

Annual Notifications for All Employees

VISTA UNIFIED SCHOOL DISTRICT

Child Abuse Reporting Requirements for All Employees

BOARD POLICY NO. 4119 / 4219 / 4319

The District requires each employee to adhere to the Child Abuse and Neglect Reporting Act (Penal Code sections 11164-11174.3).

Each employee who has knowledge of or observes a child in the employee's professional capacity or within the scope of employment when the employee knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone:

SAN DIEGO

San Diego County CWS Agency
1600 Pacific Highway
San Diego, CA 92101
800-344-6000

http://www.sdcounty.ca.gov/hhsa/programs/cs/child_welfare_services

Each employee then shall prepare and send a written report to the child protective agency within 36 hours of receiving the information concerning the incident.

The child abuse reporting form is available in the front office at each site and department. It is also available via the web at:

http://ag.ca.gov/childabuse/pdf/ss_8572.pdf

On an annual basis all VUSD employees take the online Mandatory Reporter training course through Keenan SafeSchools online module.

VISTA UNIFIED SCHOOL DISTRICT

ADMINISTRATIVE REGULATION NO. 4030

All Personnel

NONDISCRIMINATION AND NONHARASSMENT IN EMPLOYMENT

Unlawful discrimination or harassment of an individual includes:

1. Slurs, epithets, threats or verbal abuse
2. Derogatory or degrading comments, descriptions, drawings, pictures or gestures
3. Unwelcome jokes, stories, teasing or taunting
4. Any other verbal, written, visual or physical conduct against the individual which:
 - a. Adversely affects his/her employment opportunities, or
 - b. Has the purpose or effect of unreasonably interfering with his/her work performance or creating an intimidating, hostile or offensive work environment

Any employee or job applicant who feels that he/she has been or is being unlawfully discriminated against or harassed should immediately contact his/her supervisor, the nondiscrimination coordinator or the Superintendent in order to obtain procedures for reporting a complaint. Such complaints shall be filed in accordance with AR 4031 - Complaints Concerning Discrimination in Employment. An employee may bypass his/her supervisor when the supervisor is the alleged offender and the report will be made to the supervisor's supervisor or the Assistant Superintendent Human Resources.

Any supervisor who receives a discrimination/harassment complaint shall immediately notify the Assistant Superintendent, Human Resources who shall ensure that the complaint is appropriately investigated in accordance with district policy and regulations.

The Superintendent or designee shall ensure that annual training is provided to all employees regarding the issues of discrimination.

Cross Reference:

BOARD POLICY

4031 - Complaints Concerning Discrimination in Employment

4119.11/4219.11/4319.11 - Sexual Harassment

Policy Reviewed – 1st Reading: September 9, 2010
2nd Reading & Adoption: October 21, 2010

Resolving Complaints Concerning The Vista Unified School District

Any interested parties, person or group with a legitimate interest in the programs and services of the Vista Unified School District shall have the right to present a request, suggestion, concern or complaint regarding personnel, programs, materials, or operations. It is the intent of the Board of Trustees to provide the means for addressing each public concern and complaint in a fair and impartial manner and to seek an appropriate remedy.

The Board of Trustees believes that the quality of the Vista Unified School District's programs can be improved when the Superintendent and staff listen to complaints and opinions, and resolve differences and/or disagreements through an established, objective process.

Individual members of the Board of Trustees do not have authority to resolve complaints. If approached directly with a complaint, Board members should refer the complainant to the Superintendent or his/her designee so that the issue can receive proper consideration.

The Superintendent maintains administrative procedures for handling complaints in a manner that is timely and meets the requirement of state and federal law.

In the event of a conflict between processes, the more specific process will apply. Final determination of the controlling administrative procedure will be made by the Superintendent.

Uniform Complaint Procedures

The Board of Trustees recognizes that the District has a primary responsibility/duty to ensure local agency compliance with state and federal laws and regulations governing educational programs. The Superintendent shall follow Uniform Complaint Procedures when addressing complaints alleging:

1. Failure to comply with state or federal laws and regulations in consolidated categorical aid programs, migrant education, career technical education, child care and development programs, child nutrition programs, and special education programs, as specified in California Code of Regulations, title 5 section 4610, to the extent that such programs are offered by the Vista Unified School District. (Administrative Regulation 1312.3, Uniform Complaint Procedures)
2. Unlawful discrimination, harassment, intimidation, and/or bullying against any protected group specified in Education Code sections 200 and 220 and Government Code section 11135, including actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, or age, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity that receives or benefits from state or federal funding. (Administrative Regulation 1312.3, Uniform Complaint Procedures)
3. Failure to comply with federal school safety planning requirements of the No Child Left Behind Act of 2001. (Administrative 1312.3, Uniform Complaint Procedures)
4. Deficiencies related to instructional materials, teacher vacancies or misassignments, and/or emergency or urgent facilities conditions that pose a threat to health and safety of students or staff in schools and programs operated by the Superintendent (Williams Settlement). (Administrative Regulation 1312.4, Uniform Complaint Procedures, Student Learning)
5. Deficiencies related to the provision of intensive instruction and services after grade 12 to students who have not passed one or both parts of the California High School Exit Examination (Valenzuela Settlement). (Administrative Regulation 1312.4, Uniform Complaint Procedures, Student Learning)

6. Failure to comply with Education Code 49010, Pupil Fees (Administrative Regulation 1312.3)

Complaints Regarding Special Education Programs and Services

The Superintendent maintains administrative regulations for handling complaints regarding special education programs and services as follows:

1. Allegations of violations of state or federal law regarding special education, including unlawful discrimination, harassment, intimidation, bullying and/or failure to implement an Individualized Education Program (IEP), shall be addressed in accordance with Uniform Complaint Procedures. (Administrative Regulation 1312.3, Uniform Complaint Procedures)
2. Disagreements regarding the identification, assessment, or educational placement of a student or the provision of a free appropriate public education shall be addressed in accordance with due process hearing procedures.

Complaints Concerning Adopted Instructional Materials

The Board of Trustees takes great care in the adoption of instructional materials but recognizes that occasional objections to specific instructional materials may be made. The Superintendent maintains an administrative regulation to ensure proper consideration of any

complaints regarding the content or use of adopted instructional materials, including textbooks, technology-based materials, other educational materials, and tests. (Administrative Regulation 1312.2, Resolving Complaints Regarding Adopted Instructional Materials)

Complaints concerning access by students to required textbooks or instructional materials that are in good and usable condition shall be addressed in accordance with Uniform Complaint Procedures. (Administrative Regulation 1312.4, Uniform Complaint Procedures, Student Learning)

Other Complaint Processes

The Board of Trustees maintains other policies and the Superintendent maintains other administrative regulations regarding complaint processes for sexual harassment, child abuse, and employment discrimination. In addition, collective bargaining agreements may contain provisions relating to the filing of complaints about represented employees.

Complainants have the right to file complaints against an employee of the District or any other person that he/she suspects has engaged in abuse of a child at a school site or sexual harassment. (Administrative Regulation 1312.1, Resolving Complaints Concerning Employees and Board Policy 4003, Nondiscrimination—óHarassment of Employees)

Complainants are protected from retaliation and the identity of a complainant alleging discrimination will remain confidential as appropriate.

Legal Reference:

EDUCATION CODE:

200

220

260-262.4

32289

35186

49010-49013

56346

56500-56509

GOVERNMENT CODE:

11135

CALIFORNIA CODE OF REGULATIONS, TITLE 5:

3080

3081

4600-4671

UNITED STATES CODE, TITLE 20:

1221 et seq.,

1400-1482

1681 et seq.,

6301 et seq.

UNITED STATES CODE, TITLE 29:

794 Rehabilitation Act of 1973, Section 504

United States Code, Title 42:

1931 et seq. Title VII, Civil Rights Act of 1964

Policy VISTA UNIFIED SCHOOL DISTRICT

adopted: August 19, 2010 Vista, California

revised: April 18, 2013

Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2357. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: PO Box 54770, Irvine, CA 92619-4770
Telephone Number: (888) 626-1737
Email address: MPNcontact@harcorsys.com

General information regarding the MPN can also be found at the following website: www.harborsys.com/Keenan

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/Keenan. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website: www.harborsys.com/Keenan.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.