

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)		
WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

Physical Development/Case History

Teacher: _____ Site: _____ Date: _____

Child's name: _____ Birthdate: _____

Name and birthdate of brothers and sisters: _____

Child Physical Development

Was there any injury or diseases during pregnancy? Describe: _____

	Yes	No
Was the child's birth normal?		
Was there prolonged labor?		
Was the child born prematurely?		

Nature of delivery? _____

Child's birth weight? _____

What age did child roll over while lying in crib? _____

Crawled _____ Walked _____ Talked _____

Are bowel movements regular? Yes _____ No _____

Word used for bowel movement. _____

List any examination that your child has had:

	Date	Physician	Telephone
Physical			
Vision			
Hearing			
Other			

General health of child: _____

What illnesses, operations or injuries has your child had and at what age: _____

Any physical abnormalities? (If so, explain): _____

CUSD/EARLY CHILDHOOD EDUCATION

Admission Agreement

The parent/guardian of _____ (child's name) accepts and agrees to follow the policies of the Early Childhood Education as described below:

1. Children must be signed in and out by an adult, over the age of 18, and must be on emergency contact list. A valid photo ID is required.
2. There must be a minimum of three (3) adults who can be reached during class hours of operation.
3. Absences are excused for illness, medical appointments, court appearances, and family emergencies. If a child is absent for more than 5 days, a doctor's note or an explanation letter from parents is necessary to re-enter class. Parents/guardians are required to specify the reason for the absence. Children sent home with a fever would not be admitted until 24 hours after the fever breaks.
4. Students are expected to follow the rules of behavior established by Compton Unified School District. Conduct of children, which repeatedly disrupts the smooth and efficient operation of the program and cannot be reasonably controlled by staff, may result in termination of services.
5. Families will be re-certified at least once every 12 months. However, re-certifications may occur at any time there is a change in family status, or at the discretion of the ECE staff.
6. Depending on contract hours. Full-day and part-day children will receive breakfast and/or lunch.
7. Per federal regulations,, false statements on the application, with the intent to commit fraud, will result in immediate termination and liability for damages.
8. Reasons to terminate services include:
 - Five (5) late pick-ups.
 - Three (3) consecutive unexcused absences.
 - Failure of family to meet eligibility or need criteria.
 - False statements made on the application, and/or incomplete paperwork.
 - Verbal or physical abuse of a staff member by a parent or guardian.
 - Severe or uncontrollable behavior by the child.
 - Failure of the parent/guardian to maintain current and accurate emergency information.
 - Failure of parent/guardian to comply with Early Childhood Education rules and regulations.

Families whose services have been terminated may return to the Waiting List after six (6) months, upon application. For detailed information, please consult your Parent Handbook.

My signature signifies that I have been informed of and understand the conditions of the Admission Agreement for General Childcare and State preschool programs of the Early Childhood Education Department of the Compton Unified School District.

Parent/Guardian Signature

Date

Staff Initials

Date

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

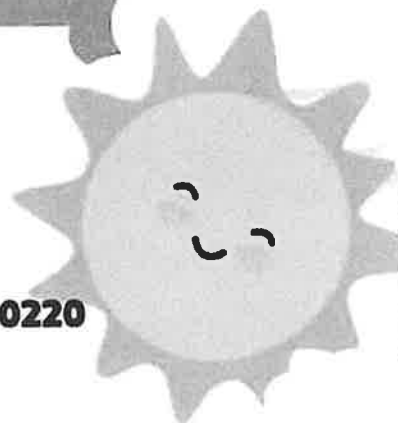
WORK PHONE

()



EARLY CHILDHOOD EDUCATION PRESCHOOL PROGRAM

411 N. Tajauta Avenue, Compton, CA 90220
310-898-6008



Employment Verification

Parent's/Guardian's
Name _____

Child's Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Name of Employer _____

Work Address _____ City _____ Zip _____

Work Phone # _____

I authorize my employer, described above, to release the requested employment information, without liability to CUSD/ECE.

Autorizo a mi empleador, descrito anteriormente, para dar la información de empleo solicitado, sin responsabilidad, a CUSD/ECE.

Signature of Parent/Guardian _____

Date _____

Dear Employer:

Please fill in the following information and return this to Compton Unified School District, Early Childhood Development at the address above or scan and send to gmengivar@compton.k12.ca.us.

Date Employment Began: _____

Today's Date: _____

Daily Hours of Work (eg: 9:00 am to 5:00 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Amount of Gross Pay: _____

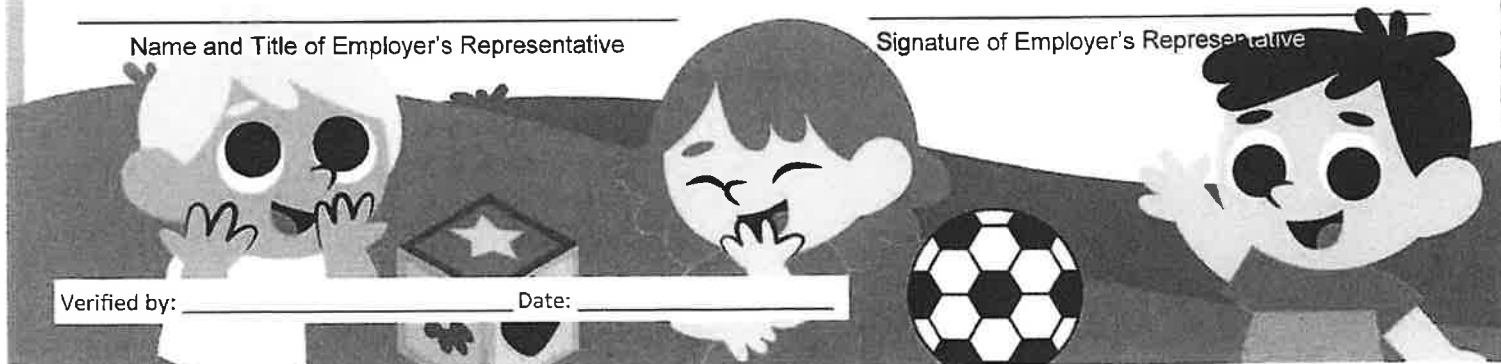
Please circle one: CASH OR CHECK

Pay schedule (frequency gross pay is received): Weekly Bi-weekly Semi-monthly Monthly

Name and Title of Employer's Representative _____

Signature of Employer's Representative _____

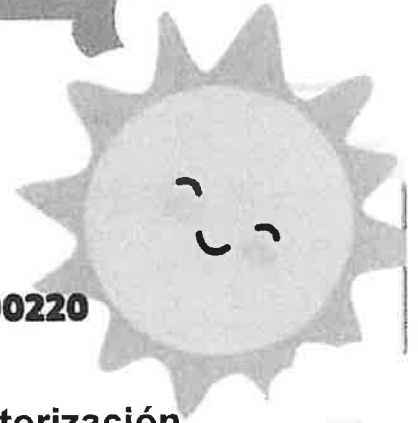
Verified by: _____ Date: _____





EARLY CHILDHOOD EDUCATION PRESCHOOL PROGRAM

411 N. Tajauta Avenue, Compton, CA 90220
310-898-6008



Model Release Form/Modelo Formulario de Autorización

20__ - 20__

I, _____, the parent/guardian of the minor named below and have the legal authority to execute this release, do hereby give the Compton Unified School District, its assigns, licenses and legal representatives the irrevocable right to use my child's picture, portrait or photograph in all forms and media, including the district's website, and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, in consideration of \$0.00 receipt of which is acknowledged.

I have read this release and am fully familiar with its contents.

Facility Name: _____

Students Name: _____

Parent/Guardian Signature: _____

Yo, _____, el padre / tutor del menor mencionado a continuación y tengo la autoridad legal para ejecutar este descargo, por la presente otorgo al Distrito Escolar Unificado de Compton, sus cesionarios, licencias y representantes legales el derecho irrevocable de usar la fotografía, retrato o fotografiar en todas las formas y medios, incluido el sitio web del distrito, y en todas las formas, incluidas las representaciones compuestas o distorsionadas, para publicidad, comercio o cualquier otro propósito legal. Renuncio a cualquier derecho de inspeccionar o aprobar el producto terminado, incluida la copia por escrito, que pueda crearse en relación con el mismo, en consideración del recibo de \$ 0.00 del cual se acusa recibo.

He leído este comunicado y estoy completamente familiarizado con su contenido.

Nombre del Establecimiento: _____

Nombre del Estudiante: _____

Firma del Padre/Madre o
Representante Autorizado: _____



CUSD/EARLY CHILDHOOD EDUCATION

411 N. Tajauta Ave, Compton, CA 90220

(310) 898-6008 Office

FAMILY INTEREST/NEEDS

Child's Name: _____

Parent(s) or Guardian(s) Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Teacher's name: _____ Site/Session (am/pm) _____

1. Personal or family goal that our program can assist with:

2. Area of Need: I would like information, help or assistance in the following areas: (Please check all that apply)

☐	Housing	_____			
☐	Energy Assistance	_____			
☐	Legal	_____			
☐	Food	_____			
☐	Clothing	_____			
☐	Childcare Assistance	_____			
☐	Health Concerns	Medical	Child	Adult	_____
☐		Dental	Child	Adult	_____
☐	Mental Health Concerns		Child	Adult	_____
☐	Nutritional Concerns	Child		Adult	_____
☐	Education & Employment	Job Search Basic Skills	Employment Vocational Training	GED	Career Advancement College Courses
☐	Parenting Information	_____			
☐	Recreational Information	_____			
☐	Support Group Information	_____			
☐	Information about the community	_____			
☐	Area of interest for presentations at parent meetings	_____			
☐	Other Information	_____			
☐	No, at this moment I don't wish for any information	_____			

Childs Name

Parent Signature

Date

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

DEPARTMENT OF SOCIAL SERVICES - CCLD

ADDRESS

300 N. CONTINENTAL BLVD STE 290A

CITY

EL SEGUNDO

ZIP CODE

90245-5042

AREA CODE/TELEPHONE NUMBER

424-301-3077

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at _____ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- ☐ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: _____

- ☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

- ☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

- ☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED:



Compton Unified School District
Early Childhood Education
411 N. Tajauta Avenue
Compton, CA 90220

CHILD'S DEVELOPMENT INFORMATION

My signature below indicates that, I _____ give my permission for the Compton Unified School District Early Childhood Education to transfer any information regarding my child's preschool experience to the elementary school that my child will attend. This information includes, but is not limited to: developmental issues, social interaction abilities, health background and diagnostic assessments (Desired results).

Childs Name

Parent Signature

Staff Signature



Compton Unified School District
Early Childhood Education
411 N. Tajauta Avenue
Compton, CA 90220

INFORMACIÓN SOBRE EL DESARROLLO DEL NIÑO

Mi firma a continuación indica que, _____ doy mi permiso para que el Departamento de Educación Infantil Temprana del Distrito Escolar Unificado de Compton transfiera cualquier información sobre la experiencia preescolar de mi hijo a la escuela primaria a la que asistirá mi hijo. Esta información incluye, pero no se limita a: problemas de desarrollo, habilidades de interacción social, antecedentes de salud y evaluaciones diagnósticas (resultados deseados).

Nombre del niño

Firma de los padres

Firma del personal

Distrito Escolar Unificado de Compton
Educación Infantil
411 N. Tajauta Avenue, Compton, CA 90220
(310) 898-6008

**AVISO DE REQUERIMIENTO PARA RECUPERAR LOS COSTOS DE CUIDADO
INFANTIL INCURRIDOS COMO RESULTADO DE FRAUDE O ENGAÑO**

El Departamento de Educación del Estado, División de Desarrollo Infantil, requiere que el Distrito Escolar Unificado de Compton, Educación de la Primera Infancia, haga todos los esfuerzos razonables para recuperar cualquier costo de cuidado infantil que se haya proporcionado como resultado de fraude o engaño. El esfuerzo razonable para recuperar el costo de dichos servicios de cuidado infantil puede incluir:

- Establecer un plan de pago adecuado
- Tribunal de reclamos menores
- Remisión al Fiscal de Distrito

La evidencia de fraude o engaño en la determinación de la elegibilidad inicial o continua para los servicios de desarrollo infantil y/o las cuotas iniciales o continuas de los padres también resultará en la terminación de los servicios de desarrollo infantil.

He recibido y entiendo la notificación mencionada anteriormente y una copia de la Notificación de Acción relacionada.

Firma de la parte que se inscribe

Fecha

Centro

ACOSO SEXUAL Y REGISTRO DE DENUNCIAS

(Código de Educación 48980(g), 48900.2 y 231.5) (Política de la Junta Directiva 5145.46)

Es política del Distrito Escolar Unificado de Compton que no se tolerará el acoso sexual. Se le entregó una copia de la política de procedimiento de quejas de acoso sexual en su paquete de inscripción y hay formularios adicionales disponibles para usted en la oficina de ECE.

El acoso sexual se define en la Sección 212.5 del Código de Educación como insinuaciones sexuales no deseadas, solicitudes de insinuaciones sexuales, solicitudes de favores sexuales y otras conductas verbales, visuales o físicas de naturaleza sexual cuando:

1. La sumisión a dicha conducta se hace explícitamente, ya sea implícitamente o como condición del empleo de una persona; situación académica;
2. La sumisión o el rechazo de dicha conducta por parte de una persona se utiliza como base para las decisiones laborales o académicas que afectan a dicha persona.
3. La conducta tiene el propósito o el efecto de tener un impacto negativo en el trabajo o el rendimiento académico de la persona, o de crear un entorno laboral o educativo intimidatorio, hostil u ofensivo; o
4. La sumisión o el rechazo de la conducta por parte de la persona se utiliza como base para cualquier decisión que afecte a la persona con respecto a los beneficios y servicios, honores, programas o actividades disponibles en o a través de la institución educativa.
5. La conducta descrita como acoso sexual debe considerarse lo suficientemente grave o generalizada como para tener un impacto negativo en el rendimiento académico de la persona o para crear un entorno educativo intimidatorio, hostil u ofensivo.

Cualquier estudiante, padre/tutor o miembro del personal que sienta que ha sido víctima de acoso sexual como se define en esta política deberá informar inmediatamente a cualquier miembro del personal. El miembro del personal que reciba la queja deberá informar inmediatamente el incidente al director o a la persona designada. El mandante o la persona designada iniciará una investigación sobre la queja. Se hará un informe a la policía para los casos que se determine que son acoso sexual, según se define en esta regulación. Se anima a cualquier estudiante que tenga conocimiento de la conducta de otros estudiantes, empleados del Distrito, voluntarios u otras personas de la comunidad escolar como se definió anteriormente, a informar inmediatamente dicha conducta al director o a la persona designada.

Compton Unified School District

Uniform Complaint Procedures Summary

District Policy

The District shall have the primary responsibility to insure compliance with applicable state and federal laws and regulation and shall investigate complaints alleging failure to comply, and seek to resolve those complaints.

The District Policy applies to the following programs: Adult Basic Education, Consolidated Categorical Aid Programs, Migrant Education, Childcare and Development, Child Nutrition, and Special Education.

This policy applies to the filing of complaints which allege unlawful discrimination on the basis of ethnic group identification, religion, age, sex, color or physical or mental disability, in any program or activity conducted by a local agency which is funded directly by or receives benefits from any State financial assistance.

Filing a Complaint

An investigation of alleged unlawful discrimination shall be initiated by filing a complaint no later than six months from the date the alleged discrimination occurred, or the date the complainant first obtained knowledge of the facts of the alleged discrimination unless the time for filing is extended by the State Superintendent of Public Instruction, upon written request by the complainant setting forth the reasons for the extension.

- 1) The complaint shall be filed by one who alleges that he or she has personally suffered unlawful discrimination, or by an individual who officially represents a specific class of individuals alleging that it has been subjected to discrimination prohibited by this part.
- 2) The complaint shall be filed in writing with the district superintendent or his or her designee, unless the complainant request direct intervention by the State Department of Education pursuant to provision of this policy.
- 3) An investigation of a discrimination complaint shall be conducted in a manner that projects confidentiality of the parties and the facts.

District Responsibilities

The District's Decision (the Decision) shall be in writing and sent to the complainant within sixty (60) days from receipt of the complaint by the district. The Decision shall contain the findings and disposition of the Complaint, including corrective actions, if any, the rationale for disposition.

Appealing District Decisions

Complainant(s) may appeal a District Decision to the State Department of Public Instruction by filing a written appeal with the State Superintendent within fifteen (15) days of receiving the District Decision. Extensions for filing appeals may be granted, in writing, for good cause.

COPIES OF THE ACTUAL UNIFORM COMPLAINT PROCEDURES, DISTRICT POLICY 0440(a), ARE AVAILABLE AT THE LOCAL SCHOOL, OR DISTRICT OFFICE AND ARE WRITTEN IN ENGLISH AND SPANISH