



# **MOUNTAIN VIEW SCHOOL DISTRICT**

## **BUSINESS SERVICES DIVISION HANDBOOK**

**Business Services  
Nutrition Services  
Maintenance  
Custodial  
Transportation  
Warehouse**

Revised  
July 2018

**“IMPORTANT STUDENT ACHIEVEMENT THROUGH HIGH EXPECTATIONS”**

## **Business Services**

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## **Notice to Employees**

### **If a work injury occurs**

California law guarantees certain benefits to employees who are injured or become ill because of their jobs. Any job-related injury or illness is covered. Types of injuries and illnesses covered include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or claims administrator if you have questions.

All work-related injuries must be reported to your supervisor immediately. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

### **In the event of a work injury**

1. Be sure first aid is given.
2. If emergency medical treatment is needed call 911.
3. See that the injured employee is taken to a doctor or hospital, if necessary.
4. Report all injuries immediately to your supervisor.
5. Contact your employer representative or claim administrator if you have questions about workers' compensation. You may also contact an Information and Assistance Office at (866) 692-7487.

## Workers' Compensation

### Guidelines

If the injury is life-threatening, call 911 and, after the employee has received medical attention, complete the follow-up procedures listed below. Please contact the Administrative Offices as soon as possible

- 1) Employee notifies the supervisor immediately about the injury, and calls Injury Hotline (855) 969-3441 to make a report.
- 2) Injury Hotline nurse will advise the employee whether to seek medical treatment or not.
- 3) If medical treatment is needed, Hazelrigg will fax the authorization for treatment to the medical facility to let them know the injured employee is on his/her way. (The closest facility to the district is U.S. HealthWorks Medical Group in El Monte).
- 4) Hazelrigg will send all the injury incident reports to Business Services. The Certificated Payroll Account Clerk will receive a copy of the reports for certificated employees, and the Classified Payroll Account Clerk a copy for classified employees.
- 5) The office manager will provide the Workers' Compensation Claim Form (DWC 1) to the injured employee. The DWC 1 form must be completed if the employee chooses to receive medical treatment. Once the form is signed by the Principal/Supervisor please send it to Business Services via email or district mail.
- 6) **A Supervisor's Report of Employee injury must be completed anytime an injury occurs and needs to be sent to Business Services**
- 7) If the injured employee is treated by a physician, a **work status report** will be sent to Business Services, Certificated Payroll Clerk will receive a copy for certificated employees, and Classified Payroll Clerk a copy for classified employees. If the physician recommends work restrictions for the injured employee, Business Services will call the Principal/Supervisor to determine if they can accommodate the restrictions identified on the work status report.

## **PLEASE READ CAREFULLY**

### **WORKERS' COMPENSATION REPORTING PROCEDURE**

#### ✓ **Procedure for an employee reporting a work-related injury and DOES NOT NEED MEDICAL ATTENTION**

1. Provide the employee with an Incident Report Form.
2. Employee needs to complete the top portion *immediately*.
3. Employee needs to notify a supervisor or director if they feel they need to see a doctor.
4. Report the incident to the district Workers' Compensation Injury Hotline *immediately* at **Phone (855) 969-3441**. (State law requires that all work-related injuries be reported within 24 hours)
5. Supervisor must complete the bottom portion of the Incident Report Form *immediately*. Please be sure to complete each line.
6. Please, **do not** fill out a DWC-1 Claim Form if the injured employee is **not** going or does not plan to go to a doctor.
7. Complete Supervisor's Report form an email it or send to Executive Assistant, in the Personnel Services.
8. Please send the completed Incident Report form to the Workers' Compensation Office.

#### ✓ **Procedure for an employee reporting a work-related injury and NEEDS IMMEDIATE MEDICAL ATTENTION from a designated provider chosen from the list included in workers' comp. packet.**

1. Provide the employee with the Facts for Injured Workers packet.
2. Employee must call Injury Hotline at (855) 969-3441 to report the incident. If the Injury Hotline is busy please fill out an authorization form and send him/her to the US Health Works Clinic. Employee must complete the top section of the DWC-1 Claim forms *immediately*. (State law requires that all work-related injuries be reported within 24 hours.)
3. Notify the employee that they are responsible for reading and complying with the information in the packet.
4. The injured employee may only see a doctor on the Designated Providers list or the doctor that they pre-designated prior to the injury. (Workers' Comp. Coordinator keeps a record on file if one was completed.)
5. Supervisor must complete the bottom section of the DCW-1 Claim form *immediately*. Please be sure to complete each line.
6. Email a copy of the completed Supervisor Report and DWC-1 Claim forms to the Workers' Compensation Coordinator *immediately* to the Executive Assistant of Personnel Services. (If claims are not filed in a timely manner, medical authorization will be denied.)
7. Via District's mail, please send the completed Supervisor's Report and DWC-1 Claim forms to the Workers' Compensation Coordinator.
8. The employee must provide their site and Workers' Compensation Coordinator a written work status report after each visit to the approved medical provider as well as before returning to work.

Date DWC1 claim form was provided to employee \_\_\_\_\_  
DATE WellComp MPN brochure was provided to employee \_\_\_\_\_

**Mountain View School District**

**Business Services**

**Supervisor's Report of Employee Injury**

Name of Injured: \_\_\_\_\_

Age: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Hour: \_\_\_\_\_ (a.m. / p.m.)

Date Reported: \_\_\_\_\_ Hour: \_\_\_\_\_ (a.m. / p.m.)

Accident Location: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Name of Medical Facility: \_\_\_\_\_

**(If the employee does not want to seek medical treatment at this time please write it on the line.)**

Did Injured Leave Work? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m. / p.m.)

Did Injured Return to Work? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m. / p.m.)

Describe How Accident Occurred: \_\_\_\_\_

Names of Witnesses: \_\_\_\_\_

What steps have been taken to prevent similar accidents?

Date \_\_\_\_\_ 20 \_\_\_\_ Supervisor's Signature \_\_\_\_\_





**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

**Employee—complete this section and see note above    Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.    Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_
18. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

**SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY**

**EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD**

- Employee copy/Copia del Empleador     Employee copy/ Copia del Empleado     Claims Administrator/Administrador de Reclamos     Temporary Receipt/Recibo del Empleado

## Incident Report Details

### When should a school incident report be completed?

A school incident report should be prepared for any event or mishap which results or is like to result in injury to a person or damage to or loss of property that occurs on school premises or during school activities that are not minor. "School activities" includes, but is not limited to, school-provided transportation, excursions and events conducted by Boosters and organized school sports events, and use of a school facility by a community group. A commonsense approach should be taken to determining whether or not an incident is minor. As a guide, an incident is not minor, and a report should generally be prepared when:

- There is an observed or reported incident which involves death, injury or hospitalizations; or
- A person sustains an injury to the head or loses consciousness; or
- A person sustains an injury to the eyes or where teeth are broken or dislodged; or
- A person sustains broken bones or lacerations requiring suture; or
- It is necessary to transport an injured person to the hospital; (please see ASCIP's Guide: "Student Emergency Transport Guidelines"☺); or
- Medical attention is provided on site by an ambulance officer or health care professional; or
- A student has to leave school early as a consequence of an incident; or
- A parent, caregiver or relative is summoned to the school as a consequence of an incident; or
- Parents or caregivers are advised to take a student to a doctor for precautionary reasons; or
- Any person observes or reports inappropriate contact or conduct by or between staff, students or persons, such as but not limited to, inappropriate touching, harassment, fighting, bullying or similar incidents;
- When emergency services (i.e. 9-1-1-), the police, the fire department, child protective services or any other such professionals are called to respond to or investigate an incident; or
- The principal or his or her delegate has determined, at his or her own discretion, that there is any potential for legal proceedings (whether civil or criminal) to result from the incident/injury.

The school incident report should be prepared as close as possible to the time of the incident – preferably on the same day. In the event any non-minor incident is reported by the student, visitor, or parent after the event has occurred, a report should be still be prepared as soon as possible.



**MOUNTAIN VIEW SCHOOL DISTRICT**

**INDUSTRIAL PRE-DESIGNATION FORM  
Labor Code 3551**

Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Pursuant to 8 Cal C Regs 9780, the definition of "Personal Physician" means:

- A doctor of medicine or doctor of osteopathy,
- Who, prior to the injury, has directed the medical treatment of the employee,
- Who retains medical records and medical history of the employee,
- Also includes a corporation, partnership or association of such doctors of medicine or osteopathy,
- If you pre-designate a chiropractor, you must first be seen by the employer's occupational clinic or medical facility denoted on the posting notice.

The Personal Physician is required to adhere to 8 Cal C Regs 9785, the Reporting Duties of the Primary Treating Physician.

Personal Physician's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

The employer is required to provide this form to employees hired after January 1, 2003. The employee is responsible for returning the completed form to the employer.

If the employee does not return the form to the employer prior to any industrial injury or illness, the employee is to seek medical treatment from the employer-designated occupational clinic or medical facility as directed on the employer's posted notices regarding worker's compensation.

This notice and election shall remain in full force and effect until revoked in writing by the undersigned employee.

\_\_\_\_\_  
Employee Name (type or print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **Who should prepare the documentation?**

The nature and gravity of the incident should be considered before determining who is best to investigate and prepare the report. A serious event should be immediately reported to District risk management or legal counsel for guidance, while at the same time identifying witnesses and preserving all evidence (including campus video), as necessary. For a routine incident, the school incident report should be prepared by the principal, administrator or other delegated school staff. It is preferable, wherever possible, that the collation of school incident reports and related witness statement or other documentation should be undertaken by a senior member of staff who is not a witness and who has not been directly involved in the incident. Students participate in a variety of sporting and other activities endorsed by the District which are not arranged or supervised by a particular school. In these situations, the senior District officer appointed to manage or coordinate the activity should prepare the school incident report and forward it to the school principal of the student concerned. A template for preparing school incident reports is attached. In relation to incidents arising out of the community use of school facilities, all relevant information should be prepared and collated in accordance with the terms of the District's use of school facilities policy.

### **What information should be provided in the school incident report?**

When completing the school incident report details identifying the person who was injured or property which was damaged or lost, should be provided together with the date and location of the incident, a description of the injuries sustained and a brief factual account of how the incident occurred. Sample forms for witness statements are attached. Witness statements should be obtained from any person, including a student or affected individual, who has direct knowledge of the incident. Where there are large numbers of witnesses to an event, witness statements may be obtained from a representative sample of witnesses, and the names and contact details of all remaining witnesses should be recorded. The report should include the inquiry, identification and preservation of any evidence related to the incident. This includes physical evidence and electronic evidence such as surveillance video, cell phone video, social media posts, etc. Such evidence must be preserved in a way such that it cannot be inadvertently overwritten, deleted or destroyed. Assistance from the District IT department is useful. It is easy today to use a cell phone to video and/or photograph a scene or injury. Do it and download the data into a secure server. When witness statements are being obtained please note:

- The form should be completed in pen not pencil
- The witness should write about the incident in his or her own words and sign and date the form when finished. In no circumstances is the witness to consult with another witness before preparing his or her witness statement
- If the witness is too young or otherwise unable to write about what he or she has seen, an adult who has not been involved in the incident can assist. In such circumstances the

adult should read back to the student what has been written and seek confirmation that that is what they saw. The fact that this step has been taken should be noted on the form by the adult. Any statement from the adult should also confirm that this step has been taken.

- If the witness is from a non-English speaking background the witness should be given the option of writing his or her account in the witness' preferred language. This account is to be kept together with the subsequent translation of the witness statement into English.
- If completed by a minor or any student, the age of the student should be written on the form
- If possible, ask the witness to draw a sketch of the location where the incident occurred to accompany his or her statement. The location of the witness and all persons who were involved in the incident should be noted on the sketch.
- If a staff member is completing the form, the staff member should write his or her staff serial number on the form. This is so the staff member can be more easily located if legal proceedings are initiated several years after the incident;
- The attention of the person completing the form should be drawn to the privacy notice that appears on each form.

### **Should any other documentation be collected at the time of the incident?**

In circumstances where a school incident report is completed, copies of the following documentation, where relevant, should be kept with the report:

- All releases and permission slips related to the incident;
- class, field trip, excursion, transportation rosters, or sports rosters of the relevant participating students;
- student and staff list and rosters (for example a playground duty roster where an incident occurs on a school playground)'
- if school property or equipment contributed to the cause of the incident, make sure that the equipment is secured, not disturbed and available for inspection;
- first aid register or its equivalent;
- supervision rosters;
- community use agreements;
- photographs/video of the incident scene;
- screen-shots of social media posts, text message, etc., pertaining to the incident which are accessible to school staff;
- details of any previous incidents of a similar nature;
- internal and external correspondence in relation to the incident; and
- school welfare and/or discipline policies (where appropriate). In cases of incidents arising from the conflict between students, a copy of welfare reports, discipline notices

and/or the punishment register or any equivalent documents maintained by the school, as well as the student records of the students involved should be retained.

If as a result of an incident at school or during school activities, the school counselor subsequently offers counseling to any student, a note that such support has been provided should be included with the relevant incident documentation.

While it is acknowledged that collecting this information may be time-consuming at the time of the incident, it is less onerous than collecting it months or years after the incident.



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## Confidential School Incident Report

### Alliance of Schools for Cooperative Insurance Programs

**CONFIDENTIAL-ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE**  
 This report is to be completed by district employees. This form is a confidential, internal, document: its contents are not to be shared or copied for any persons who are not district employees and/or their legal representative.  
**IN CASE OF SERIOUS INJURIES A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY.**

DATE OF REPORT		<b>NOTE: The district employee either witnessing the incident or supervising at the time should complete and submit this form within 24 hours. This is an interactive form.</b>					
NAME OF SCHOOL DISTRICT/CCD				NAME OF SITE			
ADDRESS OF SITE (NUMBER, STREET, CITY AND ZIP CODE)							
NAME OF INJURED PERSON (LAST, FIRST, MI)				AGE	GRADE	TELEPHONE NUMBER OF INJURED PERSON ( )	
IS INJURED PERSON A MINOR <input type="checkbox"/> NO <input type="checkbox"/> YES →		NAME OF PARENT OR LEGAL GUARDIAN					
ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)							
WHERE DID INCIDENT OCCUR				DATE (MONTH/DAY/YEAR)		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
DESCRIBE HOW INCIDENT OCCURRED (USE FACTS ONLY; EXCLUDE OPINIONS AND/OR ASSUMPTIONS)							
FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF INCIDENT			TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)		WAS HE/SHE PRESENT AT THE TIME <input type="checkbox"/> NO <input type="checkbox"/> YES		INJURED VIOLATED SCHOOL RULE <input type="checkbox"/> NO <input type="checkbox"/> YES
NAME OF WITNESS(ES)		ADDRESS			TELEPHONE NUMBER ( )		STATUS (Student, Volunteer, etc.)
					( )		
					( )		
APPARENT NATURE OF INJURY (PLEASE CHECK)				INJURED PART OF BODY (PLEASE CHECK)			
<input type="checkbox"/> Abrasion		<input type="checkbox"/> Fracture		<input type="checkbox"/> Strain/Sprain		<input type="checkbox"/> Head	
<input type="checkbox"/> Contusion		<input type="checkbox"/> Cut		<input type="checkbox"/> Dislocation		<input type="checkbox"/> Neck	
<input type="checkbox"/> Internal		<input type="checkbox"/> Concussion		<input type="checkbox"/> Other		<input type="checkbox"/> Finger	
<input type="checkbox"/> Other						<input type="checkbox"/> Arm	
						<input type="checkbox"/> Abdomen	
						<input type="checkbox"/> Leg	
						<input type="checkbox"/> Hand	
						<input type="checkbox"/> Face	
						<input type="checkbox"/> Foot	
FIRST AID PROCEDURES USED					NAME OF PERSON WHO ADMINISTERED FIRST AID		
DISPOSITION OF INJURED AFTER INCIDENT OR CLASS (PLEASE CHECK) <input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Classroom				WHO WAS NOTIFIED		RELATIONSHIP TO INJURED	
IF INJURED PUPIL LEFT SITE, TO WHOM RELEASED				NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL/CCD			
STUDENT INCIDENT BENEFITS AVAILABLE <input type="checkbox"/> NO <input type="checkbox"/> YES				NAME OF COMPANY			
REMARKS							

For your protection California law requires the following to appear on this form. "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding \$1,000 or by both."

NAME OF PERSON COMPLETING REPORT		STATUS	TELEPHONE NUMBER OF PERSON ( )
ADDRESS OF PERSON (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			
SIGNATURE OF PERSON APPROVING REPORT		DATE SIGNED	PERSON WAS AN EYE WITNESS

**RESET FORM**

SUBMIT FORM TO ASCIP - ATTENTION: CLAIMS MANAGER Fax:(562) 404-4515  
 12621 166th STREET, CERRITOS, CA 90703

REVISED: 10/16

## **Liability and Property Claims Process**

### **Property Claims**

It is essential in claims management, that claims be reported within 24 hours regardless of the severity of a claim. There are many situations in which early intervention in handling a claim can significantly reduce the cost. As a member of ASCIP, your district has a vast number of resources available to assist with investigations, litigation, and claims management. Regardless of the retention levels selected, these services are provided at no additional cost since they are already provided for as a part of your basic premium.

In the event that a serious incident occurs at a district that may draw media attention, we recommend that the district have a policy for dealing with the media and a trained dedicated spokesperson. In the event of a major incident, please contact ASCIP immediately. When dealing with the media or potential claimants, always remain calm and courteous. Do not admit liability or commit to payment of medical or damage expenses.

Never withhold or delay reporting a loss if all the information is not yet available. Complete the incident report to the best of your ability immediately after the incident occurs. All serious claims should be reported immediately to ASCIP. All personnel who may be filling out claim forms should be trained and should realize that their comments may appear in a lawsuit and create potential liability for your district.

If a claimant or a claimant's attorney calls the district directly, always refer them to your claims administrator.



**MOUNTAIN VIEW SCHOOL DISTRICT**

**CLAIM FOR DAMAGES**

DIRECTIONS: Complete and send an original and one copy to: Mountain View School District, 3320 Gilman Road, El Monte, CA 91732 Attn: Business Services

Name of Claimant:

\_\_\_\_\_  
(Injured or damaged party) (Last) (First) (Middle)

\_\_\_\_\_  
(Date of Birth) \* (Social Security No.)\* (CA Driver's License No.)  
Home Address:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Area Code & Phone No.)  
Business Address:

\_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Area Code & Phone No.)

Claimant receives or is eligible for SSDI or Medicare\* \_\_\_\_\_ Yes \_\_\_\_\_ No  
Directions: Indicate to which address you wish notices sent. Home \_\_\_\_\_ Business \_\_\_\_\_

When Did Injury or Damage occur?  
\_\_\_\_\_  
(Month/Day/Year) (Day of Week) (Time of Day)

Where Did Injury or Damage Occur?  
\_\_\_\_\_  
(School site, street address, intersecting streets, or other locations)

How Did Injury or Damage Occur? -  
\_\_\_\_\_  
(Describe accident or occurrence in complete detail/attach additional pages if needed)

Names, Addresses and Phone Numbers of Witnesses, Doctors, Hospitals or persons who may have information regarding your Injury or Damages:  
\_\_\_\_\_  
\_\_\_\_\_

Names of School Employees Involved: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

What Action or Inaction of District Employee(s) Caused Your Injury or Damages? \_\_\_\_\_

What Injuries or Damages Did You Suffer? \_\_\_\_\_

State the amount of the claim if it is less than \$10,000 \_\_\_\_\_.

Include the estimated amount of any prospective injury, damage or loss insofar as it may be known at the time the claim is presented and list the basis for the computation of the amount claimed: \_\_\_\_\_

If the dollar amount of the claim is more than \$10,000, no dollar amount will be stated but please indicate whether the claim is a limited civil claim (total dollar amount less than \$25,000): Limited Civil Case: \_\_\_\_\_ Yes \_\_\_\_\_ No

Directions: Sign and date this Form below. If the signer is not the Claimant, indicate the relationship of the signer to the Claimant (parent, attorney etc.) and address.

\_\_\_\_\_  
(Signature) (Date) (Relationship if not Claimant and address)

Directions: Attach and include, with this Form, any bills for medical treatment or expenses/estimates for personal property damage.\*RESPONSES REQUIRED FOR FEDERAL MEDICARE SECONDARY PAYER REPORTING  
**Note: PRESENTATION OF A FALSE CLAIM IS A FELONY (Refer to CA Penal Code Sec 72)**

**Property Loss/Damage Claim Report**

1. Use this form to first report potential or actual loss or damage of District-owned property to Risk Management. Resubmit updated form as additional information is obtained;
2. Each School or Department must complete this form as soon as they are made aware of an incident.
3. Please attach other pertinent information that will facilitate claim processing i.e. photos, estimates of damage, inventory of damaged/missing items, copies of estimates copies of the bills/invoices for repairs/replacement, and proof of payment.

Street Address of Incident:	
School   Dept.   Building Name:	
Other details of exact location:	
Department Head Name:	
Claim Contact Name:	
Claim Contact Phone Number:	
Claim Contact Email Address:	
Date & proximate time of loss:	Mm/dd/yyyy – 00:00 AM/PM
Is this the first report of loss?	Yes <input type="checkbox"/> NO <input type="checkbox"/> no, date of last submittal: _____

<b>CAUSE OF LOSS</b>					
(Mark all that apply)					
Fire and/or smoke	<input type="checkbox"/>	Roof Leak	<input type="checkbox"/>	Theft or vandalism	<input type="checkbox"/>
Lightning	<input type="checkbox"/>	Pipe leakage	<input type="checkbox"/>	Transit/during shipment	<input type="checkbox"/>
Wind	<input type="checkbox"/>	Backup of sewers or drains	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
Flood					

## Use of Facilities

An “**Application and Agreement for the Use of Facilities**” form, Exhibit N, Page 18, is to be executed whenever an outside group is granted permission to use District facilities. Along with completing the Agreement, all organizations or groups using District’s premises are required to show proof of insurance. The minimum limit of coverage acceptable is \$1,000,000. The organization is to furnish an endorsement naming the District as an additional insured.

If the user organization does not carry its own liability insurance, and is not a booster or auxiliary club, the organization may obtain insurance through the Tenant User’s Liability Insurance Program (TULIP).

All boosters and auxiliary clubs are covered through the districts liability insurance under the ASCIP-B Program.

### **Board Rooms**

Use of the large (LBR) and/or small (SBR) must be scheduled through the District Receptionist.

The room setup form, Exhibit N-1, Page 19, is required when the room(s) is reserved. Identify equipment needed for presentation such as overhead projector.

## APPLICATION AND AGREEMENT FOR THE USE OF FACILITIES

### MOUNTAIN VIEW SCHOOL DISTRICT

3320 Gilman Road El Monte, California 91732 (626) 652-4055

Date of Application: \_\_\_\_\_ Facility: \_\_\_\_\_

Cafeteria  Classroom  # \_\_\_\_\_ Parking lot  Restroom  Field  Other \_\_\_\_\_

Equipment or Furniture needed: \_\_\_\_\_

Date(s) needed: \_\_\_\_\_ 20\_\_\_\_ Days of the week (circle): **M TU W TH F SA SU**

Times: From \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm Purpose of Meeting \_\_\_\_\_

Expected number to attend \_\_\_\_\_ Will an admission charge, collection, donation or solicitation be made? Yes  No

If "yes" proceeds will be used for \_\_\_\_\_

Is supervision by school personnel necessary? \_\_\_\_\_ If yes, indicate positions \_\_\_\_\_ # of hours \_\_\_\_\_

You will be charged for these services: Custodial  Utilities  Campus Security  Other \_\_\_\_\_

FACILITY USER agrees that the District makes no representations or warranties as to the condition of the facilities, which the FACILITY USER is entitled to use, and FACILITY USER agrees to take such property and facilities "AS IS." FACILITY USER acknowledges that it shall be FACILITY USER's responsibility and obligation to assure that the property and facilities are in proper and safe condition to be used for the purpose anticipated; and FACILITY USER acknowledges that it shall be obligated to inspect such property and facilities before they are used and to take affirmative steps where necessary to warn users or rectify hazards in order to prevent injuries to property and persons. APPLICANT FOR FACILITY USE agrees to refuse the use of the property if unsatisfactory conditions are not rectified prior to scheduled use. FACILITY USER further acknowledges receipt of a copy of the District's RULES AND REGULATIONS FOR USE OF FACILITIES. By the Applicant's signature below, the FACILITY USER agrees to abide by all rules and regulations governing the use of the District's facilities and the conduct of all meetings. FACILITY USER further acknowledges that facility use is contingent upon full compliance with these rules as well as any site rules specified by the site administrator.

ALL PERMISSIVE USERS, WHOSE USE IS NOT MANDATED BY THE CIVIL CENTER ACT, AGREE BY THEIR SIGNATURE BELOW TO HOLD THE MOUNTAIN VIEW SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FOR ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY WAY BE CONNECTED WITH THIS FACILITY AGREEMENT. HOWEVER, THIS AGREEMENT DOES NOT PERTAIN TO LOSSES OR INJURIES THAT ARE THE RESULT OF THE SOLE NEGLIGENCE OF THE DISTRICT.

Applicant must submit this form to the Site Administrator fifteen (15) working days prior to the date of use to insure time for processing. Applicant acknowledges that the District's willingness to rent this facility is contingent upon approval by the Site Administrator and by the District's Business Services Department. Permission will not be granted until all necessary documents including certificates of insurance are received by the District (Please see attachment for required limits and coverage). User will be mailed a copy of the Agreement for the Use of School Facilities when permission is granted and this copy of the Agreement should be carried by the user as a proof of permission for facility use.

In accordance with Education Code sections 38135-38136, the facility user acknowledges that the school property for use of which application is hereby made, will not be used for the commission of any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the government of the United States by force, violence or other unlawful means, and the facility user is not a communist-action organization or communist front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

*A single copy of this form must be filed at the school office where facilities desired are located.*

**Please type or print**

Name of Organization: \_\_\_\_\_ Name of Representative or Agent \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Signature of Applicant (must be ink) \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW**

Rental Fee must be paid 10 days in advance Rental Fee \$ _____ Date Fee Paid _____ Fee Exempt Facilities only _____	User will not interfere or conflict with school operation. Cleared by principal and recorded on calendar  _____ Signature	Business Division Approval *Total number of hours used _____  _____ Signature
--	--	---

\*If overtime employment is required, indicate on Classified Time Sheet and list the name of group using facilities.

WHITE-PRINCIPAL

CANARY-DIRECTOR OF MO&T


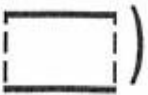
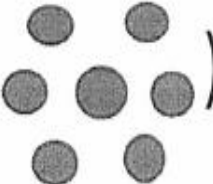
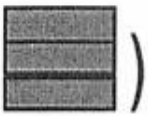
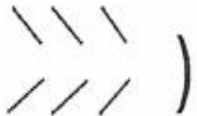
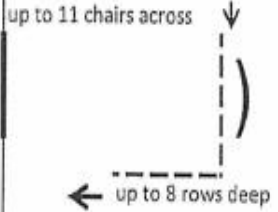
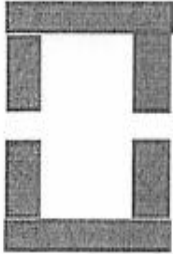
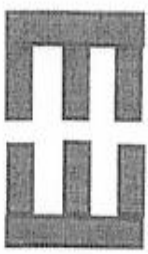


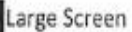

PINK-BUSINESS OFFICE

GOLDENROD-APPLICANT

# Large Board Room Set-Up

Name of Event/Meeting \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Contact Name/Dept. \_\_\_\_\_ Phone # \_\_\_\_\_ # Attending \_\_\_\_\_

<p>1</p>  <p>Seating Capacity- up to 35</p>	<p>2</p>  <p>Seating Capacity - up to 30</p>	<p>3</p>  <p>Seating Capacity - up to 56</p>		
<p>4</p>  <p>Seating Capacity: up to 14</p>	<p>5</p>  <p>Seating Capacity: up to 48</p>	<p>6</p>  <p>Seating Capacity: up to 80</p>		
<p>7 2nd Floor</p>  <p>Seating Capacity - up to 23</p>	<p>8 2nd Floor</p>  <p>Seating Capacity - up to 34</p>	<p>Custom</p> 		
<p><b>KEY:</b></p> <p> Double Door Entry</p> <p> Large Screen</p> <p> Board Table</p>			<p>PO Podium</p> <p>O Overhead</p> <p>V VCR/TV</p> <p>PP Power Point (contact Tech. Dept. for set-up X4031)</p>	<p>FC Flip Chart</p> <p>S Screen</p> <p>PR Projector</p>

## **Bids –Formal and Informal**

Formal bidding procedures are required for the purchase of materials and/or services exceeding amounts specified by law which is currently \$86,000 or more for materials and supplies and \$15,000 for public works services. Formal bids are advertised in the San Gabriel Valley Tribune. Contractors and sub-contractors must submit a bid for this Project, and in accordance with California Public Contract Code Section 20111.6, prospective bidders that possess an A or B license are required to submit to the District a completed set of prequalification documents on forms provided by the District. These documents will be the basis for determining which bidders are qualified to bid on this Project.

Bids will not be accepted if a contractor has not been prequalified where prequalification is required. Prequalification documents are available from the website at [WWW.pgbids.com](http://WWW.pgbids.com) and at the Mountain View School District, 3320 Gilman Road, El Monte, CA 91732, or call 626-652-4000. Prequalification documents must be submitted on that date and time stated on the bid advertisement. Contractors will be notified by telephone, fax, or by mail of their prequalification rating within a reasonable period of time after submission of their prequalification documents, but not less than five business days prior to the bid opening date.

If this project includes work that will be performed by mechanical, electrical or plumbing (“MEP”) subcontractors (contractors that hold a C-4, C-7, C-10, C-16, C-20, C-34, C36, C-38, C-42, C-43 or C-46 licenses), such MEP subcontractors must also be prequalified. A list of prequalified MEP subcontractors will be made available by the District to all bidders at least 10 business days prior to the bid opening date. It is the responsibility of the bidder to ensure that all MEP subcontractors holding any of the licenses listed above are properly prequalified before submitting a bid.

## **Basis of Award**

It is the District’s desire to develop maximum competition for all purchases. The Board of Education of the Mountain View School District awards bids to the lowest, responsible bidder and reserves the right to waive any informalities and reject any and all bids offered. The evaluation of award may be based upon price, specifications, past performance of vendor, compatibility, quality and, where appropriate, delivery or completion time.

# **NUTRITION SERVICES**

### **Food Allergies and Dietary Adjustments**

We are proud to be able to provide students, parents, and community partners with information that will allow our students to make educated choices regarding their school meals. The information provided is based on current information from manufacturers and the Mountain View School District recipes.

Please be aware that there are factors that may affect a product's actual nutritional value and/or ingredient composition at any given time—a cafeteria may make a dietitian-approved menu substitution, manufacturers' formulations may change without notice; USDA products may become available at any time during the year and may replace a purchased item; products brands may change during the year as new bids are approved; schools may be using inventory from a previous bid or manufacture; and recipes may change during the school year.

### **Special Diets**

If your child requires a special diet provided daily by the school cafeteria, a prescription written in English by a U.S. licensed physician indicating the medical necessity must be sent to Mountain View school District. All special diet requests must be filled out in English and signed by a U.S. licensed physician, physician's assistant, or nurse practitioner. If a student has a disability, please check the disability box. If a student changes schools, Nutrition Services must be notified. Please be sure that all forms are filled out in their entirety before sending to your school site Health Clerk and Nutrition Services to ensure special diets are written and implemented in a timely manner. Special meal accommodations and milk substitution requests must be turned in every school year, they do not roll over from the previous school year.

To request a milk substitution due to a medical or other dietary need, a parent or guardian can complete the "parental request for a fluid milk substitution for school-age children" form (provided below). Please note this form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preference. Send all forms/prescriptions to your school site Health Clerk. The forms will be forwarded to the Mountain View School District Dietitian.

### **Students with Special Dietary Needs:**

Mountain View School District will, when possible, provide food substitutions or accommodations on a case-by-case basis for children with medically certified special dietary needs. The student must have a medical statement on the file defining their certified special needs.

### **Students with Disabilities:**

Mountain View School District will make food substitutions or accommodations for students with disabilities. Substitutions for these students must be prescribed by a \*state licensed healthcare professional.

\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

### **Students with Food Allergies**

Mountain View School District will not make food substitutions for student with allergies unless a documented physician's assessment is on file.

**\*Important notice to parents and guardians:** Please have the Medical statement Form completed entirely by a California licensed health care provider and return the form to the Health Clerk in your school sites office.

This institution is an equal opportunity provider.



# School Foodservice and Food Allergies

## What We Need to Know



Allergies affect the lives of millions of people around the world. Pollen from trees, grasses and weeds, a friend's cat or dog, even the presence of dust can make people itch, sneeze and



scratch almost uncontrollably. But what about that seemingly innocent peanut butter sandwich, glass of milk or fish fillet?

According to *Pediatrics*, approximately 4 to 8 percent of young children suffer from food allergies.

**Strict avoidance of the offending food is important in the prevention of a food-allergic reaction. School foodservice personnel can help prevent reactions by managing the menu and specific dietary requirements of students who have food allergies.**

Food allergies can be life-threatening. The following information is specifically designed to help school foodservice professionals identify potential allergens on food labels, recognize the symptoms of a food allergic reaction, and know what to do in an emergency situation.

### What is a food allergy?

A food allergy is a reaction of the body's immune system to a protein in a food. The reaction can be a serious, life-threatening condition and should be diagnosed by a board-certified allergist.

### What are other food reactions or sensitivities called?

Other food reactions or sensitivities to foods are known as food intolerances. Food intolerances are reactions that are generally localized, temporary, and rarely life-threatening. The most common food intolerance is lactose intolerance –



The following is a sample list of ingredients and their commonly-used names, provided by The Food Allergy & Anaphylaxis Network (FAAN):

<p><b>Milk</b></p>	<ul style="list-style-type: none"> <li>Casein</li> <li>Caseinates (ammonium, calcium, magnesium, potassium, sodium)</li> <li>Cream</li> <li>Hydrolysates</li> <li>Lactose</li> <li>Nougat</li> <li>Pudding</li> <li>Sour cream</li> <li>Whey</li> <li>Yogurt</li> </ul>
<p><b>Egg</b></p>	<ul style="list-style-type: none"> <li>Albumin</li> <li>Lysozyme</li> <li>Mayonnaise</li> <li>Meringue</li> <li>Surimi</li> </ul>
<p><b>Peanut and or Tree nuts</b></p>	<ul style="list-style-type: none"> <li>Cold pressed, expelled, or extruded peanut oil</li> <li>Ground nuts/mixed nuts</li> <li>Peanut butter</li> <li>Peanut flour</li> </ul>
<p><b>Soybean</b></p>	<ul style="list-style-type: none"> <li>Hydrolyzed soy protein</li> <li>Soy sauce</li> <li>Tamari</li> <li>Tempeh</li> <li>Textured vegetable protein</li> <li>Tofu</li> </ul>
<p><b>Wheat</b></p>	<ul style="list-style-type: none"> <li>Bran</li> <li>Bread crumbs</li> <li>Cracker meal</li> <li>Flour</li> <li>Gluten</li> <li>Semolina</li> <li>Whole wheat berries</li> <li>Whole wheat flour</li> </ul>
<p><b>Shellfish and or Fish</b></p>	<ul style="list-style-type: none"> <li>Abalone</li> <li>Cockle</li> <li>Crab</li> <li>Prawns</li> <li>Scallops</li> </ul>

For a complete list, contact FAAN at (800) 929-4040.

## FOR SCHOOL FOODSERVICE PERSONNEL:

It is important for the school foodservice professional to be an integral part of the student's food allergy emergency response plan. Here are a few suggestions of how to get involved.

- Be included in meetings with the student who has food allergies, their parents, school nurse, teachers, principals, counselors and health care provider. Be able to recognize the student and become familiar with his or her emergency medical information and specific food allergy.
- Ask parents to provide you with a copy of the signed medical statement from the physician outlining appropriate ingredient substitutions.
- Know where emergency medications such as epinephrine (EpiPen®) are stored and how they should be administered in case a student has an allergic reaction in the school cafeteria.
- Keep food allergy information in a handy place in case there are questions about any special diet.
- Learn how to read labels and review menus with parents of students who have food allergies to determine what, if any, menu items need to be substituted.
- Avoid cross-contact of foods (which occurs when two foods come into contact with each other, causing their proteins to mix). Use separate utensils for jams, jellies and peanut butter and wash them thoroughly with warm, soapy water.
- Work with a Registered Dietitian or other qualified nutrition specialist to manage dietary substitutions.

For additional strategies, see FAAN's *School Food Allergy Program*, a multi-media program designed to assist schools with creating a policy for food allergy management. The program is free while supplies last. Contact FAAN for more details.

a reaction that involves the digestive system. If a child who is lactose intolerant eats or drinks milk, he or she may experience gas, bloating, and in many instances, uncomfortable abdominal pain.

### Which foods cause food allergies?

The eight most common food allergens—milk, eggs, peanuts, tree nuts (i.e., almonds, pecans, etc.), soy, wheat, fish and shellfish—cause more than 90 percent of all food-allergic reactions.

### DID YOU KNOW?

It is estimated that upwards of 200 deaths occur in the U.S. each year due to a food allergy reaction.

Many products may include offending ingredients that may surprise you. For example, Worcestershire sauce contains anchovies and/or sardines – both are fish. Hot dogs and many deli meats may use milk or soy as binding agents. It is imperative that you read labels carefully, thoroughly and regularly as ingredients sometimes change. A comprehensive list of ingredients should be updated in your school cafeteria prep area on a regular basis.

### What are the symptoms of food allergy?

Symptoms of food allergy differ greatly among individuals. Allergic reactions to food can vary in severity, time of onset, and may be affected by when the food was eaten.

Common symptoms of food allergy include skin irritations such as rashes, hives and eczema, and/or gastrointestinal symptoms such as nausea, diarrhea and vomiting. Sneezing, runny nose and shortness of breath can also result from food allergies. Some individuals may experience a more severe reaction called anaphylaxis.

### What is anaphylaxis?

Anaphylaxis is a rare but potentially fatal condition in which several different parts of the body experience allergic reactions simultaneously. These may include itching, hives, swelling of the throat, difficulty breathing, lower blood pressure and loss of consciousness.

Symptoms usually appear rapidly, sometimes within minutes of exposure to the allergen, and can be life threatening. Immediate medical attention is necessary when anaphylaxis occurs. Standard emergency treatment often includes an injection of epinephrine (adrenaline) to open up the airway and blood vessels.

### What should I do if I believe a student is having a food allergic reaction?

The first step is to implement the student's food allergy action plan.

A free plan may be downloaded from FAAN's website, [www.foodallergy.org](http://www.foodallergy.org).

### In an emergency situation, dial 9-1-1. Get medical assistance immediately!

It is important to know what to do in an emergency situation. Coordination among foodservice with the school nurse, principal, teachers, and the health care provider can make a difference in a child's life. Develop and know your food allergy emergency plan today.

For more information on food allergies, recipes, and management plans, visit the following organizations.



School Nutrition Association (SNA)  
[www.schoolnutrition.org](http://www.schoolnutrition.org)



Food Allergy and Anaphylaxis Network (FAAN)  
[www.foodallergy.org](http://www.foodallergy.org)



International Food Information Council (IFIC) Foundation  
<http://ific.org>



### MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number																	
4. Name of Child or Participant		5. Age or Date of Birth																	
6. Name of Parent or Guardian		7. Phone Number																	
8. Description of Child or Participant's Physical or Mental Impairment Affected:																			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:																			
10. Indicate Food Texture for Above Child or Participant: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed																			
11. Foods to be Omitted and Appropriate Substitutions:  <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%; text-align: center; border: none;">Foods To Be Omitted</th> <th style="width: 50%; text-align: center; border: none;">Suggested Substitutions</th> </tr> </thead> <tbody> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> </tbody> </table>				Foods To Be Omitted	Suggested Substitutions	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Foods To Be Omitted	Suggested Substitutions																		
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_____	_____																		
_____	_____																		
_____	_____																		
12. Adaptive Equipment to be Used:																			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date																

**\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

**The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### **Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**"Has a record of such an impairment"** means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

### PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR SCHOOL-AGE CHILDREN

1. Name of School Food Authority San Diego Unified School District	2. Name of School Site	3. Site Telephone Number
4. Name of Student		5. Age or Date of Birth
6. Name of Parent/Legal Guardian		7. Telephone Number  (     )
<p>8. The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option. School districts and agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.  <b>The student's parent or legal guardian must sign this form.</b></p>		
9. Medical or other special dietary need requiring a fluid milk substitution:		
10. Signature of Parent/Legal Guardian	11. Printed Name of Parent/Guardian	12. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## **PROCESSING FREE AND REDUCED PRICE MEAL APPLICATIONS** **Mountain View School District**

### Eligibility Criteria

The District must have an approved application on file for each student served a meal meeting program requirements that is claimed for Federal reimbursement at the free or reduced price rate. The 2018 meal application includes several areas highlighted in RED to help the families complete the required information.

### Complete Application

A complete application must include all the following required information before the determining official can make an eligibility determination based on household size and income:

### **INCOME Applications – Required information**

- the **name of ALL household members** including the child/children for whom the application is made (Step 1 = Children and Step 3 = Adults)
- Amount and source of current income for each household member and the frequency of the income: Weekly (W); Every Two Weeks (E); Twice per Month (T); Monthly (M) (Step 3)
- the **LAST 4-DIGITS of the social security number** of the adult who signs the application or an "X" written to indicate the household member does NOT have a social security number
- the **signature** of an adult household member (their name MUST be listed in Step 4)

### **CalFRESH/ CalWORKS/FDPIR Applications – Required information**

(Categorical Eligibility formerly known as Food Stamps or currently as SNAP). *Eligibility IS EXTENDED to other children in the household.*

- name of the child/children (Step 1)
- the CalFRESH, CalWORKS or FDPIR **case number** - Only the CASE number, *not* the EBT card number (Step 2)
- the **signature** of an adult household member (Step 4)

### **FOSTER CHILDREN Applications – Required information – No Longer a Separate Application**

*Eligibility is NOT EXTENDED to other children in the household. THIS IS NOW A CHECK BOX*

- the name of the foster child – Mark with an "x" (Step 1)
- the **signature** of an adult household member (Step 4)

### **MIXED INFORMATION HOUSEHOLD applications – Required information**

These may include Migrant Programs, Head Start, or Homeless Applications. To ensure correct eligibility requirements are met, simply collect the same information as listed for INCOME Applications.

NOTE: We prefer that applications without income are requested to write a "ZERO" or "0" in the application income section. Verification Requirements now list "If you have no income submit a brief note explaining how you provide food, clothing, and housing for your household and when you expect income."

Please ask for the phone number to contact the family. This is not required, but helpful to clarify the information provided.

Eligibility Manual for School Meals July 2017 – Annual Training Manual March 2018  
U.S. Department of Agriculture

This institution is an equal opportunity provider.

sd/Aug 2018

**Mountain View School District**

**2018 - 2019 Application for Free and Reduced Price Meals** - Complete one application per household.  
Please print and use a pen (not a pencil). This institution is an equal opportunity provider.

Apply online at  
<https://schoolcafe.com>

**STEP 1 — All Children in the Household**

Student ID (optional)	Last Name	First Name	MI	Date of Birth	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Head Start
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWORKs, or FDIPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

Case Number:

**STEP 3 — All Household Member Income** (Skip this step if you answered 'Yes' in STEP 2)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

**Gross income and how often it is received:** W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly

Child Income	How Often?			
	W	E	T	M
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult Household Member Name (First and Last)	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?			
		W	E	T	M		W	E	T	M		W	E	T	M
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Total Household Size (Children plus Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member \*\*\* - \*\* -

Check if no SSN

**STEP 4 — Contact Information and Adult Signature**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.  
California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State


ZIP Code

Home Phone Number

Work Phone Number

Email

**OPTIONAL — Children's Racial and Ethnic Identities**

<b>Ethnicity (check one):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Eligibility:</b> Free    Reduced    Denied <b>Based on:</b> Income    CalFRESH CalWORKs    FDIPIR    Direct Certification	<b>Direct Certification as:</b> HS    M    F    H <b>Denied based on:</b> Income too high    Incomplete <b>Date:</b> _____	<b>Application accepted by:</b> _____ <b>Print name:</b> _____ <b>Date:</b> _____
<b>Determining Official</b> By: _____ Date: _____ <b>Verification Official</b> By: _____ Date: _____	<b>Confirming Official</b> By: _____ Date: _____ Free    Reduced    Denied	

**Mountain View School District**

**2018 - 2019 Solicitud de Comidas Gratis o a Precio Reducido** - Completar una solicitud por hogar.

Por favor, imprimir y utilizar una pluma (no un lápiz). Esta institución es un proveedor de igualdad de oportunidades.

Solicitar en línea:  
<https://schoolcafe.com>

**PASO 1 — Todos los Niños en el Hogar**

Identificación del Estudiante (opcional)	Apellido	Primer Nombre	Inicial	Fecha de Nacimiento	Grado (Opcional)	Adoptivo	Sin Hogar	Migrantes	Fugitivo	Head Start
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nota: Estudiantes matriculados en las escuelas que participan en el suministro de la Comunidad de Elegibilidad (CEP) recibirán comidas gratis sin importar la determinación final o la elegibilidad de esta solicitud.

**PASO 2 — Programas de Asistencia**

¿Alguno de los miembros del hogar (incluyendo usted) participan actualmente en uno o más de los siguientes programas de asistencia: CalFresh, CalWORKs, o FDIPIR? **Circule uno:** SI / No

Si respondió **NO** > Complete el PASO 3. Si respondió **SI** > Escribe un número de caso luego omita el PASO 3 y vaya al PASO 4.

Número De Caso:

**PASO 3 — Todos los Ingresos de los Miembros del Hogar** (Sáltese este paso si responde "SI" al PASO 2)

Por favor, lea **Cómo Solicitar Comidas Escolares Gratis Precio Reducido** para más información. Las "fuentes de ingresos para los niños" sección le ayudarán con la cuestión de Ingresos del niño. Las "fuentes de ingresos para adultos" sección le ayudarán con la sección de los miembros del hogar Todo adulto.

Ingreso bruto y qué frecuencia que los recibe: **W** = Semanal, **E** = Cada Dos Semanas, **T** = Dos Veces al Mes, **M** = Mensual

Ingresos Niño				Frecuencia?			
W	E	T	M	W	E	T	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. A veces los niños en el hogar ganar o recibir ingresos. Por favor, incluya el ingreso total recibido por todos los miembros del hogar que figuran en el Paso 1 aquí.

B. Una lista de todos los miembros del hogar que no aparecen en el Paso 1 (incluyendo usted) **incluso si no reciben ingresos**. Para cada miembro del hogar en la lista, reporte el ingreso total de cada fuente en dólares enteros solamente. Si no reciben ingresos de cualquier fuente, escriba '0'. Si usted indica '0' o deja algún campo en blanco, se está certificando (promete) que no tiene ingresos para informar.

Nombre de los Miembros del Adultos (Nombre y Apellido)	Ganancias del Trabajo	Frecuencia?				Asistencia Pública / Manutención de Menores / Pensión Alimenticia	Frecuencia?				Pensiones / Jubilación / Otros Ingresos	Frecuencia?			
		W	E	T	M		W	E	T	M		W	E	T	M
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tamaño total del hogar (Niños y Adultos)

Últimos Cuatro Dígitos del Número de Seguro Social (SSN) del Proveedor Principal o de Otro Adulto Miembro del Hogar \*\*\* - \*\* -

Marque si no tiene SSN

**PASO 4 — Información de Contacto y Firma de un Adulto**

\*Certifico (prometo) que toda la información en esta solicitud es cierta y que todos los ingresos fueron reportados. Entiendo que esta información se proporciona en conexión con el recibo de fondos federales, y que las autoridades escolares pueden verificar (revisar) la información. Soy consciente de que si deliberadamente proveo información falsa, mis niños podrían perder los beneficios de comidas y yo puedo ser procesado bajo las leyes estatales y federales aplicables.\*

Educación Sección del Código de California 49557 (a): "Las solicitudes para comidas gratis y de precio reducido se pueden presentar en cualquier momento durante el día escolar. Los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les distinguirá con el uso de fichas especiales, boletos especiales, filas especiales de servicio, entradas separadas, comedores separados, o por cualquier otro medio".

Imprima nombre del adulto llenando este formulario

Firma del adulto que llene este formulario

Fecha de Hoy

Dirección (si está disponible)

Ciudad

Estado

Código Postal

Teléfono De Casa

Teléfono Del Trabajo

Correo Electrónico

**OPCIONAL — Identidad Étnica y Racial de los Niños**

Etnicidad (marque uno):

- Hispano o Latino
- No Hispano o Latino

Raza (marque uno o más):

- Indio Americano o Nativo de Alaska
- Negro o Afroamericano
- Asiático
- Nativo de Hawaii u Otras Islas del Pacífico
- Blanco



Eligibility: Free Reduced Denied

Direct Certification as: HS M F H

Application accepted by:

Determining Official By: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official

By: \_\_\_\_\_

Based on: Income CalFRESH

Denied based on: Income too high Incomplete

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Official By: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Free Reduced Denied





## FIELD TRIP LUNCH PROCEDURE

District policies and procedures must be followed for field trips. BOTH the request for transportation AND a Nutrition Service Field Trip Request Form must be completed and submitted to the Principal for review for approval or denial. The Transportation document includes information about lunch requests, but DOES NOT order lunches:

EXAMPLE: Lunches Requested  Yes  No Field trip lunch request form must be completed 10 business days prior to the trip.

### **1. Ten (10) business days prior to the field trip day, complete the Nutrition Service Department Field Trip Lunch Request Form and submit to the site cafeteria manager.**

### **2. Food Service/Field Trip Lunch Request Form**

Attached is a copy of the revised Food Service/Field Trip Lunch Request Form.

- Teacher retain a receipt for the original order (GOLDEN ROD).
- The Central Kitchen Manager will provide a dated confirmation for orders processed or cancelled to the teacher (PINK).
- The site Cafeteria Manager will have a record of the event, to plan for your site (CANARY).
- Central Kitchen Manager will produce the meal (WHITE).
- The trip Label will be attached to the meal delivery (GREEN).

### **3. Field Trip Meal Service and Attendance**

The Attendance Roster must be provided in order to receive food for field trips. \_\_\_\_

- a. **Teachers: Please bring a copy of the attendance roster for the day of your Field Trip to the kitchen in order to receive the meals.** This list confirms the students actually receiving meals during the field trip.
- b. **The manager will provide the correct amount of lunches (according to the roster) to the teacher.** (Teachers: Please ensure lunches are on the bus prior to leaving school grounds.)
- c. **The manager will attach the roster to the Daily Meal Count form to ensure proper meal counts are submitted to the Food Service Office.**

### **4. Adult Meals**

Adult meals must be paid prior to the delivery of the field trip lunches. National School Lunch Guidelines allow for only student meals to be received at no charge. Adult meal service is charged at \$3.00 per lunch.



**Field Trip Food Safety** -- Bacteria can quickly multiply to dangerous levels when foods are left at room temperature. Keep Field Trip foods safe by:

- Keeping sandwiches in an insulated lunch bag with a frozen gel pack or with a frozen juice box.
- Freezing sandwiches overnight. They'll thaw by lunchtime, but stay cold and safe.
- Packing sandwiches in a cooler with ice or a cold source.

#### **Keep Cold**

- Meat and poultry sandwiches, tuna or egg salads, milk, cheese, or yogurt
- Opened cans of fruit or pudding; Peeled or cut fruits and vegetables

#### **Room Temp Safe**

- Peanut Butter sandwiches, cookies, crackers, commercially dried fruit
- Unopened cans of fruit, pudding, or juice boxes
- Fruit filled pastries

This institution is an equal opportunity provider.

Revised 7/06; 5/07; 7/07; 7/09; 8/2018

**MOUNTAIN VIEW SCHOOL DISTRICT  
Food Services/Field Trip Lunch Request Form**

In order to ensure availability and delivery, please request Field Trip Lunches ten (10) business days prior to the trip.

School \_\_\_\_\_ Today's Date \_\_\_\_\_

Teacher (Requested By) \_\_\_\_\_ Phone # \_\_\_\_\_

Grade \_\_\_\_\_ Room Number \_\_\_\_\_ Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_ Time Lunches will be picked up from Cafeteria \_\_\_\_\_



MENU CHOICE: Please circle your menu selection for the day.



Submarine Sandwich (Ensure proper temperatures)  
Carrot Sticks  
Fresh Fruit or Fruit Cup  
Cookie or Treat  
Milk

OR

Peanut Butter & Jelly Sandwich  
Carrot Sticks  
Fresh Fruit or Fruit Cup  
Cookie or Treat  
Milk

Number of Student Lunches \_\_\_\_\_ # Boxes \_\_\_\_\_ # Coolers \_\_\_\_\_

Number of Adult PAID lunches \_\_\_\_\_ @ \$3.00 = \_\_\_\_\_

TOTAL LUNCHES ORDERED \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

FIELD TRIP PROCEDURE

- Submit this Lunch Request Form to the site Cafeteria Manager/Lead 10 business days prior to the trip, retain the goldenrod receipt. A copy (pink) will be returned to you, confirming the order with the Central Kitchen.
- Call the Site Cafeteria Manager/Lead two (2) days before the field trip date to confirm your order will be ready on the morning of your event. **IMPORTANT**
- On the day of the Field Trip, the teacher or office staff must call the kitchen with the physical count of students present for the Field Trip. If the sack lunches exceed the number of students participating in the field trip, the extra meals may be charged to the Principal.
- A meal roster must be provided when the teacher or designated staff member pick up the lunches.** A teacher's classroom attendance list may be used as a meal roster. This list confirms the students actually receiving meals during the field trip and must be entered into the computerized meal count system. **Meals will not be given to students that are not present at the Field Trip event.**
- Payment for the adult lunches may be accepted by the site Manager at the time the order is confirmed or when the lunches are received.
- To cancel an order, you must call your cafeteria manager.** If the order is not cancelled and the sack lunches are prepared for your classroom, your students will receive the sack lunch rather than the menu lunch.

This institution is an equal opportunity provider.

(District's Cafeteria Use Only)  
Date Lunch Request Confirmed \_\_\_\_\_ Central Kitchen Manager \_\_\_\_\_

**White:** Central Kitchen    **Green:** Delivery Label    **Canary:** Site Cafeteria Manager    **Pink:** Confirmation/Teacher    **Goldenrod:** Teacher  
Revised 8/17 SD (copy not a confirmation)

## Nutrition Services Catering

We are interested in enhancing our service to the school sites, as the staff incorporates the catering assignments into the daily menu production schedule. Please help us improve the efficiency of the operation by following these few guidelines. Our students remain our top priority.

### CATERING ORDER PROCESS

1. **ORDER** – Place your order on-line or by email to the Nutrition Services Department Secretary. **AT LEAST TEN (10) FULL WORKING DATES BEFORE YOUR CATERING EVENT.**

In order to provide quality food products, all catering menu items require ten days (10) notice, to help provide adequate time to order food products, assign staff, prepare your menu, and meet budget guidelines.

2. **CONFIRMATION MEMO** – You must receive the confirmation memo, usually within 24 hours after you place your order, to be assure that your order has been scheduled with the central kitchen manager (and/or manager of your site). For your convenience, Confirmation Memos are sent via email to the individual placing the order, the Principal and Office Manager.

Please verify the following information provided on the memo:

- ❖ Date of event
- ❖ Event Name
- ❖ Delivery Time and Location
- ❖ Confirmation Number
- ❖ Menu
- ❖ Total number of participants – Meal Count
- ❖ Approximate Cost

3. **REQUISITION PROCEDURE** – No Purchase Order requisition is required, however the Catering Confirmation form becomes your authorization for payment:

- a. Copy the Catering Confirmation.
- b. Enter Budget information: Resource/Function on the Catering Confirmation.
- c. Send the signed copy (Principal signature) to Nutrition Service department.
- d. Your order may not be delivered if the requisition form is not received by the Nutrition Service Department **at least ten (10) days** PRIOR to the catering event.
- e. A few days PRIOR to your scheduled catering. Nutrition Service will call you to confirm your catering order.

4. **CONFIRMATION / PACKING SLIP** – Please sign the Confirmation form and returns to the Nutrition Service Site Manager immediately. When the food is delivered, you will receive a copy of the Order Confirmation to be signed as a “packing slip”. Whoever receives the delivery must sign the document as proof of delivery. The Nutrition Service Manager will forward it to the Business Office to authorize payment on the invoice.

Invoice will be processed by the Business Office based on the services received.

**Mountain View School District  
Catering Order Confirmation**



Date: March 23, 2017  
 To/Requested By: Name - Office Manager  
 From: Bonnie Jimenez – Nutrition Services Secretary  
 Confirmation Number: FS - 1  
 Event: Exercise-A-Thon

Note. Your order may not be delivered if this form is not received with signature authorizations **PRIOR TO YOUR EVENT.**

Fund	Resource	Goal	Function	Object	Location
------	----------	------	----------	--------	----------

Site/Department Administrator

Assistant Superintendent

Categorical Director (if needed)

**\*\*\* PRINCIPALS \*\*\*** Please promptly return this catering order confirmation page with **BUDGET CODE** (above) and **ADMINISTRATOR APPROVAL SIGNATURE** via email (scanned to [bjimenez@mtviewschools.net](mailto:bjimenez@mtviewschools.net)) or send via inter-district mail to Bonnie Jimenez (Nutrition Services Secretary) **PRIOR TO YOUR EVENT.** Thank you.

**ORDER DETAILS:**

DATE: Thursday, April 13, 2017  
 TIME: 7:45 a.m.  
 PLACE: Business Services Conference Room  
 ESTIMATED SERVICE: 20 people

- 1 – 50 Cup Coffee Service (include creamer, sugar, stir sticks, napkins)
- 20 – Assorted Juices (8 oz.)
- 20 – Bottled Water (16.9 oz.)
- 15 – Assorted Yogurt

Food quantities remain the same unless NOTIFIED 48 HOURS PRIOR TO SERVICE  
 PLEASE VERIFY YOUR ORDER AND CALL BONNIE JIMENEZ WITH ANY CHANGES IMMEDIATELY

You have estimated service for 20 PEOPLE.

The total cost for this function is approximately \$ 75.80.

You will be billed following your event(s).

*Thank You for Your Order!*

CC: Irene Pena – Madrid Manager

**\*\*Please sign upon delivery\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **USE OF KITCHEN FACILITIES**

Organizations in need of the kitchen must fill out an APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES. A single copy of this form must be filed at the school office where facilities desired are located. The site administrator will forward a copy to the Business Office/Assistant Superintendent for approval, and it is then forwarded to Nutrition Services.

The use of the kitchen for the preparation of, or serving of food shall be restricted to persons, firms, corporations, groups, clubs, or associations desiring such use in direct connection with meetings involving children's activities of the District, or with the functioning of State-controlled public education or some phase thereof in general. Any such use shall be under the direct management and control of cafeteria employees of the District.

### **Procedure**

1. If you expect to prepare and serve food, a Nutrition Services employee, appointed by the Nutrition Services Director, shall be present to open the kitchen and supervise the use of the equipment and supplies.
2. This employee is on duty in a supervisory capacity only. The organization using the kitchen is responsible for having its members present to do the actual work of preparation and cleaning up the facility, unless prior arrangements have been made with the Nutrition Services Director.
3. The cafeteria employee's primary responsibility is to:
  - a) Protect District property
  - b) Provide instruction in the proper use of kitchen equipment.
  - c) See that regulations set by the County Sanitation Department and the Mountain View School District are complied.
4. Organizations using the kitchen must furnish paper goods, plastic utensils, condiments, and all other supplies to carry out the activity. Towels, cookware, and serving utensils may be available with PRIOR CONSENT of the Nutrition Services Director.
5. Organizations may be granted access to the kitchen for water, preparation of coffee, and use of the serving counter if the Principal is available at the function. Please contact the Nutrition Services Director.
6. At no time is the cafeteria kitchen to be open for use without a cafeteria employee present during the full time of use (with the exception of the Principal – see #5).

### **Use of Facility Payroll**

Following the event, the cafeteria employee must complete a time sheet and submit to the site Principal. The Principal must forward the timesheet to the District payroll office. This overtime will NOT be charged to the Food Service payroll account unless prior arrangements have been made via the catering request form.

This institution is an equal opportunity provider.

## **FOOD FROM HOME and THE WELLNESS POLICY**

Guidelines for Sharing Food in the Classroom

The health and safety of the students in the Mountain View School District is of utmost importance. Any food that is brought on to school grounds should be prepared, transported and served in such a way to ensure that student health is maintained. The following guidelines will help to keep our students safe from foodborne illness.

- District Wellness Policy guidelines are in place, please check with the teacher regarding specific classroom snack policies and food item suggestions.
- To ensure good eating habits, classroom snacks should be provided *after* the regular lunch period.
- Commercially prepared foods such as those purchased in a grocery store or bakery must be used. These food service establishments are monitored by the Department of Environmental Health and can be expected to provide food meeting public food safety guidelines, if it has been stored appropriately after purchase.

### **California Health and Safety Code**

According to the State of California, Department of Health Services, and California Uniform Retail Food Facilities Law (CURFFL) effective January 2005: Sanitation Requirements for Food Facilities, Section 114015:

**“NO FOOD PREPARED OR STORED IN A PRIVATE HOME SHALL BE USED, STORED, SERVED, OFFERED FOR SALE, SOLD, OR GIVEN AWAY IN A FOOD FACILITY.”**



### **Smart Snacks in a Nutshell**

Nutrition Standards for All Foods Sold In Schools Final Rule  
School Year 2018-2019

The Smart Snacks Final Rule finalizes science-based nutrition guidelines for competitive foods sold on the school campus during the school day. Foods and beverages sold in schools must meet both the general standards and the nutrient standards outlined in the final rule.

**General Standards** - Entrées, snacks, and sides must meet one of the following criteria:

- Be a whole grain-rich product with whole grain listed as the first ingredient or a combination with at least 51% of the total grain weight.
- Have a fruit, vegetable, dairy product, or protein food (meat, beans, poultry, etc.) as the first ingredient
- Be a combination food with at least ¼ cup fruit and/or vegetable

### **Definitions**

- *Competitive foods*: All foods and beverages sold to students on the school campus during the school day, other than reimbursable meals.
- *School campus*: All areas of the property under the jurisdiction of the school that is accessible to students during the school day.
- *School day*: The period from the midnight before to 30 minutes after the end of the instructional school day.
- *Sold*: The exchange of food for money, coupons, vouchers, or order forms, when any part of the exchange occurs on a school campus.

- **Combination foods:** Foods that contain more than one component representing more than one of the recommended food groups (fruit, vegetable, dairy, protein, and grains).

### Nutrient Standards

Nutrient standards should be assessed for the serving size available for purchase and include all accompaniments. Entrées, snacks and sides must meet all of the following standards:

Table 1 Allowable limit per nutrient

Nutrient	Allowable limit
Calories, entrée	≤400 calories Middle School and High School Only – No Entrées in Elementary
Calories, snack	≤200 calories, snack or side, per item
Fat	≤35% of total calories from fat Except: reduced-fat cheese, part-skim mozzarella, nuts, seeds, nut/seed combo, dried fruit with nuts or seeds, non-fried vegetables, seafood
Saturated fat	<10% of total calories from saturated fat Except: reduced-fat cheese, part-skim mozzarella, nuts, seeds, nut/seed combo, dried fruit with nuts or seeds, non-fried vegetables, seafood
Trans fat	0 g of trans fat (<0.5 g)
Sodium, entrée	≤480 mg Middle School and High School Only – No Entrées in Elementary
Sodium, snack	Snack or side: ≤200 mg
Sugar	≤35% of weight from total sugar Except: dried/dehydrated fruits or vegetables that contain added sugar are exempt from fat and sugar standards. Canned fruit in 100% juice only.

Table 2 Allowable beverages with size restrictions

Beverage Type	Elementary	Middle or High
Water (plain), flat or carbonated	All sizes	All sizes
Low-fat milk 1% (unflavored only)	≤8 fl oz	≤12 fl oz
Fat-free milk (flavored or unflavored)	≤8 fl oz	≤12 fl oz
≥ 50% Juice, flat or carbonated, No added sweeteners	≤8 fl oz	≤12 fl oz
Non-Dairy milk, nutritionally equivalent to milk (calcium, protein, vitamins, etc)	≤8 fl oz	≤12 fl oz
No-calorie and Low-calorie beverages Electrolyte Replacement Beverages & Flavored Water	Not allowable	HIGH SCHOOL ONLY
Caffeine	Not allowable	Not allowable

### Fundraisers

Student organization sales must comply with all food and beverage standards **AND ALL** of the following guidelines:

1. Only *one (1) food or beverage item* per sale.
2. The food or beverage item must be *pre-approved* by governing board of the school district.

3. The sale must occur *after the last lunch period has ended*.
4. The food or beverage item cannot be prepared on campus.
5. Each school is allowed four (4) sales per year.
6. The food or beverage item cannot be the same item sold in the food service program at that school during the same school day.

### **SmartSnacksProductCalculator**

California public schools participating in the National School Lunch Program (NSLP) or School Breakfast Program may use the Project LEAN School Snack Calculator. Beginning January 1, 2017, there are new changes to California competitive food rules. The changes relax some of the California rules to align with the federal rules. CA Project Lean is working on making the changes. *Until then*, if you use the calculator and if it shows:

- Your item is **compliant**, it is also compliant with the updated rules!
- Your item is **not compliant**, it ***may still be compliant***—use the updated Quick Reference Cards to determine compliance.

This calculator also contains the following changes that took effect on July 1, 2016.

- The sodium limit for Competitive Snacks (but not entrées) has decreased to = <200 milligrams per item or container.
- The General Nutrition Standard allowing a food that contains 10 percent of the daily value for calcium, potassium, Vitamin D, or fiber is no longer valid.

For more information regarding Competitive Foods, visit the California Department of Education's web site, <http://www.cde.ca.gov/ls/nu/he/compfoods.asp>

Kids often need snacks to help them get enough calories (ENERGY) throughout the day. Choosing healthy snacks that add nutrients, like vitamins and minerals, to their diets is essential. Smart snacking is a great way to meet daily nutrient requirements that may be missed at meal times.

Students in our district are offered healthier school meals with more fruits, vegetables and whole grains through the National School Lunch and Breakfast Program. The Smart Snacks in School standards published by the USDA will build on those healthy advancements by ensuring that all other snack foods and beverages available for sale to students in school are tasty and nutritious. More information is available at the District's Nutrition Services website at <http://mvsdnutrition.com/> with Smart Snack tips and recipes are listed at:

<http://mvsdnutrition.com/index.php?sid=3009101913313906&page=smartsnacks>

References: *Education Code* sections 49430, 49431, 49431.7; *California Code of Regulations* sections 15575, 15577, 15578; *Code of Federal Regulations* sections 210.11, 220.12

This institution is an equal opportunity provider.

sd 8/2018



QUICK REFERENCE CARDS

NON-CHARTER PUBLIC SCHOOLS

ELEMENTARY SCHOOL-FOOD RESTRICTIONS

References: Education Code sections 49430, 49431, 49431.7; California Code of Regulations sections 15575, 15577, 15578; Code of Federal Regulations sections 210.11, 220.12

An elementary school contains no grade higher than grade 6. Effective from midnight to one-half hour after the end of the official school day.

Applies to ALL foods sold to students by any entity. Sold means the exchange of food for money, coupons, vouchers, or order forms, when any part of the exchange occurs on a school campus.

Compliant foods

Must meet one of the following general food standards:

- Be a fruit, vegetable, dairy, protein, or whole grain item\* (or have one of these as the first ingredient), or
• Be a combination food containing at least 1/4 cup fruit or vegetable.

AND must meet the following nutrition standards:

- ≤ 35% calories from fat (except nuts, seeds, reduced-fat cheese or part skim mozzarella, dried fruit and nut/seed combo, fruit, non-fried vegetables, seafood), and
• < 10% calories from saturated fat (except nuts, seeds, reduced-fat cheese or part skim mozzarella, dried fruit and nut/seed combo), and
• ≤ 35% sugar by weight (except fruit\*\*, non-fried vegetables, dried fruit and nut/seed combo), and
• < 0.5 grams trans fat per serving (no exceptions), and
• ≤ 200 milligrams sodium per item/container (no exceptions), and
• ≤ 200 calories per item/container (no exceptions)

Paired foods:

- If exempt food(s) are combined with nonexempt food(s) or added fat/sugar they must meet ALL nutrition standards above.
• If two foods exempt from one or more of the nutrition standards are paired together and sold as a single item, the item must meet for trans fat, sodium, and calories.

\* A whole grain item contains:

- The statement "Diets rich in whole grain foods... and low in total fat... may help reduce the risk of heart disease..." or
• A whole grain as the first ingredient, or
• A combination of whole grain ingredients comprising at least 51% of the total grain weight (manufacturer must verify), or
• At least 51% whole grain by weight.

\*\* Dried blueberries cranberries, cherries, tropical fruit, chopped dates, or chopped figs that contain added sugar are exempt from fat and sugar standards. Canned fruit in 100% juice only.

CHECK YOUR DISTRICT'S WELLNESS POLICY FOR STRICTER RULES.

Groups or individuals selling foods/beverages to students must keep their own records as proof of compliance.

ELEMENTARY SCHOOL-BEVERAGE RESTRICTIONS

References: Education Code Section 49431.5, California Code of Regulations Section 15576, Code of Federal Regulations sections 210.10, 210.11, 220.8, 220.12

An elementary school contains no grade higher than grade 6. Effective from midnight to one-half hour after the end of the official school day.

Applies to ALL beverages sold to students by any entity. Sold means the exchange of beverages for money, coupons, vouchers, or order forms, when any part of the exchange occurs on a school campus.

A compliant beverage must be marketed or labeled as a fruit and/or vegetable juice, milk, non-dairy milk, or water AND meet all criteria under that specific category.

Compliant beverages:

- 1. Fruit or Vegetable juice:
a. ≥ 50% juice and
b. No added sweeteners
c. ≤ 8 fl. oz. serving size
2. Milk:
a. Cow's or goat's milk, and
b. 1% (unflavored), nonfat (flavored, unflavored), and
c. Contains Vitamins A & D, and
d. ≥ 25% of the calcium Daily Value per 8 fl. oz., and
e. ≤ 28 grams of total sugar per 8 fl. oz.
f. ≤ 8 fl. oz. serving size
3. Non-dairy milk:
a. Nutritionally equivalent to milk (see 7 CFR 210.10(d)(3), 220.8(i)(3) must contain per 8 fl. oz.:
• ≥ 276 mg calcium
• ≥ 8 g protein
• ≥ 500 IU Vit A
• ≥ 100 IU Vit D
• ≥ 24 mg magnesium
• ≥ 222 mg phosphorus
• ≥ 349 mg potassium
• ≥ 0.44 mg riboflavin
• ≥ 1.1 mcg Vit B12, and
b. ≤ 28 grams of total sugar per 8 fl. oz., and
c. ≤ 5 grams fat per 8 fl. oz.
d. ≤ 8 fl. oz. serving size
4. Water:
a. No added sweeteners
b. No serving size

All beverages must be caffeine-free (trace amounts are allowable).

ELEMENTARY SCHOOL-STUDENT ORGANIZATIONS

Reference: California Code of Regulations Section 15500

Student organization is defined as a group of students that are NOT associated with the curricula or academics of the school or district. Effective from midnight to one-half hour after the end of the official school day.

Student organization sales must comply with all food and beverage standards AND all of the following:

- 1. Only one food or beverage item per sale.
2. The food or beverage item must be pre-approved by the governing board of the school district.
3. The sale must occur after the last lunch period has ended.
4. The food or beverage item cannot be prepared on campus.
5. Each school is allowed four sales per year.
6. The food or beverage item cannot be the same item sold in the food service program at that school during the same school day.

## QUICK REFERENCE CARDS

## NON-CHARTER PUBLIC SCHOOLS

### MIDDLE/HIGH SCHOOL-FOOD RESTRICTIONS

References: *Education Code* sections 49430, 49431.2, 49431.7, *California Code of Regulations* sections 15575, 15577, 15578, *Code of Federal Regulations* sections 210.11, 220.12

A middle/junior high contains grades 7 or 8, 7 to 9, 7 to 10.

A high school contains any of grades 10 to 12.

Effective from midnight to one-half hour after the end of the official school day.

Applies to ALL foods sold to students by any entity.

Sold means the exchange of food for money, coupons, vouchers, or order forms, when any part of the exchange occurs on a school campus.

"Snack" foods must meet one of the following general food standards:

- Be a fruit, vegetable, dairy, protein, or whole grain item\* (or have one of these as the first ingredient), or
- Be a combination food containing at least ¼ cup fruit or vegetable.

AND must meet the following nutrition standards:

- ≤ 35% calories from fat (except nuts, seeds, reduced-fat cheese or part skim mozzarella, dried fruit and nut/seed combo, fruit, non-fried vegetables, seafood), and
- < 10% calories from saturated fat (except nuts, seeds, reduced-fat cheese or part skim mozzarella, dried fruit and nut/seed combo), and
- ≤ 35% sugar by weight (except fruit\*\*, non-fried vegetables, dried fruit and nut/seed combo), and
- < 0.5 grams trans fat per serving (no exceptions), and
- ≤ 200 milligrams sodium per item/container (no exceptions), and
- ≤ 200 calories per item/container (no exceptions)

Paired foods:

- If exempt food(s) are combined with nonexempt food(s) or added fat/sugar they must meet ALL nutrition standards above.
- If two foods exempt from one or more of the nutrition standards are paired together and sold as a single item, the item must meet for trans fat, sodium, and calories.

"Entrée" foods must be intended as the main dish and be a:

- Meat/meat alternate and whole grain rich food, or
- Meat/meat alternate and fruit or non-fried vegetable, or
- Meat/meat alternate alone (cannot be yogurt, cheese, nuts, seeds, or meat snacks = these are considered a "snack" food).

AND

A competitive entrée sold by District/School Food Service the day of or the day after it appears on the reimbursable meal program menu must be:

- ≤ 400 calories, and
- ≤ 35% calories from fat
- < 0.5 grams trans fat per serving

A competitive entrée sold by Food Service if NOT on the menu the day of or day after or any other entity (PTA, student organization, etc.) must meet one of the following general food standards:

- Be a fruit, vegetable, dairy, protein, or whole grain item (or have one of these as the first ingredient), or
- Be a combination food containing at least ¼ cup fruit or vegetable

AND meet the following nutrition standards:

- ≤ 35% calories from fat, and
- < 10% calories from saturated fat, and
- ≤ 35% sugar by weight, and
- < 0.5 grams trans fat per serving, and
- ≤ 480 milligrams sodium, and
- ≤ 350 calories

\* A whole grain item contains:

- The statement "Diets rich in whole grain foods... and low in total fat... may help reduce the risk of heart disease..." or
- A whole grain as the first ingredient, or
- A combination of whole grain ingredients comprising at least 51% of the total grain weight (manufacturer must verify), or
- At least 51% whole grain by weight.

\*\* Dried blueberries cranberries, cherries, tropical fruit, chopped dates, or chopped figs that contain added sugar are exempt from fat and sugar standards. Canned fruit in 100% juice only.

**CHECK YOUR DISTRICT'S WELLNESS POLICY FOR STRICTER RULES.**

Groups or individuals selling foods/beverages to students must keep their own records as proof of compliance.

California Department of Education, Nutrition Services Division

### MIDDLE/HIGH SCHOOL-BEVERAGE RESTRICTIONS

References: *Education Code* Section 49431.5, *California Code of Regulations* Section 15576, *Code of Federal Regulations* sections 210.10, 210.11, 220.8, 220.12

A middle/junior high contains grades 7 or 8, 7 to 9, 7 to 10.

A high school contains any of grades 10 to 12.

Effective from midnight to one-half hour after the end of the official school day.

Applies to ALL beverages sold to students by any entity.

Sold means the exchange of beverages for money, coupons, vouchers, or order forms, when any part of the exchange occurs on a school campus.

A compliant beverage must be marketed or labeled as a fruit and/or vegetable juice, milk, non-dairy milk, water, electrolyte replacement beverage/sports drink, or flavored water AND meet all criteria under that specific category.

Compliant beverages:

1. Fruit or Vegetable juice:
  - a. ≥ 50% juice and
  - b. No added sweeteners
  - c. ≤ 12 fl. oz. serving size
2. Milk:
  - a. Cow's or goat's milk, and
  - b. 1% (unflavored), nonfat (flavored, unflavored), and
  - c. Contains Vitamins A & D, and
  - d. ≥ 25% of the calcium Daily Value per 8 fl. oz., and
  - e. ≤ 28 grams of total sugar per 8 fl. oz.
  - f. ≤ 12 fl. oz. serving size
3. Non-dairy milk:
  - a. Nutritionally equivalent to milk (see 7 CFR 210.10(d)(3), 220.8(i)(3)), and
  - b. ≤ 28 grams of total sugar per 8 fl. oz., and
  - c. ≤ 5 grams fat per 8 fl. oz.
  - d. ≤ 12 fl. oz. serving size
4. Water:
  - a. No added sweeteners
  - b. No serving size limit
5. Electrolyte Replacement Beverages (HIGH SCHOOLS ONLY)
  - a. Must be either ≤ 5 calories/8 fl. oz. (no calorie) OR ≤ 40 calories/8 fl. oz. (low calorie)
  - b. Water as first ingredient
  - c. ≤ 16.8 grams added sweetener/8 fl. oz.
  - d. 10-150 mg sodium/8 fl. oz.
  - e. 10-90 mg potassium/8 fl. oz.
  - f. No added caffeine
  - g. ≤ 20 fl. oz. serving size (no calorie) OR ≤ 12 fl. oz. serving size (low calorie)
6. Flavored Water (HIGH SCHOOLS ONLY)
  - a. Must be either ≤ 5 calories/8 fl. oz. (no calorie) OR ≤ 40 calories/8 fl. oz. (low calorie)
  - b. No added sweetener
  - c. No added caffeine
  - d. ≤ 20 fl. oz. serving size (no calorie) OR ≤ 12 fl. oz. serving size (low calorie)

All beverages must be caffeine-free (trace amounts are allowable).

### MIDDLE/HIGH SCHOOL-STUDENT ORGANIZATIONS

Reference: *California Code of Regulations* Section 15501

Student organization is defined as a group of students that are NOT associated with the curricula or academics of the school or district. Effective from midnight to one-half hour after the end of the official school day.

Student organization sales must comply with all food and beverage standards AND all of the following:

1. Up to three categories of foods or beverages may be sold each day (e.g., chips, sandwiches, juices, etc.).
2. Food or beverage item(s) must be pre-approved by the governing board of the school district.
3. Only one student organization is allowed to sell each day.
4. Food(s) or beverage(s) cannot be prepared on campus.
5. The food or beverage categories sold cannot be the same as the categories sold in the food service program at that school during the same school day.
6. In addition to one student organization sale each day, any and all student organizations may sell on the same four designated days per year. School administration may set these dates.

EFFECTIVE 1/1/2017

Revised 1/1/2017

# **MAINTENANCE**

# Keeping MVSD in Pristine Condition

Maintenance is a continuous operation to keep the school buildings, furniture, and equipment in the best form of normal use. The upkeep of school buildings is a daily activity of the district and its personnel. The Maintenance Department works together to maintain the cleanliness and safety of the entire district, striving to continuously improve our service process and to provide a safe, secure environment as we serve every student, with excellence as a standard.

## **ENERGY CONSERVATION**

### **Heating, Ventilation, and Air Conditioning**

Timers should be turned off when classrooms are not in use. When air conditioning units are in use, please keep all doors and windows closed to conserve energy.

### **Lights**

When not in use, please turn off all lights, office machines, and computers. This will make a tremendous difference in energy usage.

### **Security**

For security reasons and to prevent false alarms, the following steps should be followed:

1. No hanging of any items on overhead wiring in classrooms (it may cause motion detector to go off by movement).
2. All air conditioning thermostats should only be set by the HVAC technicians to control timers on units. Units left on overnight will cause motion sensors to detect movement in the room causing false alarms.

## SAFETY

For safety purposes the following steps should be followed:

1. There should be no materials or boxes less than three (3) feet in front or around electrical panels in classrooms.
2. In case of smoke coming from light fixtures, turn off lights immediately and report the incident to the office at once.
3. All air conditioning units should be set at 72 degrees and running on the auto position to prevent constant running and to prevent the unit from freezing.
4. Fire extinguishers should not be more than 36" from the door. They need to be visible and accessible at all times.
5. Under no circumstances should a wall receptacle or light switch be covered by paper, decorations, or furniture. This is to prevent sparks from igniting paper or other objects in the classroom.
6. School electrical rooms must be clear of flammable items for the safety of staff and students.
7. **Combustible Materials:** There shall not be combustible materials within 24" from the ceiling if placed on top of a cabinet. Combustible material should cover no more than twenty-five (25) percent of any wall space. Combustible material should not be hung from ceilings, light fixtures or strung across the classrooms with wires.
8. **Pull Station:** There shall be 36" clearance around all pull stations at all times.
9. **Doors:** There shall be a 36" clearance around all doors and they shall not be blocked at all times.
10. **Emergency Exit Windows:** Shall not be blocked at any time and should have a 36" clearance at all times.
11. **Electrical Panel:** All electrical panels shall not be blocked or covered and should have a 36" clearance at all times.

## Work Order Procedure

The Work Order procedure is as follows:

1. Emergencies – Any immediate health or safety situation.
  - a. Call Maintenance
  - b. Complete Work Order (School Dude)
  - c. Retain Work Order number to provide to maintenance worker.
  
2. Time Sensitive – any service which will take place on a specific date at a specific time (e.g. assisting a teacher move due to enrollment). As soon as possible:
  - a. Complete Work Order (School Dude)
  - b. E-mail the Director of Maintenance and Operations & Transportation including a description of request and work order number.
  
3. Other Work Orders
  - a. Complete Work Order (School Dude)
    - Work orders assigned in systematic, efficient order.

Mountain View School District  
Maintenance & Operations  
**Key Receipt**

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

School/Site: \_\_\_\_\_ Room #/Location: \_\_\_\_\_

Type of Key Received:	Key #:	Date Returned:
1.		
2.		
3.		
4.		
5.		

Key Lost:	Amount Paid:	Date Paid:
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.		

Employees who have keys shall be responsible for all security of the room, gate or building involved. They shall lock all doors and windows; turn off all lights, air conditioning, heat, computers, appliances, when leaving the room or building.

The duplication of any key is **PROHIBITED**. The person issued a key shall be responsible for its safe keeping. If key is lost or damaged the person responsible must report the loss to their supervisor immediately. The following fee will be waived for the first loss; however, you will be charged for the second loss as follows:

- |                                 |              |
|---------------------------------|--------------|
| 1) Replacement Key              | \$25.00 each |
| 2) Re-Keying Gate               | \$40.00 each |
| 3) Re-Keying Door               | \$40.00 each |
| 4) Replacement file/cabinet key | \$15.00 each |
| 5) Re-Keying file/cabinet       | \$30.00 each |

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Employee Signature*

## **Distribution of Keys**

The Assistant Superintendent of Business Services shall be responsible for all keys; however, he may delegate the distribution and accountability for keys to the Maintenance Supervisor.

The Assistant Superintendent of Business Services shall delegate to the principal of each school the responsibility for the distribution and recovery of all keys for his school. Only the principal shall make a recommendation regarding the distribution of masker keys to the Maintenance Supervisor.

Between the close of each school year and July 1, all keys shall be called in and an inventory made by the principal. A written report of the inventory shall be submitted to the Maintenance Supervisor by July 1, listing the names of employees and the keys assigned to each.

Keys will be issued only in accordance with specific need. The principal shall keep a file of proper forms signed by all individuals issued keys. The person accepting the key accepts full responsibility for the key. If he loans the key, he is responsible for the use of the key and the possible loss of duplication of the keys.

Master keys may be issued by the Maintenance Supervisor only to principals, assistant principals, custodians, and such other persons as have a regular and specific need for them. The Maintenance Supervisor shall maintain a record of each master key issued indicating the key issued, the individual to whom issued, and that the principal has a signed form indicating that the individual in possession of the master key accepts responsibility for it. No master key may be loaned to another individual.

In the event that any key is lost, the individual responsible shall report the loss to the principal immediately who, in turn, shall report the loss to the maintenance Supervisor. The inventories shall be adjusted accordingly and a new key may be issued.

Under no circumstances may any employer have a duplicate made of district-owned keys. When necessary, keys will be duplicated and paid for by the district upon an order from the Maintenance Supervisor.

Any deviation from these policies shall constitute a violation of the policy and may be reported to the Board and recorded in the personnel file of the violator.

Legal Reference: Penal Code  
469 Unauthorized making, duplicating or possession of key  
to public building



## AFRICANIZED HONEY BEES

Unless the bee swarms are in close proximity to people or pets, or they exhibit aggressive tendencies, they might best be kept under observation and allowed to move along at their own pace. In the spring and early summer it is common to find swarms resting in trees and in odd places as they search for a place to establish their hive. At times, the bees may attempt to establish a hive on a building or vehicle.

Obviously, pupils and school staff should not be permitted to use the outdoor area where the bees are located until the swarm either moves along or is removed. Discontinue athletics, and other activity that produce noise or vibrations until the swarm leaves or is removed.

These swarms should not be disturbed nor should untrained school staff attempt to destroy them. Even European Honey Bees will defend themselves against such attacks and severely sting an attacker. If it appears that the bees have decided to stay where they are, it may be prudent to have them removed by a professional beekeeper. Please call the maintenance department immediately to handle the problem. Maintenance will keep the school informed.

If a bee swarm appears aggressive the area should be evacuated and a call placed to 911 immediately advising the Fire Department of the possibility of a swarm of Africanized Bees. Keep everyone away from the swarm. Summon medical aid as soon as possible if someone is stung.

## OSHA COMPLIANCE

### PEST CONTROL

When sending a work order for fumigation of rooms, the following procedures must be followed:

- Roaches, spiders, termites
  - All plants, animals, need to be taken out of the classrooms
  - All drawers, cupboards, need to be cleared out in order for fumigation to work
- Signs must be posted 24 hours in advance on the inside and outside of the rooms to be fumigated and at all entrances to the school.
- At each school site or department, there needs to be a designated person on file who will be responsible for posting of signs.
- Failure to have signs posted when Fumigation Company comes out will result in the company billing the district as if the work was completed, so please be sure to have signs posted, to avoid double billing.

**CUSTODIAL**

## **Day Custodian Procedure**

- Pick up Direct Connect phone, turn on and carry with you during working hours.
- Check in with the office before leaving and place the phone on the charger.
- Conduct weekly inspections of school and fills out the Weekly Safety Checklist form.
- Make sure all equipment is repaired on a regular basis.
- Make sure that adequate supplies are available for the Afternoon custodians.
- Attend all custodial meetings.

## **Afternoon custodian Procedure**

- Check in with office and pick up Direct Connect Phone, turn on and carry with you during working hours.
- Go to the office before leaving and place the phone on the charger.
- Report to the office any equipment that needs repair.
- Schools should order ID badges for sub-custodians so they can be identified.
- A pool of subs will be maintained during the year.
- Any custodians that Principals do not want to work at their school will be forwarded to Custodial Supervisor.
- Principals are to encourage Afternoon Custodians to attend the custodian meetings.
- Make the custodial work performance form available to staff to praise good performance and correct poor performance.

## **Schedules**

- Schedules will be developed by each Principal in collaboration with the Day Custodian – copies are to be sent to Maintenance.
- The Principal will handle vacation requests.
- The Principal will check with Custodial Supervisor in Maintenance to see if subs are available before approving any vacation requests.
- All sub-requests should be emailed to Custodial Supervisor so he has a hard copy for his files.
- If Custodial Supervisor can schedule subs, he will notify Principal.
- The Principal may then approve the vacation.

## **Principal's Role**

- Evaluates and supervises all custodians.
- Approves all overtime and extra duty requests by custodians (charged to school funds).
- Each school has been allocated their own budget for custodial overtime/extra duty.
- Excessive absences should be tracked by Maintenance and the school secretary on a daily basis.
- Make sure the Day and Afternoon custodians meet regularly at 2:45 p.m.
- Make sure all custodial orders are processed regularly by the office manager/clerk.
- Account for all custodial and equipment by storing supplies in a locked area where there is security.
- The custodial duties should be shared with each Afternoon Custodian and staff member.

## **DAILY CLASSROOM CLEANING (12 MINUTES PER ROOM)**

The following guidelines are designed to provide teachers and staff with information on the daily duties that are required of an afternoon custodian. They are to be performed on a normal workday (Does not include special office or teacher requests.)

1. Empty trash, replace the liner.
2. Clean sink area including fountains and faucets. Use E-15 PEROXIDE GRAY bottle w/GREEN microfiber towel.
3. Refill all dispensers as needed.
4. Vacuum, sweep and/or mop floor. Use E-32 GREEN for mop solution w/white microfiber mop.
5. Clean switch plates, door handles. Use E-15 PEROXIDE bottle w/GREEN microfiber towel.

Waxing and shampooing of floors are to be done at least two times a year or as needed by request.

## **Daily Restroom Cleaning**

- Empty trash, change the liner, wash trash cans as needed.
- Remove litter, graffiti, & gum throughout the restroom.
- Fill all dispensers as needed.
- Clean mirrors, use E-12 GLASS w/BLUE microfiber towel.
- Clean/disinfect sinks fixtures and toilets. Use E-23 GREEN w/BLUE microfiber towel.
- Sweep and mop floors, use E-32 Green w/BLUE microfiber towel.



## Weekly Check List

School Site: \_\_\_\_\_ Date: \_\_\_\_\_

Please give a brief description of the repairs needed and room number. All emergency items need to be reported to the school office and the maintenance office as soon as possible.

\_\_\_ Playground Equipment \_\_\_\_\_

\_\_\_ Fences/Gates \_\_\_\_\_

\_\_\_ Gophers/Potholes \_\_\_\_\_

\_\_\_ Sand/Sandboxes \_\_\_\_\_

\_\_\_ Backstops \_\_\_\_\_

\_\_\_ Tree Limbs \_\_\_\_\_

\_\_\_ Windows/Doors \_\_\_\_\_

\_\_\_ Flag Poles \_\_\_\_\_

\_\_\_ Rain Gutters \_\_\_\_\_

\_\_\_ In/Outside Lights/Covers \_\_\_\_\_

\_\_\_ Elect. Panels/Breaker Panels \_\_\_\_\_

\_\_\_ Ceiling Tiles \_\_\_\_\_

\_\_\_ Drinking Fountains \_\_\_\_\_

\_\_\_ Overhead Wires \_\_\_\_\_

\_\_\_ Broken Glass/Bottles Etc. \_\_\_\_\_

\_\_\_ Restroom Fixtures \_\_\_\_\_

\_\_\_ Others \_\_\_\_\_

**Employee Name** \_\_\_\_\_

## Vacuum Repair Procedures

1. Once the custodian identifies the problem with their vacuum, the maintenance department office is to be notified as soon as possible. If a problem occurs after the maintenance department working hours, please leave a message for Maintenance Secretary at extension 4790. She will assign staff to pick up and repair the vacuum.
2. The custodian will fill out the assigned form, explaining to them the problem.
3. The custodian must place the vacuum with the attached sheet in a designated area in the school office for pick up. Vacuum will be returned to the area where it was picked up.
4. The vacuum will be picked up, repaired, and delivered back to the school the same day.
5. If the vacuum cannot be returned the same day, for unforeseen reasons, a spare vacuum will be delivered. When the original is repaired, the spare will be picked up and the original delivered back to the office area.
6. A spare vacuum for emergency purposes will be placed in a secure designated area of the school that will be the responsibility of the day custodian to distribute as needed. The day custodian will report a non-working vacuum to Maintenance Secretary at 4790 when the spare is issued out.

**Mountain View School District  
Custodial Department  
Vacuum, Extractors, Shampoo Machines**

Please explain in detail repairs and or parts needed for your machine.

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- Belts
- Brushes
- Switches
- Bags
- Hoses
- Cords
- Plugs
- Retaining Clips
- Handle
- Handle Socket
- Fan
- Motor
- Wheels
- Other \_\_\_\_\_

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Employee: \_\_\_\_\_

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

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

Location of Equipment: \_\_\_\_\_

## **WORK PERFORMANCE FORM**

The work performance form, attached, is designed as a tool to recognize the good performance and areas that may need improvement in order for the assigned custodian to improve and provide adequate services to the classroom.

## MOUNTAIN VIEW SCHOOL DISTRICT CUSTODIAL SERVICES

NAME OF CUSTODIAN: \_\_\_\_\_

DATE \_\_\_\_\_

RE: WORK PERFORMANCE \_\_\_\_\_  
School

**PLACE A CHECK MARK IN THE APPROPRIATE BOX**

	Extra Effort Consistency <u>Shown</u>	<u>Yes</u>	<u>Needs to Improve</u>	<u>Needs Further Training</u>
1. Floor swept/mopped- Carpets vacuumed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wastebaskets emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chalkboards cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sinks, fountains, & <u>faucets</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Refill dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Bathrooms (toilets, Sinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments, commendations, directives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Teacher

SIGNATURE: \_\_\_\_\_

Principal/Supervisor

\_\_\_\_\_

Employee

White=Employee

Pink=School

Canary=Supervisor

# **TRANSPORTATION**

## TRANSPORTATION EMPLOYEES 2018-2019

<u>Name</u>	<u>Duties</u>
Hector Morales	Supervisor
Kim Blakeley	Bus Driver/Trainer
Mark Contreras	Bus Driver
Laura Dillard	Bus Driver
Evangelina Figueroa	Bus Driver
Gerald Lara	Bus Driver
Marina Martin Del Campo	Bus Driver
Rose Ramirez	Bus Driver
Yesenia Sandoval	Bus Driver
Frances Serrano	Bus Driver

## **Transportation Policy**

### **Camp Training**

All drivers who apply for Summer Camp will be trained by or Driver Trainer in Bus #5 on the safety of maneuvering the bus up and down the dirt road to the campsite. Since this road can be dangerous at times it is very important that all camp drivers before proficient in their driving skills for the safety of our students.

Every year before Summer Camp starts a scheduled time will be set aside to take any new camp driver to train on Bus #5. Those individuals who have not been trained will not be allowed to drive the camp bus that year.



## MOUNTAIN VIEW TRANSPORTATION DEPARTMENT FIELD TRIP SCHEDULING PROCEDURE

### **REMINDER**

Please be aware that in order to ensure the best possible service on field trips for the children of our district, the following procedures must be followed:

1. In order to minimize the confusion of the field trip process, we are asking that **there be only one field trip organizer at each school site who handles all field trip requests to transportation.**
2. As soon as the trip organizer has the approval of the site principal, he/she should contact the transportation department for the availability of district buses for their trip. **Once the transportation department has accepted your trip, all paperwork must be sent to the Transportation Department first.** Once transportation has signed the field trip request form, we will then forward the request form to the District Office for the other required signatures.
3. Due to the overwhelming demand for field trips during the school year, buses will only be assigned to field trips after we have received all appropriate paperwork from the school sites. Any paperwork not received by transportation two weeks prior to the trip could result in the cancellation of the field trip.
4. Our main concern is that the students of our district receive every opportunity to experience the thrill of learning that your field trips will provide. To do this we need your full cooperation. This enables us to research all possible options to ensure the availability of buses for your school site.
5. I would like to thank you in advance for your cooperation and understanding.

Note: Drivers are required by law to instruct all passengers on the proper procedures to be followed in case of an emergency prior to the trip.

## REQUEST FOR FIELD TRIP PROCESS

### Teacher

1. Decide on the location of the field trip
2. Determine size, type (special education needs) and a number of buses required
3. Have site organizer check with Transportation on the availability of buses for your field trip
4. Site organizer must fill out a field trip request form, including requests for lunch.

### Principal

1. Receives the properly filled out field trip request form
2. Checks availability of funds
3. Signs to approve the field trip request
4. Forward field trip request form to the Transportation Department for verification and signature

### Transportation

1. Once field trip has been verified, transportation will forward to Educational Services for required signatures.

### Educational Services

1. Field trip request form is signed by Assistant Superintendent of Educational Services and/or Director of State and Federal Programs and Accountability for approval and disapproval.
2. Educational Services then returns signed forms to school sites, transportation and food services.

Any questions please call:

Transportation 652-4140

Food Services 652-4086

Educational Services 652-4963



**MOUNTAIN VIEW SCHOOL DISTRICT**  
**Transportation / Field Trip Request Form**



School \_\_\_\_\_ Grade \_\_\_\_\_ Date sent to District Office \_\_\_\_\_

Requested by \_\_\_\_\_ Today's Date \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination (City and Place) \_\_\_\_\_

Purpose and standard tied to curriculum \_\_\_\_\_

Lunches Requested - Yes  No  The Food Service Department Lunch Request Form MUST be submitted to the cafeteria at least 10 days prior to the trip. Date submitted \_\_\_\_\_

Entrance Fee Required Paid for by \_\_\_\_\_

Private Carrier Name of Carrier \_\_\_\_\_

District Carrier Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_ Total \_\_\_\_\_

**Transportation Costs:** \*Busses must be back at schools by 1:30 p.m. M-W-Th-F / 1:00 p.m. on Tuesday  
 (Unless, prior arrangements have been made/approved)

Title I  SBCP Departure time (from school site) \_\_\_\_\_

Migrant  Lottery Departure time (from trip location) \_\_\_\_\_

ASB  Special Ed. Est. Arrival time (at school site) \_\_\_\_\_

Other \_\_\_\_\_ Not District Funds: School will be responsible for payment or COD \_\_\_\_\_

Approved  Disapproved: Principal's Signature \_\_\_\_\_

Approved  Disapproved: Director of Transportation \_\_\_\_\_

Approved  Disapproved: Director, Curriculum & Instruction \_\_\_\_\_

Approved  Disapproved: Director II, Educational Services \_\_\_\_\_

**TRANSPORTATION USE ONLY**

**Required evacuation and safe riding practices given before departure on trip:** Yes \_\_\_\_\_

Bus Number \_\_\_\_\_ Departure time from school site \_\_\_\_\_ Arrival time at school site \_\_\_\_\_

Number of Passengers \_\_\_\_\_ Total number of miles \_\_\_\_\_ Total number of hours \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Director of Transportation: \_\_\_\_\_

White: Business/Food Services    Green: Director-Curr. & Inst.    Canary: Educational Svcs.    Pink: Transportation    Golden Rod: Principal  
 WH# 70-07210 gm Rev. 10-15-09

## **MOUNTAIN VIEW SCHOOL DISTRICT**

### **STUDY TRIPS**

Field trips are a very important part of learning. They offer experiences to our students that are not available in the classroom. Please follow this procedure when planning a trip:

1. Submit a request for a field trip to the principal at least three weeks prior to the trip. Cost for the bus is \$325 for a regular five-hour field trip. The hourly rate is \$65. No entrance fee, nor any other costs shall be charged to students.
2. Transportation – Once the principal approves the field trip, the secretary/designated employee will contact Transportation for availability of buses.
3. Lunches - If children are going to be away from school at lunch, the cafeteria staff must be notified at least two weeks prior to the trip. Complete a field trip lunch request form and submit it to the cafeteria's manager.

#### **GUIDELINES** –

- \* Buses will leave between 8:15-8:30 a.m. and must return by 1:30 p.m. (Monday, Tuesday, and Wednesday) or 1:00 p.m. (Thursday/Friday).
- \* Schedule field trips as early as possible. May and June fill up quickly.
- \* Supervision of students is the responsibility of a certificated employee.
- \* Student/adult ratio is 10 students to 1 adult.
- \* Students must wear a name tag which includes: school's name, student's name, address, and phone number
- \* Teachers must make sure that a student roll is taken before the bus leaves the school, and before the bus returns to school.
- \* Chaperones must be at least 18 years old. Teachers must provide chaperones with clear information regarding their responsibility. Every chaperone needs to fill out a Waiver of Liability form.
- \* Chaperones may not bring other siblings of any age with them on the bus. District liability for youngsters prohibits this practice.
- \* While on a field trip, teachers must have in their possession the classroom's first aid kit.
- \* Children who are not students at MVSD are not allowed to participate in school-sponsored field trips.

## **MOUNTAIN VIEW TRANSPORTATION DEPARTMENT FIELD TRIP COSTS**

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Currently the cost for using District transportation is as follow:

1. during school hours: 8:00 a.m. – 4:30 p.m.  
    \$65 an hour to a maximum of \$325
  
2. after school hours: (after 4:30 p.m.), Saturday, Sunday, and Holiday  
    \$65 an hour, no maximum

If there are no District buses available, here is a list of our current outside vendors that will provide transportation.

1. A & D Transportation L.P.
2. Four Winds, Inc.
3. Southwinds School Activity Services, Inc.
4. TLC Luxury

**We will continue to provide the best transportation available to this district.**

# MOUNTAIN VIEW SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

## MVSD TRANSPORTATION BUS RULES

Students being transported are under the authority of the school bus driver and the Mountain View School District. To promote their safety and well-being, the following rules are to be followed.

Students Shall:

- Be at their bus stop and be ready for pick-up no sooner than five minutes before the bus is due.
- Stand at a safe distance back from the curb or highway and line up in a single file, facing the street, when the bus approaches.
- Wait for the driver to motion them across the street when it is safe to cross, and walk in front of the bus by at least ten feet.
- Do as the bus driver says and obey the driver's instructions.
- Always use steps and handrails, and never crowd or push when getting on or off the bus.
- Do not eat or drink anything while on the bus.
- **Never Stand**, except to exit the bus at their stop and remain seated until the bus comes to a complete stop.
- Never throw anything on the bus or out the bus window, or extend hands, arms, heads, or objects through bus windows.
- Must have written permission, approved by the school, to ride another bus or get off at a stop other than their own.
- Talk in normal tones; screaming and yelling are prohibited.
- Never use vulgar or abusive language.
- Do not tamper with safety devices or damage the interior or exterior of the bus.
- Always treat the bus driver and fellow passengers with respect.

Riding the school bus is a privilege and should be treated as such. The bus rules are for the safety of all those who ride the bus. Students who refuse to obey these stated rules shall forfeit their privilege to ride the school bus.

## BUS DISCIPLINARY ACTION

Parental assistance in discussing appropriate and safe behavior is appreciated. Unfortunately, failure to behave appropriately can result in loss of bus privileges.

For a significant or recurring problem, the disciplinary procedure will be as follows:

1. Student is required by the bus driver to comply with the rules.
2. Student and driver discuss the problem (one time).
3. Driver supplies a written report of any inappropriate misbehavior to the Transportation Department and the Principal of the student's home-school. The Principal then takes on of the following actions:
  - Principal and student discuss the problem and develop a plan to correct the behavior. In addition the Principal notifies the parents of the problem and of the possibility of forfeiting bus privileges.
  - Student loses bus privileges for a specific number of days.
  - Student forfeits bus privileges for the remainder of the school year.

## **GENERAL INFORMATION**

### **Bus Stops:**

Bus stops are arranged based on each student's home address. Unless otherwise notified, this is the only address used. If there is a change, the Transportation Department must be notified immediately. This will allow the transportation department to assign the proper bus stop for that student.

### **Discipline:**

Misbehavior is a serious violation on board the school bus. All bus riders must follow the instruction given to them by the bus driver. If a student does not follow the driver's instructions, the student could lose the privilege to ride the bus.

### **Lost and Found:**

Each driver turns over to the transportation office any items found on the bus. We will try to find the owner of the item. Parents looking for such items may call our office at 652-4140 for lost and found information.

### **First Week Assistance:**

Students should wear tags for the first few weeks indicating which bus stop they have been assigned and what school they attend. By doing this, it will allow the drivers to get to know them by sight and know which bus stop and school they attend. In addition, all kinder students should have tags at all times.

During the first couple of weeks of school there is usually a lot of confusion, have patience; routes usually change during the first month to accommodate different schedules.

### **Riding a Friends Bus:**

Occasionally a student may need to ride home with another student. The day the student is to ride a different bus the parent must send a note with the child indicating its okay for their child to board a different bus. This note must be given to the bus driver.

### **Ice Chests for Field Trips:**

It is recommended that "wheeled" ice chests be used on field trips. Wheeled ice chests are much easier to move from one location to another.

# **WAREHOUSE**



## **WAREHOUSE SUPPLIES**

When ordering custodial supplies from the District Warehouse, the following procedures should be followed:

1. The Lead custodian or the assigned school custodian should fill out the warehouse requisition form found in the school office. They should specify the item and the amount needed for each item.
2. The assigned custodian will give the filled out warehouse form to the assigned office personnel, who will then enter into Smarte and submit for Principal approval.
3. The warehouse will deliver all supplies on the assigned delivery date. (Check with the warehouse for your delivery date.)
4. Any non-warehouse items shall be submitted through Smarte with the approval of the principal.
5. When you receive your warehouse order, if the order is not complete, please notify the warehouse and see when the items will be available and delivered.

## SCHOOL DELIVERY DAYS

<b>MONDAY</b>	La Primaria Voorhis	Twin Lakes Maintenance
<b>TUESDAY</b>	District Office	Madrid Payne
<b>WEDNESDAY</b>	Baker	Parkview Reprographics Department
<b>THURSDAY</b>	Maxson Kranz	Monte Vista Children Center
<b>Friday</b>	Cogswell Miramonte	Transportation Department

**Mountain View School District  
Material Stock Returns**

Date \_\_\_\_\_

MSR Order# \_\_\_\_\_ (from original order being returned)

School \_\_\_\_\_

Item Number	Description	Quantity Returned	UOM	Credit Amount

\_\_\_\_\_  
 Fund      Resource      Goal      Function      Object      Location

Dept. Head/Principal Approval \_\_\_\_\_  
 Site Verification \_\_\_\_\_ ← To be signed when  
 Warehouse Verification \_\_\_\_\_ ← items are picked up

White – Purchasing (for Credit)      Yellow – Warehouse      Pink - Originator  
 #70-07190      Revised: 10/15/09 DK

CHECK IF MORE  
FORMS ARE NEEDED  
YES: \_\_\_\_\_

MT. VIEW SCHOOL DISTRICT  
CUSTODIAL STOCK REQUISITION

REQUISITION # \_\_\_\_\_  
ORDER (66) \_\_\_\_\_  
RETURN (65) \_\_\_\_\_  
PLEASE CHECK ONLY ONE  
(Do not combine orders and returns)

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ ACCT # \_\_\_\_\_ PRINCIPAL OR CUSTODIAN SIGNATURE \_\_\_\_\_  
REQ # \_\_\_\_\_

ITEM NUMBER	DESCRIPTION	UNIT	QTY.	DEL.
40-03610	VACUUM BAGS (UPRIGHT)	EA		
40-03620	VACUUM BAGS (BACKPACK)	EA		
40-03630	BAGS, SUPER COACH BACK PACK	EA		
40-03635	BAGS, SUPER COACH PRO TM BACK PACK	EA		
40-03651	BOTTLE, GLASS/WINDOW CLEANER	EA		
40-03655	BOTTLE, MUSCLE CLEANER	EA		
40-03663	BOTTLE, PEROXIDE CLEANER	EA		
40-03665	BOTTLE, DISINFECTANT CLEANER	EA		
40-03670	BOWL CLEANER, 1 GAL (OBSOLETE)	EA		
40-03680	BROOMS CORN	EA		
40-03690	BROOM HANDLES 60"	EA		
40-03600	BRUSHES COUNTER	EA		
40-03610	BRUSH FLOOR 30"	EA		
40-03620	BRUSHES SCRUB 8"	EA		
40-03630	BRUSHES TOILET BOWL	EA		
40-03635	E12 GLASS GREEN SEAL WINDOW CLEANER	CS		
40-03637	BUCKEYE SPARKLE ACID BOWL CLEANER	EA		
40-03639	BUCKEYE TRAFFIC LANE SPOTTER/CLEANER	CS		
40-03640	CLEANER, NUTRA, FLOOR ONLY (OBSOLETE)	EA		
40-03641	E14 MUSCLE CLEANER/DEGREASER	CS		
40-03642	E32 NEUTRAL CLEANER	CS		
40-03643	E23 DISINFECTANT/CLEANER	CS		
40-03644	E15 PEROXIDE ALL PURPOSE CLEANER	CS		
40-03650	DUST CLOTHS	EA		
40-03660	DUST PANS	EA		
40-03665	DUST PAN WITH HANDLE	EA		
40-03670	DUSTER/HAND	EA		

ITEM NUMBER	DESCRIPTION	UNIT	QTY.	DEL.
40-03690	ERASERS (CUSTODIAN ONLY)	EA		
40-03700	FLAGS CALIFORNIA 4X6	EA		
40-03710	FLAGS U.S.A. 4X6	EA		
40-03720	FLAG HOLDERS (BRACKETS)	EA		
40-03725	GUM REMOVER	EA		
40-03730	GRAFFITI REMOVER	EA		
40-03735	GRAFFITI REMOVAL TOWELS	BOX		
40-03740	VINYL FLOOR SEALER, 5 GAL	EA		
40-03750	DUST MOP SPRAY 1 GAL	EA		
40-03770	GLOVES RUBBER (SMALL) 100 PER BOX	BOX		
40-03780	GLOVES RUBBER (MEDIUM) 100 PER BOX	BOX		
40-03790	GLOVES RUBBER (LARGE) 100 PER BOX	BOX		
40-03795	F86T/TL 850P/LUS/HO (25/CASE)	CSE		
40-03890	F-20 (30 PER CASE)	CSE		
40-03900	15 WATT, 245 VOLT, TUBE (EXIT:CGE)	EA		
40-03920	F832741 32 WATT OCTRON 4100 K LIGHT T8	CSE		
40-03930	300 WATT LIGHTS PAR 56	EA		
40-03980	80 WATT LIGHTS PAR 38	EA		
40-04000	150 WATT LIGHTS	EA		
40-04010	100 WATT LIGHTS 277V	EA		
40-04020	100 WATT LIGHTS	EA		
40-04030	75 WATT LIGHTS	EA		
40-04040	60 WATT LIGHTS	EA		
40-04045	25A, 120V (EXIT SIGNS)	EA		
40-04046	MICROFIBER CLOTH, GREEN	EA		

Instructions:  
Give to your Office Manager for ordering.

RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

CHECK IF MORE  
FORMS ARE NEEDED  
YES: \_\_\_\_\_

MT. VIEW SCHOOL DISTRICT  
CUSTODIAL STOCK REQUISITION

REQUISITION # \_\_\_\_\_  
ORDER (66) \_\_\_\_\_  
RETURN (55) \_\_\_\_\_  
PLEASE CHECK ONLY ONE  
(Do not combine orders and returns)

DATE \_\_\_\_\_ BATCH # \_\_\_\_\_ ACCT # \_\_\_\_\_ REQ # \_\_\_\_\_

ITEM NUMBER	DESCRIPTION	UNIT	QTY.	DEL.
40-04047	MICROFIBER CLOTH, BLUE	EA		
40-04048	MICROFIBER MOP, LARGE 1.25" HB WHITE	EA		
40-04049	MICROFIBER MOP, 5" HB BLUE	EA		
40-04050	MOPS DUST 24"X3" WICKS	EA		
40-04060	MOPS DUST 36"X3" WICKS	EA		
40-04070	MOPS DUST 24"X3" FRAME ONLY	EA		
40-04080	MOPS DUST 36"X3" FRAME ONLY	EA		
40-04085	HANDLES FOR DUST MOPS	EA		
40-04090	MOP HANDLES	EA		
40-04100	MOP RAYON WAX	EA		
40-04105	TOILET BOWL CLEANING MOP	EA		
40-04110	MOPS-WET PLAIN 24 OZ. (OBSOLETE)	EA		
40-04115	TOWELS WHITE (12 PER PKG)	PKG		
40-04120	PAPER TOWEL (ROLL)	CSE		
40-04145	DISPENSER PAPER TOWELS (ROLL)	EA		
40-04150	PENCIL SHARPENER	EA		
40-04190	RAGS, 25 LBS.	CSE		
40-04220	SCOURING POWDER	EA		
40-04240	SCRUB PAD 20"	EA		
40-04250	PADS, 20" SURFACE PREP	EA		
40-04260	VINYL FLOOR STRIPPER 5 GAL	EA		
40-04280	SOAP DISPENSER	EA		
40-04287	ANTIBACTERIAL SOAP (HAND)	CSE		
40-04290	SPONGES 7" X 4 5/8" X 2 1/8"	EA		
40-04300	SQUEEGEE WINDOW 12"	EA		
40-04303	SQUEEGEE BLADES- REFILLS	EA		
40-04320	VOMIT ABSORBENT, (1 LB. 5 OZ CONT)	EA		
40-04345	TAPE, YELLOW CAUTION	EA		
40-04350	TOILET SEAT COVERS	PKG		

ITEM NUMBER	DESCRIPTION	UNIT	QTY.	DEL.
40-04360	TOILET SEAT COVER DISPENSER	EA		
40-04372	TOILET TISSUE (ROLL)	CSE		
40-04373	TOILET PLUNGER	EA		
40-04380	TOILET TISSUE DISPENSER (2 ROLL)	EA		
40-04390	WASTE BASKETS	EA		
40-04400	WAX FLOOR 5 GAL.	EA		
40-04420	SCRUB SPONGES 3M #74	EA		
40-04430	40-GAL TRASH CAN LINERS (40 x 48)	CSE		
40-04433	TRASH BAGS, SMALL (OFFICE SIZE)	CSE		
40-04435	TRASH CAN (PLASTIC)	EA		
40-04437	TRASH CAN BLUE (RECYCLE) SMALL	EA		
40-04438	TRASH CAN BLUE (RECYCLE) MEDIUM/OFFICE	EA		
40-04450	TRASH NABBERS	EA		
40-04600	CARPET SPIN BONNET (4 GAL/CASE) (OBSOLETE)	GAL		
40-04650	CARPET EXTRACTION CLEANER (OBSOLETE)	GAL		
40-04700	URINAL SEALER KITS (WATERLESS)	CSE		

Instructions:  
Give to your Office Manager for ordering.

RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

**Quality**

Teachers, if there is anything you don't like about an item that comes from the Warehouse, please tell your principal or someone in the office. We need feedback – good or bad – from you. This is the only way we can keep good quality items in the Warehouse. Your principal or office staff can then call Purchasing at 652-4058 or the Warehouse at 652-4146 to let us know.