

# Jefferson Times

Alyssa Wooten, Principal  
Lauren Beith, Secretary  
Michele Vinyard, Clerk

October 12, 2015

## A note from the Principal ~

Dear Jefferson Families,

Last week our 6<sup>th</sup> graders attended Science Camp at the San Joaquin Outdoor Education Center near Half Moon Bay. They had an absolute blast, as did I when I visited last Wednesday. We explored the tide pools, visited a pebbly beach, and enjoyed the outdoors. The students worked hard to keep their cabins clean, practice their skits, and learn the essential life skills of being outdoors. Thank you to our 6<sup>th</sup> grade team for their meticulous planning and time commitment in order to make this memorable trip possible!

This coming week is an exciting week too! Our band will be participating in the Tracy High School Homecoming Parade on Friday, October 16<sup>th</sup>! This will be their first marching performance of the school year and have been practicing and practicing. Our mascot will be in full gear as well joining them throughout the route. Also, this Friday will be EXTREME green and gold day! I was blown away with the spirit during College Week and can't wait to see what's in store for extreme green and gold! Speaking of spirit, our spirit wear has arrived and will be coming home shortly.

The end of Trimester 1 is quickly approaching. The last day of the semester is Friday, October 30<sup>th</sup>. Please continue to check Aeries and remind your students to take advantage of all of the extra opportunities on campus to receive extra support.

Please do not hesitate to come by and visit or contact me at 209-835-3053 or [awooten@sicoe.net](mailto:awooten@sicoe.net).

Alyssa Wooten, Principal

Congratulations to the winners of our library contest of ***Match the Selfie to the Shelfie***. The winners are as follows:  
6<sup>th</sup> grade-Alyssa Cargill, 7<sup>th</sup> grade-Ashleigh Hewey, 8<sup>th</sup> grade-Cobie Dicker  
Staff member- Mr. Chris Ybarra  
Each of you can stop in at the library to claim your prize, which is a \$5 gift certificate for a delicious treat at Aldo's Italian Ice & Gelato!  
Thanks to everyone who participated in this fun guessing game.

Happy belated  
BIRTHDAY to  
Mr. Fern (10/10)

~ VOLLEYBALL INFORMATION ~  
~ SCHEDULE ~

**Monday:** 10/12

3:45 – Jefferson 6<sup>th</sup> @ Poet 6th

4:30 – Jefferson 8<sup>th</sup> @ Poet 8th

**Tuesday:** 10/13

3:45 – Jefferson 5<sup>th</sup> vs Traina 6<sup>th</sup> GAME @  
MONTICELLO

4:30 – Jefferson 7<sup>th</sup> @ Traina 8<sup>th</sup> GAME @  
MONTICELLO

**Wednesday:** 10/14

3:45 – Jefferson 6<sup>th</sup> @ George Kelly 6th

4:30 – Jefferson 8<sup>th</sup> @ George Kelly 8th

2:45 – 4:00 Jefferson 7<sup>th</sup> PRACTICE

**Thursday:** 10/15

2:45 – 3:45 Jefferson 5<sup>th</sup> PRACTICE

6:00 – 7:30 Jefferson 6<sup>th</sup> PRACTICE

2:45 – 4:00 Jefferson 8<sup>th</sup> PRACTICE



Be Responsible  
Do Your Best Each Day - Think Before You Speak

**JEFFERSON CREED**

Put Others First - Avoid Conflict

District Cell Phone Policy **BP 5131.71**

1. The device is turned off at all times on school ground or at school activities from the hours of 45 minutes prior to the beginning of the school day & 45 minutes after the school day concludes.
2. The device is turned off & concealed while the student is riding the school bus.
3. The device is concealed in a location where it is not visible to others.
4. The device may not be placed or stored in a student desk.

**PLEASE refer to page 42 of the  
2015-2016 Student/Parent Handbook**

**Weekly Information**

**Monday:** 10/12 ~ Minimum Day, 1:05 release

**Tuesday:** 10/13 ~ Choir Room 4, 7:00-7:30 a.

**Wednesday:** 10/14 ~ ASB MEETING

Birthday – Ms. Vinyard

**Thursday:** 10/15 ~ Choir Room 4, 7:00-7:30 a.m.,

**Friday:** 10/16 ~ EXTREMEME GREEN & GOLD Spirit  
Magic Club 2:45-4:00 p.m.

**Saturday:** 10/17 ~ Birthday – Mrs. Robertson

~ WORD OF THE WEEK ~

**“EXCEED”**

**exceed**

*verb* ex·ceed \ik-'sēd\

: to be greater or more than (something) : to be better than  
(something)

: to go beyond the limit of (something)

**Full Definition of EXCEED**

transitive verb

1: to extend outside of <the river will *exceed* its banks>

2: to be greater than or superior to

3: to go beyond a limit set by <*exceeded* his authority>



## 4 Easy Ways You Can Help

### 1 - SAVEMART

Remember to scan your **S.H.A.R.E.S. card** every time you shop at **Savemart** or **FOODMAXX**. This card is already linked to the MJPFA and every time you use it, up to 3% of your purchase will go back to our schools. If you need a card, they are available in the school's office.

### 2 - RALEY'S

Sign up for "**Raley's Something Extra**" at Raley's, then follow these steps to sign up for "**Extra Credit**" online, to earn up to 1.5% of your eligible purchase for our schools.

- Visit [raleys.com/extracredit](http://raleys.com/extracredit)
- Click on the green "Start Here" button.
- Choose **Monticello Jefferson Parent Faculty** or search by zip **95304** (the MJPFA's zip code)

### 3 - BOX TOPS & LABELS FOR EDUCATION



Clip Box Tops and Labels for Education from products you purchase and send them to school with your student. Each is worth 10 cents for our schools.

### 4 - AMAZON SMILES



AmazonSmile is the same Amazon you know. Same products, same prices, same service. Support the MJPFA by starting your shopping at [smile.amazon.com](http://smile.amazon.com).

Amazon donates 0.5% of the price of your eligible AmazonSmile purchases to the charitable organization of your choice, just select "**Monticello Jefferson PFA.**"

If you have questions, email [alnsandyruiz@gmail.com](mailto:alnsandyruiz@gmail.com) for more information.



**Jefferson School District**  
*Human Resources Department*  
**Tuberculosis Testing Requirements**

Deadline for Clearance is October 30. You must be cleared in order to volunteer in classroom.

The provisions of Assembly Bill (AB) 1667, which became effective on January 1, 2015, replaces universal tuberculosis (TB) testing for private, parochial, public K-12 school, and nursery school employees and volunteers with a TB risk assessment questionnaire, and if risk factors are identified, would then require TB testing and examination to determine that the person is free of infectious tuberculosis.

If you choose not to do the questionnaire you can take the TB test.

No person shall be employed by the school district unless they have placed on file with the district a certificate of completion for risk assessment questionnaire or certificate from a licensed physician indicating that a tuberculosis examination within the past 60 days shows that they are free from active tuberculosis. The tuberculosis examination shall consist of an approved intradermal tuberculin test. An X-ray of the lungs shall be required only if the intradermal test is positive. Employees with a history of previous positive skin test should follow the instructions below. **There can be no exemptions from this requirement.** (Education Code 49406 and Board Policy)

**Continuing Employees and Volunteers:** Education Code Section 49406 and the Jefferson School District require all district employees and volunteers to have an intradermal skin test or the certificate of completion for risk assessment questionnaire for the detection of tuberculosis or have taken a chest X-ray every four years.

**Transfer From Another School District:** According to Education Code Section 49406, persons transferring from another district may fulfill tuberculosis examination requirements in either of the following ways by:

- Producing a certificate of completion for risk assessment questionnaire or a certificate showing that the employee was examined within the last four years and found free of active tuberculosis; or
- Having the last employing school district verify that it has on file a current certificate of completion for risk assessment questionnaire or a certificate which documents the TB test results.

**Special Instructions for Employees: Previous History of Positive Skin Test:** Employees and volunteers who have a previous history of a positive skin test, converted from a negative to a positive skin test, or who have other physician-diagnosed medical disorders that interfere with the skin-testing procedure are to go to their personal physician for an X-ray.

- **Employees & Volunteers:** Please send a Certificate of Completion that certifies that employee is free of infectious to the Human Resources Department.

The Tuberculin Skin Test takes two (2) visits, one for the test and a second visit for the reading. The skin test must be read at least 48 hours but no longer than 72 hours after being administered. If you miss the second visit, the test must be repeated.

*Pay warrants cannot be issued to anyone who does not have on file a statement from an acceptable source that he/she is free from tuberculosis risk.*

**TB TESTING:**

You may have your TB skin test or risk assessment questionnaire done at your personal physician's office or Tracy Urgent Care.

**Tracy Urgent Care:** located at 2160 W. Grantline Road, Suite 230 Tracy, CA. (209) 832-8700.

*TB Skin Tests are given on a walk-in basis. The cost is \$45.00.*

*TB Risk Assessment Questionnaire and Certificate of Compliance **by appointment.** The cost is \$90.*

*Tracy Urgent Care hours: M-F 9 am – 8 pm (closed from 1 – 2:30)*

*Sat & Sun – 9 am – 1 pm*

PLEASE NOTE: The TB fee is the sole responsibility of the employee.

(Revised: 03/12/2015)



## Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

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

Date of Risk Assessment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

History of positive TB test or TB disease Yes  No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.\*

If no, continue with questions below.

If there is a “Yes” response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. <sup>2</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

*\*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

### CERTIFICATE OF COMPLETION

*To be signed by the licensed health care provider completing the risk assessment and/or examination*

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

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

Date of Birth: \_\_\_\_\_

*The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.*

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Please Print Health Care Provider Name Title

\_\_\_\_\_  
Office Address: Street City State Zip Code

\_\_\_\_\_  
Telephone Fax