs**

### **LBUSD After-School Program Job Descriptions**

#### ***Youth Development Consultant***

**Contact: Sandra Velasco**

**Office: 562.422.6070 x 276**

#### **Responsibilities:**

- Provide youth development support to Site Directors and Site Leaders through training coordination and materials distribution
- Regularly visit sites and assist Directors and Leaders to incorporate youth development concepts, through coaching and mentoring
- Attend Site Director meetings and share Youth Development materials
- Research, collect and share materials with site staff in prevention areas including violence, substance abuse, obesity, child abuse prevention etc.
- Assist Site Directors in the development of culminating events for units and year
- Maintain up to date skills and knowledge about youth development

#### **Products**

Training schedules and materials

Calendar of site visits and weekly goals

Notes from Youth Advisory Committee meetings

Program samples from events

Agendas from Youth Development Trainings attended

Prevention materials





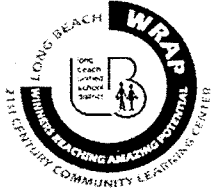
**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

***Intermediate Office Assistant***  
***Carlota Alegre-Villanueva***  
***Office 562.422.6070 x 275***

**Responsibilities:**

- Coordinate telephone calls, referring the callers to appropriate persons or agencies
- Produce correspondence
- Maintain up to date records and files
- Assist facilitators in preparation of materials
- Provide support for facilitators as needed



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

***Accountant Technician***  
***Sam Pham***  
***Office 562.422.6070 x 278***

**Responsibilities:**

- Input on excel and track all invoices from partner agencies and other contractors
- Check invoices for correct format and calculations
- Coach agencies on preparing invoices
- File and maintain hard copy of all invoices
- Track invoices to ensure timely payment
- Create and maintain spreadsheets for program expenditures
- Work with central office to produce quarterly expenditure reports for CDE
- Compare expenditures to earned attendance periodically to avoid overpayments to partners
- Reconcile spreadsheets with district financial system
- Track admin costs for partners and district
- Assist facilitator with random audits of partners
- Collect and record attendance data
- Reconcile CDE payments with quarterly attendance payments
- Prepare attendance reports for PMT meetings
- Maintain spreadsheets for contracts
- Attend PMT meetings as needed

**Products**

Attendance Reports for PMT meetings  
Monthly expenditure spreadsheets  
Quarterly attendance reports for CDE  
Invoice tracking monthly for partners



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**LBUSD After-School Program Job Descriptions**

***Parent Programs Aides***  
***Contact: Sandra Velasco***  
***Office 562.422.6070 x 276***

**Responsibilities:**

- Serve as a referral resource for parents for literacy classes and other support services
- Assist Site Directors with training and materials on parent involvement and family Literacy activities
- Assist the WRAP staff in the creation of a Parent/Community Advisory Group

**Products**

Schedule of classes and class plans

Log of referrals

Materials for involvement and parent literacy

Notes from Community Advisory Group meetings

# PARTNERSHIP MANAGEMENT TEAM



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**PARTNERSHIP MANAGEMENT TEAM**

**MISSION**

The Long Beach Partnership Management Team is committed to developing, supporting and sustaining high quality after-school programs with measurable outcomes.



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**Long Beach WRAP**

**VISION**

**Partnership Management Team Vision**

Every school-age child and youth in the area served by the Long Beach Unified School District will participate in high quality and sustained comprehensive after-school experiences in their school and/or neighborhood.

**Program Vision**

To offer high quality, comprehensive Long Beach WRAP after-school programs to as many children and youth as possible in a collaborative, coordinated and effective manner, with measurable outcomes.



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**PARTNERSHIP MANAGEMENT TEAM**

**GOALS**

1. To provide coordination and collaboration for Long Beach WRAP sites in the development and sharing of best practices and resources as outlined in the goals of the grant.
2. To continue in the short term to seek additional funds for more sites and then support the development of those sites.
3. To develop and implement a long term sustainability plan for Long Beach WRAP.



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**PARTNERSHIP MANAGEMENT TEAM**

**STRUCTURE**

**Structural Recommendations:**

1. That the current interim facilitator for the Team meetings continue through the rest of 2005.
2. That the Chair of the Team meetings be selected in November of each year and rotate among the partners on a one year term basis beginning in January of 2006.
3. That the minutes of the Team meetings as well as team correspondence be done by the Secretary of the Team, also chosen November of each year for the following year. The Secretary should not be from the same Partner Agency as the Chairperson.
4. No officer should hold that office longer than two years in a row.
5. That the PMT will work with the citywide After-School Advocacy Partnership (ASAP) to create a full-scale local effort to provide matching funds for Proposition 49 after-school sites.
6. The work of the Team should be done in most cases at the subcommittee level. All subcommittees should be short term and developed for the completion of specific tasks or the addressing of specific issues.
7. That by December of 2006 the Team should have a set of by-laws addressing each of the areas discussed in these recommendations and other areas as needed.





**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**PARTNERSHIP MANAGEMENT TEAM**

**PARTNERSHIP ROLES**

**Partnership Role – Background Material**

The collaborative has in the past:

- Assessed available needs and resources
- Researched best practices
- And developed activities that reflected the best practices.

**Partnership Management Team Role**

The PMT role will continue in the development and implementation phases with the goals of:

- Maximizing and leveraging resource,
- Being responsible for program administration through
  1. Setting and enforcing policies
  2. Designing and evaluating program operations
  3. Distributing program resources
  4. Monitoring program adaptation resulting from quality review.
- The group will make use of communication channels to ensure that all the partners have the opportunity to participate in the decision-making process.
- Professional development will also function as a very key component of collaborative maintenance.
- Partnership members will contribute \$447,252 in matching funding during the Grant period.
- The collaborative will establish a fund-raising committee to actively strategize and work on sustainability.

# LONG BEACH WRAP PROGRAM COMPONENTS

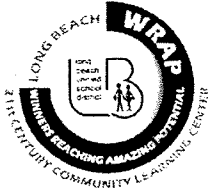


# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

## WRAP PROGRAM COMPONENTS

<b>RECREATIONAL DEVELOPMENT</b>	<b>ACADEMIC ENRICHMENT</b>	<b>FAMILY LITERACY</b>
<b>Youth Development</b> Community Service Drug and Violence Prevention Character Education Conflict Resolution Field Trips Youth Council	<b>Academic Assistance</b> Homework Assistance	<b>Referrals and Community Resources</b> <ol style="list-style-type: none"> <li>1. Housing</li> <li>2. Medical</li> <li>3. Education</li> <li>4. Legal</li> </ol>
<b>Arts</b> Dance Theater Arts Arts and Crafts Music	<b>Academic Education</b> <b>Literacy</b> <ol style="list-style-type: none"> <li>1. KidzLit /other approved reading program</li> <li>2. Library</li> <li>3. Recreational Reading</li> <li>4. Reading Games</li> </ol> <b>Math</b> <ol style="list-style-type: none"> <li>1. KidzMath /other approved math program</li> <li>2. Math facts curriculum</li> <li>3. Math games</li> </ol> <b>Science</b> <ol style="list-style-type: none"> <li>1. Experiments</li> <li>2. Outdoor Environmental Education</li> <li>3. Teachers' Resource Center</li> </ol> <b>Other</b> Health and Nutrition	<b>Advisory Parent Group</b>
<b>Psychophysical Activities</b> Team Building Group Outdoor Games Group Indoor Games Intramural Games		



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>HOMWORK ASSISTANCE</b>	
Effective Date: 07.01.06	Policy # 001

**Policy:** Each Partner Agency must develop a Homework Assistance Policy.

**Purpose:** To provide students with homework assistance in an environment that facilitates productivity and success.

**Suggested Guidelines:**

1. Homework time is to be very similar to instructional classroom time. Homework time is quiet time with the only noises being the teachers, aides and tutors assisting a student. You should talk in a low tone so as to not disturb the other students.
2. During homework assistance hour, classrooms are used. It is very important that all items in the classroom are left alone and not used. All needed supplies are to be supplied by the after-school program and the teachers items are not to be used.  
A Classroom/Facility Checklist must be filled out at least once a week when using classrooms for homework time.
3. The Program Leader is to be actively assisting students with their work. The Program Leader should be moving about the room, monitoring the progress of the students. Some students will not raise their hands to ask for help and it is important that these students receive the help they need as well.
4. No personal work is to be done while on duty. Anyone found doing personal work (reading, studying, etc) will be written up.
5. Students not having homework assigned by the teacher for that particular day may read silently or work on academic packets of extra work provided by the program leader. Math and literacy games may be permitted at the discretion of your Site Director.
6. As per the signed Parent Agreement upon student enrollment, homework time is only ONE HOUR in length. After the homework hour all students are to join activities, even if their homework is not completed (elementary schools only). If a student is continually unable to complete his/her homework, then their parent and teacher need to be notified.
7. On a daily basis, at the conclusion of homework time, the Program Leader may complete the Homework Communication Sheet (optional).

**Source:** Partnership Management Team, LB WRAP

**Template:** Homework Communication Sheet (optional)



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

TEMPLATE

**HOMEWORK COMMUNICATION SHEET**  
*(Optional)*

Date \_\_\_\_\_ Program Leader \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_

Student did not finish his/her homework in LB WRAP because:

- \_\_\_\_\_ he/she did not understand the concepts
- \_\_\_\_\_ it required individual assistance and that cannot be provided by LB WRAP
- \_\_\_\_\_ he/she would not stop talking during the homework period
- \_\_\_\_\_ of a LB WRAP activity
- \_\_\_\_\_ of a school activity
- \_\_\_\_\_ other: \_\_\_\_\_

Student stated that he/she did not bring his/her homework to LB WRAP because:

- \_\_\_\_\_ it was finished and left in class.
- \_\_\_\_\_ it was finished and left at home.
- \_\_\_\_\_ it was unfinished and left in class.
- \_\_\_\_\_ it was unfinished and left at home.

\_\_\_\_\_ Homework was not checked because of lack of time in LB WRAP and needs to be checked at home.

\_\_\_\_\_ Student has reading, studying or homework that needs to be done at home.

\_\_\_\_\_ Student is not using appropriate behavior in LB WRAP.

Comments:



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>PSYCHOPHYSICAL ACTIVITY TIME</b>	
Effective Date: 07.01.06	Policy # 002

**Policy:** Each Partner Agency must develop a Psychophysical Activity Time Policy.

**Purpose:** To provide students with the opportunity to solve problems, interact with peers, follow directions, learn new skills, get exercise and have fun. Psychophysical time is to be given the same quality and emphasis as academic time.

#### **Suggested Guidelines:**

1. Co-workers are to be supported. If a Program Leader asks for the attention of the students, staff members are required to assist them by following through with their directions and helping the students to do the same. Standing around is not permitted.
2. Clear and safe boundaries are to be established. The limits of the game and safe surroundings should be clarified for students.
3. The rules of the game must be stated prior to the game beginning. Even if the students already know the game, the rules must be reviewed. This will help them to be accountable and to follow the rules,
4. All students should be encouraged to participate. If a student does not want to play a particular game, they are to be assured that they will have the opportunity to play another game soon.
5. Staff members must facilitate the game by being an active participant, helping the students to build skills and encouraging them to have fun. Close attention should be given to the game and to the needs of the students. If a game is not going well, staff members must revise it or begin a different game as needed.
6. Staff members must participate in the game. Participation demonstrates interest in the students. If there is need for coaching, discipline, etc. during a game, staff members are not required to play. However, playing is encouraged and required for at least part of every group game session.
7. Students should be encouraged with words like, "Wow!" "Good job!" and so on. Students thrive on praise and it will encourage them to play appropriately and to do their best.
8. If a student is not participating appropriately, he/she must receive a time out before returning to the game. The time out may be no longer than 10 minutes, but may be as short as 3 minutes.

**Source:** Academic Director, LB WRAP

# LONG BEACH WRAP STANDARDS



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>STAFFING REQUIREMENTS</b> <b>(Site Directors and Program Coordinators)</b>	
Effective: 07.01.06	Policy # 003

**Policy:** Each Partner Agency will abide by the following staffing requirements for the LB WRAP Program.

Staffing Requirements (Site Directors and Program Coordinators):

1. At each site, the ratio of Program Leaders to students must be:

- 1/15 during Academic Enrichment
- 1/15 during Academic Assistance
- 1/20 during Psychophysical Activity

NOTE: Site Directors are NOT to be included in ratios.

2. Each site must have a Site Director in attendance for at least six (6) hours/day. The LBUSD site administrator must be notified immediately in the absence of a Site Director.
3. Each Partner Agency must have a plan in place in the event that a Site Director vacates a position.
4. In the event of a Site Director vacancy, the Partner Agency and the principal will work together in the hiring process. Partner Agencies retain the right to fire or move employees. If a principal has reservations regarding a Partner Agency employee, it is up to the Partner Agency and the principal to decide upon a resolution.
5. Each Partner Agency must have one Program Coordinator for every four sites. Each Program Coordinator must work a minimum of 32 hours per week.

**Purpose:** To ensure program uniformity, safety and quality as well as grant compliance.

**Source:** Partnership Management Team, LB WRAP





## Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

<b>STAFFING REQUIREMENTS (All Staff Members)</b>	
Effective: 07.01.06	Policy # 004

**Policy:** Each Partner Agency will abide by the following staffing requirements for the LB WRAP Program.

Staff Requirements (all staff members):

1. Staff members must be fingerprinted in accordance with Contract Agreements between LBUSD and the Partner Agency.
2. Staff members must present a TB clearance within one year of employment.
3. Staff members must pass the LB WRAP test for academic proficiency.
4. Staff members must meet all standards established by the individual school site.
5. Volunteers must adhere to all standards required of staff members (the LB WRAP test for academic proficiency may or may not be required depending on role of volunteer).
6. Staff members are Partner Agency employees. Therefore, Partner Agency Human Resource policies and procedures are to be followed.

**Purpose:** To ensure program uniformity, safety and quality as well as grant compliance.

**Source:** Partnership Management Team, LB WRAP



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

DRESS CODE STANDARDS	
Effective Date: 07.01.06	Policy # 005

**Policy:** All Partner Agencies will comply with the LB WRAP Dress Code Standards as well as their agency dress codes as follows:

1. Agencies provide sweatshirts and/or jackets with same logo and All LB WRAP t-shirts will be navy blue. This shirt must have LB WRAP written across the back with lettering large enough to be seen across the playground yard.
2. Logos of the Partner Agency may be printed on the front of the t-shirt. All lettering and logos must be in white and/or gold.
3. Site Directors must wear polo-style shirts.
4. Program Leaders must wear LB WRAP t-shirts.
5. It is the responsibility of the Partner Agencies to produce and purchase these shirts. It is suggested that Partner Agencies provide each staff member with at least three (3) shirts. It is suggested that Partner lettering requirements to assist with identification during inclement weather.
6. In addition, the following dress code is to be enforced during work hours:
  7. No "sagging" pants
  8. No tank tops, mesh shirts, plain white T-shirts
  9. No cotton sweat pants, sweat or jogging outfits (matching or not)
  10. No cut-off sweats and jeans, biker shorts, tight shorts, shorts over 4 inches above the kneecap, boxer shorts or shorts that look like boxer shorts worn as outerwear
  11. No clothing that allows undergarments to be exposed
  12. No headbands, headgear, doo rags, bandannas, hairnets, rollers or combs in the hair.
  13. Baseball caps and/or sun hats may be worn at the Partner Agency's discretion and can have the agency logo in lieu of or in addition to "LB WRAP".
  14. No clothing and accessories with obscene or gang-related material, or other material that would materially and substantially interfere with appropriate discipline or the educational mission of the school
  15. No clothing and accessories that are unsafe and/or dangerous (for example: studded belts and wrist bands, metal belts, chains, handcuffs, etc.)
  16. No tears, holes, patches, slits in the seams, and ragged hems in clothes and shoes

17.No oversized clothing.

18.No visible tattoos, body art, body piercing (except for ears).

**Purpose:** To ensure uniformity and conformity of established dress code .

**Source:** Partnership Management Team, LB WRAP

# SNACK



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

### SNACK PREPARATION AND STORAGE

Effective Date: 07.01.06

Policy # 006

**Policy:** All Partner Agencies must comply with the Snack preparation and storage requirements outlined below. Program non-compliance may result in Snack cancellation.

**Purpose:** To ensure that all WRAP snacks served meet minimum safety requirements.

#### Requirements:

##### Partner Agency Responsibilities

1. Employees must wash hands after breaks and after using the restroom.
2. Cleaning supplies must be stored separately.
3. Inventory must be at least 6 inches off the floor.
4. All cold food must be stored at 41 degrees or below.
5. All refrigerators, freezers and coolers must be clean, sanitary and in good repair. No mold on gaskets.
6. All Partner Agency refrigerators must have an accurate thermometer.
7. Potentially hazardous leftovers must be discarded.
8. Kitchen garbage must be disposed of after each meal.
9. Insect and rodent infestations must be identified and action immediately taken.

##### School Site Responsibilities

1. Restrooms must have wall-mounted dispenser type soap, paper towels, toilet paper, and seat covers.
2. Hand washing area must have soap and paper towels.
3. Cleaning supplies must be stored separately.
4. Inventory must be at least 6 inches off the floor.
5. Deliveries must be dated, rotated and put away immediately.
6. All cold food must be stored at 41 degrees or below.
7. All refrigerators, freezers and coolers must be clean, sanitary and in good repair. No mold on gaskets.
8. All refrigerators must have an accurate thermometer.
9. Potentially hazardous leftovers must be discarded.
10. Kitchen garbage must be disposed of after each meal.
11. Insect and rodent infestations must be identified and action immediately taken.

**Source:** Supervisor, LBUSD Nutrition Services Office  
Program Facilitator, LB WRAP



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

<b>SNACK ACCOUNTABILITY</b>	
Effective Date: 07.01.06	Policy # 007

**Policy:** Each Partner Agency must follow the procedure indicated below or develop a written Policy and Procedure for Snack Accountability based upon the approval of each site Cafeteria Manager.

**Purpose:** To ensure accurate accountability for snacks provided through the Long Beach WRAP Program as required by the LBUSD Nutrition Department.

**Procedure:**

1. Create a separate Snack List from the regular Attendance Tracker. Snack Lists can be grouped by Program Leader.
2. Each Program Leader highlights the name of the students who have been served snack while observing the following rules that must be maintained at all times:
  - a. Only students who are registered and attending the Long Beach WRAP program on that day may receive snack
  - b. Each student is allowed one snack only.
  - c. No snacks are allowed for staff, volunteers and parents.
  - d. Leftover snacks must be returned to the designated location within ½ hour of serving.
3. The highlighted Snack List is given to the Site Director at the end of Snack.
4. The Site Director can then transfer the information to the Master Snack List.
5. There should be a new Master Snack List each day.
6. The Site Director's signature or his/her designee and the date need to be on the Snack List that is given to the Cafeteria Supervisor each day.

**Source:** Program Facilitator, LB WRAP



## Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

<b>SNACK SERVING</b>	
Effective Date: 07.01.06	Policy # 008

**Policy:** All Partner Agencies must comply with the Snack serving procedure outlined below. Program non-compliance may result in Snack cancellation.

**Purpose:** To ensure that all WRAP snacks served meet with nutritional and safe-handling requirements.

**Reference:**  
FCS Instruction 783.1 Rev 2: Exhibit A Grains/Breads for the Food Based Menu Planning Alternatives in the Child Nutrition Programs

**Procedure:**

1. The "Justice for All" poster (USDA form AD475C) must be displayed at the Snack point of service.
2. Staff must wash hands prior to serving of snack.
3. Snacks must consist of two of the following in accordance with Federal pattern requirements:
  - a. Milk : 8 oz
  - b. Bread or equivalent: as defined by FCS Instruction 783.1 Rev 2: Exhibit A Grains/Breads for the Food Based Menu Planning Alternatives in the Child Nutrition Programs
  - c. Fruit/Vegetable: Juice (8 oz) or  $\frac{3}{4}$  cup of fruit or vegetable
4. Snack must be delivered at the point of service.
5. Snack must be offered to all students enrolled in the program.
6. Students must decline both snack items or take both snack items offered.
7. Students may return items that are unopened.
8. Returned or unused snacks must be taken to the cafeteria within 30 minutes.
9. School must provide available access to refrigerator.

**Source:** Supervisor, LBUSD Nutrition Services Office  
Program Facilitator, LB WRAP

- AND



JUSTICE



FOR ALL



The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600(voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

USDA  
United States Department of Agriculture June 1999

El Departamento de Agricultura de los EE. UTJ. (USDA, siglas en ingles) prohíbe la discriminación en todos sus programas y actividades a base de raia, color, origen nacional, genero, religión, edad, impedimentos, o credo politico. Personas con impedimentos que requieran medios alternativos de comunicacion para obtener informacion acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamado al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202)720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.



**FCS instruction 783.1 Rev 2 Exhibit A  
GRAINS/BREADS FOR THE FOOD-BASED MENU PLANNING ALTERNATIVES  
IN THE CHILD NUTRITION PROGRAMS'**

<b>Group A</b>	<b>Minimum Serving Size for Group A</b>
<ul style="list-style-type: none"> <li>• Bread type coating</li> <li>• Bread sticks (hard)</li> <li>• Chow mein noodles</li> <li>• Crackers (saltines and snack crackers)</li> <li>• Croutons</li> <li>• Pretzels (hard)</li> <li>• Stuffing (dry) Note: weights apply to bread in stuffing.</li> </ul>	<ul style="list-style-type: none"> <li>1 serving = 20 gm or 0.7 oz</li> <li>3/4 serving = 15 gm or 0.5 oz</li> <li>1/2 serving = 10 gm or 0.4 oz</li> <li>1/4 serving = 5 gm or 0.2 oz</li> </ul>
<b>Group B</b>	<b>Minimum Serving Size for Group B</b>
<ul style="list-style-type: none"> <li>• Bagels</li> <li>• Batter type coating</li> <li>• Biscuits</li> <li>• Breads (white, wheat, whole wheat, French, Italian)</li> <li>• Buns (hamburger and hot dog)</li> <li>• Crackers (graham crackers - all shapes, animal crackers)</li> <li>• Egg roll skins</li> <li>• English muffins</li> <li>• Pita bread (white, wheat, whole wheat)</li> <li>• Pizza crust</li> <li>• Pretzels (soft)</li> <li>• Rolls (white, wheat, whole wheat, potato)</li> <li>• Tortillas (wheat or corn)</li> <li>• Tortilla chips (wheat or corn)</li> <li>• Taco shells</li> </ul>	<ul style="list-style-type: none"> <li>1 serving = 25 gm or 0.9 oz</li> <li>3/4 serving = 19 gm or 0.7 oz</li> <li>1/2 serving = 13 gm or 0.5 oz</li> <li>1/4 serving = 6 gm or 0.2 oz</li> </ul>
<b>Group C</b>	<b>Minimum Serving Size for Group C</b>
<ul style="list-style-type: none"> <li>• Cookies<sup>3</sup> (plain)</li> <li>• Cornbread</li> <li>• Corn muffins</li> <li>• Croissants</li> <li>• Pancakes</li> <li>• Pie crust (dessert pies<sup>3</sup>, fruit turnovers", and meat/meat alternate pies)</li> <li>• Waffles</li> </ul>	<ul style="list-style-type: none"> <li>1 serving = 31 gm or 1.1 oz</li> <li>3/4 serving = 23 gm or 0.8 oz</li> <li>1/2 serving = 16 gm or 0.6 oz</li> <li>1/4 serving = 8 gm or 0.3 oz</li> </ul>

<sup>1</sup>The following foods are whole-grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ.

<sup>2</sup>Some of the following foods, or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

<sup>3</sup>Allowed only for desserts under the enhanced food-based menu planning alternative specified in 7CFR Part 210.10 and supplements (snacks) served under the NSLP, SFSP, and CACFP. <sup>4</sup>Allowed for desserts under the enhanced food-based menu planning alternative specified in 7CFR Part 210.10 and supplements (snacks) served under the NSLP, SFSP, and CACFP, and for breakfasts served under the SBP, SFSP, and CACFP.

Group D	Minimum Serving Size for Group D
<ul style="list-style-type: none"> <li>• Doughnuts<sup>4</sup> (cake and yeast raised, unfrosted)</li> <li>• Granola bars<sup>4</sup> (plain)</li> <li>• Muffins (all, except corn)</li> <li>• Sweet rolls<sup>4</sup> (unfrosted)</li> <li>• Toaster pastries<sup>4</sup> (unfrosted)</li> </ul>	1 serving = 50 gm or 1.8 oz 3/4 serving = 38 gm or 1.3 oz 1/2 serving = 25 gm or 0.9 oz 1/4 serving = 13 gm or 0.5 oz
Group E	Minimum Serving Size for Group E
<ul style="list-style-type: none"> <li>• Cookies<sup>1</sup> (with nuts, raisins, chocolate pieces and/or fruit purees)</li> <li>• Doughnuts<sup>4</sup> (cake and yeast raised, frosted or glazed)</li> <li>• French toast</li> <li>• Grain fruit bars<sup>4</sup></li> <li>• Granola bars<sup>4</sup> (with nuts, raisins, chocolate pieces and/or fruit)</li> <li>• Sweet rolls<sup>4</sup> (frosted)</li> <li>• Toaster pastries<sup>4</sup> (frosted)</li> </ul>	1 serving = 63 gm or 2.2 oz 3/4 serving = 47 gm or 1.7 oz 1/2 serving = 31 gm or 1.1 oz 1/4 serving = 16 gm or 0.6 oz
Group F	Minimum Serving Size for Group F
<ul style="list-style-type: none"> <li>• Cake<sup>3</sup> (plain, unfrosted)</li> <li>• Coffee cake<sup>1</sup></li> </ul>	1 serving = 75 gm or 2.7 oz 3/4 serving = 56 gm or 2 oz 1/2 serving = 38 gm or 1.3 oz 1/4 serving = 19 gm or 0.7 oz
Group G	Minimum Serving Size for Group G
<ul style="list-style-type: none"> <li>• Brownies<sup>3</sup> (plain)</li> <li>• Cake<sup>3</sup> (all varieties, frosted)</li> </ul>	1 serving = 115 gm or 4 oz 3/4 serving = 86 gm or 3 oz 1/2 serving = 58 gm or 2 oz 1/4 serving = 29 gm or 1 oz
Group H	Minimum Serving Size for Group H
<ul style="list-style-type: none"> <li>• Barley</li> <li>• Breakfast cereals (cooked)<sup>5,6</sup></li> <li>• Bulgur or cracked wheat</li> <li>• Macaroni (all shapes)</li> <li>• Noodles (all varieties)</li> <li>• Pasta (all shapes)</li> <li>• Ravioli (noodle only)</li> <li>• Rice (enriched white or brown)</li> </ul>	1 serving = 1/2 cup cooked (or 25 gm dry)
Group I	Minimum Serving Size for Group I
<ul style="list-style-type: none"> <li>• Ready to eat breakfast cereal (cold dry)<sup>4</sup></li> </ul>	1 serving = 3/4 cup or 1 oz, whichever is less

<sup>3</sup>Allowed only for desserts under the enhanced food-based menu planning alternative specified in 7CFR Part 210.10 and supplements (snacks) served under the NSLP, SFSP, and CACFP. <sup>4</sup>Allowed for desserts under the enhanced food-based menu planning alternative specified in 7CFR Part 210.10 and supplements (snacks) served under the NSLP, SFSP, and CACFP, and for breakfasts served under the SBP, SFSP, and CACFP.

<sup>5</sup>Refer to program regulations for the appropriate serving size for supplements served to children aged 1 through 5 in the NSLP; breakfasts served under the SBP; and meals served to children ages 1 through 5 and adult participants in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

<sup>6</sup>Cereals may be whole-grain, enriched, or fortified.



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>INTER-SESSION SNACK</b>	
Effective Date: 07.01.06	Policy # 009

**Policy:** Snacks will not be provided by the LBUSD Nutrition Services Department when school is not in session. Snacks will be provided by the LB WRAP Office.

**Purpose:** To ensure that snacks will be provided when the LBUSD Nutrition Department is not available.

**Procedure:**

1. Each Partner Agency must submit the Inter-Session Snack Request Form and the Shelf Stable Snack Items Order Form to the Program Facilitator at least two months prior to the out-of-session date/s.
2. Snacks must be picked up by the Partner Agency designee at the time determined by Nutrition Services and delivered to the program location. Failure to pick up snacks will result in Snack cancellation. Partner Agency will then become responsible for providing snacks on a daily basis.

**Source:** Program Facilitator, LB WRAP

**Forms**

**Used:** Shelf Stable Snack Items Order Form  
Inter-Session Snack Request Form



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**Inter-Session Snack Request Form**

Agency _____		Fiscal Year _____		
School	Dates of Operation	Hours of Operation	# Days Open	Anticipated # of Students



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

SUMMER SESSION LUNCH/SNACK	
Effective Date: 07.01.06	Policy # 010

**Policy:** At sites qualifying for the Free and Reduced Meal Program, lunch/snacks will be provided by the LBUSD Nutrition Services Department when school is not in session. Non-qualifying sites will follow the Policy and Procedures for Inter-Session Snack.

**Purpose:** To ensure that lunch/snacks will be provided when the LBUSD Nutrition Department is not available.

**Procedure:**

7. Each Partner Agency must submit the Summer Lunch/Snack Request Form and the Shelf Stable Snack Items Order Form to the Program Facilitator at least two months prior to the summer session date/s.
8. Lunch/snacks will be delivered by Nutrition Services each day to the school site.
9. Snack Preparation and Storage and Snack Serving Policy and Procedures must be adhered to or Summer Session Lunch/Snack will be cancelled.

**Source:** Program Facilitator, LB WRAP

**Forms**

**Used:** Shelf Stable Snack Items Order Form  
Summer Session Snack Request Form (Qualifying or Non-Qualifying)



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**Summer Lunch Request Form (Free/Reduced Non-Qualifying Schools)**

Agency \_\_\_\_\_ Fiscal Year \_\_\_\_\_

School	Dates of Operation	Hours of Operation	# Days Open	Anticipated # of Students



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**Summer Lunch Request Form (Free/Reduced Qualifying Schools)**

**Agency** \_\_\_\_\_ **Fiscal Year** \_\_\_\_\_

School	Dates of Operation	Hours of Operation	# Days Open	Anticipated # of Students



Prices subject to change. Check with Nutrition Services for most current pricing.

Order Date \_\_\_\_\_ Order placed by \_\_\_\_\_

Pick up Date \_\_\_\_\_ Items Received by \_\_\_\_\_ Date \_\_\_\_\_

**SNACK ITEMS—SHELF STABLE**

**Order Form**

Item #	Item	Case Count	Case Price*	Unit Cost	Order Number of cases
3089	Crackers, Animal, 1 oz	200	\$17.79	.09	
3093	Crackers, Choc Bear 2/pk	300	40.96	.14	
3311	Pop Tarts	80	24.65	.31	
3092	Crackers, Ap/Cinn Bear 2/pk	300	40.96	.14	
3098	Cracker, Honey Gr Hi Fib 3/pk	150	16.70	.11	
	Mini-Pretzels, 1 oz/ pk	150	20.21	.13	
3099	Crackers, Van Graham 3/pk	150	22.08	.15	
3094	Crackers, Gold Fish, 1.5 oz/ pk	60	16.27	.27	
3095	Cracker, Ap/Cinn Gr 3/pk	150	16.70	.11	
4286	Juice, Str Ban, aseptic pack	40	14.79	.37	
4287	Juice, Apple, aseptic pack	40	14.79	.37	
4288	Juice, Berry, aseptic pack	40	14.79	.37	

\*Prices subject to change.

**Fax completed form to Nancy Barns, Catering Supervisor, (562) 997-2863 two weeks in advance.**

Approved by:  
Cecelia Slater, Director  
Nutrition Services Branch

3/06



# TRANSLATION



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**TRANSLATION OF LIMITED ENGLISH  
PROFICIENT PARENT INFORMATION  
AND/OR MATERIALS**

Effective Date: 07.01.06

Policy # 011

**Policy:** Partner Agencies must have all parent and student documents meet the LBUSD guidelines/Ed Code Section 48985, Title III, Section 3122 (c) for translation. LBUSD will provide translation of materials upon receipt of the appropriate forms.

"In accordance with Education Code Section 48985, Title III, Section 3122 (c), when 15% or more of the student population at a school site (ELLs and FEPs) speak a single primary language other than English, all notices, reports, statements, or records sent to the parent or guardian of any such pupil by the school or school district are, in addition to being written in English, written in the primary language."

**Procedure (Site Director):**

1. Identify site requirements for providing translation and interpretation of forms, reports, notices or presentation information to limited English proficient parents by checking the Translation and Interpretation-Spanish and Translation and Interpretation-Khmer lists.
2. Make sure that the Parent Request Forms-Primary Language Assistance (English, Spanish and/or Khmer) are available at all points of contact with the public, such as the front reception area. These forms should be pointed out to parents who likely need translation or interpretation assistance. Completed copies must be submitted to the PALMS Office immediately.
3. Complete the WRAP Request Form for Oral Interpretation and Written Translation Services (with materials for translation attached) whenever assistance in meeting a parent's need or request for interpretation and/or translation services is required. Submit this form to the PALMS Office at least two (2) weeks in advance. Should an event or situation require less than two weeks of advance notice, contact the PALMS Office (562/997-8031) as soon as possible. Requests and materials for translation should be emailed to the PALMS Office ([lleon@lbusd.k12.ca.us](mailto:lleon@lbusd.k12.ca.us)). Requests can also be sent via district mail or FAXED to the PALMS Office (562/997-8293).

**Source:** Program Administrator, LBUSD PALMS Office

**Forms**

**Used:** LB WRAP Program Request Form for Oral Interpretation and Written Translation Services (English, Spanish, Khmer)



*The Long Beach Unified School District requires that sites where 15% or more of the parents have indicated a primary language other than English on the Home Language Survey must provide translation and interpretation services in that language.*

**Education Code Section 48985**  
**Title III, Section 3122(c)**

### **Translation & Interpretation - Spanish**

All schools **EXCEPT** the following **MUST** provide translation and interpretation services in **Spanish** to limited English proficient parents:

Bethune	Cubberley	Fremont	Gant	
Kettering	Longfellow	Los Cerritos	Lowell	
Madison	Naples	Newcomb	Prisk	Twain

### **Translation & Interpretation - Khmer**

The following schools **MUST** provide translation and interpretation services in **Khmer** to limited English proficient parents:

Alvarado	Butler	PAAL	Poly
Signal Hill	Whittier		



PROGRAM ASSISTANCE FOR LANGUAGE MINORITY STUDENTS (PALMS)

**LONG BEACH UNIFIED SCHOOL DISTRICT**

Pamela Seki, Program Administrator

**LB WRAP After-School Program  
Translation Request Form  
Primary Language Assistance**

I am requesting an **oral interpreter** for:

Parent-Teacher/Staff / Administrator Conference

Other: \_\_\_\_\_

Date/time scheduled (if known): \_\_\_\_\_ Language: \_\_\_\_\_

I am requesting a **written translation** of the **attached** after-school related document.

Date needed (if known): \_\_\_\_\_ Language: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Return completed request form to the District or school office where obtained or send to:  
Pamela Seki, PALMS Office  
1515 Hughes Way  
Long Beach, CA 90810**

For more information on how to request interpretation and/or translation services, contact Pamela Seki at 562.997.8031.

*Do Not Write Below Line – School Use Only*

Submitted to the PALMS Office by \_\_\_\_\_ on \_\_\_\_\_

Received by PALMS Office staff, \_\_\_\_\_ on \_\_\_\_\_



PROGRAM ASSISTANCE FOR LANGUAGE MINORITY STUDENTS (PALMS)  
**LONG BEACH UNIFIED SCHOOL DISTRICT**

Pamela Seki, Program Administrator

**LB WRAP Programa de Después de-Escuela  
Formulario de Petición del Padre  
Asistencia en el Idioma Nativo**

Estoy solicitando un **intérprete oral** para:

- Conferencia de Padre-Maestro/Administrador
- Otro: \_\_\_\_\_

Fecha/Tiempo programada (si se sabe): \_\_\_\_\_

Estoy pidiendo una **traducción por escrito** del documento **adjunto** relacionado a la escuela.

Fecha en que la necesita (si se sabe): \_\_\_\_\_

Nombre del Padre: \_\_\_\_\_ Teléfono: (\_\_\_\_) \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad y código Postal: \_\_\_\_\_

Nombre del niño: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

**Entregue a la oficina del distrito o escuela donde se consiguió el formulario o mandarlo a:**

**Pamela Seki, PALMS Office**

**1515 Hughes Way**

**Long Beach, CA 90810**

Para más información de cómo pedir servicios de interpretación y/o traducción, comuníquese con Pamela Seki al (562)997-8031.

*Do Not Write Below Line – School Use Only*

Submitted to the PALMS Office by \_\_\_\_\_ on \_\_\_\_\_

Received by PALMS Office staff, \_\_\_\_\_ on \_\_\_\_\_



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
 កម្មវិធីក្រោយម៉ោងសាលា

<b>ការបកប្រែព័ត៌មានឬសម្ភារៈសំរាប់មាតាបិតាដែលមិនសូវចេះភាសាអង់គ្លេស</b>	
ចាប់អនុវត្តពីថ្ងៃ: ០១-០៥-០៦ បានយល់ព្រម	វិន័យលេខ ០៣៣

**វិន័យ:** ក្រសួងទាំងអស់ដែលធ្វើការជាមួយគ្នាត្រូវតែមានឯកសារទាំងអស់របស់មាតាបិតានិងសិស្សដែលស្របនឹងការណែនាំច្បាប់អប់រំផ្នែកលេខ៤៨៩៨៥ ចំណងជើងលេខ៣ ផ្នែកលេខ៣១២២(c)របស់ក្រសួងអប់រំតំបន់ឡុងប៊ិចសំរាប់ការបកប្រែ។ ក្រសួងអប់រំតំបន់ឡុងប៊ិចនឹងផ្តល់ការបកប្រែចំពោះឯកសារនៅពេលបានទទួលក្រដាសត្រឹមត្រូវ។

“យោងតាមច្បាប់អប់រំផ្នែក៤៨៩៨៥ ចំណងជើងលេខ៣ ផ្នែក៣១២២(c)នៅពេលដែលមានចំនួនសិស្ស១៥ភាគរយឬច្រើនជាងនេះនៅសាលា១ដែលនិយាយភាសាកំណើតខុសពីភាសាអង់គ្លេស ការផ្តល់តំណឹងទាំងអស់ឬឯកសារផ្សេងៗដែលធ្វើទៅមាតាបិតាឬអ្នកអាណាព្យាបាលនៃសិស្សទាំងនោះត្រូវតែមានជាភាសាកំណើតបន្ថែមលើភាសាអង់គ្លេស”។

**ប្រភព:** អ្នកគ្រប់គ្រងកម្មវិធី  
 កម្មវិធីជំនួយសំរាប់សិស្សនិយាយភាសាភាគតិច (PALMS)

**ក្រដាស**

**បំពេញ:** WRAP Program Request Form for Oral Interpretation and Written Translation Services

**ទំរង់ការ:**

១. កត់សម្គាល់នូវការរៀនរបស់ទីកន្លែងសំរាប់ផ្តល់នូវការបកប្រែនៃក្រដាសបំពេញ សេចក្តីផ្តល់តំណឹង ឬព័ត៌មានផ្តល់ឱ្យចំពោះមាតាបិតាដែលមិនសូវចេះភាសាអង់គ្លេសដោយពិនិត្យមើលបញ្ជីបកប្រែរបស់ភាសាអេស្ប៉ាញូលនិងខ្មែរ។
២. បញ្ជាក់ឱ្យច្បាស់ថាក្រដាសបំពេញដែលស្នើសុំជំនួយក្នុងភាសាកំណើត(អង់គ្លេស អេស្ប៉ាញូល និង ឬខ្មែរ)សំរាប់មាតាបិតាគឺមានផ្តល់ឱ្យនៅគ្រប់កន្លែងដែលបំរើការសំរាប់សាធារណៈ ដូចជាកន្លែងទទួលភ្ញៀវនៅខាងមុខជាដើម។ ក្រដាសបំពេញទាំងនេះគួរតែត្រូវបានចង្អុលទៅប្រាប់មាតាបិតាដែលមើលទៅត្រូវការជំនួយក្នុងការបកប្រែ។ ក្រដាសដែលបំពេញត្រឹមត្រូវ ត្រូវតែធ្វើទៅការិយាល័យ PALMS ជាបន្ទាន់។

៣. បំពេញក្រដាសស្នើសុំរបស់ WRAP សំរាប់សេវាបកប្រែផ្ទាល់មាត់និងក្រដាសសរសេរសេវាបកប្រែ (ជាមួយព័ត៌មានដែលត្រូវបកប្រែ ភ្ជាប់មកជាមួយ) នៅពេលណាជំនួយនៅក្នុងការប្តូរការស្នើសុំរបស់មាតាបិតាសំរាប់សេវាបកប្រែត្រូវការ។ ធ្វើក្រដាសបំពេញ នេះទៅការិយាល័យ PALMS យ៉ាងតិច ឲ្យបានមុន២អាទិត្យ។ បើមានព្រឹត្តិការណ៍ឬស្ថានភាពណាមួយ ដែលត្រូវការការផ្តល់តំណឹង ជាមុនតិចជាង២អាទិត្យ ទាក់ទងមកការិយាល័យ PALMS (៥៦២-៩៩៧-៨០៣១) ជាបន្ទាន់។ សេចក្តីស្នើសុំនិងសម្ភារៈសំរាប់បក ប្រែត្រូវតែអ៊ីមែលទៅកាន់ការិយាល័យ PALMS (leon@lbusd.k12.ca.us)។ ការស្នើសុំក៏អាចធ្វើតាមសំបុត្ររបស់ក្រសួង ឬធ្វើទូរសារទៅកាន់ការិយាល័យ PALMS លេខ(៥៦២-៩៩៧-៨២៩៣)។



# VOLUNTEERS



# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

VOLUNTEER APPLICATION PROCESS	
Effective Date: 07.01.06	Policy # 012

**Policy:** Each Partner Agency must have an application process for parent, student or community volunteers to work with students in the LB WRAP program.

**Purpose:** To maintain a safe and healthy environment for all students participating in the LB WRAP program.

**Procedure:**

1. All volunteers over 18 must provide proof of a negative TB test.
2. Volunteers 18 years of age or older must provide proof of fingerprint clearance.
3. Volunteers under the age of 18 must provide a signed parent permission slip.
4. Required documentation will be retained by the Partner Agency.
5. Volunteers must be supervised by staff at all times.

**Source:** Partnership Management Team, LB WRAP

**Templates:**

- Volunteer Application (VIPS)
- Student Permission Slip (LBUSD Field Trip Permission Slip)



**Special Projects Services  
Volunteers in Public Schools**

1515 Hughes Way ▲ Long Beach, California 90810 ▲ (562) 997-8457 ▲ FAX (562) 997-8302

**TEMPLATE**

School (s) \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_  
Teacher's \_\_\_\_\_  
Room # \_\_\_ Track \_\_\_\_\_

**(PLEASE PRINT)**  
CA Driver License/ID # \_\_\_\_\_

Name \_\_\_\_\_  
Last First M. I. Phone #

Home Address \_\_\_\_\_  
Street Apt. City Zip Code

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, placed on probation or sentenced in any civil, criminal, or military court, or have you ever forfeited bail? Yes  No   
Do you have any pending arrests? Yes  No

If you answered YES, list all offenses on the back of this application. Please indicate if an arrest is pending. You must include minor traffic violations (if they resulted in the issuance of a warrant), drunk driving convictions and convictions dismissed following probation. Please see reverse side of application.

Have you ever had tuberculosis? Yes  No  If answer is "yes," when? \_\_\_\_\_  
Agency? \_\_\_\_\_

**PLEASE ATTACH A COPY OF T. B. TEST RESULTS TO APPLICATION**

Can you perform the work of the position with or without accommodation? Yes  No

In case of an emergency, please notify: \_\_\_\_\_ Phone \_\_\_\_\_

Are you now, or have you ever, been a VIPS? Yes  No  Which School? \_\_\_\_\_ When? \_\_\_\_\_

*I understand the information contained on this document is subject to verification and a background investigation will be done in order to ensure that I am a suitable candidate to be a volunteer for the Long Beach Unified School District (LBUSD). Should any false or derogatory information be found, I could be disqualified from participation as a volunteer for the LBUSD.*

*Having completed an application for the position of volunteer for the LBUSD, and desiring them to be informed as to my previous record and character determining my qualifications and suitability, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the LBUSD.*

VIPS Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:**  
Requested by: \_\_\_\_\_  
Interviewed by: \_\_\_\_\_

Principal Signatures: \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Name

**EXPLANATION OF CONVICTION(S)**

Please use this form to list the offense(s) for which you were convicted. Provide the Penal Code and type of offense; explain in detail the date the offense occurred, the incident itself and the outcome. (i.e. Did you pay a fine? How much? Were you on probation? When did it end or are you still on probation? Include such information as "still pending" if you have not received a judgment.)

Penal Code #	Type of Offense	Date Occurred	Place Occurred	Sentence of Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you currently on probation? Yes  No   
(If yes, when will your probation end? \_\_\_\_\_)  
Date

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

**EXPLANATION OF EVENTS:**

(Please provide information that would be helpful in evaluation of your application to volunteer in LBUSD public schools.)



SPECIAL PROJECTS SERVICES  
 VOLUNTARIOS EN LAS ESCUELAS PÚBLICAS (VIPs)  
 1515 Hughes Way, Long Beach, CA 90810 \* (562) 997-8457

**TEMPLATE**

Nombre del niño /a \_\_\_\_\_  
 Nombre del maestro \_\_\_\_\_  
 Escuela \_\_\_\_\_ No. del Salón \_\_\_\_\_ "Track" \_\_\_\_\_

**(POR FAVOR ESCRIBA EN LETRA DE MOLDE)**

Número de Identificación o Licencia de Conducir en California # \_\_\_\_\_

Nombre \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Apellido Nombre Inicial del segundo nombre No. de teléfono

Dirección \_\_\_\_\_  
 No. y calle No. de apartamento Ciudad Código postal

No. del Seguro Social # \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Alguna vez, ya sea de joven o adulto, has sido declarado culpable, multado, encarcelado, puesto en libertad condicional o sentenciado ante tribunales criminales, civiles o militares, o alguna vez perdió la fianza? Si  No

Tiene usted arrestos pendientes? Si  No

Si la respuesta es afirmativa, mencione todos los delitos en la parte de atrás de esta solicitud. Debe incluir cualquier infracción a las leyes de tránsito, así sea leve (si la misma dió como resultado que se emitiera una orden judicial), condenas por conducir en estado de ebriedad y las condenas revocadas después de la libertad condicional. Sírvase consultar la parte de atrás de esta solicitud.

¿Alguna vez ha sufrido de tuberculosis? Si  No  Si la respuesta es afirmativa, ¿Cuándo? \_\_\_\_\_  
 Agencia? \_\_\_\_\_

**SÍRVASE ADJUNTAR UNA COPIA DE LOS RESULTADOS DEL EXÁMEN DE LA TUBERCULOSIS ("TB TEST") CON SU SOLICITUD**

Historial médico: ¿Puede realizar el trabajo que requiere su cargo sin ningún arreglo especial? Si  No

En caso de urgencia, por favor avisen a: \_\_\_\_\_ Teléfono \_\_\_\_\_

¿En este momento es usted Voluntario ó lo fue anteriormente? Si  No  ¿En qué escuela? \_\_\_\_\_ ¿Cuándo? \_\_\_\_\_

*Entiendo que la información que contiene este documento está sujeto a verificación y a una investigación de antecedentes que se llevará a cabo para asegurar que soy un candidato apto para ser un voluntario del Distrito Escolar de Long Beach. Si se encuentra alguna información falsa o derogatoria, yo podría ser descalificado para participar como un voluntario en el Distrito Escolar de Long Beach.*

*Habiendo llenado la solicitud para la posición de voluntario en el Distrito Escolar de Long Beach, y si ellos deciden ser informados acerca de mis antecedentes anteriores para así determinar mi calificación y aptitud como voluntario, yo doy la autorización al debido agente autorizado del Distrito Escolar Unificado de Long Beach para que obtenga toda la revelación completa y cualquier información necesaria que desee obtener en lo que corresponde a mi persona, incluyendo información de índole confidencial o privilegiada.*

Firma de la persona que solicita ser voluntario: \_\_\_\_\_ Fecha \_\_\_\_\_

**PARA USO DE LA ESCUELA SOLAMENTE:**

Requested by: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Principal Signatures: \_\_\_\_\_

\_\_\_\_\_  
School Name                      School Name                      School Name                      School Name

(Sigue atrás)

### VOLUNTARIOS ES LAS ESCUELAS PUBLICAS (VIPS)

#### EXPLICACION DE LAS CONDENAS DEL "VIPS"

Por favor use este formulario para escribir los delitos por los cuales fue declarado culpable. Indique el No. del Código Penal y el nombre del delito cometido; explique detalladamente la fecha en que ocurrió, el incidente propiamente dicho y su resultado; ¿Pagó una multa? ¿Cuánto? ¿Estuvo en libertad condicional? ¿Cuándo dejó de estar en libertad condicional, o todavía lo está? Incluya la información todavía pendiente, si aun no ha recibido la sentencia.

Código Penal No.	Delito	Fecha en que ocurrió	Lugar en que ocurrió	Sentencia o Multa
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

¿Está actualmente en probación? Si  No   
(Si es sí, ¿Cuándo se le termina su probación? \_\_\_\_\_)  
Fecha

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

**EXPLICACION DE LOS HECHOS:**  
(Explique cualquier detalle que podría ser importante para la evaluación.)

Aprobado:  
Christopher Steinhauser  
Superintendente

REQUEST TO PARTICIPATE IN FIELD TRIP

TEMPLATE

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Description of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Depart \_\_\_\_\_ A.M./P.M. Return \_\_\_\_\_ A.M./P.M.

Lunch:

- Student will be at school during lunch
- Student should bring sack lunch
- Other \_\_\_\_\_

Method of Transportation:

- Walking
- School Bus
- Private Auto
- Other \_\_\_\_\_

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(To be retained by Supervising Teacher)

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Emergency Telephone Number*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Business Telephone Number*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL. 271690

# CONTACTS AND LIABILITY





**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>CONTRACT REQUESTS</b> <b>(including DOJ FINGERPRINT PROCEDURES)</b>	
Effective Date: 07.01.06	Policy # 013

**Policy:** All Partner Agencies will enter into a Contract Agreement with LBUSD before start of Long Beach WRAP program.

**Purpose:** To allow services to be provided by the Partner Agencies in accordance with the Long Beach WRAP grant.

**Procedure:**

**Requesting a Contract:**

1. The LB WRAP Program Facilitator submits the Contract Request to the LBUSD Contracts Office.
2. The Contracts Office will prepare a Contract Agreement and send the Agreement directly to the Contractor for signature.
3. After the signed Contract Agreement has been returned to the Contracts Office, an item is prepared for inclusion in a Board Report for submission to the Board of Education. Items are not sent to the Board for approval until the signed Contract Agreement is returned from the Contractor. Typically the contract item will be submitted to the Board within three weeks of receipt of the partially signed form in the Contracts Office. Note: All Contract Agreements with the LBUSD must be approved by the Board of Education.
4. After Board approval, the Contract Agreement is signed by the district and the Contracts Office distributes the fully executed Contract Agreement. Note: In situations requiring Department of Justice (DOJ) fingerprint clearance, the contract will not be executed by the District until the completed Contractor Certification has been received by the Contracts Office.
5. Once the Contract Agreement is fully executed, the Contractor may begin work.

**Obtaining Department of Justice (DOJ) Fingerprint Certifications:**

1. The District does not provide fingerprinting services for Contractors; the Contractor must obtain clearance through independent means.
2. The fingerprinting process may take as long as eight (8)

weeks.

3. The District will not execute a contract without the required Contractor Certification. **Note: If the Contractor's employees that may come into contact with students have already been cleared by the Department of Justice, the Contractor can sign the District Certification form immediately and return it to the originating site/department. It is not necessary for the Contractor to obtain DOJ clearance more than once for their employees.**
4. The Fingerprint Packet includes an instruction letter from the Purchasing and Contracts Director regarding Education Code 45125.1 and all necessary attachments, except the fingerprint card, required for the Contractor to receive DOJ clearance.
5. Quarterly fingerprinting certification should be sent to the Contracts Office with the names of employees hired throughout the year.

**Monitoring of Contracts:**

Contract Agreements related to the Long Beach WRAP Programs will be monitored by the Program Director.

**Contract Amendments:**

The same process for requesting a new contract applies for amendments.

**Funding after Contract Agreement:**

If additional funding is augmented after the contract is in effect, the amendment process is the appropriate method for distribution to the providers. An increase in funding does not guarantee the provider will receive additional funds.

**Contract Language:**

The LBUSD will be responsible for specific contract language reflective of the Policies and Procedures Manual.

**Source:**

Assistant Purchasing and Contracts Director, LBUSD  
Program Facilitator, LB WRAP

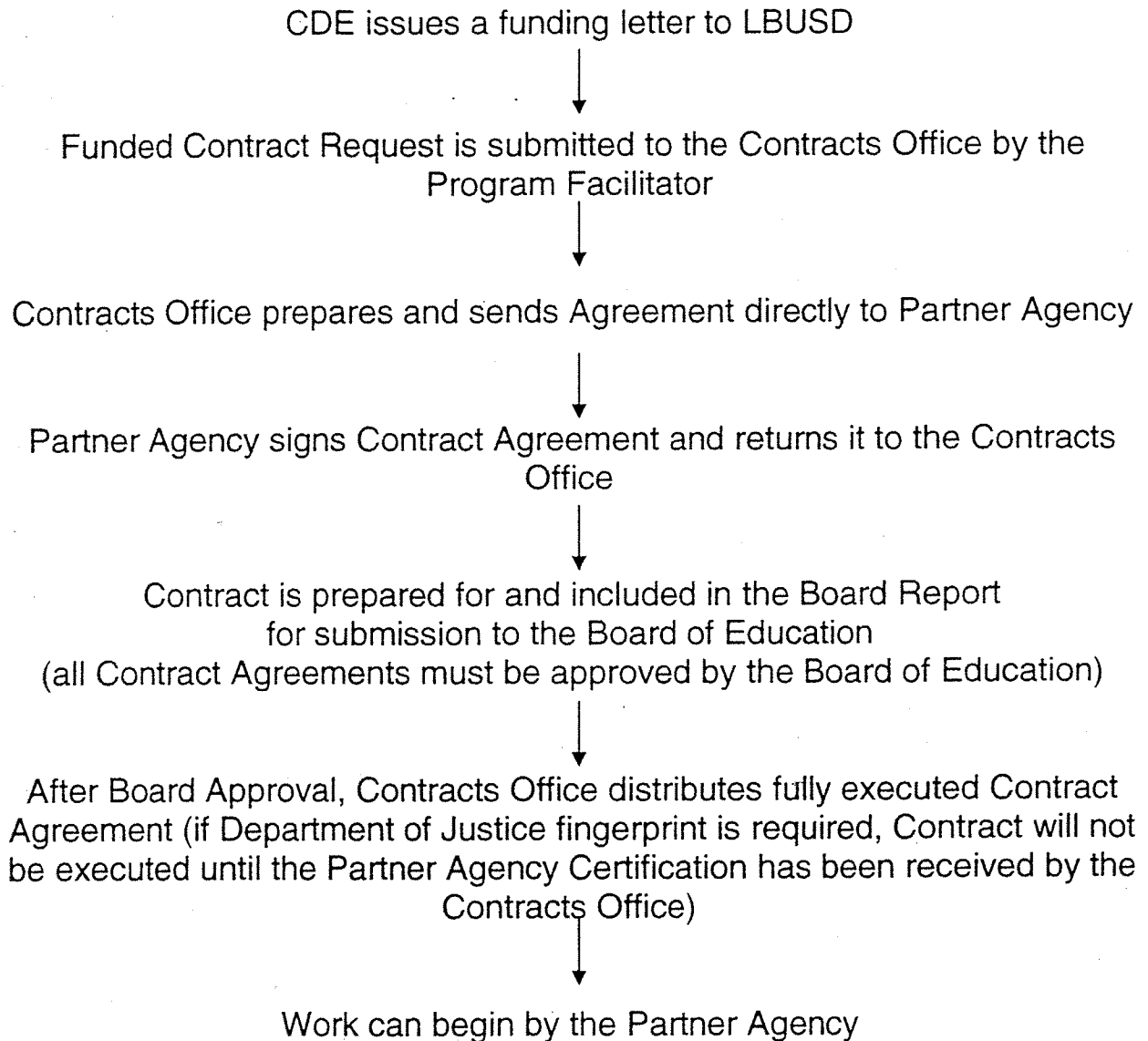
**Forms  
Used:**

Contract Request form  
Contractor Certification form



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**Contract Request Flow Chart**



long  
beach  
unified  
school  
district



**LONG BEACH UNIFIED SCHOOL DISTRICT**  
Purchasing and Contracts Branch  
2201 E. Market Street  
Long Beach, CA 90805  
(562) 997-8000 ext. 1708

**FINGERPRINT REQUIREMENT (ED CODE 45125.1)**

**CONTRACTOR CERTIFICATION**

(Contractor) certifies that pursuant to Education Code Section 45125.1, it has conducted criminal background checks, through the California Department of Justice, of **all** employees providing services to the Long Beach Unified School District, and that none **have been** convicted of serious or violent felonies, as specified in Penal Code Sections 1192.79(c) and 667.5(c), respectively.

As further required by Education Code 45125.1, below is a list of the names of the employees of the undersigned who may come in contact with pupils. Failure to comply with this law may result **in, at** District's sole discretion, termination of any agreement entered into between District and Contractor.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Below is a List of Employees Who May Come In Contact With Pupils**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>LIABILITY COVERAGE</b>	
Effective: 07.01.06	Policy 014

**Policy:** Each Partner Agency must have liability coverage for working with youth as specified in the LBUSD Contract Agreement. The LBUSD must be named as additional insured on all policies. The LBUSD must ensure that all Partner Agency sites are specified and covered on all policies.

**Purpose:** To ensure that each Partner Agency has the required liability coverage for working with youth.

**Insurance Language as Stated in LBUSD Contract Agreements**

**Insurance Coverage**

*"As a material condition of this Contract, the Contractor shall maintain at its sole expense, for the duration of this Contract and if applicable throughout the close-out period of all program activities, a program of insurance or self-insurance, or a combination thereof, as required below against claims for injury, damage, or loss that may arise from or in connection with its performance or non-performance pertaining to this Contract. The Contractor shall name the District as additional insured and shall reference this Contract.*

*The Contractor shall furnish the District with satisfactory written evidence of insurance and the additional insured endorsement prior to commencement of this Contract. Each insurance policy or self-insurance program required by this Contract shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) calendar days prior written notice. Each insurance policy shall be provided by an insurance organization acceptable to the District with a rating of at least A or better and authorized by the California Insurance Commissioner to transact insurance business in the State of California.*

**Translation:**

The Contractor's insurance shall cover any incidents that occur during the course of their contract.

**Minimum Scope and Limits of Insurance and/or Self-Insurance:**

**General Liability Coverage** for injury, damage, or loss, including, but not limited to, premises and operations, contractual liability, independent contractors, personal injury, and professional liability for errors and omissions, with limits of not less than the following:

General Aggregate: two million dollars (\$2,000,000.00)

Products/Completed Operations Aggregate: one million dollars (\$1,000,000.00)

Personal and Advertising Injury: one million dollars (\$1,000,000.00)

Each Occurrence: one million dollars (\$1,000,000.00)

If coverage is written on claims made form, such coverage shall be endorsed to provide an extended period of not less than one year following the termination of this Contract.

**Comprehensive Auto Liability** insurance which shall be endorsed for all owned, non-owned, and hired vehicles with a combined single limit of not less than one million dollars (\$1,000,000.00) per occurrence.

**Workers' Compensation** insurance with limits as required by the Labor Code of the State of California and Employers' Liability coverage with limits of not less than the following:

Each accident: one million dollars (\$1,000,000.00)

Disease – policy limit: one million dollars (\$1,000,000.00)

Disease – each employee: one million dollars (\$1,000,000.00)”

The Contractor agrees to provide Workers' Compensation Insurance covering services to be provided by Contractor under this agreement, or to self-insure such services.

**Translation:**

The district is requiring liability insurance to be provided at the Contractor's expense. The minimum limits are \$1-2million. The Contractor should share a copy of this entire article with their insurance agent to be sure the insurance they purchase is the appropriate type and in the correct amount.

**Indemnification (Liability):**

“Contractor agrees to hold harmless and indemnify the District, its officers, agents and employees, with respect to all damages, costs, expenses or claims, in law or in equity, arising or asserted because of injuries to or death of persons or damage to, destruction, loss or theft of property arising out of faulty performance of the services to be performed by Contractor hereunder, and Contractor agrees to defend any and all actions, suits or other legal proceedings, at Contractor's own expense, cost and risk, that may be brought or instituted against the District, its officers, agents and employees, on any such claim or demand, and pay or satisfy any final judgment or award against the District, its officers, agents or employees in any such action, suit or legal proceeding.

District agrees to hold harmless and indemnify the Contractor, its officers, agents and employees, with respect to all damages, costs, expenses or claims, in law or in equity, arising or asserted because of injuries to or death of persons or damage to, destruction, loss or theft of property arising out of willful misconduct or gross negligence by District hereunder.”

**Translation:**

The Contractor agrees to accept responsibility for all claims that occur due to the performance of the Contract. Also, the Contractor agrees to pay for all legal costs related to defending the district against any of these claims.

***Abuse Insurance for After-School Contracts***

The LBUSD does not require abuse insurance from Contractors. Unless the Contractor's insurance specifically excludes abuse from the liability policies, the LBUSD is inherently covered.

**Source:** Assistant Purchasing and Contracts Director  
LBUSD, Purchasing and Contracts Branch

# STUDENT REGISTRATION





## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>REGISTRATION PROCESS</b>	
Effective Date: 07.01.06	Policy # 014

**Policy:** Each Partner Agency must develop and utilize forms with all required information (see Templates below) for student enrollment. All information on templates is required. Partner Agencies may add required information as needed. All forms must be completed and returned to the Partner Agency prior to the student starting the LB WRAP program.

**Procedure:**

1. Parent/Guardian Agreement Form must be completed, signed and returned prior to student starting program.
2. Student Registration Form must be completed, signed and returned prior to student starting program.
3. Schools must provide student ID# on Registration Form prior to student starting program
4. Emergency/Enrollment Card must be completed, signed and returned prior to student starting program.
5. Consent and Release from Liability Form must be completed, signed and returned prior to student starting program..
6. All completed forms are to be filed and maintained by the Partner Agency.

**Source:** Academic Director, LB WRAP

**Templates:** Parent/Guardian Agreement Form  
Student Registration Form  
Emergency/Enrollment Card



Long Beach WRAP  
Emergency / Enrollment Card

Please Print or Type  
School Year \_\_\_\_\_

**Emergency numbers must be completed**

Only the people listed on this card will be permitted to pick up your child. I have contacted the following and they agree to assume responsibility for my child: (Please list name, telephone number and check the appropriate column)

Name	Telephone	Neighbor	Sitter	Relative	Friend

Please name specific person(s) who may **NOT** take child away from school \_\_\_\_\_

In case of emergency or illness and the school is unable to reach parent/guardian, child may be taken to nearest emergency facility for treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student's last name	First	Middle	AKA
Address (street)	Apt. No.	City	Zip
Telephone	Age		
Date of Birth	Place of Birth		
Month	Day	Year	
Language spoken in home	Racial/Ethnic Group		

Father  
 Stepfather  
 Guardian  
 Not in home

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Telephone (extension) \_\_\_\_\_  
 Work Address, Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother  
 Stepmother  
 Guardian  
 Not in home

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Telephone (extension) \_\_\_\_\_  
 Work Address, Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is your child currently taking medication(s) at home?  Yes  No  
 at school?  Yes  No

TEMPLATE

If yes, please list \_\_\_\_\_

**Additional Information**

Name of family doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Medical Insurance?  Yes  No Medical?  Yes  No  
 Name of Medical Insurance \_\_\_\_\_ ID Number \_\_\_\_\_  
 Does your child have allergies?  Yes  No If yes, please list \_\_\_\_\_

Does your child have the following?  
 Diabetes:  Yes  No Heart Disease:  Yes  No  
 Asthma:  Yes  No Seizure Disorder:  Yes  No  
 Does your child have any special/serious health problems?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 Does your child have: vision problems:  Yes  No Glasses:  Yes  No  
 hearing problems:  Yes  No Contact lens:  Yes  No  
 Has student ever been enrolled in a special program?  Yes  No Date(s): \_\_\_\_\_  
 If yes, please describe \_\_\_\_\_

Signature of Parent and/or Legal Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_



Long Beach WRAP  
Tarjeta de Emergencia/Matricula

Por Favor Escriba  
con Letra de Molde  
Año Escolar \_\_\_\_\_

Los Numeros de Emergencia deben ser Completados  
Solo a las personas anotadas en esta tarjeta se les permitiran llevarse a su hijo. Me ha comunicado con ellos y han acordado asumir responsabilidad de mi hijo: (Favor de anotar los nombres, número de teléfono y marcar la sección apropiada).

Nombre	Teléfono	Niñera	Vecino	Familiar	Amiga

Por favor nombre la(s) persona(s) específicas(s) que no puede(n) llevarse a su hijo de la escuela: \_\_\_\_\_

En caso de emergencia o enfermedad y la escuela no pueda localizar a los padres/tutores, el niño debe llevarse al centro de emergencia mas cercano para su tratamiento.

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de la Madre/Tutora

\_\_\_\_\_  
Fecha

Toda tarjeta de emergencia debe ser firmada. Complete ambos lados. Avise a la escuela de algún cambio.

Apellido	Nombre	2do Nombre	Conocido Como	Grado	Salón

Dirección Calle	Apt No.	Ciudad	Zona Postal	Maestro

Teléfono	Edad	No. Sec. Soc.	Año Escolar

Fecha de Nacimiento \_\_\_\_\_ Lugar de Nacimiento \_\_\_\_\_  
Mes Día Año

Idioma hablado en casa \_\_\_\_\_ Grupo Racial/Etnico \_\_\_\_\_

Padre      Nombre \_\_\_\_\_ Ocupación \_\_\_\_\_

Padrastro      Nombre del Empleo \_\_\_\_\_ Teléfono (extension) \_\_\_\_\_

Tutor

No vive en casa

Dirección del Empleo, Calle Ciudad Zona Postal

Madre      Nombre \_\_\_\_\_ Ocupación \_\_\_\_\_

Madrastra      Nombre del Empleo \_\_\_\_\_ Teléfono (extension) \_\_\_\_\_

Tutora

No vive en casa

Dirección del Empleo, Calle Ciudad Zona Postal

1780

¿Está tomando medicamento su hijo en casa?  Si  No  
en la escuela?  Si  No

Si está, por favor, anótelo \_\_\_\_\_

Información Adicional

Nombre del doctor de la familia \_\_\_\_\_ Teléfono \_\_\_\_\_

¿Seguro médico?  Si  No      Medi-Cal?  Si  No

Nombre de la seguro médica \_\_\_\_\_ Número \_\_\_\_\_

¿Es su hijo alérgico?  Si  No      Si lo es, favor de anotar \_\_\_\_\_

¿Tiene su hijo alguna de las siguientes?

Diabetes:  Si  No      Enfermedad del corazón:  Si  No

Asma:  Si  No      Ataques:  Si  No

¿Tiene su hijo algún problema de salud especial/serio?  Si  No

Si lo tiene, por favor, explique \_\_\_\_\_

¿Tiene su hijo?:      Problema visual:  Si  No      Problema auditivo:  Si  No

Anteojos:  Si  No      Lentes de contacto:  Si  No

¿Ha estado el alumno matriculado en un programa especial?  Si  No      Fecha(s): \_\_\_\_\_

Si ha estado, describa \_\_\_\_\_

Última escuela que asistió \_\_\_\_\_ Nombre de la Escuela \_\_\_\_\_

Dirección (Calle) Ciudad Zona Postal Teléfono

Última escuela que asistió en Long Beach \_\_\_\_\_ Nombre de la Escuela \_\_\_\_\_ Año \_\_\_\_\_

Lista de Hermanos y Hermanas

Nombre	Fecha de Nacimiento	Escuela	Grado

Solamente para el uso de la Oficina

Date enrolled \_\_\_\_\_ E R (circle one)      Extended day?  Yes  No

Birth Verification Document: (circle one) BC HBC BAP C P AFF      NBR CBR Other \_\_\_\_\_

Name of verifier \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mo. Day Year

Date verified \_\_\_\_\_ Age of student as of September 1 \_\_\_\_\_

School of Residence \_\_\_\_\_ Bus Number/Route \_\_\_\_\_

Reason for transfer \_\_\_\_\_

"L" out to \_\_\_\_\_ Date \_\_\_\_\_



ក្រសួងអប់រំ តំបន់ឡងប៊ិច  
 បណ្ឌិតសម្រាប់ពេលវេលាអន្តរ / បណ្ឌិតចុះឈ្មោះ

សូមសរសេរជាអក្សរពុម្ព  
 ឆ្នាំសិក្សា \_\_\_\_\_ - \_\_\_\_\_

**ព័ត៌មានសម្រាប់ទាក់ទងនៅពេលមានអាសន្នត្រូវតែបំពេញ**

មានតែមនុស្សដែលរាយឈ្មោះនៅលើប័ណ្ណនេះទៅដល់និងអនុញ្ញាតឱ្យមកយកកូនលោកអ្នកពីសាលា ខ្ញុំបានសូមទុកស្រាប់បំពេញទំនាក់ទំនងទៀត ហើយគេសុំដាក់កូនស្រាប់ចំពោះកូនរបស់ខ្ញុំ (សូមសរសេរឈ្មោះ លេខទូរស័ព្ទ និងភស្តុតាងបញ្ជាក់ឱ្យបានច្បាស់)

ឈ្មោះ	លេខទូរស័ព្ទ	អ្នកជិតខាង	អ្នកមើលថែ	សាច់ប្រាក់	ម៉ត្រីកុំព្យូទ័រ

សូមសរសេរឈ្មោះមនុស្សណាខ្លះដែល មិនអាច មកយកកូនលោកអ្នកពីសាលាបាន។  
 ឈ្មោះ: \_\_\_\_\_

ក្នុងករណីដែលមានការពន្យល់ការរើសអើង ហើយសាលាមិនអាច  
 ទូរស័ព្ទទូរស័ព្ទមតាមការពេញចិត្តពេញលេញបាន កូនខ្ញុំអាចសាលា  
 យកទៅមន្ទីរពេទ្យណាមួយជិតសាលាសម្រាប់ទទួលការព្យាបាល។

សាលាលេខអាសយដ្ឋានអ្នកពេញចិត្ត ថ្ងៃខែឆ្នាំ \_\_\_\_\_

សាលាលេខអាសយដ្ឋានអ្នកពេញចិត្ត ថ្ងៃខែឆ្នាំ \_\_\_\_\_

សាលាលេខអាសយដ្ឋានអ្នកពេញចិត្ត ថ្ងៃខែឆ្នាំ \_\_\_\_\_

សាលាលេខអាសយដ្ឋានអ្នកពេញចិត្ត ថ្ងៃខែឆ្នាំ \_\_\_\_\_

				ខែកញ្ញា 200_	ចូលរៀនក្នុងថ្នាក់ទី		
នាមក្រសួងសិស្ស	នាមខ្លួន	នាមកណ្តាល	ឈ្មោះហៅក្រៅ	5		6	7
អាស័យដ្ឋាន (ឈ្មោះផ្លូវ)	លេខបន្ទប់	ទីក្រុង	លេខហ្សិត				
លេខទូរស័ព្ទ	អាស័យសិស្ស						
ថ្ងៃកំណើត		ខែ					
		ថ្ងៃ					
		ឆ្នាំ					
ភាសាដើមនៅក្នុងផ្ទះ							

- ឪពុក \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - ឪពុកចុង \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - អ្នកថែទាំ \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - មិននៅជាមួយទេ ឈ្មោះ: \_\_\_\_\_ លេខទូរស័ព្ទ (លេខបន្ត) \_\_\_\_\_
- 
- អាយ \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - អាយចុង \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - អ្នកថែទាំ \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_ មុខរបរ: \_\_\_\_\_
  - មិននៅជាមួយទេ ឈ្មោះ: \_\_\_\_\_ លេខទូរស័ព្ទ (លេខបន្ត) \_\_\_\_\_
- 
- អាស័យដ្ឋានកន្លែងធ្វើការ ឈ្មោះផ្លូវ \_\_\_\_\_ ទីក្រុង \_\_\_\_\_ លេខហ្សិត \_\_\_\_\_

តើសព្វថ្ងៃនេះកូនលោកអ្នកមានឃ្នាំពេញវិញទេនៅផ្ទះ?  មាន  ទេ  
 នៅសាលា?  មាន  ទេ

បើមាន សូមសរសេរឈ្មោះផ្ទះ \_\_\_\_\_

**ព័ត៌មានបន្ថែមទៀត**

ឈ្មោះគ្រូពេទ្យប្រគល់ស្រី: \_\_\_\_\_ លេខទូរស័ព្ទ \_\_\_\_\_

មានការចាត់វ៉ាក់សាំងជាច្រើនទេ?  មាន  ទេ មាមបេស៊ីម៉ាបៀប៊ែរ?  មាន  ទេ

ឈ្មោះគ្រូពេទ្យពិនិត្យច្រកចាត់វ៉ាក់សាំង: \_\_\_\_\_ លេខអត្តសញ្ញាណ \_\_\_\_\_

តើកូនលោកអ្នកមានប្រព័ន្ធម៉ូម៉ូនូមីនីម៉ូលទេ?  មាន  ទេ បើមាន សូមសរសេរឈ្មោះ \_\_\_\_\_

តើកូនលោកអ្នកមានឃ្នាំវិញទេ (ត្រូវបានសរសេរខាងលើ)?  ទេ

ទឹកមាមបេស៊ីម៉ាប៊ែរ  មាន  ទេ មាមបេស៊ីម៉ាប៊ែរ  មាន  ទេ

មាមបេស៊ីម៉ាប៊ែរ  មាន  ទេ មាមបេស៊ីម៉ាប៊ែរ  មាន  ទេ

តើកូនលោកអ្នកពេញចិត្តស្រាប់ទេ?  មាន  ទេ

បើមាន សូមបញ្ជាក់ប្រែប្រួល \_\_\_\_\_

តើកូនលោកអ្នកមាន បញ្ហាចង្រៃស្បែក  មាន  ទេ កាត់វិទ្យុសាស្ត្រ  មាន  ទេ

បញ្ហាស្រាវជ្រាវ  មាន  ទេ កាត់កែវក្នុងកាត់  មាន  ទេ

តើកូនលោកអ្នកមានគ្រឿងក្នុងកម្រិតខ្ពស់ជាងមុនទេ?  មាន  ទេ ថ្ងៃខែឆ្នាំ: \_\_\_\_\_

បើមាន សូមពព័ត៌មាន \_\_\_\_\_

ឈ្មោះសាលាដែលបានរៀនក្នុងឆ្នាំសិក្សា 200\_ - 200\_ \_\_\_\_\_

ចូលរៀន: ក្រសួងអប់រំ តំបន់ឡងប៊ិច (LBUSD) ក្រសួងអប់រំវិទ្យុសាស្ត្រ \_\_\_\_\_ សាលាណាមួយ រៀននៅផ្ទះ

ចូលរៀននៅក្នុងសាលាសិក្សាសាធារណៈនៅក្នុងរដ្ឋកាលីហ្វ័រញ៉ា

ចូលរៀននៅក្នុងសាលាសិក្សាសាធារណៈនៅក្នុងរដ្ឋកាលីហ្វ័រញ៉ា

ការប្រកាសស្រាប់ហើយនេះដោយសេចក្តីជឿជាក់គ្រូពេទ្យសុខាភិបាល (សម្រាប់សិស្សវ័យក្មេងៗឯងផង)

ខ្ញុំបានយល់ ហើយទទួលយកពីព្រះបិតាទទួលបានសិទ្ធិក្នុងការជួយសំខាន់ណាមួយរបស់កូនសិស្ស រឺ របស់  
 ក្រសួងអប់រំ តំបន់ឡងប៊ិច។ គោលបំណងបែបនេះគឺដើម្បីជួយប្រកាសសិស្សដែលបានជំងឺឬមានបញ្ហា

ហេតុអ្វីខ្ញុំយល់ប្រយោជន៍អនុញ្ញាតដើម្បីឱ្យក្រសួងអប់រំ តំបន់ឡងប៊ិច ហើយអ្នកដែលអនុញ្ញាតគ្រូពេទ្យសុខាភិបាលជួយកូន  
 បន្ត ខ្ញុំការអនុញ្ញាតដើម្បីប្រកាសសិស្សស្រាប់ត្រូវបាន គោរព មាត់ទាំង ៨ ជំងឺឬមានបញ្ហា ៨ ជា ហើយនិងថែទាំយ៉ាងប្រសើរ  
 យ៉ាង ៗ ជំងឺឬមានបញ្ហា ៨ សម្រាប់របស់ខ្លួន ម្នាក់ ដែលបានឱ្យគិតការខាងលើនេះ។ បន្ថែមទៀត ខ្ញុំយល់ប្រយោជន៍  
 អនុញ្ញាតឱ្យក្រសួងអប់រំ តំបន់ឡងប៊ិច ប្រើប្រាស់ប្រព័ន្ធស្រាវជ្រាវស្រាវអង្កេតឱ្យបានប្រសើរ និងប្រកាសស្រាប់ត្រូវបាន  
 ប្រើប្រាស់ស្រាប់ទៀត ដែលចាំបាច់ក្នុងការព្យាបាល ឬ ការប្រយោជន៍ដល់ជំងឺឬមានបញ្ហា

សុំទុកឱ្យឃើញប័ណ្ណបញ្ជូនសំបុត្រនេះទៅក្រសួងអប់រំ តំបន់ឡងប៊ិច  
 សាលាសម្រាប់មនុស្សវ័យក្មេងឡងប៊ិច Long Beach School for Adults - Willow Campus  
 ចាក់៦២ Rosi Pedersen, ៨១៧៣៦  
 3701 E. Willow Street  
 Long Beach, CA 90815  
 (562) 595-8893 ext. 226

ខ្ញុំជាមតាបិតាប្តីអ្នកពេញចិត្តសិស្ស យល់ប្រុងហើយជួយការអនុញ្ញាតទៅលើសេចក្តីជឿជាក់គ្រូពេទ្យសុខាភិបាលដោយសេចក្តីជឿជាក់



TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

### Parent/Guardian Agreement

Please read the following information carefully. In order for a student to be enrolled in the LB WRAP After-School Program, this form must be signed indicating understanding and consent.

### Long Beach WRAP Mission

*Long Beach WRAP provides a safe haven during the after school hours for students to receive academic support, develop relationships with caring adults, acquire new talents and increase their sense of civic responsibility.*

### BASIC INFORMATION AND RULES

**Enrollment:** Enrollment is limited to \_\_\_\_\_ students and is on a first-come basis. A goal of the Long Beach WRAP program is to have enough room for all students wishing to participate.

**Attendance:** Everyday attendance is important. Students who have three (3) unexcused absences in a row or attend infrequently will be asked to leave. Students are expected to stay for the entire program each day, from \_\_\_\_\_ to \_\_\_\_\_ pm. Those who need to be picked up early on occasion must notify the site in advance with a written note or a phone call from anyone listed on the Emergency/Enrollment Card.

**Student Pick-Up:** The program runs Monday-Friday, from the end of the school day until \_\_\_\_\_ pm. Students are dismissed at \_\_\_\_\_. Students must be picked up on time. If a late pick-up happens more than once, that student will be released from the program. The Long Beach WRAP program does not have the staff or resources to support late pick-ups.

**Discipline:** Participation in the Long Beach WRAP program is a privilege. Students must follow the rules of the program. Disruptive or disrespectful behavior toward other students or staff is reason for dismissal. Students must follow all standard school rules while attending Long Beach WRAP. A copy of the site Behavior Plan will be given to parents/guardian within the first week of the program. Parents are encouraged to discuss concerns about their child's behavior with the Site Director to avoid the incidence of any offenses.

**Homework:** Students have an hour to work on homework. The Long Beach WRAP staff will make every effort to help students complete their homework within the time allotted. It is the parents' responsibility to make sure homework is complete and correct. The Long Beach WRAP program does not have enough time or staff to check each student's homework.

**Parental/Guardian Support:** The Long Beach WRAP staff is committed and qualified. Parental/Guardian support is necessary to make the after school program the very best it can be. Parents/Guardians are important partners in the success of the Long Beach WRAP program. Parents/Guardians are encouraged to assist with field trips, events, activities and other special projects. School Security (562/997-8203) will be called if Parents/Guardians display disruptive behavior and the student will be dropped from the LB WRAP program.

*I have read and understand all of the above information. I agree to follow all of the rules and help my child understand and follow the rules.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

Coordinadora del Programa \_\_\_\_\_  
Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_

### Contrato para padres

Por favor lea cuidadosamente la siguiente información. Debe firmar al pie de esta pagina indicando que entiende y esta de acuerdo con lo estipulado a continuación.

#### La Misión de Long Beach WRAP

El programa Long Beach WRAP ofrece un lugar seguro para los estudiantes después del horario escolar regular para los estudiantes, con el fin de que reciban apoyo académico, alternen con adultos, adquieran nuevos talentos e incrementen el sentido de responsabilidad cívica.

#### INFORMACION BASICA Y REGLAMENTO

**Matricula:** Solamente tenemos cupo para los 100 primeros estudiantes que se matriculen. Nuestra esperanza es la de poder tener suficientes vacantes para todos los alumnos que deseen participar en el programa "WRAP".

**Asistencia:** La asistencia diaria es indispensable. Los/as niños /as que tengan tres (3) faltas seguidas sin justificar o que falten frecuentemente perderán su lugar en el programa. Los niños /as deben permanecer desde las \_\_\_\_\_ hasta las \_\_\_\_\_ de la tarde. Aquellos alumnos que deban ser recogidos, ocasionalmente, antes de horario, deben notificarnos con anticipación (la nota podrá mandarla cualquier persona cuyo nombre figure en el formulario de inscripción).

**Hora de salida:** El programa funciona de **tunes a viernes inmediatamente después que terminan las clases regulares hasta aproximadamente las \_\_\_\_\_ de la tarde.** Los alumnos salen a las \_\_\_\_\_ de la tarde. Debe recoger a su niño /a a horario. Si recoge a su niño /a después de horario mas de una vez, él / ella perderá su lugar en el programa, ya que carecemos del personal o fondos monetarios para extender el horario de salida.

**Comportamiento:** La participación en el programa "LB WRAP" es un privilegio. El niño /a debe acatar el reglamento del programa. Cualquier conducta que interrumpe el funcionamiento normal o cualquier falta de respeto hacia el personal o hacia otros alumnos es motivo para ser expulsado permanentemente del programa. Su niño /a también debe seguir el reglamento de la escuela mientras asista al programa "LB WRAP" y se requiere que firme un convenio de responsabilidad personal. La escuela proporcionara al niño /a una copia del plan de la responsabilidad personal durante la primera semana que el niño /a asista al programa. Le sugerimos que converse con el /la director /a del programa sobre inquietudes que tenga acerca del comportamiento de su niño /a para evitar consecuencias.

**Tareas:** Los alumnos *tienen una hora* para completar su tarea. Nosotros haremos un esfuerzo para que su nifio/a complete su tarea durante la hora asignada. Los padres son responsables de asegurarse que su nino/a termine su tarea completa y eficientemente. Desafortunadamente no tenemos el tiempo o el personal suficiente para revisar la tarea de cada niño /a.

**Apoyo de los padres:** Aunque nuestro personal de "WRAP" es dedicado y capacitado necesitamos de su ayuda para hacer de nuestro programa el mejor posible. Usted es **un socio muy** importante para obtener un programa excelente. Esperamos que puedan colaborar con las excursiones, los eventos, las actividades y otros proyectos especiales.

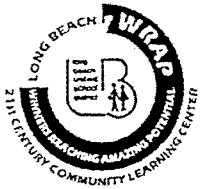
He leído y comprendo la información mencionada mas arriba. Me comprometo no solo a seguir el reglamento estipulado sino también a ayudar a mi nillo/a a entender y observar el dicho reglamento. La Seguridad de la escuela (562/997-8203) se llamará si Cría/Guardianes demuestran la conducta disruptiva y el estudiante será dejado caer de la LB WRAP programa.

\_\_\_\_\_  
Firma del padre / tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del alumno

\_\_\_\_\_  
Fecha



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After School Programs

### កម្មវិធីក្រោយម៉ោងសាលា

#### កិច្ចសន្យារបស់មាតាបិតាបុគ្គលិកអាណាព្យាបាល

សូមអានព័ត៌មានខាងក្រោមនេះដោយយកចិត្តទុកដាក់។ ដើម្បីឱ្យសិស្សអ្នកបានចុះឈ្មោះនៅក្នុងកម្មវិធី LB WRAP After-School Program ក្រដាសនេះត្រូវតែបានចុះហត្ថលេខាបញ្ជាក់ពីការយល់ដឹងនិងយល់ព្រម។

#### បេសកកម្មរបស់ Long Beach WRAP

Long Beach WRAP ផ្តល់នូវជំនាញស្រាវជ្រាវមានសុវត្ថិភាពនៅពេលបន្ទាប់ពីម៉ោងសិក្សានៅសាលាដើម្បីឱ្យសិស្សទទួលបានជំនួយក្នុងការសិក្សា បង្កើតទំនាក់ទំនងជាមួយអ្នកដែលយកចិត្តទុកដាក់ចំពោះគេ ទទួលបានទេពកោសល្យថ្មីនិងបង្កើនការទទួលខុសត្រូវក្នុងឋានៈជាពលរដ្ឋអ្នក។

#### ព័ត៌មានជាគោលការណ៍និងច្បាប់

ការចុះឈ្មោះ: ការចុះឈ្មោះមានកំណត់ចំនួន\_\_\_\_\_សិស្សហើយអ្នកណាមកដល់មុនគេមានសិទ្ធិបានមុនគេ។ គោលដៅ១របស់កម្មវិធី Long Beach WRAP គឺ ដើម្បីឱ្យមានកន្លែងគ្រប់គ្រាន់សំរាប់សិស្សដែលចង់ចូលរួម។

វត្តមាន: វត្តមានជារៀងរាល់ថ្ងៃជាការសំខាន់ៗ។ សិស្សដែលមានអវត្តមានដែលមិនអាចអនុគ្រោះឱ្យចំនួនពេលវេលាជាប់គ្នាបច្ចុប្បន្នមិនទៀងទាត់ នឹងត្រូវឱ្យចាកចេញ។ សិស្សនឹងត្រូវនៅឱ្យពេញម៉ោងក្នុងកម្មវិធីរាល់ថ្ងៃ ពីម៉ោង\_\_\_\_\_ដល់\_\_\_\_\_ល្ងាច។ សិស្សដែលត្រូវមកយកមុនពេលក្នុងកាលៈទេសៈណាមួយ ត្រូវតែផ្តល់តំណឹងទៅកន្លែងជាមុន ដោយសរសេរសំបុត្របន្តសំបុត្រនៃនរណាម្នាក់ដែលដាក់ឈ្មោះនៅក្នុងកាតក្រាហ្វាស្តប្រក្រដាសចុះឈ្មោះ។

ការមកយកសិស្ស: កម្មវិធីនេះធ្វើការពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រចាប់ពីម៉ោងសាលាចប់រហូតដល់ម៉ោង\_\_\_\_\_ល្ងាច។ សិស្សនឹងត្រូវឱ្យនៅម៉ោង\_\_\_\_\_។ សិស្សត្រូវតែមកយកឱ្យទាន់ពេល។ បើការមកយកយឺតកើតឡើងច្រើនជាង១ដង សិស្សនោះនឹងត្រូវឱ្យចាកចេញពីកម្មវិធី។ កម្មវិធី Long Beach WRAP ពុំមានបុគ្គលិកធនធានផ្តល់ឱ្យសំរាប់ការមកយកយឺតទេ។

វិន័យ: ការចូលរួមនៅក្នុងកម្មវិធី Long Beach WRAP គឺជាប្រយោជន៍ៗ។ សិស្សត្រូវតែធ្វើតាមច្បាប់របស់កម្មវិធី។ អាកប្បកិរិយាដែលរំខានឬមិនគោរពចំពោះសិស្សដទៃឬបុគ្គលិកគឺជាហេតុផលដែលបណ្តាលឱ្យចេញចេញ។ សិស្សត្រូវតែធ្វើតាមច្បាប់របស់សាលាទាំងអស់នៅពេលដែលគេកំពុងចូលរួមនៅក្នុង Long Beach WRAP ។ ច្បាប់ចំលង១នៃគោលការណ៍អាកប្បកិរិយារបស់កន្លែងនឹងប្រគល់ឱ្យមាតាបិតាបុគ្គលិកអាណាព្យាបាលនៅក្នុងអាទិភាពទី១នៃកម្មវិធី។ មាតាបិតាគួរតែពិភាក្សាពីកង្វល់ផ្សេងៗជាមួយអ្នកចាត់ការនៅទីកន្លែងអំពីអាកប្បកិរិយារបស់កូនដើម្បីជៀសវាងហេតុការណ៍មិនល្អណាមួយ។

ការងារត្រួតពិនិត្យនៅផ្ទះ: សិស្សមានរយៈពេល១ម៉ោងដើម្បីធ្វើការងារត្រួតពិនិត្យនៅផ្ទះ។ សមាជិករបស់ Long Beach WRAP នឹងខិតខំប្រឹងប្រែងជួយសិស្សឱ្យបំពេញការងាររបស់គេក្នុងពេលកំណត់ឱ្យ។ វាជាការកិច្ចរបស់មាតាបិតាដើម្បីបញ្ជាក់ថាការងារធ្វើនៅផ្ទះគឺធ្វើអស់ហើយឱ្យបានត្រឹមត្រូវ។ កម្មវិធី Long Beach WRAP មិនមានពេលឬបុគ្គលិកគ្រប់គ្រាន់ដើម្បីរកមើលការងារធ្វើនៅផ្ទះរបស់សិស្សនិមួយៗទេ។

ជំនួយរបស់មាតាបិតាបុគ្គលិកអាណាព្យាបាល: បុគ្គលិករបស់ Long Beach WRAP មានការតាំងចិត្តនិងមានគុណសម្បត្តិគ្រប់គ្រាន់។ ជំនួយពីមាតាបិតាបុគ្គលិកអាណាព្យាបាលគឺជាការចំពោះដើម្បីឱ្យកម្មវិធីបន្ទាប់ពីសាលាបានល្អបំផុត។ មាតាបិតាបុគ្គលិកអាណាព្យាបាលគឺជាដៃគូដ៏សំខាន់នៅក្នុងការជោគជ័យនៅក្នុងកម្មវិធី Long Beach WRAP ។ មាតាបិតាបុគ្គលិកអាណាព្យាបាលត្រូវបានជំរុញឱ្យជួយនៅក្នុងពេលធ្វើដំណើរសិក្សាកំសាន្ត នៅក្នុងព្រឹត្តិការណ៍ផ្សេងៗ សកម្មភាព និងការងារសំខាន់ៗដទៃទៀត។

ខ្ញុំបានអាននិងយល់នូវព័ត៌មានទាំងអស់ខាងលើនេះ។ ខ្ញុំយល់ព្រមធ្វើតាមច្បាប់ទាំងអស់និងជួយកូនរបស់ខ្ញុំឱ្យយល់និងធ្វើតាមច្បាប់ទាំងនេះ។

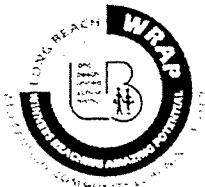
ហត្ថលេខាមាតាបិតាបុគ្គលិកអាណាព្យាបាល

ថ្ងៃខែឆ្នាំ

ហត្ថលេខាសិស្ស

ថ្ងៃខែឆ្នាំ

Parent/Guardian Agreement - Khmer



# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

## Student Registration Form

TEMPLATE

For School Office Use Only  
Student ID # \_\_\_\_\_

School/Site \_\_\_\_\_

Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Track (year-round only) \_\_\_\_\_

Student's Social Security # (optional) \_\_\_\_\_ Student DPSS Case # (if applicable) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

**Emergency Information (In the event that the parent/guardian is not available)**

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Doctor _____	Address _____	Phone _____

Is the student allergic to any foods? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

Is the student allergic to bee stings? Yes \_\_\_ No \_\_\_ If yes, does student carry Epi-Pen? \_\_\_\_\_

Does the student have asthma? Yes \_\_\_ No \_\_\_ If yes, does student carry an inhaler? \_\_\_\_\_

Is the student allergic to any medications? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

Does the student take medication during the school day? If yes, please list: \_\_\_\_\_

Does the student have any other special needs? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

Please list specific names of person/s who may NOT take student away from school:  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release for Emergency Treatment**

In case of emergency and I cannot be reached, I do authorize, pursuant to the provisions of Section 258 of the California Code of Civil Procedure, any and all attention as may be deemed necessary by the physician/medical advisor in charge. I also realize that local police and paramedics may be called in certain circumstances in order to ensure emergency treatment. I understand and abide by the stated terms of this release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release for Permission to Participate in the Evaluative Survey**

I agree \_\_\_\_\_ do not agree \_\_\_\_\_ to allow my student to participate in any evaluative survey related to the LB WRAP program.

**Release for Permission to Photo, Video and Sound Record**

I hereby release, discharge, and agree to hold harmless the Long Beach Unified School District and those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution and use of photos, videos and/or sound recordings.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

For School Office Use Only  
Student ID # \_\_\_\_\_

### Inscripción del Estudiante

Escuela \_\_\_\_\_  
Nombre del niño /a \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Grado \_\_\_\_\_ Maestro /a \_\_\_\_\_ Track (Escuelas que abren todo el año) \_\_\_\_\_  
N. de seguro social del niño /a (opcional) \_\_\_\_\_  
N. de caso del DPSS del niño /a (sí corresponde) \_\_\_\_\_  
Nombre del padre /tutor \_\_\_\_\_  
Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_  
Zona Postal \_\_\_\_\_ Teléfono \_\_\_\_\_ N de Celular \_\_\_\_\_  
Otro N de teléfono \_\_\_\_\_ (si no esta en casa durante el día o si es distinto al de arriba) \_\_\_\_\_

#### Información en caso de emergencia

(En caso que el padre / tutor no este disponible)

Nombre del contacto en caso de emergencia

- 1) \_\_\_\_\_ Teléfono \_\_\_\_\_ Parentesco \_\_\_\_\_
- 2) \_\_\_\_\_ Teléfono \_\_\_\_\_ Parentesco \_\_\_\_\_
- 3) \_\_\_\_\_ Teléfono \_\_\_\_\_ Parentesco \_\_\_\_\_

Nombre del doctor del niño /a \_\_\_\_\_ Teléfono \_\_\_\_\_

¿Tiene su hijo /a alergia a alguna comida? Si \_\_\_ No \_\_\_ Por favor anótela \_\_\_\_\_

¿Es su niño /a es alérgico /a a la picadura de abeja? \_\_\_ Sí \_\_\_ No \_\_\_ ¿Tiene él / ella un "Epi-Pen"? \_\_\_\_\_

¿Su niño /a padece de asma? Si \_\_\_ No \_\_\_ ¿Lleva consigo todo el tiempo inhalador? \_\_\_\_\_

¿Es su niño/a alérgico/a a algún medicamento? Si \_\_\_\_\_ No \_\_\_\_\_

Por favor anótela \_\_\_\_\_

¿Necesita su niño /a tomar algún medicamento durante el horario escolar? Si \_\_\_ No \_\_\_ Si lo necesita anote el medicamento y las instrucciones \_\_\_\_\_

¿Tiene su niño /a alguna otra necesidad especial? Si \_\_\_\_\_ No \_\_\_\_\_

Por favor anótelo: \_\_\_\_\_

¿Hay alguna persona en especial que **NUNCA DEBERIA** recoger a su niño /a? Si \_\_\_ No \_\_\_ Si la hay,

¿Cuál es el nombre de esta persona? \_\_\_\_\_

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

#### PERMISO PARA TRATAMIENTO MEDICO EN CASO DE EMERGENCIA

Si en caso de emergencia no puedo ser localizado / a, autorizo, de acuerdo a la clausula de la sección 25.8 del código civil de California, que presten servicios médicos a mi niño / a según lo considere necesario el doctor / asesor medico de guardia. También entiendo que en caso de emergencia para asegurar un tratamiento urgente sea necesario, en ciertas circunstancias, llamar a la policía o a los paramédicos locales. Yo entiendo y estoy de acuerdo con lo estipulado en este convenio.

Nombre del padre/ tutor \_\_\_\_\_ Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**La liberación para el Permiso para Tomar parte en la Inspección Evaluativa**

Que concuerda \_\_\_\_\_ no concuerda \_\_\_\_\_ permitir a mi estudiante para tomar parte en ninguna inspección evaluativa relacionada a la LB WRAP el programa.

Firma del padre/ tutor \_\_\_\_\_ Fecha \_\_\_\_\_

**Libere para el Permiso a la Foto, el Video y el Sonido Registran**

yo por la presente libero, la descarga, y concuerdo en tener inocua la Playa Larga el Distrito Unificado de la Escuela y esas actuación bajo su permiso de cualquier obligación hasta el punto permitido por la ley, para la preparación, la distribución y el uso de fotos, los videos y/o grabaciones sano.

Firma del padre/ tutor \_\_\_\_\_ Fecha \_\_\_\_\_



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
 កម្មវិធីក្រោយម៉ោងសាលា

**ក្រដាសចុះឈ្មោះសំរាប់សិស្ស**

សាលាបច្ចុប្បន្ន \_\_\_\_\_  
 ឈ្មោះរបស់សិស្ស \_\_\_\_\_ ប្រុស \_\_\_\_\_ ស្រី \_\_\_\_\_  
 ថ្នាក់ \_\_\_\_\_ ឆ្នាំ \_\_\_\_\_ ត្រាក់ (សម្រាប់សាលា១ឆ្នាំទល់១ឆ្នាំប៉ុណ្ណោះ) \_\_\_\_\_  
 លេខសូស្យាល់ Social Security (ស្រេចចិត្ត) \_\_\_\_\_ លេខ DPSS របស់សិស្ស(បើមាន) \_\_\_\_\_  
 អាតាបិតាឬអ្នកអាណាព្យាបាល \_\_\_\_\_  
 អាសយដ្ឋាន \_\_\_\_\_ ទីក្រុង \_\_\_\_\_ លេខកូដ \_\_\_\_\_  
 ទូរស័ព្ទផ្ទះ \_\_\_\_\_ ទូរស័ព្ទដៃ \_\_\_\_\_ ទូរស័ព្ទដីទៃទៀត \_\_\_\_\_

ព័ត៌មានសំរាប់គ្រោះអាសន្ន  
 (នៅពេលដែលអាតាបិតាឬអ្នកអាណាព្យាបាលមិននៅ)

ឈ្មោះសំរាប់ទាក់ទងនៅពេលគ្រោះអាសន្ន:

១) \_\_\_\_\_ ទូរស័ព្ទ \_\_\_\_\_ ទំនាក់ទំនង \_\_\_\_\_  
 ២) \_\_\_\_\_ ទូរស័ព្ទ \_\_\_\_\_ ទំនាក់ទំនង \_\_\_\_\_  
 ៣) \_\_\_\_\_ ទូរស័ព្ទ \_\_\_\_\_ ទំនាក់ទំនង \_\_\_\_\_

វេជ្ជបណ្ឌិត \_\_\_\_\_ ទូរស័ព្ទ \_\_\_\_\_

តើសិស្សមានប្រតិកម្មនឹងធាតុអ្វីមួយទេ? មាន \_\_\_\_\_ មិនមាន \_\_\_\_\_ បើមានសូមរៀបរាប់: \_\_\_\_\_

តើសិស្សមានប្រតិកម្មទៅនឹងឃ្នុំទឹកទេ? មាន \_\_\_\_\_ មិនមាន \_\_\_\_\_ បើមានតើសិស្សកាន់ Epi-Pen ទេ? \_\_\_\_\_

តើសិស្សមានជំងឺហឺតទេ? មាន \_\_\_\_\_ មិនមាន \_\_\_\_\_ បើមានតើសិស្សកាន់ថ្នាំសំរាប់ហឺតទេ? \_\_\_\_\_

តើសិស្សមានប្រតិកម្មនឹងឱសថអ្វីៗទេ? មាន \_\_\_\_\_ មិនមាន \_\_\_\_\_ បើមានសូមរៀបរាប់: \_\_\_\_\_

តើសិស្សលេបថ្នាំនៅសាលាទេ? បើលេបសូមរៀបរាប់: \_\_\_\_\_

តើសិស្សមានតម្រូវការពិសេសអ្វីៗទេ? មាន \_\_\_\_\_ មិនមាន \_\_\_\_\_ បើមានសូមរៀបរាប់: \_\_\_\_\_

សូមរៀបរាប់ពីឈ្មោះមនុស្សដែលមិនអាចយកសិស្សចេញពីសាលាបាន: \_\_\_\_\_

ហត្ថលេខាអាតាបិតាឬអ្នកអាណាព្យាបាល \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

## អនុញ្ញាតិ ឲ្យព្យាបាលក្នុងពេលមានគ្រោះអាសន្ន

ក្នុងករណីមានគ្រោះអាសន្នដែលមិនអាចទាក់ទងមកខ្ញុំបាន ដោយយោងតាមផ្នែក២៥៨នៃច្បាប់តាមផ្លូវការរបស់រដ្ឋកាលីហ្វ័រញ៉ា ខ្ញុំអនុញ្ញាតិឲ្យមានការយកចិត្តទុកដាក់ណាមួយឬទាំងអស់ដែលយល់ថាសំខាន់ពីវេជ្ជបណ្ឌិតឬអ្នកទទួលខុសត្រូវខាងសុខភាព។ ខ្ញុំក៏ដឹងដែរថាគេអាចទូរស័ព្ទទៅរកពេទ្យក្រុងស្រុកនិងអ្នកជួយព្យាបាលក្នុងគ្រោះអាសន្នបាននៅក្នុងកាលៈទេសៈណាមួយដើម្បីធានាការព្យាបាលក្នុងគ្រោះអាសន្ន។ ខ្ញុំយល់និងគោរពទៅនឹងការអនុញ្ញាតិខាងលើនេះ។

ហត្ថលេខាមាតាបិតាឬអ្នកអាណាព្យាបាល \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>SPECIAL NEEDS POLICY</b>	
Effective Date: 07.01.06	Policy # 015

**Policy:** Students with special needs must be recommended by the school administrator for participation in LB WRAP.

**Purpose:** To ensure that the special needs of students can be accommodated in the LB WRAP program.

**Procedure:** The school administrator must notify the Site Director and identify the special needs of any recommended students prior to enrollment.

**Source:** Academic Director, LB WRAP

# BEHAVIOR DOCUMENTATION



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>BEHAVIOR MANAGEMENT DOCUMENTATION</b>	
Effective Date: 07.01.06	Policy # 016

**Policy:** Each Partner Agency must have a Behavior Management Plan and Process for each site. All related parent and/or student forms must be provided in the languages designated by the LBUSD PALMS Office (Any documents that require translation may be FAXED to the LBUSD PALMS Office at 562.997.8293).

**Process:** To communicate, remediate and document inappropriate student behavior in a uniform six-step process.

**Procedure:**

1. Every behavior incident must be recorded, no matter how minor the incident! EVERYTHING must be documented, even if it is just a quick note on the General Behavior/Incident Documentation Chart.
2. If a minor incident takes place during the day and it is not necessary that the Site Director be involved. The information should still be relayed to the Site Director at the close of the day, and documented on the General Behavior/Incident Documentation Chart and/or other forms. This will increase communication so all Program Leaders may review the General Behavior/Incident Documentation Chart and be aware of all the students' behavior issues.
3. All steps must be used in accordance to the Behavior Management Plan.

**Source:** Academic Director, LB WRAP

**Templates:**

General Behavior/Incident Documentation Chart  
Documentation of Incident/Inappropriate Behavior Form  
Behavior Contract Form  
Suspension Notice Form  
Warning of Dismissal Form  
Student Dismissal Letter Form

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## General Behavior/Incident Documentation (Step 1)

General documentation of every specific incident, serious or minor must be entered on the chart. A photocopy must be kept in a central location at the site.

*\* Writing up "time-outs" during outdoor games times is optional.*

## Documentation of Student's Behavior (Step 2)

This form is to be used:

1. Any and every time a Site Director is involved
2. Any incident that has a consequence (time out, etc.)

A copy of this completed form will go out to the parent EVERY time a major offense is committed.

Major Offenses:

- Hitting
- Swearing
- Not following directions
- Defiance
- Refusal to do what they are told
- Stealing
- Anything a student has been told numerous times about
- Yelling
- Other

When this form has been filled out, it must be **reviewed with the student**. A copy is made and given to the parents. It is necessary that the incident(s) be explained to the parent that day and that the parent signs the copy. The signed copy will be kept on file at the site.

## Behavior Contract (Step 3)

As long as the Documentation of Student's Behavior Form has been filled out AT LEAST ONCE, this letter must go out to the parent/s. The Behavior Contract outlines the responsibility of each person involved; the student, the parent and the program staff. Blank lines are available to note specific agreements made concerning the student's behavior. A copy of this must be made and given to the parent **the same day** it is written. The parent is to sign the site's copy. The student also signs this agreement.

## Suspension Notice (Step 4)

A student may not be suspended from the program until **after** the Behavior Contract



has gone home. However, if a student's behavior is severe enough and it warrants a suspension, yet the student has never been documented for unacceptable behavior before, it may go out the same day as the Suspension Notice. This is only if the student gets in a fight, leaves the program during program hours, or does something that is considered suspension-worthy. The lower portion of the Suspension Notice provides the details of the suspension. The parent must sign the Suspension Notice and be given a copy.

If a student is to be suspended for unacceptable behavior and has not been written up before, the Documentation of Student's Behavior must also be filled out and given with Behavior Contract (the Documentation of Student's Behavior documents the exact incident in detail).

### **Warning of Dismissal Letter (Step 5)**

After several attempts and corrective actions have occurred to improve the student's behavior and there is no improvement, then the student may be dismissed from the LB WRAP After-School Program.

The Warning of Dismissal Letter is to go home as the last step before removal. This letter states that if the student "breaks one more rule and is written up again" then he/she will be dismissed from the LB WRAP Program. **Copies of all official documentation must be attached to this sheet, to clearly outline the continual inappropriate behavior of the student.**

However, a student may not be removed from the program (by cause of a behavior issue) without first suspending the student. If a behavior warrants the dismissal of the student, even if he/she has never been suspended, the Program Coordinator and/or the Program Administrator must be called and the student may not be dismissed until the Program Coordinator has given permission to do so. When dismissing a student from the program, the school Principal and the Program Coordinator must be consulted.

### **Dismissal Letter (Step 6)**

Only after the Program Coordinator has been consulted, **the Principal has been notified**, and the Warning of Dismissal Letter has gone home will the student be dismissed. The Dismissal Letter is to be filled out, signed by the staff member involved and the Site Director, and then given to the parent. A copy must be placed in the Principal's mailbox.



TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

## GENERAL BEHAVIOR/INCIDENT DOCUMENTATION

Week of \_\_\_\_\_

Date	Student	Incident	Leader Initials	Notes



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

TEMPLATE

DOCUMENTATION OF INCIDENT/INAPPROPRIATE BEHAVIOR

**Student's Name** \_\_\_\_\_ **Date of last Report** \_\_\_\_\_  
Site Director \_\_\_\_\_ Date \_\_\_\_\_  
Program Leader Involved \_\_\_\_\_

Describe today's incident. Include other students/staff involved, details, and corrective action taken by staff. This form is to be signed, photocopied and given to the parent on the same day as the incident.

Students/Staff Involved:  
\_\_\_\_\_  
\_\_\_\_\_

Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Actions Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Steps:  
\_\_\_\_\_  
\_\_\_\_\_

Is this student currently on a Behavior Contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

Report completed by \_\_\_\_\_  
Staff Signature

I have read a copy of this report \_\_\_\_\_  
Site Director Signature

I have received a copy of this report \_\_\_\_\_  
Parent Signature



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After-School Programs

TEMPLATE

**INFORME del COMPORTAMIENTO del NIÑO/A**

Nombre del Niño/a \_\_\_\_\_ Fecha del Ultimo Reporte \_\_\_\_\_

Director/a del programa \_\_\_\_\_ Fecha \_\_\_\_\_

Líder Involucrado \_\_\_\_\_

Describe el incidente que ocurrió hoy. Incluya el nombre de otros niños/as y de los empleados presentes, pormenores del incidente, así como también la acción llevada a cabo por el empleado para corregir este incidente.

Pormenores del Incidente: \_\_\_\_\_

Medidas tomadas para corregir este incidente: \_\_\_\_\_

Medidas a tomar en futuros incidentes: \_\_\_\_\_

¿Esta actualmente el niño/a bajo un Contrato de conducta? \_\_\_\_\_ Si \_\_\_\_\_ No

Este informe fue completado por \_\_\_\_\_  
Firma del personal responsable

He leído este reporte \_\_\_\_\_  
Firma del/la director/a del programa

He recibido una copia de este contrato \_\_\_\_\_  
Firma del padre/tutor

*\*This form is to be photo copied and the copy given to the parent the same day. The parent signs the*



**Long Beach WRAP**  
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 After School Programs

**កម្មវិធីក្រោយម៉ោងសាលា**

ឯកសារនៃព្រឹត្តិការណ៍កើតឡើងឬអាកប្បកិរិយាមិនសមរម្យ  
 (ទំព័រទី២)

ឈ្មោះសិស្ស \_\_\_\_\_ ថ្ងៃខែដែលផ្តល់តំណឹងចុងក្រោយ \_\_\_\_\_  
 ចាងហ្វាងនៅកន្លែង \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 អ្នកដឹកនាំកម្មវិធីដែលទាក់ទង \_\_\_\_\_

រៀបរាប់ពីព្រឹត្តិការណ៍ថ្ងៃនេះ។ រួមបញ្ចូលសិស្សដទៃទៀតឬបុគ្គលិកដែលជាប់ទាក់ទង សេចក្តីភ្លេចភ្លាយ និងការអប់រំកែកំហុស  
 ដោយបុគ្គលិក។ ក្រដាសនេះត្រូវឱ្យចុះហត្ថលេខា ចំលង និងប្រគល់ទៅឱ្យមាតាបិតានៅថ្ងៃជាមួយគ្នាដែលព្រឹត្តិការណ៍កើតឡើង។

សិស្សឬបុគ្គលិកដែលជាប់ទាក់ទង:

\_\_\_\_\_

សេចក្តីរៀបរាប់

\_\_\_\_\_

ការអប់រំកែកំហុសដែលបានធ្វើឡើង:

\_\_\_\_\_

ជំហានបន្ទាប់:

\_\_\_\_\_

តើសិស្សនេះបច្ចុប្បន្នកំពុងនៅក្នុងកិច្ចសន្យាអាកប្បកិរិយាឬ? \_\_\_\_\_ មែន \_\_\_\_\_ មិនមែន  
 ការផ្តល់តំណឹងបំពេញដោយ \_\_\_\_\_ ហត្ថលេខារបស់បុគ្គលិក

ខ្ញុំបានអានច្បាប់ចំលងនៃសេចក្តីផ្តល់តំណឹងនេះ: \_\_\_\_\_ ហត្ថលេខារបស់ចាងហ្វាងកម្មវិធី

ខ្ញុំបានទទួលច្បាប់ចំលងនៃសេចក្តីផ្តល់តំណឹងនេះ: \_\_\_\_\_ ហត្ថលេខារបស់មាតាបិតា



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

TEMPLATE

### BEHAVIOR CONTRACT

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Site \_\_\_\_\_

As representatives of the Long Beach WRAP program, it is our policy to meet the individual needs of each student to the best of our ability. It is our responsibility to each student's family that we provide a program that is safe and orderly. If a student's behavior is consistently disruptive to the program or if he/she is a danger to others, it is our policy to enter into an agreement with the student and the parent to improve the student's behavior.

#### The WRAP STAFF agrees to:

- Provide necessary support and guidance to the student
- Communicate with the parent

#### The STUDENT agrees to:

- Abide by the following rules:
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
- Follow the instructions of staff the first time given
- Other: \_\_\_\_\_

#### The PARENT agrees to:

- Support the WRAP Staff
- Communicate any pertinent information
- Follow through with agreed upon steps

**If the student is unable to comply with this agreement, it will result in her/his being suspended/released from the WRAP After School Program.** The following steps, put in place and agreed upon by the student, will be in effect as part of this specific agreement:

- 1.
- 2.
- 3.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Director Signature \_\_\_\_\_ Date \_\_\_\_\_



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

### CONTRATO de CONDUCTA

Nombre del niño /a \_\_\_\_\_ Fecha \_\_\_\_\_

Coordinadora del Programa \_\_\_\_\_ Pone \_\_\_\_\_

Tenemos por norma el satisfacer las necesidades individuales de cada niño /a de la mejor forma posible. Nuestra responsabilidad con las familias que servimos es la de ofrecer un programa organizado y libre de peligros. Si el comportamiento del niño /a está constantemente interrumpiendo el funcionamiento normal del programa o pone en peligro la seguridad de los otros niños /a, nuestro reglamento nos obliga a entrar en un contrato con el niño /a y el padre/madre para corregir la conducta inaceptable.

El personal del Milenio se compromete a:

- Proporcionar el asesoramiento y la ayuda necesaria al niño /a.
- Comunicarse abiertamente con el padre/madre

El niño /a se compromete a:

- Obedecer todas las reglas del programa.
- Seguir las instrucciones del personal.

El padre/madre se compromete a:

- Apoyar al personal del WRAP.
- Darnos a conocer cualquier información que sea pertinente/necesaria.
- Cumplir con lo que se haya acordado.

**Si el niño /a no puede cumplir con lo estipulado en éste contrato, será suspendido/expulsado permanentemente del programa WRAP.** Los siguientes pasos estipulados y aceptados por el alumno, será puestos en vigencia como parte específica de éste convenio:

\_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_ Fecha

\_\_\_\_\_ Firma del Alumno \_\_\_\_\_ Fecha

\_\_\_\_\_ Firma del Persona \_\_\_\_\_ Fecha



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
**កម្មវិធីក្រោយម៉ោងសាលា**  
**កិច្ចសន្យាទៅលើអាកប្បកិរិយា**  
**ទំព័រទី៣**

ឈ្មោះសិស្ស \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 សាលា \_\_\_\_\_

ជាអ្នកតំណាងនៃកម្មវិធី WRAP របស់ខ្ញុំបិត វាជានិយមរបស់យើងក្នុងការប្រឹងប្រែងឱ្យអស់ពីសមត្ថភាពដើម្បីបំពេញនូវសេចក្តីត្រូវការរបស់សិស្ស។ វាជាការកិច្ចរបស់យើងចំពោះគ្រួសាររបស់សិស្សនិមួយៗដែលយើងផ្តល់កម្មវិធីមួយដែលមានសុវត្ថិភាពនិងតាមរបៀបរបប។ បើអាកប្បកិរិយារបស់សិស្សម្នាក់នៅតែបន្តនៅទៅលើកម្មវិធី ឬសិស្សមានភាពគ្រោះថ្នាក់ចំពោះអ្នកដទៃ វាជានិយមរបស់យើងក្នុងការធ្វើការព្រមព្រៀងជាមួយសិស្សនិងមាតាបិតាដើម្បីធ្វើអាកប្បកិរិយារបស់សិស្សឱ្យប្រសើរឡើង។

សមាជិករបស់ WRAP យល់ព្រមដើម្បី:

- ផ្តល់នូវការគាំទ្រដ៏ចាំបាច់និងការណែនាំចំពោះសិស្ស
- ធ្វើការឆ្លងឆ្លើយជាមួយមាតាបិតា

សិស្សយល់ព្រមដើម្បី:

- ប្រព្រឹត្តតាមវិន័យខាងក្រោមនេះ:
  - ១.
  - ២.
  - ៣.
  - ៤.
  - ៥.
- ធ្វើតាមការណែនាំលើកទី១របស់បុគ្គលិក
- ដីទៃឡើត្រ: \_\_\_\_\_

មាតាបិតាយល់ព្រមដើម្បី:

- គាំទ្របុគ្គលិករបស់ WRAP
- និយាយឆ្លងឆ្លើយពីព័ត៌មានដែលជំពាក់ទាក់ទង
- ធ្វើតាមនូវជំហានដែលបានយល់ព្រមទៅលើ

បើសិស្សមិនអាចធ្វើតាមការព្រមព្រៀងនេះទេ គេនឹងត្រូវបញ្ឈប់បណ្តុះបណ្តាលឱ្យចាកចេញពី WRAP After School Program ។ ជំហានខាងក្រោមនេះ បានដាក់ចូលនិងយល់ព្រមដោយសិស្ស និងដាក់អនុវត្តជាផ្នែក១នៃសេចក្តីព្រមព្រៀងនេះ:

- ១.
- ២.
- ៣.

ហត្ថលេខារបស់មាតាបិតា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 ហត្ថលេខារបស់សិស្ស \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 ហត្ថលេខារបស់អ្នកដឹកនាំនៅសាលា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_





**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**SUSPENSION NOTICE**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

This student's behavior has not improved. Therefore, the student is suspended for \_\_\_\_\_ day/s for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use an additional copy of this page and staple it to this page if more space is necessary)

Date of Suspension \_\_\_\_\_ Date student may return to LB WRAP \_\_\_\_\_

If this student's behavior does not improve, he/she will be removed from the program.

If you have any questions, please contact the Site Director at 562/ \_\_\_\_\_

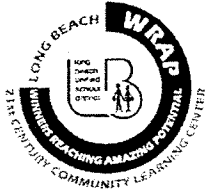
\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director Signature

\_\_\_\_\_  
Date

**Principal/School Administer Notified** \_\_\_\_\_  
**Date** \_\_\_\_\_



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**AVISO de SUSPENSION**

Nombre del Niño/a \_\_\_\_\_ Fecha \_\_\_\_\_

El comportamiento de su niño/a no ha mejorado. Por lo tanto, su niño /a será suspendido por \_\_\_\_\_ día/s por las siguientes razones:

*(Si necesita espacio adicional, use otra copia en blanco de esta forma y engrápela a esta pagina).*

Fecha de Suspensión: \_\_\_\_\_ Fecha en que el/la niño /a podrá regresar al programa "LB WRAP": \_\_\_\_\_

Si el comportamiento de su niño /a no mejora, el/ella será expulsado /a permanentemente del programa. Si usted tiene alguna duda, tenga la bondad de comunicarse conmigo al 562/ \_\_\_\_\_.

\_\_\_\_\_  
Firma del padre/tutor  
\_\_\_\_\_  
del/la directora/a del programa

\_\_\_\_\_  
Fecha  
\_\_\_\_\_  
Fecha Firma

Fecha en que el director /a /administrador de la escuela fue notificado  
\_\_\_\_\_  
Fecha \_\_\_\_\_



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
**កម្មវិធីក្រោយម៉ោងសាលា**

**សំបុត្រប្រាប់ពីការបញ្ឈប់បណ្តោះអាសន្ន**  
**ទំព័រទី៤**

ឈ្មោះសិស្ស \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

អាកប្បកិរិយារបស់សិស្សនេះមិនបានប្រសើរជាងមុនទេ។ ដូច្នេះហើយ សិស្សនេះត្រូវបានបញ្ឈប់បណ្តោះអាសន្នចំនួន \_\_\_\_\_  
 ថ្ងៃ ដោយមូលហេតុខាងក្រោមនេះ៖

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(សូមប្រើក្រដាសបន្ថែមសំរាប់ទំព័រនេះនិងក៏បជាមួយគ្នាបើត្រូវការកន្លែងសរសេរទៀត)

ថ្ងៃខែដែលបញ្ឈប់ \_\_\_\_\_ ថ្ងៃខែដែលសិស្សអាចមក LB WRAP វិញ \_\_\_\_\_  
 បើអាកប្បកិរិយារបស់សិស្សនេះមិនប្រសើរឡើងវិញទេ គេនឹងដកចេញពីកម្មវិធី។  
 បើលោកអ្នកមានសំនួរផ្សេងៗ សូមទាក់ទងមកអ្នកដឹកនាំនៅកន្លែងកម្មវិធីលេខ ៥៦២ \_\_\_\_\_

ហត្ថលេខាមាតាបិតា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

អ្នកដឹកនាំនៅកន្លែង \_\_\_\_\_ ទូរស័ព្ទ \_\_\_\_\_

ចាងហ្វាងសាលាឬអ្នកមើលខុសត្រូវសាលាផ្តល់តំណឹង \_\_\_\_\_  
 ថ្ងៃខែឆ្នាំ \_\_\_\_\_





# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

## ADVERTENCIA DE EXPULSION PERMANENTE

Fecha \_\_\_\_\_

A los padres/ tutores de Acerca \_\_\_\_\_

de \_\_\_\_\_

El programa "Long Beach WRAP" de la escuela \_\_\_\_\_ esta dedicado a ayudar a mejorar las calificaciones de su niño / a y a ofrecer programas de enriquecimiento académico. Nuestro personal esta dedicado y capacitado a satisfacer las necesidades de su niño / a, a mejorar su comportamiento y a procurar mejorar su rendimiento académico.

Su niño / a ha tenido dificultades en observar las reglas estipuladas y las expectativas del programa "WRAP", y a pesar de todas las medidas implementadas para mejorar su comportamiento, la conducta de \_\_\_\_\_ todavía no ha mejorado.

Esta carta es para informarles que si su hijo(a) no cumple con las reglas estipuladas y si es nuevamente amonestado, el siguiente paso será su expulsión permanente del programa. Adjuntamos copias de los documentos que demuestran incidentes ocurridos desde \_\_\_\_\_, los cuales detallan problemas específicos.

Si tiene alguna duda concierne a este aviso, tenga la bondad de llamar al/ la directora/ a del programa al \_\_\_\_\_ o a la coordinadora del programa al \_\_\_\_\_

Atentamente,

\_\_\_\_\_  
Director/ a del programa

\_\_\_\_\_  
Coordinador/ a del programa

El/la director(a) fue notificado(a) en _____ Fecha _____
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**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
**កម្មវិធីក្រោយម៉ោងសាលា**

**សេចក្តីព្រមាននៃការបណ្តេញចេញ**  
**ទំព័រទី៥**

ជូនចំពោះមាតាបិតាឬអ្នកអាណាព្យាបាលនៃ \_\_\_\_\_  
 ទាក់ទងទៅនឹង \_\_\_\_\_

Long Beach WRAP នៅសាលា \_\_\_\_\_ គឺតាំងចិត្តថាផ្តល់កម្មវិធីសិក្សាដែលមានខ្លឹមសារ  
 ដើម្បីជួយសិស្សឱ្យរៀនក្នុងក្រុម។ បុគ្គលិករបស់យើងត្រូវបានរឹតហាត់និងយកចិត្តទុកដាក់ទៅលើសេចក្តីត្រូវការរបស់សិស្ស រួមមានការ  
 លើកតម្កើនការសិក្សា ជោគជ័យនិងអាកប្បកិរិយាល្អ។

កូនរបស់លោកអ្នកមានការពិបាកក្នុងការធ្វើតាមច្បាប់និងសេចក្តីរំពឹងរបស់ WRAP After School Program ។ ជួយពីខែដែល  
 បានចែងដើម្បីធ្វើអាកប្បកិរិយាឱ្យបានល្អ អាកប្បកិរិយាមិនសមរម្យមិនបានផ្លាស់ប្តូរទេ។

សំបុត្រនេះផ្តល់តំណឹងមកលោកអ្នកថាបើកូនរបស់លោកអ្នកធ្វើខុសច្បាប់ហើយត្រូវបានសរសេរម្តងទៀត ជំហានបន្ទាប់គឺដេញចេញ  
 ពីកម្មវិធីជារៀងរហូត។ ភ្ជាប់មកជាមួយលោកអ្នកនឹងឃើញច្បាប់ចំលងនៃឯកសារទាំងអស់ដែលព្រឹត្តិការណ៍បានកើតឡើង ហើយ  
 ជាប់ទាក់ទងទៅនឹងសេចក្តីព្រមាននៃការដេញចេញនេះ។

បើលោកអ្នកមានសំនួរណាមួយទាក់ទងនឹងសេចក្តីជូនតំណឹងនេះ សូមកុំភ្លាក់ភ្លើងសួរសុំមក៖

\_\_\_\_\_ ហត្ថលេខា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 ចាងហ្វាងកន្លែង

\_\_\_\_\_ ហត្ថលេខា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_  
 អ្នករៀបចំកម្មវិធី

ចាងហ្វាងសាលាឬអ្នកមើលខុសត្រូវសាលាផ្តល់តំណឹង \_\_\_\_\_  
 ថ្ងៃខែឆ្នាំ \_\_\_\_\_



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After School Programs

STUDENT DISMISSAL LETTER

Date \_\_\_\_\_

Dear Parent or Guardian:

As we have discussed, this letter is to inform you that \_\_\_\_\_  
has been dismissed from and may no longer participate in the Long Beach  
WRAP After School Enrichment Program at \_\_\_\_\_  
School for the following reason (s):

- Absences \_\_\_\_\_
- Behavior \_\_\_\_\_
- Late Pick Up \_\_\_\_\_
- Other(specify) \_\_\_\_\_

Sincerely,

Long Beach WRAP Site Director

<i>Program Coordinator Notified</i> _____	<i>Date</i> _____
<i>Principal/School Administrator Notified</i> _____	<i>Date</i> _____



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**INFORME de la EXPULSION PERMANENTE del ALUMNO/A**

Fecha \_\_\_\_\_

Estimado padre / tutor:

De acuerdo a nuestra conversación, esta carta es para informarle que \_\_\_\_\_, ha sido expulsado permanentemente y ya no podrá volver a participar en el programa de enriquecimiento después de clases "Long Beach WRAP" de la escuela \_\_\_\_\_ por la/s siguiente/s razon/es:

- Asistencia \_\_\_\_\_
- Comportamiento \_\_\_\_\_
- Tardanza al recogerlo/a \_\_\_\_\_
- Otro (especifique) \_\_\_\_\_

Atentamente,

Director del program "Long Beach WRAP"

El/la coordinador/a del programa fue notificado/a en

\_\_\_\_\_ Fecha \_\_\_\_\_

El/la directora/personal administrativo de la escuela fue notificado/a en

\_\_\_\_\_ Fecha \_\_\_\_\_





**Long Beach WRAP**  
 “Winners Reaching Amazing Potential”  
**After School Programs**  
**កម្មវិធីក្រោយម៉ោងសាលា**  
**សំបុត្រដេញសិស្សចេញ**  
**ទំព័រទី៦**

ថ្ងៃខែឆ្នាំ \_\_\_\_\_

ជូនចំពោះមាតាបិតាឬអ្នកអាណាព្យាបាល:

ដូចដែលយើងបានពិភាក្សារួចមកហើយ សំបុត្រនេះគឺដើម្បីឱ្យលោកអ្នកដឹងថា \_\_\_\_\_ ត្រូវបានបញ្ឈប់  
 ហើយនិងមិនអាចចូលរួមនៅក្នុងកម្មវិធី WRAP After School Enrichment Program របស់ក្រសួងអប់រំកំប៉ូស៊ីតឡងប៊ិចនៅសាលា  
 \_\_\_\_\_ ដោយយោលតាមមូលហេតុខាងក្រោមនេះ:

- អវត្តមាន \_\_\_\_\_
- អាកប្បកិរិយា \_\_\_\_\_
- មកទទួលយ៉ីតពេល \_\_\_\_\_
- ដីទៃទៀត (បញ្ជាក់) \_\_\_\_\_

ដោយសេចក្តីស្មោះស្ម័គ្រ

អ្នកដឹកនាំ WRAP តាមសាលារបស់ឡងប៊ិច

អ្នករៀបចំកម្មវិធីផ្តល់តំណឹង _____	ថ្ងៃខែឆ្នាំ _____
ចាងហ្វាងសាលាឬអ្នកកាន់កាប់សាលាផ្តល់តំណឹង _____	ថ្ងៃខែឆ្នាំ _____



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>EARLY PICK-UP</b>	
Effective Date: 07.01.06	Policy # 017

**Policy:** Partner Agencies must have a policy that calls for student dismissal following three early pick-ups. A child who is receiving outside services during the LB WRAP program hours can be admitted to or continue with the LB WRAP program at the Partner Agency's discretion.

**Purpose:** To communicate the importance of full-time participation in the LB WRAP Program.

**Procedure:**

1. Any time a student is picked up prior to the end of the regularly-scheduled WRAP Program hours, it will be noted on the Sign-Out Sheet. The time and reason need to be recorded. Excused absences need to be in writing and clearly defined. Failure to do so will result in a verbal warning will be given to the parent at the time of pick-up.
2. After three (3) early pick-ups and verbal warnings, an Early Pick-up/Dismissal Warning will be given to the parent.
3. The parent will sign the Warning and the Warning will be maintained at the center of attendance.
4. If the student is picked up early one more time, the student will be dismissed from the LB WRAP program.

**Source:** Academic Director, LB WRAP

**Template:** Early Pick-Up Warning Letter



TEMPLATE

## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

Site \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent/Guardian:

Your child has frequently (more than 3 times) been picked up early. He/She has been signed out early on the following date/times:

Long Beach WRAP is an After-School Enrichment Program, not after school daycare. In the Parent Agreement document, which you signed, it clearly states that children are required to stay the entire time the program is in session and are not to be picked up earlier than \_\_\_\_\_ PM. When your child is picked up early, he/she cannot participate in the required academic and enrichment activities. When a parent arrives early, a staff member must be available to sign out that child rather than lead a planned activity.

If your child is picked up early again, he/she will be dismissed from the LB WRAP program. There is a list of students who are waiting to be able to participate in the LB WRAP After-School Program.

Doctor appointments and other emergencies are acceptable. Please inform the Site Director in advance when these circumstances arise.

If you have any questions, please do not hesitate to call.

Sincerely,

\_\_\_\_\_  
Site Director

\_\_\_\_\_  
Phone

I understand and acknowledge receipt of this warning.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After School Programs

Escuela \_\_\_\_\_ Fecha \_\_\_\_\_

Queridos padres / tutores:

Sus niño /s \_\_\_\_\_ ha sido recogidos antes de la hora de salida mis de (3) tres veces.

Ustedes han recogido ante de hora a sus niños en las siguientes fechas \_\_\_\_\_

El programa "Long Beach WRAP" es un programa después del horario escolar diseñado para enriquecer la educación de sus niños y no para proveer cuidado de niños. En el contrato que ustedes firmaron cuando inscribieron a sus niños en este programa, se les explicó claramente que uno de los requisitos para participar en este programa era "no recoger a su niño /a antes de las \_\_\_\_\_ pm". Cada vez que ustedes recogen a su niño antes de tiempo interrumpen el proceso de aprendizaje de sus hijos, y el de los demás.

Si \_\_\_\_\_ es recogido/a antes de tiempo otra vez, él /ella no podrá continuar en este programa. Tenemos muchos niños en lista de espera que desean participar en el programa "WRAP" de enriquecimiento educativo.

Las citas con el doctor y otras emergencias son aceptables. Pero, por favor, avísele con anticipación a la directora del programa.

Si tiene alguna otra pregunta por favor llame a el/la director/a al (562) \_\_\_\_\_ o al/la coordinadora del programa al (562) \_\_\_\_\_.

Sinceramente,

Director/a del programa



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
**កម្មវិធីក្រោយម៉ោងសាលា**

សាលា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

ជូនចំពោះមាតាបិតាឬអ្នកអាណាព្យាបាល:

កូនរបស់លោកអ្នកត្រូវបានគេមកទទួលមុនពេលឱ្យចេញ(លើសពី៣ដង)។ គេបានចុះហត្ថលេខាចេញមុនម៉ោងនៅថ្ងៃប្រមូលម៉ោង:

Long Beach WRAP គឺជាកម្មវិធីបន្ទាប់ពីសាលាដែលមានខ្លឹមសារមួយ មិនមែនជាកន្លែងថែរក្សាក្រោយម៉ោងសាលាទេ។ នៅក្នុងឯកសារកិច្ចសន្យារបស់មាតាបិតាដែលលោកអ្នកបានចុះហត្ថលេខានោះ បានបញ្ជាក់យ៉ាងច្បាស់ថាកុមារត្រូវឱ្យនៅរហូតដល់កម្មវិធីបានបញ្ចប់ ហើយមិនអាចមកទទួលមុនម៉ោង៥ល្ងាចបានទេ។ នៅពេលកុមារត្រូវបានមកទទួលមុនម៉ោង គេមិនអាចចូលរួមនៅក្នុងសកម្មភាពដែលមានខ្លឹមសារនិងការសិក្សាដែលត្រូវមកបានទេ។ នៅពេលមាតាបិតាមកយកកូនមុនម៉ោង បុគ្គលិកម្នាក់ត្រូវតែមកចុះហត្ថលេខាឱ្យកុមារនោះចេញ ហើយត្រូវខាតបង់ពេលពេលរំលោភនាំសកម្មភាពអប់រំដែលបានត្រៀមទុក។

បើសិនជាកូនរបស់លោកអ្នកត្រូវបានមកទទួលមុនម៉ោងម្តងទៀត គេនឹងត្រូវបណ្តេញចេញពីកម្មវិធី LB WRAP ។ មានបញ្ជី១ដែលឈ្មោះសិស្សកំពុងរង់ចាំចូលរួមនៅក្នុង LB WRAP After-School Program ។

ការណាត់ជួបជាមួយវេជ្ជបណ្ឌិតនិងការអាសន្នដ៏ទៃទៀតអាចអនុគ្រោះបាន។ សូមផ្តល់ព័ត៌មានទៅអ្នកដឹកនាំនៅកន្លែងកម្មវិធីជាមុននៅពេលកាលៈទេសៈទាំងនេះកើតឡើង។

បើលោកអ្នកមានសំនួរផ្សេងៗ សូមកុំស្ទាក់ស្ទើរស្តីពីមកយើងខ្ញុំ។

ដោយសេចក្តីស្មោះស្ម័គ្រ

\_\_\_\_\_  
 អ្នកដឹកនាំនៅកន្លែង

\_\_\_\_\_  
 ទូរស័ព្ទ

ខ្ញុំយល់និងទទួលស្គាល់សំបុត្រព្រមាននេះ

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 ហត្ថលេខាមាតាបិតា

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 ថ្ងៃខែឆ្នាំ



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>LATE PICK-UP</b>	
Effective Date: 07.01.06	Policy # 118

**Policy:** Partner Agencies must have a policy that calls for student dismissal following three late pick-ups.

**Purpose:** To communicate the importance of full-time participation in the LB WRAP Program.

**Procedure:**

1. Any time a student is picked up later than the end of the regularly-scheduled WRAP Program hours, it will be noted on the Sign-Out Sheet. A verbal warning will be given to the parent at that time.
2. After three (3) late pick-ups and verbal warnings, a Late Pick-up/Dismissal Warning will be given to the parent.
3. The parent will sign the Warning and the Warning will be maintained at the center of attendance.
4. If the student is picked up late one more time, the student will be dismissed from the WRAP program.

**Source:** Academic Director, LB WRAP

**Template:**

Late Pick-Up/Dismissal Warning



TEMPLATE

## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After School Programs

Date \_\_\_\_\_

Dear Mr./Mrs. \_\_\_\_\_,

Long Beach WRAP After-School Enrichment Program is committed to providing quality after-school enrichment for your child. Our program is open every day school is in session immediately following the end of the school day and closing at \_\_\_\_\_ pm.

On \_\_\_\_\_ your child was picked up \_\_\_\_\_ minutes late. Children are to be picked up at \_\_\_\_\_. Any time after \_\_\_\_\_ is considered to be a "late pick up". "Late pick ups" are not permitted.

If your child is picked up more than ten minutes late again, he/she will be released from the Long Beach WRAP After-School Enrichment Program. We enjoy working with your child and we hope to do so in the future.

If you have any questions regarding this letter, please feel free to call.

Thank you,

\_\_\_\_\_  
Site Director

\_\_\_\_\_  
Phone

I understand and acknowledge receipt of this Dismissal Warning.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

Fecha \_\_\_\_\_

Estimado /a Sr. /Sra. \_\_\_\_\_,

El programa "Long Beach WRAP" está dedicado a ofrecer programas de enriquecimiento académico de calidad después del horario escolar para su niño /a. Nuestro programa empieza diariamente inmediatamente después que terminan las clases regulares y termina aproximadamente a las \_\_\_\_\_ de la tarde.

El día \_\_\_\_\_ su niño /a fue recogido /a \_\_\_\_\_ minutos más tarde de lo debido. Usted debe recoger a su niño entre las \_\_\_\_\_ y las \_\_\_\_\_ de la tarde. Debido a que carecemos del personal y de los fondos monetarios necesarios para extender la hora de salida, no está permitido /a recoger a su niño /a después de las \_\_\_\_\_ de la tarde.

Si nuevamente recoge a su niño /a diez minutos más tarde de la hora indicada, deberemos retirar al alumno del programa de enriquecimiento escolar y poner su nombre al final de la lista de espera. Nosotros estamos encantados de tener a su niño /a en nuestro programa y deseamos continuar haciéndolo así en el futuro, por lo tanto pedimos su colaboración en este aspecto.

Si tiene alguna duda concerniente a este aviso, por favor comuníquese con la directora del programa o puede, también, llamar a la coordinadora del programa al (562) \_\_\_\_\_

Atentamente,

\_\_\_\_\_  
La Directora del programa

Entiendo y reconozco recibo de esta Advertencia del Despido.

\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_\_  
Fecha





**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
**After School Programs**  
 កម្មវិធីក្រោយម៉ោង

ថ្ងៃខែឆ្នាំ \_\_\_\_\_

ជូនចំពោះលោកយលោកស្រី \_\_\_\_\_

កម្មវិធីបំប៉នក្រោយម៉ោងសាលា Long Beach WRAP គឺសប្តាដើម្បីផ្តល់កម្មវិធីក្រៅសាលាដ៏មានគុណភាព១សំរាប់កូនរបស់លោកអ្នក។ កម្មវិធីរបស់យើងបើកជារៀងរាល់ថ្ងៃបន្ទាប់ពីម៉ោងសាលាចប់និងបិទនៅម៉ោង \_\_\_\_\_ ល្ងាច។

នៅថ្ងៃ \_\_\_\_\_ កូនរបស់លោកអ្នកត្រូវបានគេមកទទួលយឹតពេលចំនួន \_\_\_\_\_ នាទី។ កុមារត្រូវតែមកទទួលនៅម៉ោង \_\_\_\_\_ ។ ពេលបន្ទាប់ពីម៉ោង \_\_\_\_\_ ត្រូវសន្មត់ថា "មកទទួលយឹតពេល"។ ការ "មកទទួលយឹតពេល" គឺមិនអនុញ្ញាតិទេ។

បើកូនរបស់លោកអ្នកត្រូវបានគេមកទទួលយឹតជាង១០នាទីម្តងទៀត គេនឹងត្រូវឱ្យចេញពីកម្មវិធី Long Beach WRAP After-School Enrichment Program ។ យើងរីករាយនឹងធ្វើការជាមួយកូនរបស់លោកអ្នក ហើយយើងសង្ឃឹមថានឹងបានធ្វើដូច្នោះទៀតនៅក្នុងពេលអនាគត។

បើលោកអ្នកមានសំនួរផ្សេងៗទាក់ទងនឹងសំបុត្រនេះ សូមទូរស័ព្ទមកពួកយើងខ្ញុំ។

សូមអរគុណ

\_\_\_\_\_  
 ចាងហ្វូងកន្លែង

\_\_\_\_\_  
 ទូរស័ព្ទ

ខ្ញុំយល់និងទទួលស្គាល់សំបុត្រនៃការព្រមានដេញចេញនេះ

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district

# INCIDENT/ SAFETY



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>SCHOOL SAFETY AND EMERGENCY PREPAREDNESS</b>	
-----------------------------------------------------	--

Effective Date: 07.01.06	Policy # 019
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**Policy:** Under California law, Education Code §35294-35297, all Long Beach Unified School District K-12 school sites have developed comprehensive school safety and disaster preparedness plans. These plans include strategies and programs that support a high level of safety, including a safe environment conducive to learning at school, and disaster planning and procedures. WRAP staff is required and parents are strongly encouraged to review both the school site's School Safety Plan and the Emergency Preparedness Plan to understand the procedures designed to keep students safe during an emergency or disaster event, and when parents and children are reunited.

In addition, each Partner Agency must have a policy for Safety and Emergency Preparedness that includes Standard Operating Procedures (SOPs) for the following:

- Handling a Bomb Threat
- Responding to Children Abandoned at the End of the School Day
- Emergency Communications
- Handling Combative Students
- Lockdown Procedures (must be practiced quarterly)
- Program Site Shootings
- Barring Disruptive Persons from Program Sites
- Assault on a Program Employee by a Student

**Purpose:** To ensure that all staff members are informed of Partner Agency and site-developed comprehensive school safety and disaster preparedness plans.

**Source:** Chief, LBUSD School Safety and Emergency Preparedness

**Guidelines:**

Let's Talk about the Law

LBUSD Standard Operating Procedures:

9.102 Handling a Bomb Threat

9.104 Responding to Children Abandoned at the End of the School Day

9.105 Emergency Communication (Radio KKJZ FM 88.1)

9.106 Handling Combative Students

9.107 Emergency Lockdown Procedure

9.111 Emergency Procedure for School Site Shootings

9.118 Safe School Plan Administrative Reporting

9.121 Guideline for Barring Disruptive Persons from School Sites

9.123 Report of Assault on School Employee by Student

## LET'S TALK ABOUT THE LAW

The principal is responsible for the supervision & administration of his school CCR Title 5 5551. This mean when they call, you are their designee to carry out directives at the site.

Alcohol, Tobacco, Dope, Guns, Locking Blade Knives - these are all illegal on our sites. Look for a uniformed officer with a gun to handle this situation (in some cases not reporting to local law enforcement is a crime).

Truant – A very detailed explanation is available on demand. Generally if they look young enough to go to school & you are the designee of the principal you can stop them (arrest) & inquire. A sidelight is a student wandering around without a pass during instructional time. They can be cited for day time loitering by a law enforcement officer. In any case take them to the office.

Assaults, Battery, Insults & other boorish behavior prohibited. A battery is an offensive touching (will be demonstrated in class). A battery plus force likely to produce great bodily injury (GBI – will not be demonstrated in class) is a felony. There is a whole bunch of sections in the Penal & Education Code to cover this topic. Disruptive behavior by adults is not allowed. If it occurs a so called 626 (stay away) Letter is sent to the adult. The adult cannot come back to the instructional area without the agreement of the principal.

Child Abuse – required reporting by school personnel. Fail to do so it's a crime.

Student Directory information – it is a crime to divulge information about a student, & be careful to not let anyone photograph or video a student without parent's permission.

Don't use corporal punishment (willful infliction of pain or suffering). This does not mean you cannot defend yourself.

Arrests of students must be reported to parents. Generally the notification takes place after the officer has taken the student off campus.

Electronic devices – tough subject to discuss since you all give your kids these things so you can keep track of them. Some of us give them to adults so we can keep track of them. Generally don't show, don't tell. If we see it during class we can confiscate it. This is a good time to use a "positive adult confrontation".

Damaging School Property – it is not only a crime, but student can be expelled. Find a site staff member or law enforcement to report the event.

### **KNOW WHAT AN S.O.P IS?**

S.O.P. is an acronym for Standard Operating Procedure which is the rule of thumb for School Safety. Some SOP's are:

- 9.101 — Assisting persons with disabilities
- 9.102 — How to handle a bomb threat
- 9.106 — Handling combative students
- 9.107 — Lockdown procedures
- 9.111 — School Site Shootings
- 9.121 — Guidelines for Barring Disruptive Persons from School Sites
- 9.123 — Report of an Assault on School Employee by a Student

### **WHAT ABOUT E/PREP**

- S.E.M.S. — Standardized Emergency Management System
- N.I.M.S. — National Incident Management System

### **SUPPOSE SOMEONE GETS HURT**

Call 911 to get immediate medical support. Notify a site administrator of the event. Call School Safety Communications ext 8101 to have an officer dispatched to take a report. It is School Safety's responsibility to report death or serious injury of an employee to Cal OSHA (Section 5.209 Manual of Rules & Regulations).

### **OTHER GOOD RESOURCES**

- LBUSD Board Policies
- LBUSD Business Department Procedures
- LBUSD Discipline Code & Procedures
- LBUSD K12 Enrollment Procedures



## School Safety and Emergency Preparedness

### Standard Operating Procedure (S.O.P.)

#### 9.102 GUIDELINES FOR DISTRICT STAFF IN HANDLING BOMB THREATS

The Long Beach Unified School District, Office of the Superintendent, School Safety and Emergency Preparedness Division has prepared the following guidelines to assist school staff in dealing with bomb threats received at school or support sites. Please distribute to employees who handle incoming calls and place in appendix of the Emergency Procedures Manual.

##### A. Upon receiving a bomb threat by telephone:

1. Complete the "bomb threat checklist" on the following page.
2. Listen closely to the caller's voice and to any noises in the background.
3. Immediately notify a site administrator or supervisor.
4. Notify the School Safety Communications Center at (562) 997-8101 (School Safety will notify law enforcement).
5. Prepare to evacuate if so ordered by public safety personnel.

##### B. Upon receiving a bomb threat in writing:

1. Immediately notify School Safety Communications Center at (562) 997-8101 (School Safety Communications Operator will notify law enforcement).
2. Avoid any unnecessary handling of the note.
3. Place note in a plastic bag if possible.
4. Give note to the responding law enforcement personnel.

Any questions regarding this guideline should be directed to the School Safety and Emergency Preparedness Division at (562) 997-8446.

Approved: Signature On File  
Thomas W. Hickman  
Emergency Preparedness Manager

Date: October 16, 2001

Ref: Manual Section 8.109

# BOMB THREAT CHECKLIST

Keep This Checklist Near Your Phone

## 1. INITIAL ACTIONS

- Don't Hang Up
- Note Time of Call
- Keep the caller talking

## 2. QUESTIONS TO ASK

- WHICH** building are you talking about?
- WHEN** is the bomb going to explode?
- WHERE** exactly is the bomb?
- WHAT** does the bomb look like?
- WHAT** will make the bomb explode?
- WHY** have you done this?
- WHO** are you?
- WHERE** are you?
- WHAT** is your address and telephone number?

## 3. WHAT TO LISTEN FOR

- VOICE** Accent/Impediment/Tone/Speech/Diction/Manner
- LANGUAGE** Polite/Incoherent/Irrational/Taped/Read/Cut/Abusive
- NOISES** Traffic/Voices/Machinery/Music/Noises on the line
- OTHER** Sex of Caller/Estimate Age

## 4. EXACT WORDING OF THREAT

.....

.....

.....

.....

## 5. POST-CALL

### Person Receiving the Call:

- Complete this checklist
- Notify your School Safety Communications Center
- Hand completed checklist to School Safety/Law Enforcement

### School Safety:

- Notify Police
- Notify any other Emergency Response Officers on site and confirm action.

Time of Call.....Name of Person Receiving Call.....

Duration of Call.....Telephone Number.....

Date.....Signature.....





OFFICE OF THE SUPERINTENDENT  
School Safety and Emergency  
Preparedness

TEMPLATE

## Standard Operating Procedure (S.O.P.)

### 9.104 RESPONDING TO CHILDREN ABANDONED AT THE END OF THE SCHOOL DAY

The Long Beach Unified School District has an affirmative responsibility to care for the children entrusted to us and return them to a responsible adult at the end of each school day. Unfortunately, on occasion children are left at school well after school sessions have terminated. The School Safety Branch, in conjunction with school administrators and local law enforcement, will assist in locating an adult to take responsibility for an abandoned child. Unless there is an emergency, the school administrator and the School Safety Branch will exhaust all available resources to locate a responsible adult prior to contacting the local law enforcement agency with jurisdiction.

To accomplish this goal, School Safety Communications staff are directed to take the following actions:

1. The first contact will be from a school site administrator requesting student emergency information.
2. The School Communications Operator will obtain the SASI System emergency information. This information will be faxed to the school site immediately.
3. The school sites will not re-contact the School Safety Communications Center until after 4:00 p.m. or when they are unable to locate any responsible person to take the child.
4. If the site has exhausted all information at their disposal, the School Communications Operator will dispatch an available unit to assist the site in locating a responsible adult.
5. In extreme cases, the School Safety Branch will assign an employee to help in transporting a child in an attempt to locate someone to take custody.
6. As a last resort, when a child is still at the school site after 6:00 p.m., the local law enforcement agency will be contacted. Complete records of all attempts to locate a responsible adult should be given to the law enforcement officer by the site administrator and an Incident Report should be generated. Leaving a child in these circumstances may be considered the crime of child abuse.

Approved: C Date: October 15, 1998 Charles W. Clark, Chief  
School Safety and Emergency Preparedness

Ref: Manual Section 7.202



OFFICE OF THE SUPERINTENDENT  
School Safety and Emergency Preparedness

**Standard Operating Procedure (S.O.P.)  
for School Sites**

**9.105 EMERGENCY COMMUNICATION RADIOS - KKJZ F.M. 88.1**

The School Safety and Emergency Preparedness Division and Office of Multi-Media Services have developed a system to keep the Long Beach Unified School District sites better informed in case of an emergency or disaster. KKJZ, F.M. 88.1, has been configured to allow the Long Beach Unified School District unrestricted one-way communications to any site which has a pre-set district emergency communications radio.

All sites should include these receivers as part of their emergency communications package (along with cellular telephone, fax suitcase, radio, etc.) to be incorporated into their Emergency Preparedness Plan.

With approval of the Incident Commander/Supervisor at the District's Emergency Operations Center (E.O.C.)/Communication Center, one-way communications will be initiated via the KKJZ frequency. The system will broadcast information to sites regarding pending or in-progress incidents and will be used to keep the sites abreast of any pertinent emergency information. This should alleviate unnecessary use of other communication assets to obtain information.

**3. KKJZ F.M. 88.1 Emergency Communications Procedure**

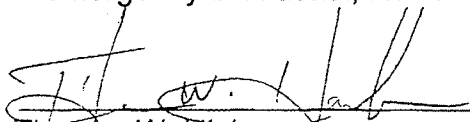
1. Turn on emergency radio (radio is preset to F.M. 88.1).
2. Ensure radio is switched to "MX" position.
3. Monitor radio for emergency information.

**4. Example of Emergency Broadcast**

1. This is a Long Beach Unified School District Emergency Broadcast.
2. Please stand by.
3. The area of (perimeter destination) is locked down due to an (incident), or
4. An (event) has occurred in the (N/S/E/W) area of (Long Beach/Lakewood/Signal Hill).
5. Please perform the following steps:
  - a. Lock Down.
  - b. Deploy Incident Command System.
  - c. Monitor Emergency Radio.
  - d. Any other information, etc.
6. Please continue to monitor this radio.
7. Further emergency broadcast, for tion will be announced every (#) minutes.

Approved:

Date: Feb. 25, 2003

  
\_\_\_\_\_  
Thomas W. Hickman

Emergency Preparedness Manager

Reference: Manual Section 8.104



## Standard Operating Procedure (S.O.P.)

### 9.106 HANDLING COMBATIVE STUDENTS

The School Safety and Emergency Preparedness Division frequently receives requests for guidance and assistance when students are out of control, combative or acting in a bizarre manner. School Administrators may ask School Safety personnel to restrain students. When a student is harming himself or others, there is an absolute duty to control the behavior. Controlling student behavior is primarily a site responsibility and, when feasible, administrators should exercise their own procedures. If the administrator feels the student is a danger to himself or others, School Safety Communications Center should be called immediately at ext. 8101 or (562) 997-8101.

No employee should wait for injury or property damage before restraining a combative student. Restraining a student who is out of control, combative and destructive to property is not Corporal Punishment. In all cases, school district staff should attempt to control the student's behavior **without excessive** restraint or use of force.

Site administrative staff will take the lead in controlling students assigned to their school or program who are exhibiting aggressive, combative or out of control behavior. Some district employees have had specialized training in this area. In these cases, Crisis Prevention/Intervention-trained staff should assist.

The following are general guidelines for controlling students who are exhibiting combative behavior:

1. Site staff who are most familiar with the student should make every attempt to control the student and their behavior. If the number of site staff is inadequate, an administrator should call more site personnel to assist. If possible, personnel trained in Crisis Prevention Intervention should be called to intervene.
2. Site staff should consider calling for mental evaluation personnel such as the Psychological Evaluation Team (P.E.T.) of Los Angeles County. The P.E.T. Team can be accessed by calling the following phone numbers:
  - a. **310-618-9687**: Area #8 South Bay Region stationed at Harbor General Hospital. This unit will respond to "house calls" during normal working hours daily. They operate on a priority basis with suicidal/homicidal patients having first priority. Depending on workload, their response time may vary.
  - b. **800-854-7771**: P.E.T. response for after hours, holidays, and weekends.
  - c. Assistance may also be obtained from Long Beach Mental Health at **562-599-9280**. The Long Beach Mental Health Unit does not make "house calls" but can give advice over the phone.
3. The site administrator should consider if site staff can alleviate the problem by administering prescribed medication.

4. School Safety staff should immediately evaluate several factors in assisting site personnel with out-of-control student behavior such as:
  - a. If a crime is being committed, local law enforcement should be called **immediately**. While waiting for law enforcement to respond, the student should be detained by site staff and School Safety staff using minimum force. School Safety staff should ask site personnel the following clarifying questions:
    - 1) "Has anyone been injured?"
    - 2) "Has the student destroyed or damaged property?"
    - 3) "Do you want the student arrested for this behavior?"
  - b. If a crime is being committed, inform the student immediately, "If you do not stop what you are doing, you will be arrested."
  - c. Local law enforcement should be called immediately if the student, as a result of a mental disorder, is a danger to himself, others or is gravely disabled as described in Section 5150 of the Welfare and Institutions Code. School Safety staff should assist the site personnel in detaining the student.
  - d. If the student is violently destructive to him/herself or to site personnel, assist staff in controlling the student with the minimum use of force.
5. If a crime has not occurred and the situation is not a law enforcement problem, the student should be removed from the school site as quickly as possible.
6. Site administrators are to consider the following actions:
  - a. Call parents or guardians to remove the child immediately.
  - b. If parents or guardians are unavailable or unable to respond in a reasonable period of time, consider transporting the student to a responsible adult as soon as possible

Several transportation options are:

- 1) Site personnel transports the student.
  - 2) School Safety staff transports the student. If this option is used, site staff will accompany School Safety personnel during the transport.
  - 3) Law Enforcement transports the student.
7. When the incident has been concluded, site staff will file a mandatory Incident Report with Attendance Services. School Safety staff will file a detailed Incident Report. If law enforcement action has been taken, appropriate report numbers will be detailed in these reports.

Approved: Charles W. Clark, Chief  
School Safety and Emergency Preparedness  
December 20, 2001



## Standard Operating Procedure (S.O.P.)

### 9.107 EMERGENCY LOCKDOWN PROCEDURE

**Authority:**

Education Code Section 35294 – Schools are responsible for ingress and egress.

**Definitions:**

Attendance Area – Geographical area where students attend school. Transportation Branch prepares maps which show the area of student attendance for each site.

Lockdown – To "Shelter in Place" in response to an internal or external event which places students and staff at risk of exposure to injury or death.

Perimeter – Geographical area to which an event or emergency is confined.

Receiving School – A site that has students bussed from "sending schools" in other geographical areas of the district to attend school daily. The students are returned to their "sending schools" at the end of the day.

Sending School – A site where busses pick up students close to their home to transport to "receiving schools". Students are returned to their "sending school" at the end of the school day.

#### I. LOCKDOWN PROCEDURES

A. School-Site Initiated

An administrator can initiate "Sheltering in Place" at any time when:

1. There is a perceived threat.
2. The site is notified of a threat.
3. There is an actual event/emergency/disaster.

B. Notification Of Lockdown Or Shelter In Place:

1. School Safety Communications Center – Ext. 8101
2. Superintendent – Ext. 8242
3. Deputy Superintendent – Ext. 8034
4. Asst. Superintendents - Elem. (x8247), Mdl. (x8100), H.S. (x8114)
5. School and Community Relations Office – Ext. 8250
6. Transportation Branch Dispatch – Ext. 1515 or 426-6176
7. Business Services Office – Ext. 1530
8. Catholic Archdioces, Area 20 – (562) 432-5946

#### II. AREA LOCKDOWN OF SCHOOL SITES

A. Other Agencies Who May Notify School Sites:

1. LBUSD School Safety Branch
2. Police/Sheriffs
3. Long Beach/L.A. County Fire Departments
4. Air Quality Management District
5. Other emergency service entity/agency

**B. Area Lockdown Procedure**

1. All schools within a specific area perimeter identified.
2. All schools within police/sheriff geographical reporting districts.
3. Schools likely to be affected by conditions (i.e. down wind from haz-mat spill).
4. Schools in attendance area of event/emergency
  - a. Children who live within perimeter area
  - b. Children bussed into or out of perimeter area
  - c. Children who attend school in perimeter area

**III. LOCKDOWN RESPONSIBILITY****A. School Sites Involved in Lockdown will:**

1. Implement Incident Command System.
2. Protect students, staff and facilities.
3. Prepare for instructions on student security.
  - a. Receiving school is always responsible for the student until they reach home.
4. Prepare for instructions on student movement .
  - a. Receiving school may be requested to staff sending school during a lock-down event to release students to responsible adults.
  - b. Receiving school may be directed to bus students out of a lockdown perimeter by the Transportation Branch.
5. Sending schools may receive bussed students during a lockdown.
  - a. Students will be held until released by the Transportation Branch.
  - b. If additional staff is necessary, receiving schools will be contacted.
  - c. If further staffing is necessary, a "Safety Team" will be activated.

**B. School Safety and Emergency Preparedness Division will:**

1. Provide communication between all agencies during lockdown.
2. Provide assistance to any agency or school site during lockdown.
3. Provide windshield survey checking all schools in lockdown area when needed.

**C. Transportation Branch will:**

1. Activate a Department Operations Center to coordinate student movement.
2. During a hostile moving event, busses will park and "Shelter in Place" or go to nearest school site.
3. During a major event or disaster, the receiving school will be notified to:
  - a. Hold students until directed to release.
  - b. Release students to Transportation Branch to be bussed to sending school.
4. Kindergarten classes may be held at the receiving school until an area lockdown is cleared.
5. Advise all agencies of attendance area and bus routes.
6. Provide on-site instruction and direction and windshield surveys of situations.

Approved: Charles W. Clark

Chief of School Safety and Emergency Preparedness

Ref: Manual Section 8.103



## Standard Operating Procedure (S.O.P.)

### 9.111 EMERGENCY PROCEDURE FOR SCHOOL-SITE SHOOTINGS

Recent events involving shootings on school campuses have increased awareness of the potential threat that exists on every school campus throughout the United States. Although the possession of firearms on or around our schools is relatively rare, the increase in firearm availability and the rise in violence as a means of dealing with everyday social problems dictates the need for a procedure to deal with violent events of this nature.

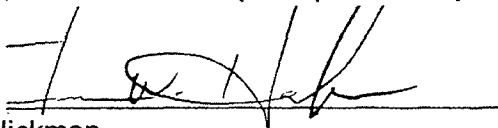
#### A. If a Shooting Occurs:

1. **CALL 911.** Identify your school site and exact location. Remain calm and answer the operator's questions.
2. Instruct students to drop to the ground immediately, laying face down as flat as possible. If within 15-20 feet of a safe place, cover, duck and run to it.
3. Move or crawl away from gunfire, utilizing obstructions between you and the gunfire. Be aware that many places you hide behind may not be bulletproof.
4. Go inside or behind a building and stay down.
5. When you reach a location of relative safety, stay down and do not move. Do not raise your head in an effort to see what is happening.
6. If possible, notify the school principal of the situation.
7. Wait and listen for directions from law enforcement officers.

#### B. If Suspect is Outside:

1. Duck and cover. Keep students inside the classroom and down on the floor. Move behind available cover inside the classroom.
2. Close and lock the classroom door if possible. Do not peek out the door or windows to see what is happening.
3. If possible, call the school principal and report location of the assailant.

Approve .

  
Thorn W. Hickman  
Emergency Preparedness Manager

Date: March 9, 2001



OFFICE OF THE SUPERINTENDENT  
School Safety and Emergency Preparedness

**Standard Operating Procedure (S.O.P.)**

**9.121 GUIDELINE FOR BARRING DISRUPTIVE PERSONS FROM SCHOOL SITES**

The following guideline is prepared to assist site administrators in dealing with disruptive persons who interfere with the normal course of business at school sites. Numerous laws and regulations give the site administrator the absolute right to insist on good order on their campus. This guideline lists the steps necessary to bar disruptive persons from the campus.

**Definitions:**

**Common Area** - A legal term to define where routine business is conducted in the school office. The common area would include the walkway to the office from the sidewalk and the area at the counter in the office. The common area does not include any offices behind the counter such as the principal, nurse or counselor's office. This area was defined to separate a common area (the office) from those areas where the educational process takes place (classrooms, hallways, auditoriums, cafeterias, etc.). An officer will use different probable cause for arrests in "common areas" than that used in "educational areas".

**Posting** - A legal term requiring all schools to post certain information in a place where people can see the posted signs from the sidewalk. Schools are required to post certain instructions, such as "behavior that is legal on campus" and "instructions to all visitors to report to the office before conducting business on the site". The Maintenance Branch Paint Shop has appropriate approved signs available for "posting".

A. Important facts to remember are:

1. No person has the right to interfere with the orderly delivery of instruction.
2. Parents and guardians have a constitutional right to participate in the education of their children.
3. A parent's right is at all times tempered with the need to preserve order and tranquility at their children's school.

B. Parents and guardians who have been restricted from their children's school site can only legally remove children for the following reasons:

1. Disciplinary situations
2. Medical attention
3. Family emergencies

The restricted parents/guardians can only enter the "common area" or school office to request release of their children. They will not be allowed in other areas of the site.

C. In all cases of conflict, the District desires a positive outcome for all parties involved. If a parent/guardian or other person causes a systematic disruption of the educational environment, their access onto the school site will become limited and/or restricted. Administrative authority to restrict access is clearly identified in the California Education and Penal Codes.



The following are general guidelines for dealing with parents/guardians who are disruptive to the educational process on school sites. Although other individuals can be disruptive at times, parents/guardians usually cause the most problems.

1. When staff reports that a person is disruptive to the educational environment, that person should be **immediately** escorted to the school office. The school office is considered a "common area" where public business is conducted. An administrator will talk to the reported offender to determine if a productive solution can be found for the problem. The school's "Visitor Log-In Book" should be checked to see if the individual signed in. If not, the disruptive person will be informed that **all visitors to the campus are legally required to report to the office** prior to entering the campus for any reason. This discussion should be conducted as firmly as possible to convince the person that any disruption will not be tolerated.

In all cases, if the disruption is extreme or involves any threat of violence, the School Safety Division Communications Center should be called immediately at extension 8101. Also, if appropriate, call local law enforcement at 911. An Incident Report about the problem **will** be filed by the site administrator.

If the situation is not resolved on the first encounter, documentation will be prepared to track the problem behavior. This documentation is essential should the problem escalate and enforcement action (**an arrest**) is necessary. The administrator will consider some of the following steps as he/she attempts to resolve the problem.

- a. Meet with the parent/guardian and school staff and attempt to resolve the problem. Set up a specific set of guidelines to govern behaviors while the person is on campus.
- b. Consult with the School Safety Division regarding the behaviors exhibited by the disruptive person. By making the School Safety Division aware of the situation, it helps guarantee a more rapid response if there are continuing problems.
- c. Send a "**stay away letter**", or legally described "**626 letter**", which is designed to require a meeting prior to the disruptive person being allowed back on the school site. A sample of this letter is attached to this S.O.P. Send copies to the Superintendent, appropriate Deputy/Assistant Superintendent, Legal Services Advisor and Chief of School Safety. The meeting required in the "626 letter" process accomplishes the following objectives:
  - (1) Requires the person to always report to the office, sign in and contact an administrator prior to conducting business at the site. Remember the office is a "common area" for conducting business.
  - (2) Forbids the person from going directly to a classroom or playground without being escorted.
  - (3) Discusses the specifics of the person's disruptive behavior and advises them that they can be **arrested** for violations of Section 626 of the Penal Code.
  - (4) In cases of extremely disruptive behavior, a monitor from the School Safety Division may be assigned to assist the disruptive person with their interaction at the school site.
  - (5) The 626 letter is canceled in 14 days. This legal mandate does not relieve the disruptive person receiving the letter from obeying some fundamental rules and conditions of access after the 14 days. These would include:
    - (a) Required reporting to the office or "common area" to sign in prior to conducting business on site.
    - (b) Calling and making an appointment prior to arriving on site.

- (c) Never going directly to a classroom or playground without an escort. Remember outside of the office is not a "common area". Thus, a classroom or auditorium is not a "common area" and the offender can be forbidden access to this area.
  - (d) All behavior while at the school site must be appropriate as defined by the site administration.
- (6) The 626 letter is one of the last efforts made by staff to avoid possible stricter enforcement action (**arrest**).
3. If all efforts have been unable to resolve the behavior, then the appropriate Assistant/Deputy Superintendent Office should be notified. The Legal Services Office should be contacted only with prior approval of the Assistant/Deputy Superintendent.

Please consult with the School Safety and Emergency Preparedness Division at ext. 8203 for further assistance and/or information.

**The following California Code Sections will help you evaluate the extent of your authority when dealing with a disruptive person.**

Education Code:

- 32210 – Disturbing schools
- 32211 – Trespassing (school access)
- 44810 – Person on school grounds, 16 or older, willful interference

Penal Code:

- 415- Fighting, noise, use of offensive words (challenging to fight)
- 415-5 Disturbance of peace of school
- 626-2 Unauthorized entry, dismissed employee or student
- 626-6 Committing an act likely to interfere with peaceful activities
- 626-7 Failure to leave campus, wrongful return penalties (Revised 1/2004)
- 627.4 – Refusal or revocation (allows admin. to refuse access)
- 627.7 – Misdemeanor, to refuse to leave on request

Approved: Charles W. Clark, Chief of School Safety (January 27, 2004)

**SAMPLE "626" LETTER**

*(This letter is in digital format, If you need a digital copy, call School Safety at 997-8205 and a it will be sent to you via electronic mail.)*

**Your School Logo School  
Address**

(Date)

Certified U.S. Mail  
Return Receipt  
Requested

(Name of Person Causing Disruption)  
(Address)  
(City, State, Zip Code)

Re: Disruptive Conduct at \_\_\_\_\_ School on \_\_\_\_\_ (Date)

Dear \_\_\_\_\_ of \_\_\_\_\_  
Disruptive Parent/Person Name(s) of Student(s)

On (date and time of disruption), your actions disrupted the educational environment of (name of school). You were (describe as specifically as possible):

1. Rude and annoying during a phone call (describe behavior/language on phone).
2. Rude, loud and disrespectful on the campus (describe behavior/language). Remember "common area" definition. Probable cause for arrest is different in the "common area".
3. Using vulgar unacceptable language to students and staff (describe).
4. Confrontational and challenged people to fight with you (describe).
5. Slammed doors or caused damage to the site and LBUSD property (describe).
6. Appeared to be under the influence of drugs or alcohol.

Your conduct is a continuation of incidents which are unacceptable for the peaceful educational environment of (name of school). School administrators have attempted to assist you with resolving the problems. However, your conduct has reached a point where it can no longer be tolerated. Students and staff have witnessed your behavior and heard your language as you were in close proximity to them.

Based on the above information, I am withdrawing your permission to be unsupervised while at (name of school). Until further notice, you will be required to report to the office and to be accompanied by school staff while at (name of school). I will meet with you to discuss this matter. Please make an appointment by calling the school secretary at (school phone number) to meet with me to discuss this matter.

Hopefully, a resolution can be reached to stop your disruptive behavior and allow you normal access to (name of school). This is in the best interest of both you and your children.

**Should you choose to violate this notice, you will be subject to criminal charges which may be filed under California Penal Code Sections 415.5 and 626 and following. These charges could result in your arrest for violations of the Penal Code.**

Sincerely,

School Principal

c: Superintendent  
Assistant Superintendent (Elem. or Mdl. & K-8) Legal  
Services Advisor  
Chief of School Safety



OFFICE OF THE SUPERINTENDENT  
School Safety and Emergency  
Preparedness

### Standard Operating Procedure (S.O.P.)

#### 9.123 REPORT OF ASSAULT ON SCHOOL EMPLOYEE BY STUDENT

- A. A school district employee who is assaulted by a student must do the following as soon as possible:
  - 1. Report the incident to the school principal or site administrator.
  - 2. Call the LBUSD School Safety Communications Center at ext. 8101.
  - 3. Call their local law enforcement agency (phone numbers are listed below).
  
- B. Education Code Section 44014 (a) states in part that "Whenever any employee of a school district...is attacked, assaulted or physically threatened by any pupil, it shall be the duty of the employee, and the duty of any person under whose direction or supervision the employee is employed...who has knowledge of the incident, to promptly report the incident to the appropriate law enforcement authorities of the county or city in which the incident occurred. Failure to make the report shall be an infraction punishable by a fine of not more than one thousand dollars (\$1,000.00)."
  
- C. The report to law enforcement is mandatory. Compliance with school procedures does not exempt a person from making a report to the local law enforcement. No sanctions shall be taken against any employee for reporting the incident. It is a misdemeanor for any school district employee to impede the making of such a report. Whether or not the employee presses charges is a separate issue to be decided by the employee.
  
- D. The appropriate law enforcement agency to be called is based on the location of the incident, as follows

Long Beach	(562) 435-6711	Signal Hill	(562) 436-7311
Lakewood	(562) 866-9061	Avalon	(310) 510-0174

Approved: Charles W. Clark, Chief (March 12, 2004)  
School Safety and Emergency Preparedness



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>SEXUAL HARRASSMENT</b>	
Effective Date: 07.01.06	Policy # 020

**Policy:** Each Partner Agency must have a policy and related training regarding the prohibition of sexual harassment that comply with state and federal law.

**Purpose:** To clearly communicate the definition of and consequences related to sexual harassment.

**Procedure:**

1. Partner Agency acquires or develops materials for training and communicating legal definitions and consequences relating to the prohibition of sexual harassment.
2. Partner Agency offers mandatory training for all staff members.
3. Agendas and Sign-In Sheets (with name, date and signature of those in attendance) for the trainings must be maintained by the Partner Agency.

**Source:** Federal Law, Title IX  
Federal Law, Title VII  
California AB 1825

**Reference:** The Facts About Sexual Harassment brochure (Department of Fair Employment and Housing)



The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

An employer might avoid liability if

- the harasser is not in a position of authority, such as a lead, supervisor, manager or agent;
- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

### Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within one year of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement

- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see DFEH publication 159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at (800) 884-1684

TTY number at (800) 700-2320 or visit our web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

*In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.*



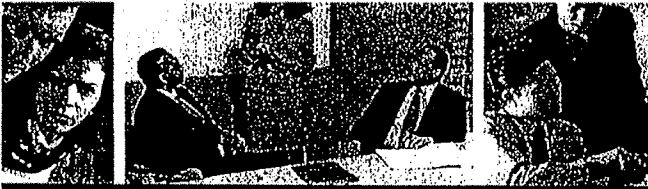
State of California  
Department of Fair Employment & Housing

## Sexual Harassment

### The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

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### *Employers' Obligations*

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
  - Fully inform the complainant of his/her rights and any obligations to secure those rights.
  - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
  - Take prompt and effective corrective action if the harassment allegations are proven. The employer must take

appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the complainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH 162) in the workplace (available through the DFEH toll-free number [800] 884-1684 or web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**
- All employees should be made aware of the seriousness of violations of the sexual harassment policy. Supervisory personnel should be educated about their specific responsibilities. All employees must be cautioned against using peer pressure to discourage harassment victims from complaining.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

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### *Employer Liability*

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and nonsupervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a nonemployee (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the nonemployee.



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>CHILD ABUSE REPORTING</b>	
Effective Date: 07.01.06	Policy # 021

**Policy:** All LB WRAP staff members will be trained in Child Abuse Mandated Reporter Training.

**Purpose:** To ensure that all staff members can identify and respond appropriately to any and all suspicious acts of child abuse.

**Procedure:**  
Each Partner Agency will coordinate with the LB WRAP Management Staff for comprehensive training on state-mandated Child Abuse Reporting requirements. Training modules are also available on-line at <http://www.sonoma.edu/cihs/mr/docs/traingen.html>

**Source:** California Penal Code, Section 11166

**References:**  
LBUSD Child Abuse Reporting Requirements  
<http://www.sonoma.edu/cihs/mr/docs/traingen.html>

**Forms**

**Used:** DOJ Child Abuse Report Form (triplicate copies may be obtained from any elementary, middle or high school office)





## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

#### Child Abuse Reporting Requirements

Effective January 1, 1985, all school employees must acknowledge that they are aware of the provisions of Section 11166 of the California Penal Code. This section requires: Any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency 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 victim of child abuse to report the known or suspected instance of child abuse to a child protective agency and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers; licensed workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or, probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists or any other person who is licensed under Division 2 (commencing with section 500) of the Business and Professions" Code:

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other conditions; coroners, paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine or treat children.

Section 11172 (b) of the California Penal Code requires:

Any person who fails to report an instance of child abuse which he or she knows exists or reasonably should know exist, as required by this article, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars (\$1000) or both.

It is the responsibility of the employee to report suspected or actual child abuse in accordance with district procedures designed to facilitate the reporting process developed in the Long Beach Unified School District. These procedures are outlined in the Deputy Superintendent's bulletin "Reporting Suspected Child Abuse" dated September 1997. Employees should contact their immediate supervisor for further information.

# SUSPECTED CHILD ABUSE REPORT

To be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

A. Case  
Identification

To be completed by Investigating CPA  
Victim Name \_\_\_\_\_  
Report #/Case Name \_\_\_\_\_  
Date of Report \_\_\_\_\_

**SAMPLE: This is a triplicate report form that  
can be obtained from any elementary, middle or  
high school office.**

<b>B. REPORTING PARTY</b>	NAME/TITLE		REPORTING PARTY
	ADDRESS		
	PHONE ( )		

<b>C. Report Sent to</b>	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFFS OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION			
	AGENCY	ADDRESS		
	OFFICIAL CONTACTED	PHONE	DATE/TIME	

<b>PARENTS</b>	NAME (LAST, FIRST, MIDDLE)		ADDRESS		BIRTHDATE	SEX	RACE
	PRESENT LOCATION OF CHILD						PHONE
	NAME	BIRTHDATE	SEX	RACE	NAME	BIRTHDATE	SEX RACE
	1.				4.		
				5.			
				6.			

<b>PARENTS</b>	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	SEX	RACE	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	SEX	RACE
	ADDRESS				ADDRESS			
	HOME PHONE	BUSINESS PHONE			HOME PHONE	BUSINESS PHONE		

<b>E. INCIDENT INFORMATION</b>	<i>IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX.</i> <input type="checkbox"/>	
	1. DATE/TIME OF INCIDENT	PLACE OF INCIDENT (CHECK ONE) <input type="checkbox"/> OCCURRED <input type="checkbox"/> OBSERVED
	IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:	
	<input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION	
	2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER	
3. NARRATIVE DESCRIPTION:		
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:		
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:		

**INSTRUCTIONS AND DISTRIBUTION ON REVERSE**

SS 8572 (REV. 7/87)

**DO NOT submit** a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is **NOT** unfounded.



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>RECREATION SAFETY</b>	
Effective Date: 07.01.06	Policy # 022

**Policy:** Partner Agencies must coordinate their recreation safety guidelines and rules with those of the LBUSD and/or specific school site (see attached Excerpts from the LBUSD Recreation Guide).

**Purpose:** To allow students and staff to practice uniformly enforceable recreation safety guidelines and rules.

**Procedure:**

1. Using the LBUSD Recreation Guide, the LB WRAP staff will enforce:
  - a. General Safety Rules
  - b. Equipment Safety Rules
  - c. Game Section
2. LB WRAP staff may choose to attend an LBUSD New Recreation Aide Training meeting. Meetings are held monthly. Reservations can be made by calling 562/997-8331.
3. In addition, WRAP staff will enforce any special recreation rules determined by the school.

**Source:** School Recreation Supervisor, LBUSD

**Resources:**

Guide to Duties and Responsibilities for Elementary/K-8/Middle School  
Noon Recreation Leaders/Aides (excerpts)  
LBUSD New Recreation Aide Training



OFFICE OF SCHOOL RECREATION  
1515 Hughes Way  
Long Beach, CA 90810 (562) 997-8333

*Excerpts from:*

**GUIDE TO DUTIES & RESPONSIBILITIES  
FOR  
ELEMENTARY/K-8/MIDDLE SCHOOL  
NOON RECREATION LEADERS/AIDES**

Revised January, 2003

Jodi Metz  
School Recreation Supervisor

Terrie S. Noris  
Certified Playground Safety Inspector

Distribution authorized:  
Karen DeVries, Assistant Superintendent  
Elementary Schools

## GENERAL SAFETY RULES

1. All games should be approved and played in appropriate areas.
2. Children should always stand clear of red marked danger areas near softball diamonds when a game is in progress. (Do not throw bats!)
3. All games should be appropriate to the grade level of the participants (e.g. softball is not recommended below the fourth grade).
4. All playground activities must be supervised.
5. The best safety policy is good instruction and supervision.
6. Bicycles must be "walked" across the grounds, no part of the body touching the bike except the hands.
7. Bicycles must be parked in racks and locked. Children should not play around the racks.
8. Climbing is not permitted on tables, benches, buildings, trees, installations or fences.
9. Dogs are not allowed on the playground. Send for the custodian.
10. Red Lines – Children should stand clear of the red marked danger areas near the ball diamond when a game is in progress.
11. Red and Yellow Lines – Children should not play between the red or yellow restraining lines and the building.
12. Roller skates. tricycles. scooters. skateboards. anything with wheels are not to be used on playground. They will be put in ball shed until child leaves.

As stated earlier these are general rules. Specific rules for each school should be obtained from each principal and followed closely.

## SUGGESTIONS FOR TEACHERS

1. Everyone connected with the school (teachers, aides, VIPS, recreation leaders, etc.) should follow the same safety rules.
2. Assemblies on safety are beneficial. The video "Playing it Safe" should also be shown.
3. Walk your class through a safety course on the playground.
4. Remember the best safety policy is good instruction and constant review of playground rules.

## EQUIPMENT SAFETY RULES:

**Upper Body Apparatus – Straight or Curved Design** [Equipment designed to support a child by the hands only (e.g., Sky Wheels, Horizontal Ladders, Horizontal Loop Ladders, Serpent Trek Ladders, Horizontal Rail, Trapeze Ring Ladders, etc.)]

**Should:**

- Proceed in the same line of direction when traveling across the equipment.
- Wait to start until the prior user is halfway across the equipment.

**Should Not:**

- Sit, stand, walk or climb on the top of the apparatus.
- Play on the surface under the structure.

**Upper Body Apparatus – Circular Design** [Equipment designed to support a child by the hands only (e.g. Orbit Ladder, Wild Goose Loop Ladder, Wild Goose Trapeze, etc.)]

**Should:**

- Proceed to the right (all users will be moving counter-clockwise).
- Wait to start until the prior user is halfway to the next exit/entry point.

**Should Not:**

- Sit, stand, walk or climb on the top of the apparatus.
- Play on the surface under the structure.

**Climbers with Slide Poles:**

**Should:**

- Have both hands in contact with the climber.
- Grasp the slide pole with both hands before beginning to move off of the take-off platform.
- Keep both hands/arms and legs wrapped around the pole during descent.
- Wait until all prior users have cleared the area before sliding down the pole.

**Should Not:**

- Hang by the knees, stand on the top, or jump from the climber.
- Interfere with other users while climbing.
- Interfere with other users who are sliding down the poles.
- Run or play games, such as chase, tag, or train, on or under the climber.
- Play on the surface within the climber or near the base of the slide poles.

**Slides:**

**Should:**

- Climb up the ladder, one step at a time, one child at a time.
- Slide down in a seated position, feet forward.
- Line up at the base of the ladder, one child on the ladder at a time.

**Should Not:**

- Play under the slide structure.
- Use the slide as a climbing structure.
- Hang feet over the side of the slide.
- Slide down in any other position than seated, facing forward.
- Place objects or materials on the slide, such as toys or sand.
- Use jackets or other clothing items as toboggans to increase speed of descent.
- Walk up the slide chute.

**Chin Bars:**

**Should:**

- Grasp bar with both hands
- Use overhand, reverse or mixed grip.
- Conduct pull-ups, chin-ups

**Should Not:**

- Stand on the bars or attempt to jump from them.
- Hang by the knees or perform "death drops" or other stunts where the hands are not in contact with the bar.

**Horizontal Bar** (less than 45 inches above the surface protection material):

**Should:**

- Stand facing the bar, grasp it and turn forward.
- Place one leg over the bar, grasp the bar, and turn forward or backward.
- Straddle the bar, grasp it and turn in either direction.

**Should Not:**

- Sit on the bar in a straddle position only.
- Stand on the bar.
- Hang by the knees or perform "death drops" or other stunts where the hands are not in contact with the bar.

**Geodesic Dome Climber** —\_Note: Restrict use to fourth and fifth grade students

**Should:**

- Have at least two body parts (one of which must be a hand) in contact with the climber at all times.

**Should Not:**

- Swing or drop from any spot above the painted red line (fourth horizontal bar).
- Push others or wrestle while on the dome.
- Stand on the top bars of the dome.
- Play running games, such as chase, tag or train, on or under the climber.
- Play on the surface under the dome.
- Play "King of the Hill."

## **GAME SECTION**

### **BAT AND BALL**

1. Balls should be kicked only where ample space is available. Kicking is restricted to the utility or soccer ball only.
2. Volleyballs, basketballs, and red rubber bounce balls are not to be kicked. They are to be used in the appropriate games.
3. Bat handles are to be taped. Bats must be watched for cracks and worn places. (Test the bats periodically for cracks).
4. Bats are not to be swung except in approved areas
5. Bats are not to be thrown. (Show students the proper way to drop the bat before running the bases.)
6. Masks must be worn by the person catching or umpiring behind the batter.
7. Umpires should stand behind the pitcher.

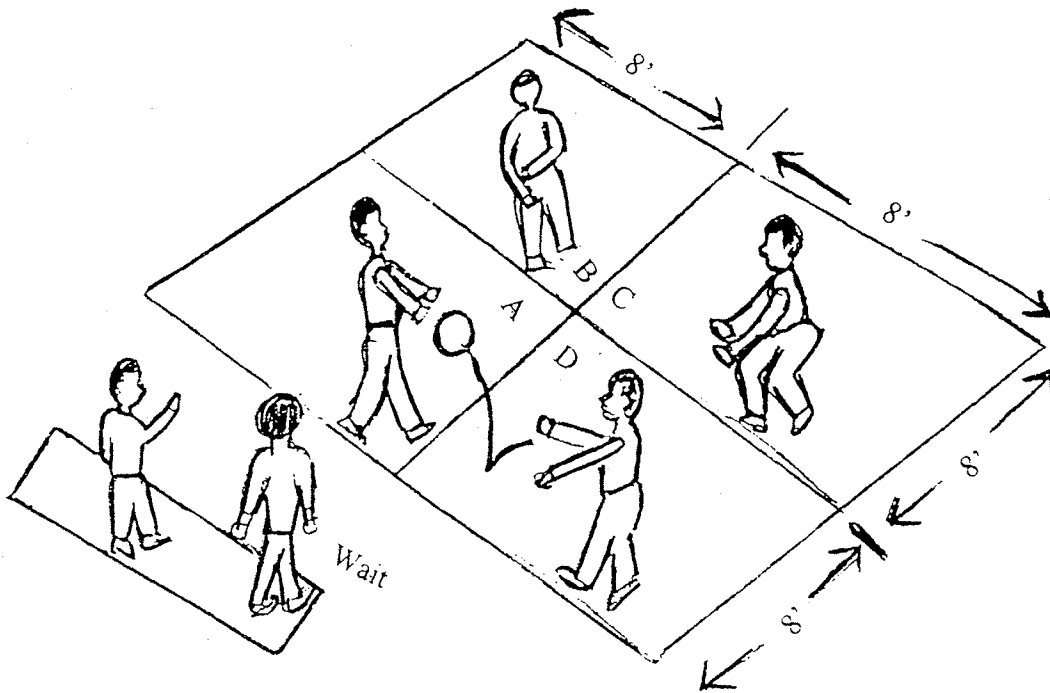
### **GAMES**

#### **DEFINITION**

Games of low organization or those games requiring little, if any, organization, or games that can be presented quickly with minimal instruction.



## FOUR SQUARE RULES



### Skills to be developed:

To bounce serve a ball  
To return a ball after it has bounced once in a square

Supplies: Volleyball or 9 inch rubber ball

Area: Four squares court ® as indicated above

Number of Players: 4 players, one for each square. Not more than 2 players should wait for a turn on any court.

### Rules:

1. The object of the game is to advance to square A and stay there as long as possible.
2. The rotation of players is from D to C to B and finally to A.
3. The game is always started by D who bounce serves the ball to any one of the other players. The serve may be made with one or both hands. If the serve is unsuccessful, the player is "down" (goes out of the game).
4. The player whom the ball was served returns the ball to any of the other three squares after one bounce.

5. The play is continued until a player commits one of the following violations:
  - a. The ball lands on a line or out of the court area.
  - b. The ball is hit with the fist.
  - c. The ball hits a player in another square. In this case the player who is hit down, and not the player who served the ball.
  - d. Momentarily holds the ball (stickies).
6. When play is stopped because of a violation, the player committing the violation goes down to D, while the other players move up in regular rotation. When the violation is on player D, he/she is out of the game and takes his/her place at the end of the waiting line. The first person in the waiting line becomes the player in square D.
7. Scoring: None.

#### Teaching Suggestions:

1. Players should use the underhand toss rather than the bounce serve when learning the game.
2. Caution children not to hit the ball hard. Emphasis should be on placement.
3. Children should not form teams while playing.

#### Game Variations:

1. When a player commits a violation, he/she goes only to the next lower square instead of going to square D.
2. Any player committing a violation, he/she goes to the end of the waiting line. All other players move one position forward. This variation is recommended when more than two players are waiting to play.
3. All players must serve and play the ball to the next higher square.

Thus, the ball goes from D to C, to B, to A, to D, etc.

4. A player may not return the ball to the square from which it came.
5. Sixth grade children may volley the ball from player to player without allowing it to touch the ground.

(Above rules adapted from Four Squares Rules, p. 241-2, Physical Education Teaching Guide, Grades 3, 4, 5, 6; Los Angeles City Schools.)

## KICK BALL RULES

Number of Players: Two teams with 10 or fewer players on each team (no less than eight).

### Rules:

1. Both feet must be within the restraining square. The plant foot must be inside the restraining square at all times.
2. The players on the kicking team should be numbered consecutively and sent to kick in that order.
3. The kicking team:
  - a. Remains seated on the kicker's bench outside of diagonally marked red safety zone, or remains behind the red-painted 4" safety line and off the playing field.
  - b. Kicking rotation continues each inning where it left off the previous inning.
  - c. Team may only kick through order once per inning or 3 outs, whichever comes first.
4. The kicker:
  - a. Stands anywhere within the kicking restraining square and tries to kick any ball that rolls into the kicking zone.
    - (1) The ball is delivered by the pitcher while standing on the pitching line.  
(Summer rule only – each coach will pitch to their own kickers.)
  - b. Goes to first base when he/she kicks a fair ball.
  - c. Is out when he/she:
    - (1) Is thrown out at first base.
    - (2) Is tagged with the ball before reaching first base.

Note: A fielder may not throw the ball at the runner in an attempt to put him/her out.

    - (3) Kicks a fair or foul ball that is caught on the fly.
    - (4) Does not have supporting foot inside the kicking zone while kicking.

- (5) Fads to kick a ball in play after four (4) pitches.

5. The base runner:

a. When traveling the bases:

- (1) May advance to the next base (at his/her own risk) after a fly ball is caught.
- (2) Must advance to the next base when forced to do so by the kicker becoming a base runner.
- (3) May advance only one base on an overthrow (at his/her own risk).
- (4) No stealing allowed.

b. Is out when he/she:

- (1) Leaves the base before the ball is kicked (no lead offs).
- (2) Is forced to run to the next base and does not arrive before a fielder with the ball in his/her possession touches the base.
- (3) Leaves the base before a fly ball is caught and a fielder tags him/her or that base before he/she returns.
- (4) Is hit by a "kicked" ball.
- (5) Intentionally interferes with a member of the fielding team in the act of recovering the ball.
- (6) Is tagged by a fielder with ball in his/her possession when off base.
- (7) Fails to touch base while running and the fielder tags him/her or that base before he/she returns.
- (8) Passes another base runner.

6. The defensive team:

- a. May play 10 fielders.
- b. Must remain behind the defensive restraining line until the ball is kicked.
- c. Each player must play at least one inning defensively in the field.

7. Length of the game:

- a. Five innings, or one hour. The game may be terminated at any time by mutual agreement of coaches.
- b. When there is not sufficient time to play a complete game, the score reverts to the last complete inning score (the score after both teams have been up the same number of times).

8. Scoring:

A run is made by the kicking team each time a member of that team circles the bases and returns home safely.

**Note:** Refer to the Official Softball Rules in Situations not covered by the above.

## TETHERBALL RULES

### EQUIPMENT

The tetherball pole should be ten feet in height. On the top of the pole a three and one-half foot chain should be attached. A snap hook should be fastened to the end of the chain in order that the tetherball, on a three and one-half foot rope, may be easily removed. The tetherball, now hanging on a chain and rope, should be at least three feet above the ground.

NOTE: For primary grade use, the rope may be extended so that the bottom of the ball hangs two feet six inches above the ground.

### COURT

The court is a circle twenty feet in diameter crossed by two lines which meet at the center at an angle of sixty degrees (see diagram).

### PLAY

The player who serves first is chosen by lot. After the first game the winner serves first. One player stands in each playing zone. The server starts the game by tossing the ball into the air and striking it with his/her hand or fist in the direction he/she chooses. His/her opponent may not strike the ball until it passes him/her on its second swing around the pole. As the ball travels, each player tries to hit it in an effort to wind the rope completely around the pole. The player, who first winds the rope completely around the pole above the foul line and in the direction of his/her play, wins the game. During the game each player must remain in his/her own playing zone.

FOULS The following are fouls:

1. Hitting the ball with any part of the body other than the hands or forearms.
2. Stopping continuous play by holding or catching the ball.
3. Touching the pole with any part of the body.
4. Interfering with the progress of the game by hitting the rope with forearm or hands.
5. Playing the ball while standing outside of the playing zone.
6. Stepping on the neutral zone lines.

7. Throwing the ball.
8. Winding the ball around pole below foul mark (five feet above ground).

Note: It is recommended that this rule not apply to primary children playing tetherball.

### SCORING

The game is won by the player who first winds the rope completely around the pole or by forfeit because of a foul committed by his/her opponent.

### PENALTY

A player who commits any of the fouls listed above forfeits the game to his/her opponent. Play stops immediately after a foul has been committed.

### VARIATIONS

In team play with eight or fewer on each team player is allowed to hit the ball five times. A point is scored by the team whenever a member wraps the rope completely around the pole. The member of the other team then puts it back into motion by hitting it. An umpire should keep an accurate account of the times the ball is hit by each player.

A set consists of winning four out of seven games.

## HANDBALL RULES

### THE GAME

Handball is played by striking a ball with the hand so that it hits a wall or walls. The front wall is the main playing surface. The ball is hit alternately by opposing players or players on opposing doubles teams. On all points, the ball must hit the front wall, regardless of what other walls it hits, and must be returned by the opponent before it strikes the floor the second time. Points are scored only by the server. The first to score 21 points win the game. Two, three, or four people can play in singles, three-handed, or doubles competition.

### THE ONE-WALL GAME

In elementary schools, the one-wall singles game is recommended. The basic rules are:

1. The server must stand in the serving zone while serving. He/she must not step over the short line, the service line, or the sideline. (See the diagram.)
2. The server must bounce the ball on the floor within the serving area and hit it on the first bounce.
3. When served, the ball must first strike the front wall and then bounce over the short line within bounds. On the line is considered in bounds.
4. A served ball that does not rebound past the short line or lands on the short line is called a short and is not in play.
5. A served ball landing beyond the back line but inside the sidelines is called a long.
6. Two successive shorts or a short and a long, or two successive longs constitute a handout and loss of service.
7. If a served ball goes out of bounds, a handout results and service reverts to the opponent.
8. The receiver may not return a long or a short.
9. In doubles, the server's partner must stand outside the sidelines until the ball is served.
10. Players may strike the ball on the fly or first bounce. A failure to do so or to comply with the other requirements noted above – results in either loss of service or loss of a point.
11. Interference is called a hinder and results in the point being played over. This also occurs when a player is hit by the ball

## FUNDAMENTALS

There are three basic shots in handball: the overhand shot used for lobs, the sidearm shot used for passing an opponent, and the underhand shot used for killing the ball.

The only equipment needed is a wall or two and some old tennis balls. Gloves are not necessary, but they may be made out of socks. To do this, simply have the students cut their socks so that there is a hole for the thumb and a large hole for the fingers. The sock covers only the palm of the hand and the base of the fingers.

## TECHNIQUES AND PRINCIPLES OF GOOD PLAYGROUND SUPERVISION:

1. Be concerned for the safety and welfare of all children of the school.
2. Keep your eyes open for strangers on the playground.
3. Know hazards to watch for on the playground.
4. Know procedure to follow in case of injury or accident.
5. Help organize activity for safe and enjoyable experience.
6. Use pupil leaders to assist.
7. Be aware of the entire area and all pupils on it.
8. Do very little "visiting" with other aides and children while on duty.
9. Use the perimeter system of supervision; i.e. circulate around the area assigned to you.
10. Use the whistle when necessary.

MONITORS The extent pupil leadership should be used in aiding supervision are up to the principal. Monitors have been used for:

1. Control of waiting lines of cafeteria and milk window.
2. Special cafeteria duty.
3. Checking the clean up of lunch tables and areas.
4. Helping to enforce safety rules.
5. Checking out and returning supplies used for the play period.
6. Umpiring, keeping score of coaching.

DISCIPLINE On a playground where equipment is ample and activities are varied there are few problems. Every effort should be made, however, to understand the occasional "problem child". His/her background should be studied. There may be some unknown reason why he/she does not adapt. Some children get little sympathy or understanding at home. Some are carrying burdens too heavy for them. Ask his or her teacher if there is a problem.

Cases of unusual behavior should be reported to the teacher and the principal.

Two things should be remembered about discipline: Be consistent and follow through! Consistent discipline gives the child a sense of security. Enforcement one day and laxity the next gives the child a feeling of not knowing just where he/she stands. Follow through – it isn't enough that the child knows the safety rules; the recreation leader or aid MUST see that they are obeyed. A rule that is not enforced is worse than no rule at all. REMEMBER – BE FAIR, FIRM AND CONSISTENT.

UNDER NO CIRCUMSTANCES IS A CHILD TO BE STRUCK OR DISCIPLINED THROUGH PHYSICAL MEASURES BY A RECREATION LEADER OR AIDE. That doesn't mean, however, that a persistent safety rule violator or constant "annoyer" can't be isolated for a while until he/she learns to conform. Take such a



case up with the principal and follow his/her instructions.

UNDER NO CIRCUMSTANCES SHOULD A RECREATION LEADER OR AIDE EVER DISCUSS A CHILD'S BEHAVIOR WITH A NEIGHBOR OR ANOTHER PARENT.

The noon hour should be a relaxed and happy time for the children. They should never be made to feel that those who supervise them are doing police duty. Enforcing discipline is a part of the job yet involving the children in safe recreational activities is the goal. Explain why he/she cannot do something.

Children enrolled in Special Education classes should receive no preferential treatment. They are to be integrated into the playground activities and the discipline will be the same unless otherwise notified by their own teachers. Usually these teachers are already on the playground supervising these students. The classroom teacher's aide should be on playground duty with their special education class if the teacher is not available.

### PROGRAM

In schools with large enrollments, definite play areas and play activities for each grade or groups of grades may be set up daily or weekly. In small schools play areas may be assigned, but the child is free to choose his/her own activity. The directive will come from the principal and the recreation leader and aides should follow through with the established school program. It is important that each school has a special discipline plan and it is important that the recreation leader/aide familiarize themselves with the school plan and is consistent in its implementation.

Some general suggestions:

1. Secure a copy of the school's special playground rules and regulations and know them.
2. Become familiar with the proper usage of the slide, jungle gym, horizontal ladder, bars, rings, sandbox, climbing trees; i.e., (a) who may use them, (b) how many on a given apparatus at a time.
3. Become familiar with the official rules for Tetherball, Four Square and other games.
4. When disputes arise over child-made rules, always go back to official rules.
5. Do not allow random running and chasing.
6. Endeavor to get the children into organized activities.

Second and third graders enjoy Circle Dodge Ball, but second graders are somewhat unable to stay organized until the second semester. During the second semester, games or kickball will hold the interest of the third graders.

If the recreation leader or aide sees a child or group of children doing nothing, he/she should suggest and help organize an activity for them to play.

For the older grades, the recreation leader/aide should check with the principal regarding the plan for play area assignments and their rotation.

See that the children walk in as soon as the bell rings. See that they leave the apparatus immediately. Running after the bell has rung should not be allowed.

Check the area — articles left on the playground; i.e., clothing, equipment, etc., should be brought into the office at the end of the lunch program.

## **SUPERVISION GUIDELINES**

### **Personally**

- Am I dressed neatly and appropriately?
- Am I well groomed?
- Do I have a positive, cheerful attitude?

### **In Fulfilling My Responsibilities**

- Am I at work every day except in case of illness or emergency?
- If I have to be absent for any reason, am I thoughtful in notifying the school office as soon as possible?
- Am I on time every day?
- Do I know and follow school procedures when checking in and out?
- Do I fill out my time sheet promptly and accurately?
- Am I careful to report all accidents?
- When on duty, do I refrain from talking to other leaders and to the children except when absolutely necessary?

### **In My Relationship with the Children**

- Am I pleasant but firm?
- Do I smile frequently?
- Am I outwardly calm when facing emergencies or excited children?
- Do I give praise for good behavior?
- Am I tactful but firm in discouraging children from hanging on me or constantly following me?
- Do I give encouragement when youngsters are striving to do well?

### **In Discipline**

- Am I consistent?
- Am I fair and impartial?
- Do I follow through?
- Do I set realistic limits and enforce them?
- Do I anticipate situations that might cause trouble and try to prevent them?
- Am I able to take care of most discipline problems myself?
- Am I careful not to send children to the office for minor infractions?
- Have I checked with the principal regarding the method of communication he/she wishes me to use with the teachers and school office?
- Do I show good judgment in making use of referral slips or other discipline aids when placed at my disposal?

### On the Playground

- Do I inspect the area and apparatus for safety hazards?
- Am I aware of the whole area and everyone on it?
- Do I circulate around the area assigned to me?
- Do I always try to face the area to be supervised?
- Do I try enforcing the safety rules to the letter?
- Am I careful not "over-use" the whistle?
- Do I suggest activities for children at loose ends?
- Do I check the restrooms periodically?

### Professionally

- Do I realize the importance of my job?
- Do I keep my personal problems to myself?
- Am I careful not to use up too much time "visiting" with office personnel?
- Do I refrain from criticizing other aides?
- Do I assume responsibility for my own specific task?
- Do I realize that I am also part of a team?
- Am I careful not to discuss school problems or the behavior of children with anyone other than school personnel?

### On the Playground

1. Look for good things children are doing. Praise them individually and in groups. Send commendations to their teachers. The more attention you give to good behavior, the more it will spread.
2. Noon recreation leaders or aides can take positive action to prevent general discipline problems or breakdown of playground standards when they:
  - Encourage children to play approved games.
  - Consistently encourage the following of correct rules and organization of games.
  - Encourage use of play equipment correctly and at the proper time.
3. When children are quarreling:
  - Help them retrace the problem and see how it started.
  - Help them work out a solution, which is fair to all involved.
  - When this cannot be done, send them to separate places on the playground for a "cooling-off" period. Then if you have time, try to help them before they return to class.
4. See trouble spots at a glance:
  - Note kind and quality of game being played.
  - Note activities of trouble makers (before trouble starts).
  - Check crowds.
  - Watch for safety hazards, both in play and the use of equipment.
  - Check all objects brought from home and collect those, which need to be taken out of circulation.
5. How do we anticipate problems that may arise in game supervision? Do we stop the play or re-direct the energy of the children? This requires good

judgment on the part of the recreation aide on duty. Problems or safety hazards will nearly always occur when:

- Equipment is not being shared with other, thereby causing disputes.
- Children are interfering with the games or equipment of other children or classes.
- Games involving tackling, pushing or shoving are being played.
- Games such as tag, crack the whip, etc., disrupt other playground games.
- Games that may cause injury are being played, such as "piggy backing" or wrestling.

"Chase" (a favorite game) is being played, for it usually involves refuge in the restrooms.



## Long Beach WRAP

“Winners Reaching Amazing Potential”  
After-School Programs

<b>INCIDENT REPORTING</b>	
Effective Date: 07.01.06	Policy # 023

**Policy:** Partner Agencies must complete and file an Incident Report for all incidents as indicated below. Incident Reports must be submitted to LBUSD School Safety personnel, the site principal and the WRAP Office, Partner Agencies Headquarters within 24 hours of the incident.

Occurring on a LBUSD site or Partner Agency contracted location, an incident is defined as:

1. Death or injury of staff, student or any other individual
2. Arrest of staff, student or any other individual
3. Significant crime
4. Cause for negative media attention
5. Threat to the health and/or safety of student/s and/or staff and/or any other individual.

Occurring while on a field trip, an incident is defined as:

1. Arrest of district or staff employee
2. Traffic collisions involving staff or student/s
3. Criminal activity that may disrupt district or WRAP program operations
4. Death of or serious injury to staff or student/s
5. Incidents that may attract negative media attention
6. Incidents that may result in calls to LBUSD and/or WRAP Administration or LBUSD Board Members.

**Purpose:** To provide immediate and accurate information to LBUSD and WRAP Administration so that appropriate follow-up action can occur.

**Procedure:**

1. The Incident Report is to be completed by the Site Director based upon information gathered from relevant and reliable sources.
2. The Program Coordinator distributes the completed Incident Report to the site administrator and the WRAP Office within 24 hours of the incident.

3. The Program Coordinator will immediately email (schoolsafety@lbusd.k12.ca.us) or fax (562/494-6390) the completed Incident Report to the LBUSD School Safety Division.

**Source:** Chief, LBUSD School Safety and Emergency Preparedness

**Forms**

**Used:** Incident Reporting Form



OFFICE OF THE SUPERINTENDENT  
 School Safety and Emergency Preparedness Los Coyotes Site — Ext. 8205

## ADMINISTRATIVE INCIDENT REPORTING FORM

<b>Incident Report No:</b>			
<b>Site:</b>		<b>Site No:</b>	
<b>Date/Time Incident Occurred:</b>		<b>Date/Time Incident Reported:</b>	
<b>Reported By:</b>			
<b>Reported Prepared By:</b>			
<b>Narrative:</b>			
<b>Action Taken:</b>			
<b>Distribution</b>	<b>Administrative:</b>		
	<b>Confidential:</b>		

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**Number of Pages:** \_\_\_\_\_

Form No. SB 5.210.1  
 10/27/2004

# FIRST AID





**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>FIRST AID/CPR STAFFING REQUIREMENT</b>	
Effective Date: 07.01.06	Policy # 024

**Policy:** Each Partner Agency is required to have at least two CPR and First Aid certified staff members on program site at all times.

**Purpose:** To ensure that a trained staff member is available at all times during program operation in the event of an accident or injury.

**Procedure:**

1. Partner Agencies will provide opportunities for staff members to become CPR/First Aid certified.
2. Partner Agencies will schedule at least two CPR/First Aid certified staff members at all times of WRAP program operation.
3. In the event that there is not a CPR/First Aid Staff member on program site at any time during WRAP program, the Partner Agency must be notified immediately to rectify the situation.

**Source:** Academic Director, LB WRAP



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>FIRST AID FOR MINOR INJURY</b>	
Effective Date: 07.01.06	Policy # 025

**Policy:** In the event of an injury, WRAP staff will determine the type of injury. If determined to be a minor injury, the procedure for minor injury must be followed.

**Minor Injuries** include:

- lacerations capable of closure by simple techniques (stripping, gluing, suturing)
- bruises
- minor dislocations of phalanges
- non-penetrating superficial ocular foreign bodies
- blows to the head where there has been no loss of consciousness
- foreign bodies superficially embedded in tissues
- minor trauma to hands, limbs or feet.
- partial thickness thermal burns or scalds involving broken skin
  - (a) not over 1 inch diameter
  - (b) not involving the hands, feet, face, neck, genital areas

**Purpose:** To ensure that appropriate first aid actions take place to stabilize or minimize injury.

**Procedure for Minor Injuries:**

1. Determine the extent and type of injury.
2. Keep others away from the injured student.
3. Do not contact any bodily fluids without gloves.
4. If determined to be a minor injury, contact parent.
5. Should soap, ice or band-aides be necessary to treat injury, encourage student to self-apply.
6. Contact Site Director.
7. Complete an Injury Report form and procedures.

**Sources:** Academic Director, LB WRAP

**Template:** Injury Report form



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>FIRST AID FOR MAJOR INJURY</b>	
Effective Date: 07.01.06	Policy # 026

**Policy:** In the event of an injury, WRAP staff will determine the type of injury. If determined to be a major injury, the procedure for major injury must be followed.

**Major injuries** include:

- any fracture (including a broken, cracked or chipped bone), other than to the fingers, thumbs or toes
- any amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- any injury resulting from an electric shock or electrical burn (including burns caused by arcing or arcing products) leading to unconsciousness; or requiring resuscitation; or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or to unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
- either acute illness requiring medical treatment or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins.

**Purpose:** To ensure that appropriate first aid actions take place to stabilize or minimize injury.

**Procedure for Major Injuries:**

1. Determine the extent and type of injury.
2. Do not touch bodily fluids without gloves.
3. If determined to be a major injury, call 911 immediately.
4. Follow any and all 911 instructions.
5. Contact Site Director (by radio, if necessary).

6. Keep others away from injured person.
7. Complete an Injury Report form and procedures.

**Source:** Academic Director, LBUSD

**Template:** Injury Report form



TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

district \_\_\_\_\_

Site Director \_\_\_\_\_

## Accident/Injury Report

All injuries, including minor scrapes and cuts, injuries to the head or face, or any that draw blood **MUST** be put on this form. A copy is to be given to the parent.

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

WHAT HAPPENED?

DURING WHAT ACTIVITY?

WHAT CARE WAS GIVEN? (ice, bandage, child clean with soap, etc.)

\_\_\_\_\_  
PARENT SIGNATURE

DATE

\_\_\_\_\_  
STAFF SIGNATURE

DATE



TEMPLATE

# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After School Programs

Programa de Enriquecimiento después del Horario Escolar

Director del Programa \_\_\_\_\_

### INFORME DE ACCIDENTE / LESION

Si el niño /a sufre cualquier lesión incluyendo pesquerías cortaduras, raspaduras, heridas en la cara o cabeza o cualquier otra lesión que sangre durante las actividades después del horario escolar se deberá hacer un informe usando este formulario. Los padres del niño/a deberán recibir una copia de este informe.

Nombre del niño /a: \_\_\_\_\_

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

Actividad durante la que ocurrió este incidente: \_\_\_\_\_

Describe el incidente: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Se le dio primeros auxilios? (Bolsa de hielo, venda, lavado del área afectada con jabón, etc.)

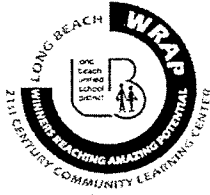
\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Firma del padre / tutor

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



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

**First Aid Kits**  
*Required Contents*

Disinfectant/Antibacterial Soap

Ice Packs

Band-Aids



**Long Beach WRAP**  
"Winners Reaching Amazing Potential"  
After-School Programs

<b>USE OF EPI-PENS</b>	
Effective Date: 07.01.06	Policy # 027

**Policy:** Each Partner Agency must have a CPR certified staff member on site at all times who is trained in the administration of the Epi-Pen. Each Partner Agency must have a policy on the use and administration of the Epi-Pen.

**Purpose:** To be prepared in the event that a student has a life-threatening reaction that requires the immediate use of an Epi-Pen.

**Procedure:**

1. If a CPR certified staff member was not trained in the administration of an Epi-Pen at the time of certification, the LBUSD will provide the required training. Contact Nursing Services (562) 997-8000 ext. 7172.
2. If possible, the parent/guardian should be contacted prior to the administration of the Epi-Pen.
3. Following the emergency use of an Epi-Pen on a student, the Site Director should be notified immediately.

**Source:** Nursing Services, LBUSD



# MEDICATION ADMINISTRATION



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

<b>MEDICATION ADMINISTRATION FOR PUPILS</b>	
Effective Date: 07.01.06	Policy # 028

**Policy:** Partner Agencies must have a policy on administering prescribed and over-the-counter medication.

**Purpose:** To ensure the appropriate administration and dosage of medication to students.

#### **Suggested Guidelines:**

**CA Education Code 49423 A.C. Title 17: Prescribed Medication for Pupils** Medical treatment is the responsibility of the parent/guardian and family physician. The parent/guardian is urged to work out a schedule, with the help of the family physician, for giving medication at home. Medications are given at school only when it is deemed absolutely necessary by the family physician.

1. Any pupil who is required during the school day to take medication prescribed by a California licensed physician, may be helped to do so by the school nurse or another authorized school employee, if the school receives:
  - a. a written statement from the physician describing the method of administration, the amount, and the time schedule of the medication,
  - b. a written statement from the parent requesting assistance, and
  - c. medication in its original pharmacy bottle, labeled appropriately.
2. Medication orders written by a nurse practitioner (NP) or physician's assistant (PA) must have their California drug furnishing number and the name of their supervising physician included. The school must receive the original copy of medication orders that are faxed to the school within five days.
3. Any disabled student who requires medication during the school day to effectively participate in the educational program shall receive assistance from district personnel on a consistent basis (34 C.F.R. 104.33).
4. Medications are not usually carried by students, however some students may need to carry their medication:

- a. students with asthma inhalers who need their medication prior to physical education and other school sport activities,
- b. students with exquisite allergies (i.e., bee stings, anaphylaxis to food, etc.,
- c. students with diabetes who receive calculated doses of insulin throughout the day by continuous subcutaneous insulin infusion (insulin pump therapy).
- d. the student's physician must provide a written statement stating
  - e. the student must carry the medication,
  - f. the student has been trained on self administration and
  - g. the student has demonstrated proficiency and responsibility in self administration.

The school nurse will also assess the student's ability to self administer medication, and may contact the physician if there are any questions or concerns.

**CA Education Code 49480: Special Pupil Medication**

The parent or guardian of any pupil who is on a continuing medication program is required by law to tell the school about the medication being taken, the condition the medication is prescribed for, and the name of the supervising physician. Parents/guardians of a child with a significant health condition should contact the school principal and school nurse at the beginning of each school year, to determine if any special arrangements are needed. With the parent or guardian's consent, the school nurse may talk with the child's doctor and inform other school staff members about possible effects of the medication on the child's behavior. **At the beginning of each school year, parents are required to provide a 3-day supply of medication for their students who take daily medication outside of school hours in case of an earthquake or other emergency situation.** Medication must be in its original, prescription bottle, and a medication permission form must be completed by the parent and physician.

**Source:** Nursing Services, LBUUSD

**Templates:** Medication at School-Parent's Request  
 Permission to Carry Medication at Schools  
 Physician-Parent-Student Request



PERMISSION TO CARRY MEDICATION AT SCHOOL  
PHYSICIAN-PARENT-STUDENT REQUEST

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gr/Rm \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent work/cell phone \_\_\_\_\_

**DIAGNOSIS** for which medication is to be given. (If for an allergy, please specify what type, i.e. localized, generalized, mild, severe, etc.)

\_\_\_\_\_

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_

Specific time (e.g. 10AM, noon, before PE, etc.) \_\_\_\_\_

**For PRN medications, please indicate why medication should be given (e.g., for wheeze, headache, etc)**

Reactions that need to be reported to the physician \_\_\_\_\_

\_\_\_\_\_

Medication to be continued as above until \_\_\_\_\_

(Date – no longer than the end of the school year)

**PHYSICIAN'S AGREEMENT:** This student's medication cannot be scheduled for other than during school hours and must be carried on his/her person during the school day. **The student has demonstrated a knowledge of correct dosage and usage and is physically, mentally, and behaviorally capable of administering this medication.**

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name/stamp \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ FAX \_\_\_\_\_

**PARENT'S AGREEMENT:** I request that my child be allowed to carry his/her medication with him/her during the school day. I have reviewed with him/her the responsibilities associated with carrying medication at school and I am aware that he/she will be subject to disciplinary action if the medication is used in a manner other than as prescribed.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT'S AGREEMENT:** I have been shown the proper way to use my medicine by my doctor and I agree to use it only in the correct and safe way that I have learned. I understand that if I use the medicine in a way that is not safe for me or others, I will lose the privilege of carrying the medicine with me.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL NURSE'S SIGNATURE** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_



MEDICATION AT SCHOOL – PARENT’S REQUEST

(A separate form is needed for each medication)

Dear Parent/Guardian,

Medical treatment is the responsibility of the parent and family physician. Medications are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the family physician. The parent is urged to work out a schedule, with the help of the family physician, for giving medication at home, outside school hours if possible.

The law allows for school personnel to assist in carrying out a physician’s recommendation; therefore, in the absence of the school nurse, the principal, teacher, secretary or clerk may be the person administering the medication. If medication is to be administered at school, you must provide the school with all of the following:

- 1. A written statement from the physician clearly specifying the condition for which the medication is to be given, dosage, time, and specific instructions for emergency treatment in case of an allergic reaction must be provided to the district. If a nurse practitioner (NP) or a physician’s assistant (PA) writes the medication order, their California furnishing number and the name of their supervising physician must be included.
2. The parent/guardian must sign a request for administration of medication at school.
3. Medication needs to be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in the original pharmacy labeled container, clearly stating all prescription information (name of medication, dosage, how to be given and the time). It is suggested you request two containers from your pharmacist – one for home and one for school.
5. Original copy of a FAX order must be mailed to the school within 5 days.

Please discuss your physician’s instructions with your child so that he/she is aware of the time medication is due. In the case of a disabled student who requires medication during the school day to effectively participate in the educational program, district personnel will ensure that it is administered with assistance on a consistent basis. Please arrange with the school to pick up leftover medication by the last day of the school year. Medication(s) left at school at the end of the school year will be discarded.

THIS REQUEST IS VALID FOR THIS SCHOOL YEAR ONLY. ANY TIME THERE IS A CHANGE IN MEDICATION (name, dose, time, etc.), NEW PHYSICIAN’S AND PARENT’S REQUEST FORMS ARE REQUIRED.

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of \_\_\_\_\_, Birthdate \_\_\_\_\_ request medication be administered to my child in accordance with the physician’s written instructions on the reverse side of this form. I understand that if the school nurse is not available, other trained school personnel will administer the medication. I will notify the school immediately if I change physicians, or when the medication is changed in any way (e.g., dose, method of administration, time, etc). I also authorize, as needed, the sharing of information related to my child’s health between the school nurse and the health care provider listed on the back of this form.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_
Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

(PHYSICIAN MUST COMPLETE OTHER SIDE)

**MEDICATION AT SCHOOL – PHYSICIAN'S REQUEST**  
*(A separate form is needed for each medication)*

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**DIAGNOSIS** for which medication is to be given: (If for an allergy, please specify what type - localized, generalized, mild, severe, etc)  
\_\_\_\_\_

**PLEASE PRINT:**

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_

Specific time (e.g. 10 am, noon, etc) \_\_\_\_\_  
(For PRN medications, please indicate why medication should be given (e.g. for wheeze, headache, etc.)

Reactions that need to be reported to the physician \_\_\_\_\_  
\_\_\_\_\_

Medication to be continued as above until this date: \_\_\_\_\_

**PHYSICIAN'S AGREEMENT:** This medication cannot be scheduled for other than during school hours, and I understand that the medication may be administered by non-medically trained school personnel whenever necessary.

\_\_\_\_\_  
Signature of licensed physician *(NP must have physician's co-signature or name stamp of physician. NP must have license number.)* Date: \_\_\_\_\_

\_\_\_\_\_  
Please **PRINT** name of licensed physician and surgeon) Phone: \_\_\_\_\_

\_\_\_\_\_  
Address/facility stamp (**medication will not be accepted without stamp**)

Nurse practitioner (NP) or physician's assistant (PA) <u>must</u> complete:	
Printed NP/PA name _____	CA furnishing number _____
Signature of NP/PA _____	Date _____
Name of supervising physician _____	

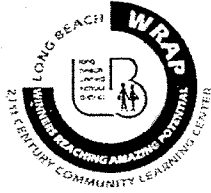
\*\*\*\*\*  
(For school use only)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(PARENT/GUARDIAN MUST SIGN ON THE OTHER SIDE)**

# INVENTORY



**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

<b>INVENTORY REQUIREMENTS</b>	
Effective Date: 07.01.06	Policy # 029

**Policy:** Partner Agencies must follow LBUSD policies and procedures for inventoriable and controllable property purchased with any district funds.

**Purpose:** To abide by The California Education Code 35168 and GASB 34, as amended by GASB 37, that mandates a physical inventory and an accounting of all district property.

**Definitions:**

District property is defined as any items purchased with any district funds.

Inventoriable items are defined as items that are valued at \$500 or higher and are non-consumable (LBUSD Business Department Procedures: Property Control Procedure #7-3002 dated 02/04/2003).

**Procedure:**

1. Partner Agencies may contact the LBUSD Purchasing Office for vendor recommendations and/or purchases.
2. LBUSD will provide Partner Agencies with inventory identification tags for all district property that meets inventoriable criteria as needed.
3. Partner Agencies must immediately match the identification tag to the appropriate item and place the tag in an easily visible location on the item.
4. Any inventoriable items that are sold, traded, returned, salvaged, scrapped or destroyed must be identified according to LBUSD property disposal requirements.
5. Any inventoriable items that are transferred to a different location must be identified according to LBUSD property transfer requirements.
6. Any inventoriable items that are lost, stolen or missing must be identified according to LBUSD unauthorized disposal requirements.
7. Partner Agencies must complete an Inventory Sheet for all inventoriable items as requested by LBUSD.

**Source:** Principal Auditor, LBUSD Audit Branch  
 Program Facilitator, LB WRAP

**Forms**

**Used:** Inventory Sheets





**Long Beach WRAP**  
 "Winners Reaching Amazing Potential"  
 After-School Programs

**Inventory Sheet**

**Agency** \_\_\_\_\_ **Program Year** \_\_\_\_\_ **Date** \_\_\_\_\_ **Location** \_\_\_\_\_

Brand Name Or Book Title	Make	Item Description	Author (Book)	Publicati on Date (Book)	ISBN# (Book)	Model#	Serial#	Price	P.O.#	Quantity	Inventory Control#	Program Year Rec'd

# ATTENDANCE



## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

#### ATTENDANCE TRACKER FORMS

Effective Date: 07.01.06

Policy # 030

**Policy:** All Partner Agencies must accurately complete the appropriate monthly Attendance Tracker Form with all required information and submit it to the LB WRAP Program Facilitator's Office by the 7<sup>th</sup> of the following month.

#### Definitions/Clarifications:

**Core Attendance:** Programs that occur on school days while school is in session and within regularly scheduled after-school hours. Core programs do NOT include inter-session, summer or vacation days or programs/activities that occur outside of the regularly scheduled after-school hours.

- **Traditional schools:**
  - The 180 days that school is open and students are in attendance.
  - All students in the traditional school program are counted.
  - Programs or activities that occur within the regularly scheduled after-school hours.
- **Year-round schools:**
  - The 240 plus days that school is open and students in session are in attendance.
  - Only the students who are in session are counted for Core. Students who are NOT in session are counted as Supplemental.
  - Programs or activities that occur within the regularly scheduled after-school hours.

**Supplemental Attendance:** Programs that occur on non-school days or outside of regularly scheduled after-school hours.

- **Traditional schools:**
  - All students in all non-school program days and/or outside of regularly scheduled after-school hours can be counted.
- **Year-round schools:**

- All students who are off-track or outside regularly scheduled after-school hours and in attendance can be counted as Supplemental Attendance.
- All students who are on-track and in attendance outside of regularly scheduled after-school hours can be counted as Supplemental Attendance.
- All students out-of-session and in attendance in the morning can be counted as supplemental. If a student also attends another session in the afternoon then you can count a double session for supplemental or one supplemental session in the morning and one core session for the afternoon if it is during the normal after-school scheduled hours.

### **Achieving the Maximum Potential Earning Power (PEP):**

- Students in the same grade level schools can be enrolled from other sites (public and private schools) for school-site or off-school site programs with the principal's approval.
- Programs can be held any day of the year, including weekends, holidays or intersession as well as outside regularly scheduled after-school hours.
- When planning for annual attendance, Partner Agencies should determine the maximum amount needed to earn for Core and Supplemental Attendance. Partner Agencies will receive only the amount of money allocated for core and supplemental. They report all students served even if they go over but there will be no compensation for additional students served if they cannot be counted as core.
- Partner agencies should calculate the number of days of operation and the number of students required each day to reach Potential Earning Power (PEP).
- Attendance Trackers over the course of 12 months cannot exceed the total amount of the Core grant OR the Supplemental grant. **Partner Agencies will not be reimbursed for extra students served if the maximum number of Core or Supplemental Attendance is exceeded.**
- Students must be tracked on the appropriate Attendance Tracker form (Core or Supplemental) provided by LBUSD.
- Double stacking sessions is allowable based on the following: The second session must be held after the first three-hour session has ended. A second session that is conducted right after or before a core session will be counted towards supplemental attendance. A second session that is conducted during the summer at a traditional calendar program school site will be counted towards supplemental attendance.
- Accuracy is imperative. Attendance Trackers should be checked and rechecked every month before being submitted to the LB WRAP Attendance Office. LBUSD will check the Attendance Tracking forms for accuracy and return them if corrections must be made. **This will delay reimbursement if the district timeline for payment is exceeded.** The LB WRAP Program Facilitator's Office for remediation will contact Partner Agencies submitting inaccurate Attendance Trackers. If any of these required items on the attendance monthly tracking

forms are found to be inaccurate, then the monthly attendance form will be considered late and payment for corresponding monthly invoices may be delayed.

## **Procedure:**

### **Completing the Attendance Tracker Forms (Core or Supplemental):**

Daily attendance for each student served must be recorded on a sign-in and sign-out sheet. Daily attendance sign-in and sign-out sheets will be used to record the attendance on the monthly Attendance Trackers. The Attendance Tracker forms must be completed by the Partner Agency each month. If a new person starts completing the Attendance Trackers, that person must contact the LB WRAP Program Facilitator's Office to insure proper procedures are followed. Accurately completed monthly Attendance Trackers provide effective annual evaluations at the state and federal levels and insure timely reimbursement to Partner Agencies.

It is the responsibility of each Partner Agency to make sure that the monthly Attendance Tracker Forms are accurate in regard to all information requested, including the number of students served, and the type (Core or Supplemental) of form submitted, intake dates, student ID #, grade level of students, and new students added-in and listed at the end of the reports. If any of the requested information criteria are NOT met, the Attendance Tracker will be considered **LATE** and payment for invoices will be delayed.

Using the appropriate Attendance Tracker (Core or Supplemental), the following must be completed for every year (July 1-June 30):

**Site:** Center where after-school program is held

**For the Month of:** Month of attendance

**Number of Core/Supplemental attendance days:** Maximum number of days that students can be in attendance for the month. The attendance goal is 100%.

**Prepared by:** Site Director's name (consistent every month)

**Student Name:** LAST name, FIRST name (spelled correctly, no nicknames)

**NOTE:** The EXACT order of names from month to month must be repeated, adding new students at the end of the prior month's list (by grade, last name, first name). A blank row between the prior list and the newly added students must be maintained. If a student drops from the program, that student's name must be maintained on the list using a zero (0) for attendance.

**Student ID:** LBUSD designated ID number (must be provided by the principal from student's attendance school at the time of enrollment). In the event that a student is from another school, the school's name must be written in the Student ID space.

**Intake Date:** The first day of the student's attendance

**Grade:** Students must be sorted by grade first, then by last name alphabetically, first name

**Days of the week calendar:** The coinciding day/date for the given calendar month

**Total:** The number of days the student was in attendance for the month

**Tracking Attendance:**

- Attendance should be tracked on a DAILY basis. Using the Sign-In/Sign-Out Sheets, a '1' is entered next to students who were in attendance on the given day. It will be the legal obligation of each of the Partner Agencies to safely maintain daily attendance sheets (with both sign-in and sign-out verification marked) for each student served. These daily attendance sheets must be readily accessible upon request by either LBUSD or the California State Department of Education.
  
- **When adding new students to the bottom of an Attendance Tracker, the following procedure must be used. Otherwise, formulas will not carry over when inserting rows:**
  - 1) When inserting a row it is necessary to do so above the Final Attendance Total row. If a row is inserted on the last total line, the column formula will not continue to carry over on new rows.
  - 2) Once the appropriate cell has been highlighted, "Insert" is selected from the pull-down menu. Then "Rows" is selected.
  - 3) Once a new row has been inserted, the total formula is copied for each new row added. In order to copy the formula, the Total Column must first be selected and then a cell with the formula chosen. The cursor is moved over to the bottom right corner of the cell where a small black cross appears. This black cross must be dragged down all new rows inserted.
  - 4) Dragging the formula down is the proper way to fill in blank Total Column cells.
  - 5) The new rows should always be double-checked to see that they are adding correctly and that the Final Total Number is adding all rows.

**Questions about this process should be directed to the WRAP Attendance Office.**

- At the end of the month, from the EXCEL File pull-down menu, "Save As" is selected. The month and year are entered as the file name. Then the file is saved to the Attendance Folder 200\_ - 200\_ (needs to be recreated at the beginning of each fiscal year).
- Attendance Trackers must be submitted electronically to the LB WRAP Program Facilitator's Office by the 7<sup>th</sup> day of the following month. A copy (cc) emailed to the person submitting the Tracker creates a record of submittal.
- After the "Save As" process is completed, the month, number of attendance days, day/dates, and attendance information from the previous month is deleted. STUDENTS' NAMES, ID NUMBERS, INTAKE DATES OR GRADE SHOULD NOT BE DELETED. This information will then not have to be re-entered every month.
- The current month's information is entered and the Attendance Tracker procedure begins again.
- Original Attendance Trackers and Sign-In/Sign-Out Sheets must be maintained for the duration of the grant period at the Partner Agency headquarters as backup documentation and can be requested for audit purposes at any time. At the end of the grant period copies of all attendance records including sign-in sheets must be provided to the school district. If a Partner Agency ends contractual services at any of the LB WRAP program sites before the end of the contract period copies of all attendance records including sign-in and sign-out sheet must be provided to the school district.

**Source:** Grant Monitor, LB WRAP

**Forms**

**Used:** Attendance Tracker Forms

# LB-WRAP Attendance Tracker (Core only)

Site: \_\_\_\_\_

For the Month of: \_\_\_\_\_

Number of Core attendance days: \_\_\_\_\_

Prepared by: \_\_\_\_\_

STUDENT NAME		STUDENT I.D.	Intake	Gr.	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	TOTAL	
(Last Name, First Name)			Date						4	5	6	7	8	9	10	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	
1																														0	
2																															0
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# LB-WRAP Attendance Tracker (Supplemental only)

Site: \_\_\_\_\_

For the Month of: \_\_\_\_\_

Number of Supplemental attendance days: \_\_\_\_\_

Prepared by: \_\_\_\_\_

STUDENT NAME	STUDENT I.D.	Intake	Gr.	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	TOTAL
				4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29						
(Last Name, First Name)		Date																											
1																													0
2																													0
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# Long Beach WRAP

"Winners Reaching Amazing Potential"

## After-School Programs

SIGN-IN/SIGN-OUT PROCEDURE	
Effective Date: 07.01.06	Policy # 031

**Policy:** Each Partner Agency must develop and use a Sign-In/Sign-Out Sheet that contains all required information (see below).

**Purpose:** To document the time of each student's arrival and departure from the Long Beach WRAP program on a daily basis.

**Required Information:**

One sheet per student per month that includes:

- Student Name
- ID #
- Date
- Time signed in with Program Leader signature and printed name
- Time signed out with Program Leader or parent/designee signature and printed name
- Length of time in program for the day

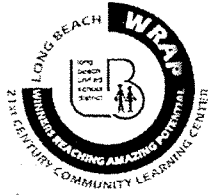
**Procedure:**

1. Every student that attends the Long Beach WRAP Program is required to be signed-in and signed- out each day or can be checked-in and checked-out each day should the student arrive late or depart early. Individuals who are twelve years old or older may sign themselves or other students out with written parent/guardian approval.
2. There must be a written record of all those that attend each day and for how long each day.
3. Current month records must be maintained at the site location and can be requested for audit at any time.
4. Past month records must be maintained for the duration of the grant period at the Partner Agency headquarters as backup documentation and can be requested for audit purposes at any time. At the end of the grant period copies of all attendance records including Sign-in/Sign-out Sheets must be provided to the school district. If a Partner Agency ends contractual services at any of the LB WRAP program sites before the end of the contract period, copies of all attendance records including Sign-in/Sign-out Sheets must be provided to the school district.

**Source:** Grant Monitor, LB WRAP

**Template:** Sign-in/Sign-out Sheet





## Long Beach WRAP

"Winners Reaching Amazing Potential"

### After-School Programs

EARLY RELEASE POLICY	
Effective Date: 07.01.06	Policy # 032

**Policy:** Students are permitted to leave the LB WRAP program before dark in the months of November, December, January and February without affecting Attendance tracking.

**Purpose:** To prevent students from having to walk home from the LB WRAP program in the dark.

**Source:** Program Facilitator, LB WRAP

# INVOICING



# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

<b>INVOICING</b>	
Effective Date: 07.01.06	Policy # 033

**Policy:** Each Partner Agency must prepare and submit a monthly Invoice within 5 business days after the monthly Attendance Tracker for that Invoice has been approved by the Program Facilitator's Office .

**Purpose:** To reimburse Partner Agencies for expenses incurred in relation to the staffing and operation of the 21<sup>st</sup> Century Grants/WRAP After-School Programs.

**Procedure:**

1. Partner Agencies develop and prepare a separate monthly Invoice (Core, Supplemental, Carryover/Incentive or Windfall) including the following required information:
  - a. **Name of school site**
  - b. **LBUSD Purchase Order (PO) number**
  - c. **Type of invoice (Core, Supplemental, Carryover/Incentive or Windfall)**
  - d. **Invoice period**
  - e. **Number of days open for student attendance**
    - Core
    - Supplemental
  - f. **Number of students in attendance X (times) Rate**
  - g. **Amount of earned revenue**
  - h. **Budget categories**
    - **If Monthly (Core or Supplemental)**
      - Personnel (names, hourly rate, total hours, amount billable)
      - Benefits (percentages of total salaries and wages)
      - Operating expenses (Administrative expenses: approved percentage to be determined annually)
    - **If Windfall (planned expenditures must be approved by the Program Facilitator PRIOR to the submittal of Windfall Invoices)**
      - Salaries
      - Benefits
      - Books and Supplies
      - Materials and Supplies
      - Travel
      - Utilities

- Photocopying/Printing and Copying
- Professional Consulting Services
- Communication: Phone and Postage
- Equipment
- Administration and Indirect
- **If Carryover/Incentive**
  - Monies that have been earned but not spent from the previous fiscal year.
  - The Program Facilitator will provide Partner Agencies with summary information regarding Carryover funds.
  - Expenses must be charged to these funds first.

- i. **Difference between Year-to-Date Earned and Year-to-Date Expensed**
- j. **Submitted by (with date)**
- k. **Approved by (with date)**

2. When invoicing for Staff Development (Operating Expenses), a copy of agendas and dates must be attached.
3. Invoices must be submitted electronically to the LB WRAP Accounting Technician.
4. Invoices will be reviewed by the Program Facilitator to ensure that expenses have been appropriately allocated.
5. When invoices are turned in according to the above policy, reimbursement will be issued within 4-6 weeks or sooner.
6. Late invoices submitted will be processed in the next invoicing cycle.
7. Invoices are subject to random audits. LBUSD will direct all audits to the Partner Agencies for all back-up, receipts, expenditure reports, etc. Once the district requests an audit, the Partner Agency will have 10 working days to prepare for the audit.

**Source:** Program Facilitator, LB WRAP

**Template:** Invoice Sheet

PARTNER LOGO

Partner Name  
Contact Person  
Address  
Long Beach, CA 90810  
Phone and Email

TEMPLATE

21st Century Community Learning Centers Grant Program  
Burnett Elementary School  
LBUSD PO# C644475  
(Core) or (Supplemental) or (Carryover) or (Windfall)

Invoice Period 7/01/05-7/31/05

	Days Opened	No. Enrolled	No. Served	Rate	Earned
Core	15	150	2000	\$ 4.25	\$ 8,500.00

Budget Categories

**1. Personnel**

<u>Site Director:</u> name	<u>Hourly Rate</u>	<u>Total Hours</u>	<u>Total Billable</u>	<u>YTD</u>
	20.00	120.00	2,400.00	2,400.00
<u>Program Leaders</u>				
name	9.00	40.00	360.00	
name	9.00	33.75	303.75	
name	9.00	75.25	677.25	
name	9.00	80.00	720.00	
name	9.00	96.00	864.00	
name	9.00	117.00	1,053.00	
name	9.00	15.00	135.00	
name	9.00	30.00	270.00	
name	9.00	60.00	540.00	
			4,923.00	4,923.00
Program Coordinator - name	25.00	5.00	125.00	125.00
Executive Assistant - name	15.00	7.00	105.00	105.00
Program Analyst - name	20.00	6.00	120.00	120.00
	<b>Total Staff Salaries &amp; Wages</b>		<b>7,673.00</b>	<b>7,673.00</b>

**2. Fringe Benefits**

Social Security	6.20%		475.73	475.73
Medicare	1.45%		111.26	111.26
SUI	6.20%		475.73	475.73
Worker's Compensation	6.31%		484.17	484.17
Benefits			-	-
	<b>Total Fringe Benefits</b>		<b>1,546.88</b>	<b>1,546.88</b>

**Total Personnel Expenses 9,219.88 9,219.88**

**3. Operating Expenses**

Equipment & Supplies	100.00	100.00
Radio Communications	50.00	50.00
Field Trips & Activities	150.00	150.00
Food & Commissary	-	-
Staff Training	-	-
Printing	-	-
Uniforms & Accessories	-	-
	<b>Total Operating Expenses</b>	<b>300.00 300.00</b>

**Total Program Expenses 9,519.88 9,519.88**  
**Less Unearned Expenses (1,019.88)**  
**Total Invoice 8,500.00**

Contract Amount 100,000.00  
Total Invoices YTD 8,500.00  
Grant Amount Remaining 91,500.00  
Earned Revenue YTD 8,500.00  
Balance of Earned Revenue Remaining -

Submitted by: \_\_\_\_\_  
name

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

Approved by: \_\_\_\_\_  
Jerry Stover

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



# EVALUATION



**Long Beach WRAP**  
“Winners Reaching Amazing Potential”  
After-School Programs

<b>EVALUATION</b>	
Effective Date: 07.01.06	Policy # 034

**Policy:** Each of the Partner Agencies, in cooperation with their respective school administration, must distribute the appropriate surveys and collect the required data for the annual California Department of Education and local evaluation reports in accordance with established timelines (see Data Collection Schedule).

**Purpose:** To gather meaningful data to measure the outcomes of the 21<sup>st</sup> Century Grants.

**Procedure:**

**Each of the Partner Agencies will be required to cooperate fully in the distribution and collection of appropriate required data for the annual CDE and local evaluation reports as required, including the following:**

1. Provide accurate monthly attendance tracking forms that will reflect the names of all students served, their correct I.D. numbers, intake dates, grade levels, and the number of days that each of these student attended the program.
2. Distribute and collect provided survey questionnaires for teachers, parents and students, including the California Kids Healthy Kids Survey.
3. Assist in the organization of requested focus groups involving possible program staff, students, and parents.
4. Maintain folder that is used to contain recorded anecdotal observation comments and made available as requested by LBUSD.
5. Provide copies of all program related assessment reports that may be done separately by the contracted agency or by sub-contracted agencies.

**School Administration at each of the participating school sites in the LB WRAP After-School Program will be notified by the LBUSD and required to cooperate fully in the distribution and collection of appropriate required data for the annual CDE and local evaluation reports as required, including the following:**

**All requested data and completed surveys and copies of other local assessments need to be turned in on time as indicated per assignment to the Grant Monitor’s office at 710 W. Spring Street, Room 18 (Birney Elementary School).**

Copies of completed annual evaluation reports will be provided to all partner agencies and to appropriate LBUSD school officials.

**Source:** Grant Monitor, LB WRAP

**Forms**

**Used:** Student Survey  
Parent Survey (English and Spanish versions)  
Teacher Survey



**STUDENT SURVEY 2006**  
**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS**  
**LB WRAP AFTER-SCHOOL PROGRAM**

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Please answer all parts of the survey. We would like to know what you think about the WRAP after-school program. Check one answer for each question. **THANK YOU!**

	YES	NO
1. I look forward to attending the after-school program		
2. I usually complete my homework at the program		
3. I enjoy going to school		
4. I feel comfortable talking to after-school program leaders and staff		
5. The after-school program (ASES) has teachers and staff who care about me		
6. I think I am doing better in school since I started coming to the program		

7. What is your overall rating of the after-school (ASES) program?

Great	OK	Not good

8. What do you like best about the after-school program (ASES)?

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**PARENT SURVEY 2006**  
**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS**  
**LB WRAP AFTER-SCHOOL PROGRAM**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Dear Parent: Please take a few minutes to tell us what you think about the after-school program at your child's school (WRAP). Check one answer for each question. Your comments will help us make the program better. Please return this as soon as possible. **THANK YOU!!**

	YES	NO
1. My child likes coming to the after-school program		
2. I feel comfortable talking to program staff		
3. My child is learning a lot in the after-school program		
4. The program activities and materials are good		
5. The after-school program (WRAP) is a safe place for my child to learn		
6. My child's behavior improved since he/she began the program		
7. The program staff talk to me about my child		

8. What is your overall opinion of the program? Circle one

Excellent

Good

Not Good

9. I have participated in the following activities or events at the school or at the after-school program. Check all that apply

	YES	NO
ESL Classes		
Computer Classes		
Parenting Skills/Education		
Student Performances		
Math or Science Night		
Family Night		

10. Other comments

\_\_\_\_\_

\_\_\_\_\_



## Cuestionario de los padres 2006

### CENTROS DEL APRENDIZAJE DEL PROGRAMA DEL SIGLO 21

**Nombre del niño/a:** \_\_\_\_\_ **Escuela:** \_\_\_\_\_

Estimado Padre: Quisiéramos saber lo que piensa Ud. del programa WRAP, el programa después de la escuela. Responda a las siguientes declaraciones con marcar sí o no después de cada una. Las respuestas nos ayudarán mejorar el programa. Por favor, entregüe el cuestionario completo tan pronto como posible. ¡MUCHAS GRACIAS!

	SÍ	NO
1. A mi hijo/a le gusta asistir el programa WRAP.		
2. Me siento bien cuando hablo con el personal del programa WRAP.		
3. Mi hijo/a aprende mucho en el programa WRAP.		
4. Hay actividades y materiales buenos en el programa WRAP.		
5. El programa WRAP es un lugar seguro donde puede aprender mi hijo/a.		
6. La conducta de mi hijo/a ha mejorado desde que él/ella empezó a asistir el programa WRAP.		
7. El personal del programa WRAP me habla acerca de mi hijo/a.		

8. ¿Qué piensa Ud. del programa WRAP? Marque una de las respuestas.  
 Es excelente       Es bueno       No es muy bueno

9. Ya participé en las siguientes actividades o eventos en la escuela or en el programa WRAP, el programa después de la escuela. Marque todos que asistió.

	Sí	No
Clases del Inglés como Lengua Segunda		
Clases del Uso de Las Computadoras		
Clases de las Habilidades de Cuidar a los Niños		
Representaciones de los Estudiantes		
Noches de las Matemáticas o las Ciencias		
Noches de la Familia		

10. Otros comentarios \_\_\_\_\_

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## TEACHER SURVEY 2006

### 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS

**DEAR TEACHER:**  
 This survey is designed to collect information about changes in students' behavior during the past school year. Your feedback and comments are vital to the improvement of the WRAP after-school program. Please take a few minutes to tell us what you think of the after-school program and its impact on the student listed below, who has been attending the program. Check one answer for each question. Your comments are confidential. **THANK YOU!!**  
 Name of Student: \_\_\_\_\_ School: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Over the past school year, how much has this student...	Not at all 1	Some what 2	A lot 3	Don't know/ NA
1. talked about going to the after school program				
2. said he/she enjoys going to the program				
3. improved in turning in homework				
4. developed a better attitude about learning				
5. improved in getting along better with other students				
6. improved in participating in class				
7. improved in coming to school motivated to learn				
8. improved in attending class regularly				
9. improved in behaving well in class				
10. had satisfactory or better academic performance				

11. What is your overall opinion of the WRAP after-school program?  
 (circle one answer)

Excellent

OK

Poor

Don't know

**21st CCLC 200\_-0\_ Evaluation Report**  
**July 200\_-June 200\_**  
**Qualitative Data Template: WRAP PROGRAM**  
**COHORTS 2 & 3**

**FOR PROGRAM COORDINATORS AND SITE DIRECTORS:**  
**DUE: June \_, 200\_**

**Instructions:** Please answer these questions about the 21st CCLC after school program. The topic areas and questions are based on the state's CA 21stCCLC Evaluation Guidelines, and are required for the annual state and federal reports. If have any questions about completing this form please contact: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Names of school sites: \_\_\_\_\_

Contact information for individual completing form:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Program Assessment**

Please provide a brief description of the communities where your agency currently operates after school program(s) funded by a California 21st CCLC grant in partnership with LBUSD's WRAP program. In addition to the following questions, provide any information about students, parents and the community that you may have collected during your initial needs assessment or ongoing program development. Please indicate sources of data. If you operate programs at different sites, and the communities are very different, please describe each of the communities separately.

- a. What is the socio-economic status of the students served? \_\_\_\_\_
- b. What are the home languages of the children you serve in your program? Which home language is used by the majority of your children?
- c. What about the community guides your program development and delivery?

Based on its community assessments and district data, LBUSD's WRAP program identified the following goals for the 21stCCLC grant.



- To increase academic performance of participating students in English Language Arts and Mathematics, as measured by pre- and post-test scores in Reading and Mathematics.
- The percentage of program participants who score below proficient on CST math and English will decline
- To exceed goals for improved behavior and school day attendance among at least 75% of participants with goals defined by the consortium;
- To retain at least 75% of participating students in the after-school programs, as measured by student attendance;
- At least 70% of program participants will have positive attitudes about the program and will have improved motivation to stay in school, as measured by surveys
- At least 80% of parents will report that students' behavior has improved.
- At least 50% of parents will attend adult education, literacy classes or parenting class

The district aims to achieve these goals through the following strategies:

- Provide fun, interesting “disguised” learning activities that will also address core subjects such as math and reading;
- Focus on improving student academic performance through communication between the regular classroom teacher, and after-school program staff [you will address this below under school relationships];
- Training of after-school program staff [you will address this below under staff development];
- Family literacy programming that supports student achievement; and
- Accountability for results.

With respect to the goals and strategies for LBUSD’s 21stCCLC program outlined above:

- a. Describe ways that your agency and collaborative partners are working toward these goals
- b. How have you achieved the goals above?
- c. What obstacles have you faced in your effort to realize these program goals?
- d. What about your program has been most successful?
- e. What changes do you plan to make as a result of your experience operating the program thus far? (e.g. setting retention goals)

## Leveraging Resources

Identify as specifically as possible the different resources that your program has been able to leverage, (assign a dollar value to those outside services and in-kind resources you have secured). Use the table to list each of your community partners; describe how each contributes specifically to the after school program (e.g. programming, materials, volunteers, paid staffing, funding); estimate dollar value of in-kind contributions per year (200\_-0\_). (Add rows if needed.)

Table 1. Resources 200\_-0\_

Community Partner	Contribution to program	Subcontractor: Yes (Y) or No (N)	Estimated Dollar Value contribution

- How does your program benefit the community economically and how does your program reduce school expenditures and impact school revenue? [For example: increased ADA; child-care for working parents; access to computers, etc.]
- How is the program working with the school and other agencies to integrate services for greater efficiency in service delivery?
- How does your program communicate results to local leaders, school administrators, parents and other professionals? [For example: participation in conferences, community events.]

## School Relationships

If you operate programs at different sites, please describe each one separately.  
School; \_\_\_\_\_

Describe how your program is integrated with the regular school program.

How and how frequently does the after school program staff coordinate with the principal and school support staff and teachers?

Describe how the 21stCCLC is included in school functions and activities: (i.e. professional development activities; parent education efforts, field trips, school events such as open house, or other activities).

How does the program share information with the school and specifically what kind of information is shared about the program and about individual students?

What programs/services have been developed in collaboration with school staff?

How often is there a 21st CCLC in-service at the school?

## Staff Characteristics

Who are your program staff at each of your 21stCCLC sites? Please enter the number of staff in each category, who work with students at the center. Complete a table for each site you operate: add tables and rows as needed.]

Table 2. Staff Characteristics

Site: \_\_\_\_\_

Type of Staff Member	School Year: Paid	School Year: Volunteer	Summer
School day teachers			
Center administrators & coordinators			
College aides			
Parents			
High school students			
Youth development workers w/college degree			
Other non school day staff with some/no college			
Other community members (e.g. senior citizens)			
Other non-teaching school day staff (counselor, librarian)			
Other staff			
<b>TOTALS</b>			

Describe your staff's qualifications and how they match the requirements of the program.

How many paid staff regularly staffed the center this period who were not funded by the 21st CCLC grant? \_\_\_\_\_

How many paid staff left the program and were replaced with a new staff member during this reporting period? \_\_\_\_\_

## Professional Development

Using the table below, please list the professional development activities your project provided to staff or volunteers during the 0\_-0\_ project year. These activities could be provided by a) a school, b) a partner agency, c) a regional or state agency, or d) an agency recommended by CDE. Do not include any that were provided by LBUSD or the WRAP project. Add additional lines if needed

Table 3. Professional Development

Activity	Dates	Total No. of participants	Sponsoring Agency (see Above)	Objective of Activity & Target Group	No. of Hours the Average Participant was Involved

What is your staff development approach/plan?

How do you support staff in their professional development and in pursuing a career in this field or the field of education in general?

Have your staff development efforts affected staff retention?

## Hours of Operation

Table 4. Hours: School Year (0\_-0\_)

	Typical Hours per Week
Weekday before school	
Weekday during school hours (for Students in intersession)	
Weekday after school	
Weekend	
School Holiday	
TOTAL	

### SUMMER

	Typical Hours per Week
Weekday	
Weekday evenings	
Weekend	
TOTAL	

Weeks and Days of Operation

What was the total number of weeks the center was open during the school year? \_\_\_\_

What was the typical number of days per week the center was open during the school year? \_\_\_\_

What was the total number of weeks the center was open during the summer? \_\_\_\_

What was the typical number of days per week the center was open during the summer? \_\_\_\_

How many adults participated in a class or activity during the school year and summer?  
\_\_\_\_\_

**Family Literacy**

Please describe any family literacy activities or educational activities. List classes or activities, the number of parents who attended, etc.

**Youth Involvement and Youth Development**

Please describe how youth are involved in the program.

Which factors of youth development are involved? Please fill out the table below.

Table 5. Features of Youth Development

Setting Feature	Please describe the relevant examples of how your after-school program has embedded these features to foster positive youth development
Physical & psychological safety	
Appropriate structure	
Supportive relationship	
Opportunities to belong	
Positive social norms	
Support for efficacy & mattering	
Opportunities for skill building	
Integration of family, school & community efforts	

## Advisory Group

Please describe if your program has an advisory group. Which organization or individuals are in it?

How do they contribute? How regularly does the group meet? What were the accomplishments of the advisory group for the 0\_-0\_ school year? Do you see the advisory group's role changing over time?

## Sustainability

Please discuss how, during the 0\_-0\_ project year, you addressed sustaining your activities after the 5 year grant period. If you did not address this issue, how will you approach it during the next year?

## Collaborating Organizations

Use the table following to list each agency that your program listed as a partner in the proposal and its current role in the collaborative. Roles can include planning/designing the program; delivery of services; sharing and contributing resources; involvement in program management or oversight and working on sustainability beyond the grant period.

Table 6. Collaborating Partners

Partner Agency	Agency Type	Proposed Role in Collaborative*	Actual Role In Collaborative*	Total No. of Hours Contributed
1.				
2.				
3.				

KEY: A= Program planning; B=Delivery of services, C=Sharing/contributing resources, D= Management/oversight; E=Sustainability; F= other

## Anecdotal Evidence of Program's Impact

Provide anecdotal evidence you have collected during the year of the program about its impact on regularly participating students. Include representative examples of stories of particular students as well as direct quotes gathered through surveys and/or interviews and focus groups with students, parents, teachers, staff, school administrators, program partners and other

community members. Include evidence of behavioral, academic and other developmental outcomes for the children, youth and families you serve.

## Regular and Infrequent Activities

Tables 7 and 8 below ask for information about your project activities. We would like you to distinguish between ongoing activities that occur once or several times a week for a period of weeks (regular activity) and activities that do not occur regularly. Provide us with the following information: the name of the activity, the number of hours the activity as offered in a typical week; the total number of weeks offered, whether the activity was offered before school after-school, on the weekend, during an inter-session, during the summer or a combination of these times. **You do not have to provide activity codes.**

We also need whether the activity occurred during the summer 200\_ or earlier, in fall of 200\_, in winter /spring semester 200\_ , summer 200\_ or a combination of these; the typical ratio of staff to student at the activity; who participated in the activity, the approximate average daily attendance at the activity.

Table 7. Regular Activities for the 200\_-0\_ School Year and Summer 200\_

ACTIVITY	DESCRIPTION OF ACTIVITY				PARTICIPATION IN ACTIVITY				
	Activity Codes	No of hrs offered in typical wk	What % of Participants Served in a Typical week Participated in the activity	Total no. Of weeks offered	Time Activity Offered After= A Before=B Weekend=W	When Activity Offered Summer 0_=S0_ Fall 0_=F Spring 0_=S Summer 0_=S0_	Staffing Level One-on-one=1 Small gp 1:2-7= S Medium gp of 1:8-20=M Large grp over 1:20=L	Who Attended? Students=S Parents=P Families=F	Average Daily Attendance 1-10=A 11-20=B 21-30=C Over 30=D
Ex. Tutoring	J, N, S	5		10	A, W	F, S	M	S	C
Academic improvement									
Academic enrichment									
Tutoring /homework help									
Mentoring									
Activities for English Learners									
Recreational activities									
Activities that target students truant, expelled									
Drug & violence prevention, counseling									



Expanded library hours									
Career/job training									
Supplemental education services									
Community service/ Service learning									
Activities that promote Youth leadership									
Other									
Programs that promote Parent involvement									
Career/job training for Adults									

Table 8. Infrequent Activities for the 200\_-0\_ School year and Summer 200\_

KEY Activity	Activity Codes	No of times offered	When Activity Offered Before=A During =B After=C Weekend=W	Sponsoring Organization	Who Attended? Students=S Parents=P Families=F	Approximate Number Attending
Ex-College Night		5	A, W	LACOE	S	40



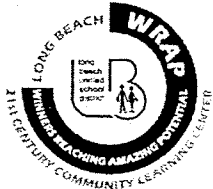
## Long Beach WRAP

“Winners Reaching Amazing Potential”  
After-School Programs

### Data Collection Schedule

Goal	Data Source	Responsible Party	Timeline
1. Improve students' academic achievement.	STAR results	LBUSD Research Department	August/ September
2. Improve students' classroom behavior, attendance rates and attitudes about school.	School attendance records	LBUSD Research Department	July
	Project attendance records (Attendance Trackers)	Partner Agencies	Monthly
	CA Healthy Kids Survey results	Partner Agencies	Fall and Spring
	Student Survey results	Partner Agencies	April
	Parent Survey results	Partner Agencies	April
	Teacher Survey results	Partner Agencies	April
	Parent Focus Groups	Evaluator	May
3. Provide enrichment services that reinforce and complement the academic program.	Qualitative data describing how the program is meeting its objectives	Partner Agencies	June
	Site visits/observations	Evaluator	May
	Activity calendars	Partner Agencies	Monthly
4. Coordinate with existing services to provide support for family literacy and educational services.	Qualitative descriptions of staffing and operational changes	Partner Agencies	June
	Parent interviews	Evaluator	May
5. Improve students' health status.	Parent survey results	Partner Agencies	April
	CA Healthy Kids Survey results	Partner Agencies	Fall and Spring

# FIELD TRIPS



# Long Beach WRAP

"Winners Reaching Amazing Potential"  
After-School Programs

<b>FIELD TRIPS</b>	
Effective Date: 07.01.06	Policy # 035

**Policy:** Each Partner Agency must follow the field trip procedure and complete and submit all field trip paperwork.

**Purpose:** To ensure that field trip transportation requests will be accommodated and school administrator has approved specific field trip.

**Procedure:**

1. The Site Director gets approval for the field from the Program Coordinator.
2. The Program Coordinator submits the approved Field Trip Request Form to the site principal/administrator for approval.
3. The Partner Agency will communicate field trip confirmation with the principal and/or site liaison prior to the field trip.
4. Each student must have a signed Parent/Guardian Permission Slip in order to be provided transportation. The Site Director must carry all signed Permission Slips on the transportation provided and throughout the field trip.

**Source:** Academic Director, LB WRAP

**Templates:**

Field Trip Request Form  
Permission Slip



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TEMPLATE

**FIELD TRIP REQUEST FORM**

This form must be completely filled out in advance of requested field trip date.

Site: \_\_\_\_\_ Date of request: \_\_\_\_\_

Date of trip: \_\_\_\_\_ Day of the week: \_\_\_\_\_

Destination: \_\_\_\_\_ Address: \_\_\_\_\_

Goal/Purpose of Field Trip: \_\_\_\_\_

What arrangements need to be made with place of visit? \_\_\_\_\_

Estimated number of students attending: \_\_\_\_\_ Adults: \_\_\_\_\_

Departure time: \_\_\_\_\_ Departing from (area of school): \_\_\_\_\_

Arrival time at destination: \_\_\_\_\_ Load bus for return: \_\_\_\_\_ Return to school: \_\_\_\_\_

Estimated cost: \_\_\_\_\_

<b>APPROVED</b>	
Site Director Signature _____	Date _____
Site Principal/Administrator Signature _____	Date _____
Program Coordinator Signature _____	Date _____
<b>NOT APPROVED</b>	
Reason _____	Signed _____

**REQUEST TO PARTICIPATE IN FIELD TRIP**

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Description of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Depart \_\_\_\_\_ A.M./P.M. Return \_\_\_\_\_ A.M./P.M.

**Lunch:**

- Student will be at school during lunch
- Student should bring sack lunch
- Other \_\_\_\_\_

**Method of Transportation:**

- Walking
- School Bus
- Private Auto
- Other \_\_\_\_\_

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(To be retained by Supervising Teacher)

**MEDICAL AUTHORIZATION**

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Emergency Telephone Number*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Business Telephone Number*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL. 271690



# Long Beach WRAP

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<b>SAFE BUS RIDING RULES</b>	
Effective Date: 07.01.06	Policy # 036

**Policy:** Partner Agencies must enforce Safe Bus Riding Rules when students are provided transportation.

**Purpose:** To ensure student safety while riding on buses.

**Procedure:**  
Safe Bus Riding Rules will be explained to students prior to riding on any bus.

**Rules:**

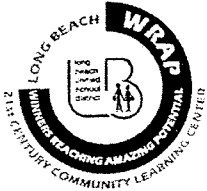
In regards to bus safety, students must:

1. Wait for the school bus quietly and in a safe place well off the road.
2. Follow the instructions of the bus driver without argument or delay.
3. Remain in their seat while the school bus is in motion.
4. Refrain from loud talking or shouting, eating food or playing radios.
5. Help keep the school bus clean.
6. Keep their head and arms inside the school bus at all times.
7. Be courteous to the school bus driver, school personnel and fellow passengers.
8. Be alert for traffic when leaving the school bus.

**Source:** *K-12 Guidelines for Parents and Students 2005-06*, LBUSD  
Program Facilitator, LB WRAP



# PROGRAM ADMINISTRATION



**Long Beach WRAP**  
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**STAFFING REQUIREMENTS  
(Site Directors and Program Coordinators)**

Effective: 07.01.06

Policy # 037

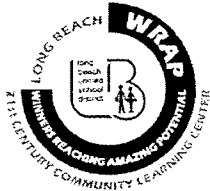
**Policy:** Each Partner Agency will abide by the following staffing requirements for the LB WRAP Program.

**Staffing Requirements (Site Directors and Program Coordinators):**

1. At each site, the ratio of Program Leaders to students must be:
  - 1/15 during Academic Enrichment
  - 1/15 during Academic Assistance
  - 1/20 during Psychophysical ActivityNOTE: Site Directors are NOT to be included in ratios.
2. Each site must have a Site Director in attendance for at least six (6) hours/day. The LBUSD site administrator must be notified immediately in the absence of a Site Director.
3. Each Partner Agency must have a plan in place in the event that a Site Director vacates a position.
4. In the event of a Site Director vacancy, the Partner Agency and the principal will work together in the hiring process. Partner Agencies retain the right to fire or move employees. If a principal has reservations regarding a Partner Agency employee, it is up to the Partner Agency and the principal to decide upon a resolution.
5. If a Partner Agency is managing four or more sites, that Partner Agency must provide one (1) dedicated Program Coordinator for those sites at a minimum of 32 hours per week.

**Purpose:** To ensure program uniformity, safety and quality as well as grant compliance.

**Source:** Partnership Management Team, LB WRAP



# Long Beach WRAP

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<b>STAFF DEVELOPMENT</b>	
Effective Date: 07.01.06	Policy # 038

**Policy:** All Partner Agencies must require staff to attend WRAP 101.

**Purpose:** To ensure that Long Beach WRAP staff is trained and has up-to-date information on topics of relevance to program quality and effectiveness.

**Reference:**  
WRAP 101 Training Schedule

**Procedure:**

Long Beach WRAP will provide WRAP 101 on a quarterly basis.

1. A blank Twelve-Month Calendar is sent to Site Coordinators.
2. Collaboratively, all Site Coordinators identify, determine and finalize dates for Staff Development Trainings.
3. Topics for and required attendance at Staff Development Trainings will be determined based upon:
  - Academic Coaches visits and observations
  - WRAP Coordinators visits and observations
  - Staff requests
4. All Site Directors and Program Coordinators must attend WRAP 101.
5. All Program Leaders must attend WRAP 101.
6. All Site Directors and Program Leaders must attend one monthly WRAP training meeting.
7. All Program Coordinators must attend WRAP trainings specified for Program Coordinators.
8. Additional help can be requested from the Academic Liaison as needed.

**Source:** Academic Director



## Long Beach WRAP

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### After-School Programs

#### CALENDAR/SCHEDULE REQUIREMENTS

Effective Date: 07.01.06

Policy # 039

**Policy:** Program Leaders must provide a monthly calendar for Academic Enrichment and Recreational Activities with all required elements. Monthly calendars are due by the last Friday of each month.

**Purpose: Monthly Calendars:** To provide the Site Director and Program Leaders a **roadmap** of the program structure for the month. It provides Program Leaders with a general idea of what their daily assignments will be for the whole month.

**Weekly Schedules:** To provide Site Directors with a more detailed idea of the lessons/activities planned and the objectives for such lessons/activities. Weekly Schedules will help Site Directors hold the Program Leaders accountable for preparing materials and executing assigned lessons.

#### Procedure:

1. Program Leader develops a monthly calendar that includes the following required elements:

##### Academic Enrichment:

1. Hours of operation
2. Lessons/activities aligned to content standards (justifies reasons for teaching lesson)
3. Examples:
  - Theater
  - Thematic Art Lessons
  - Science Lessons
  - Social Studies Lessons
  - Curricular Lessons
  - Math/KidzMath
  - Literacy/KidzLit
  - Brain in the Box
4. Site Director's Name and contact information (phone, email, etc.)
5. School's name, LB WRAP Logo & Partner's Logo

Note: Monthly resource books given at Site Directors' meeting could provide ideas to fulfill component.

**Psychophysical Activities:**

1. Fun activities to develop students' physical and emotional well-being.
2. Content standard alignment not necessary
3. School and age appropriate
4. Give students the opportunity to experience success
5. All students must be involved.
6. Examples:
  - Organized indoor games
  - Organized outdoor games
  - Organized Sports
  - Board Games
  - Arts and Crafts

**Scheduled Times:**

- Academic Enrichment (45 min)
  - Psychophysical Activities (45 min)
  - Homework Time (1 hour daily)
  - Snack Time (15 min daily)
2. Program Leader develops weekly schedules to provide details of the lessons to be implemented and materials to be available.
  3. Monthly calendars are due to the Academic Director according to the Schedule of Calendar Due dates.

**Source:** Academic Director, LB WRAP



## Long Beach WRAP

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After-School Programs

<b>ACADEMIC LESSON EVALUATION</b>	
Effective Date: 07.01.06	Policy # 040

**Policy:** Each Program Leader will submit a minimum of three Academic Enrichment Lesson Outlines per week (one Language Arts lesson, one Math lesson, one lesson of choice).

**Purpose:** To evaluate Program Leader effectiveness and student understanding of academic lesson presentation.

**Procedure:**

1. On a weekly basis, Program Leaders will submit to the Site Director a minimum of three Academic Enrichment Lesson Outlines that are in alignment with the school's plan or the needs of the students.
2. Academic Enrichment Lesson Outlines are submitted to the Site Director.
3. The Site Director selects one Academic Enrichment Lesson per month to observe Program Leader.
4. The Site Director completes the Academic Lesson Evaluation for the lesson observed.
5. The Academic Lesson Evaluation is reviewed with the Program Leader.

**Source:** Academic Director. LB WRAP

**Forms**

**Used:** Academic Enrichment Lesson Outline  
Academic Lesson Evaluation



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After-School Programs

**Academic Enrichment Lesson Outline**

Theme for the month \_\_\_\_\_ School Site \_\_\_\_\_

Topic/Theme \_\_\_\_\_

Program Leader \_\_\_\_\_ Approximate time needed \_\_\_\_\_

Content Standard/s  
\_\_\_\_\_  
\_\_\_\_\_

Steps of the lesson:

Introduction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instruction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Closure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials and Quantity Needed (be specific): \_\_\_\_\_  
\_\_\_\_\_

Preparation Needed the Day of the Lesson: \_\_\_\_\_

Who will do the prep? \_\_\_\_\_

Before you teach the lesson:

- Are your supplies ready?
- Do you know the facts needed for the lesson? You can have note cards with short statements.
- How will you utilize the rest of your team? Explain. \_\_\_\_\_

■ What visuals or manipulatives will you be using during instruction?

■ How will your students be actively involved during the lesson? Explain.

Does the lesson include the following?

1. Topic/Theme

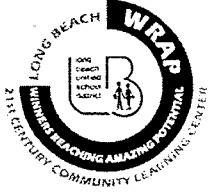
2. Introduction/background

3. Clear statement of the objective

4. Instruction \_\_\_\_\_

5. Closure \_\_\_\_\_





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After-School Programs

**ACADEMIC LESSON EVALUATION**

Program Leader \_\_\_\_\_ Date of Evaluation \_\_\_\_\_ Site \_\_\_\_\_

Name of Activity/Lesson \_\_\_\_\_

**Start of Activity/Introduction**

1. Was everything prepared and ready by the scheduled start time for the activity? \_\_\_\_\_

\_\_\_\_\_

2. Was there a sample available (if applicable) for the students to see? \_\_\_\_\_

\_\_\_\_\_

3. Were the other staff available and helping where needed? \_\_\_\_\_

\_\_\_\_\_

4. Were there enough supplies for all the students? \_\_\_\_\_

\_\_\_\_\_

**Explanation of Activity and Connection to Students**

1. How well was the activity explained to students? \_\_\_\_\_

\_\_\_\_\_

2. Did the explanation of the activity relate to the students (was there interaction and understanding expressed?) \_\_\_\_\_

\_\_\_\_\_

**Content and Educational Value**

Content Standard: \_\_\_\_\_

1. What was the objective of the lesson? \_\_\_\_\_

\_\_\_\_\_

2. Was the lesson appropriate for the grade levels? \_\_\_\_\_

\_\_\_\_\_

3. Was there active participation from the students? \_\_\_\_\_  
\_\_\_\_\_

4. What was learned from the lesson? \_\_\_\_\_  
\_\_\_\_\_

5. What were some of the other teaching techniques/tools used by the Instructor during the lesson? (Examples: wait time, checking for understanding, visuals, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Group Management**

1. How well were behavior issues handled? What techniques were used? Was the discipline plan enforced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did the teaching Instructor utilize the other Program Leaders in the room when needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did the teaching Instructor keep the students interested in the activity? How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Presentation/Comments/Suggestions**

\_\_\_\_\_  
\_\_\_\_\_

Program Leader Signature  
\_\_\_\_\_

Director Signature  
\_\_\_\_\_



## Long Beach WRAP

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### After-School Programs

SITE VISITATIONS	
Effective Date: 07.01.06	Policy # 041

**Policy:** Academic Coaches must make two visits each month to each site.

**Purpose:** To ensure program quality and to determine and establish site needs, goals and timelines.

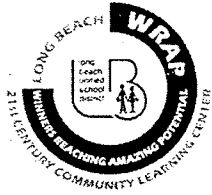
**Procedure:**

1. Using the Initial Site Visit Report, the Academic Coach makes observations in regards to lesson presentation, student activities and staff representation.
2. Based upon observations and discussions with staff, the Academic Coach determines needs, develops goals and establishes timelines.
3. The Academic Coach completes the Site Visit Follow-up form following the observation of the second lesson observed.
4. The Academic Coach submits the Site Visit Follow-up to the Academic Director within one week following the site visit.

**Source:** Academic Director, LBUSD

**Forms**

**Used:** Initial Site Visit Report  
Site Visit Follow-up



# Long Beach WRAP

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After-School Programs

## INITIAL SITE VISIT REPORT

Site: \_\_\_\_\_

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

Visited by: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Were students participating in their scheduled activity? (circle one) YES NO

**Strengths Observed:**

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**Concerns to be addressed:**

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**Next Steps:**

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**Comments:**

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**Note:** A copy of this site visit report must be provided to the agency's coordinator and CEO within two working days of visit.



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**SITE VISIT FOLLOW-UP**

Site: \_\_\_\_\_

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

Visited by: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Were students participating in their scheduled activity? (circle one) YES NO

**Strengths Observed:**

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**Concern addressed:**

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**Action Plan:**

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**Comments:**

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**Note:** A copy of this site visit report must be provided to the agency's coordinator and CEO within two working days of visit.



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<b>CLASSROOM TEACHER TO PROGRAM LEADER COMMUNICATION</b>	
Effective Date: 07.01.06	Policy # 042

**Policy:** The Program Leader will give classroom teachers the Classroom Connection form for every student in his/her cluster at least three times a year at appropriately spaced intervals.

**Purpose:** To provide communication between the classroom teacher and the Program staff regarding student homework habits, academic needs and behavioral characteristics.

**Procedure:**

1. The Program Leader completes the upper portion of the Classroom Connections form for every student enrolled in his/her cluster.
2. The Classroom Connections sheet is delivered to the appropriate teacher via email, district mail or hand delivery.
3. The classroom teacher returns the completed Classroom Connection form to the Site Director by the due date requested.
4. The Site Director shares the information with appropriate Program Leader.
5. The Program Leader uses the information gathered about the student to develop or adjust the student's academic and behavior plans during activities.

**Source:** Academic Director, LB WRAP

**Template:** Classroom Connections form





TEMPLATE

# Long Beach WRAP

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## After-School Programs

### CLASSROOM CONNECTION

Site \_\_\_\_\_ Teacher \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Date \_\_\_\_\_

As a Long Beach WRAP Program Leader, I want to make sure I provide the best possible homework assistance and academic/behavior plans for each student enrolled in my cluster. I can best accomplish this by connecting with each student's teacher to gather as much information as possible. Please answer the questions below and return this form to the Site Director \_\_\_\_\_ by \_\_\_\_\_. We will use the information you provide to assist this student in improving his/her homework, academic and social performance. Thank you for your support.

Long Beach WRAP Program Leader \_\_\_\_\_

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Student \_\_\_\_\_ Grade \_\_\_\_\_ Reading Level \_\_\_\_\_

Is this student:

- |                                         |            |           |
|-----------------------------------------|------------|-----------|
| <b>Attending class regularly?</b>       | <b>YES</b> | <b>NO</b> |
| <b>Active in class participation?</b>   | <b>YES</b> | <b>NO</b> |
| <b>Bilingual?</b>                       | <b>YES</b> | <b>NO</b> |
| <b>Seeming to like school?</b>          | <b>YES</b> | <b>NO</b> |
| <b>Completing homework?</b>             | <b>YES</b> | <b>NO</b> |
| <b>Practicing appropriate behavior?</b> | <b>YES</b> | <b>NO</b> |
| If NO, how can behavior be improved?    |            |           |
| <b>In need of tutoring assistance?</b>  | <b>YES</b> | <b>NO</b> |
| If YES, in what areas?                  |            |           |

Suggestions, specific materials and/or resources that should be used:

\_\_\_\_\_  
\_\_\_\_\_

Other comments:

\_\_\_\_\_  
\_\_\_\_\_