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Section X - Office of Child Development

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT

EARLY CHILDHOOD PROGRAM

PROGRAM DESCRIPTION

The Pasadena Unified School District offers an early education program for approximately 800 preschool children. The program is open to all eligible children regardless of sex, race, religion. ethnicity, national origin or handicapping condition.

Children participating in this program attend school three hours per day, five days per week, Monday through Friday in a morning or afternoon session. Children may be eligible for transportation provided by the district depending on address and school of residence.

PROGRAM GOALS

1. To provide a comprehensive developmentally appropriate preschool program, including a full range of services for children and families in safe, healthful and nurturing environment.

2. To provide a stimulating classroom environment and learning opportunities which are developmentally appropriate for three and four-year old children.

The program focuses on activities for social and emotional development, large and small motor development, math, science, music, multicultural education, dramatic play, nutrition education, art and computers. Daily experiences help each child develop a good self-image, feel competent in the classroom setting and develop problem solving skills. In addition to the classroom activities, each class participates in regular field trips to the library and other community places of interest.

Funds to operate the Early Childhood Program are received jointly from the State Preschool allocation, federal Chapter I dollars, and Private Foundation grants.

EARLY CHILDHOOD PROGRAM SITES

Programs Offered at the Following Locations

Altadena

Norma Coombs

Cleveland

Roosevelt

Hamilton

Sierra Madre

Jackson English (AM Session)

Washington

Jefferson English (PM Session)

Webster

Longfellow

Willard

Madison

DUAL IMMERSION SCHOOLS

Jackson Spanish (PM Session)

San Rafael Spanish

Jefferson Spanish (AM Session)

Field Mandarin ECP

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOMENT

CHILDREN'S CENTERS AND INFANT TODDLER CENTERS

PROGRAM DESCRIPTION

Pasadena Unified School District Children's Centers serve children ages 4 weeks - 9 years of age. Each classroom is supervised by a permit Children's Center Teacher with the assistance of an aide. All staff members receive on-going training to maintain the quality of the program. Adult-child ratios are in compliance with Child Development guidelines. The staff has designed a flexible program that responds to the needs of each child. The preschool program uses the High/Scope educational model designed to allow experience learning through active exploration and communication.

PROGRAM GOALS

1. To provide a comprehensive, coordinated, cost-effective system of child care, including a full range of services in a safe, healthful, and nurturing environment which understands and respects the child's primary language and individual differences, and which promotes the development of positive self concepts for children.

2. To provide age-appropriate activities which reinforce and enrich developmental areas: emotional, social, physical, cognitive, language, and creativity.

3. To foster a partnership between parents, children and staff which will improve program quality.

4. To provide appropriate training to enable staff and parents to meet the needs of children, as well as their own professional and personal needs.

CHILDREN'S CENTERS SITES

The Children's Centers offer Full-Day or Before and After-School Care programs (Jefferson and Longfellow Only) in an educational setting for children PreK through 5th grade for parents who are working, attending school, job training, seeking employment, or incapacitated.

Services are also provided for children who are referred by protective services or have special needs.

Jefferson Children's Center
391 N. Sierra Bonita Ave.
Pasadena, Ca 91106
(626) 793-0656

Longfellow Children's Center
1377 N. Mar Vista Ave.
Pasadena, Ca 91104
(626) 396-5947

Washington Children's Center
130 Penn St.
Pasadena, Ca 91103
(626) 396-5945

Willard Children's Center
345 S. Halstead St.
Pasadena, Ca 91107
(626) 396-5946

For further information please contact one of our center locations.

PASADENA UNIFIED SCHOOL DISTRICT

OFFICE OF CHILD DEVELOPMENT/HEALTH PROGRAMS

Assessment of the infant/toddler and preschool child and family's health issues allows for comprehensive case management. The general objectives of the Health Programs Department component of the Infant/Toddler Programs Early Childhood Program (ECP) and Children's Centers (CC):

a. Provide a comprehensive health services program which includes medical, dental, nutrition and mental health to preschool children that assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence.

b. Promote preventive health care and early intervention services.

c. Provide the child's family with the necessary skills and insight access the health care system and to insure that the child continues to receive comprehensive health care after leaving the Infant/Toddler Programs, ECP and CC.

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT

HEALTH PROGRAM OFFERED BY OFFICE OF CHILD DEVELOPMENT'S NURSE/NURSE PRACTITIONER

FOR STUDENTS:

1. Comprehensive health history of each student and family
2. Health screening (state mandated)
    a. Vision screen (fall/spring - rescreens, new students)
    b. Hearing screen (fall/spring - rescreens, new students)
    c. Height/weight screen (fall/spring)
    d. Dental screen (fall)
3. Establish and maintain health records for each student
4. Follow up on identified health concerns and communicable/infectious diseases
5. Conduct health assessment for IEP students as needed
6. Provides health/community resources for families
7. Provides CHDP physical examinations
8. Provides classroom education/instruction for students and families
9. Provide immunizations as needed to students whose immunizations status is not current
10. Provides general health assessment as needed (ongoing)

FOR PARENTS:

1. Provides health education/workshops for parents
2. Provides referrals of parents/children to appropriate resources

FOR TEACHERS / SCHOOL:

1. Consult with teachers regarding student's health problems and their adjustment in the classroom

    a. Provides in-service instruction on specialized care/procedure of identified students

    b. Provides classroom teacher and school nurse/office with a list of children with health concerns

2. Provides instruction on general health inspection guidelines

3. Assists school personnel to recognize signs and symptoms of communicable/infectious diseases for exclusion and instructions regarding treatment of the problem.

4. Assess suspected child abuse and reports as necessary

5. Provides instruction on universal precautions and reduction of infectious/communicable disease transmission and other health related topics

POSITION TITLE: **PRESCHOOL NURSE/NURSE PRACTITIONER JOB DESCRIPTION**

SALARY: Placement on the teacher's salary schedule based on education and experience.

WORK YEAR: 10 months (184 work days)

RESPONSIBILITIES:

The preschool nurse is a registered nurse who has a B.S./B.A. degree and has/is eligible for a school nurse/health services credential.

The preschool nurse practitioner is a registered nurse who has a nurse practitioner license in addition to the requirement listed above.

The major focus of school nursing is prevention of disabilities through early detection and correction of health problems and provision of a comprehensive health service/education program for staff, parents, and students of the Early Childhood Education Program.

EXAMPLES OF DUTIES:

- Performs complete physical examinations, including head to toe exam, blood hemoglobin, urinalysis, and necessary immunizations on all eligible children utilizing CHDP funds. Nurse Practitioners will be scheduled to perform physical examinations in the Health Clinic to manage the anticipated number of enrolled children.

- Facilitates interaction with community agencies, consultants and health providers. Maintains communication with parents and all involved community practitioners or agencies to promote needed treatment and secures reports to findings pertinent to educational planning.

- Interviews each parent/caregiver, prior to enrollment, to complete a health and developmental intake on each child obtaining accurate health information on families.

- Acts as liaison to coordinate the transfer of children into kindergarten programs to insure smooth transition.

- Consults and serves as resource person to teachers and administrators involved in the preschool program, including year-round programs, Children's Services, School-Age Child Care, and Stone Soup Programs.

- Provides immunizations and TB tests for all entering students who do not have access to medical care.

- Management of Special Education Infant/Preschool children in full inclusion classrooms. Duties include nurse assessment reports, parent interviews, report of health assessment, release of medical information forms and other medical reports as necessary.

- Maintains communicable disease and infection control authority for exclusion and readmission.

- Designs health maintenance forms, in compliance with state guidelines, specifically for preschool children and with approval of health director.

- Institute referral process to select physicians for medical and dental care for children without access to health care.

- Coordinate annual county immunization assessment program auditing.

POSITION TITLE: **INFANT-TODDLER NURSE**
JOB DESCRIPTION

SALARY: Placement on the teacher's salary schedule based on education and experience.

WORK YEAR: 10 months (184 work days)

RESPONSIBILITIES:

The infant-toddler nurse is a registered nurse who has a B.S./B.A. degree and has/is eligible for a school nurse/health services credential.

The major focus of school nursing is prevention of disabilities through early detection and correction of health problems and provision of a comprehensive health service/education program for staff, parents, and students and parents of Infant-Toddler centers.

EXAMPLES OF DUTIES:

- Performs complete physical assessment, and immunizations on all eligible children utilizing CHDP funds. Nurse Practitioners will be scheduled to perform physical examinations in the Health Clinic.

- Facilitates interaction with community agencies, consultants and health providers. Maintains communication with parents and all involved community practitioners or agencies to promote needed treatment and secures reports to findings pertinent to educational planning.

- Interviews each parent/caregiver, prior to enrollment, to complete a health and developmental intake on each child obtaining accurate health information on families.

- Acts as liaison to coordinate the transfer of children into ECP programs to insure smooth transition.

- Consults and serves as resource person to teachers and administrators involved in the infant-toddler program, including year-round programs, Children's Services, School-Age Child Care, and Stone Soup Programs.

- Provides immunizations and TB tests for all entering students who do not have access to medical care.

- Provides health education workshops for parents of infant/toddlers.

- Management of Special Education Infant/Preschool children in full inclusion classrooms. Duties include nurse assessment reports, parent interviews, report of health assessment, release of medical information forms and other medical reports as necessary.

- Maintains communicable disease and infection control authority for exclusion and readmission.

- Designs health maintenance forms, in compliance with state guidelines, specifically for infant-toddlers and with approval of health director.

- Institute referral process to select physicians for medical and dental care for children without access to health care.

- Coordinate annual county immunization assessment program auditing.

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT/HEALTH PROGRAMS

Daily Health Inspection

All ECP and CC sites follow a daily health inspection procedure which is completed by the classroom teacher. Children are not accepted until the inspection is complete. The teachers have been inserviced and a memo distributed concerning excluding children. Teachers are able to exclude a child utilizing the following criteria:

1. fever
2. skin rash (unusual spots/rash)
3. flu/cold
4. continuous coughing
5. eye infection (yellow/pink/watery eyes)
6. sore throat
7. earache
8. headache
9. stomachache
10. vomiting/diarrhea

In some cases it may be necessary to page the Office of Child Development Nurse/Nurse Practitioner for contagious or infectious disease (i.e. Strep throat, ringworm, rashes) for medical treatment/referral and follow-up.

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT

HEALTH EDUCATION FOR PRESCHOOL STUDENTS

The Infant/Toddler, ECP nurse/nurse practitioner is available to provide age appropriate instruction for Infant/Toddler, ECP and preschool CC in the following health related areas:

- Handwashing/Health Habits
- Dental hygiene
- Human body
- Nutrition
- Safety

A. Handwashing/health habits instruction should include the following:

1. Use of soap
2. Dirty hands spread germs and can make one sick
3. When to wash hands:

    a. After using bathroom
    b. Before eating
    c. After playing

4. Keeping neat and clean

    a. Combing hair daily
    b. Brushing teeth
    c. Bathing daily

B. Dental hygiene instruction should include the following:

1. Use of toothpaste
2. Areas of teeth/mouth that should be brushed (front, back. uppers, lowers, and tongue)
3. Brushing teeth at least 2x/day - morning and night
4. Foods that are bad for the teeth
5. Foods that are better for the teeth
6. What happens if one does not brush the teeth
7. Introduction to dental flossing

    a. What is flossing
    b. How to use floss
    c. Mom/Dad will need to help

8. When will “baby” teeth begin to fall out; when will “big” teeth come in
9. Provide free toothbrushes/toothpaste for each child’s home use

C. Human body instruction should include the following:

1. Basic body systems:

    a. Skin
    b. Skeleton
    c. Stomach
    d. Lungs
    e. Heart

2. Recognition of each body system
3. Basic function/purpose of each body system

D. Nutrition instruction should include the following:

1. Introduction to food groups:

    a. Fruits
    b. Vegetables
    c. Breads/cereals
    d. Milk/dairy
    e. Meat/fish/nuts

2. Healthy foods and unhealthy foods
3. Food identification and to what group they belong
4. How each food group helps the body

E. Safety instruction should include the following:

1. Strangers
2. Medications/poisons
3. Stray animals
4. Objects not meant for play

    a. Sharp objects
    b. Matches

5. Good touch and bad touch

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT/HEALTH PROGRAMS

PHYSICAL EXAM LETTER

Dear Parent/Guardian

The State of California requires that each child enrolling in a Children's Center or Early Childhood Program classroom must have a physical examination. Please check below how you plan to meet this state requirement for you child.

CHECK ONE

1.____School Nurse Practitioner (Paid by state - See School Nurse).

3. ____ School Nurse Practitioner (Paid by family - $40.00 cash only).

4. ____ Pasadena Department of Human Services - Health Division.

5. ____ Prepaid Health Plan (i.e. Kaiser or other).

6. ____ Personal Provider (Forms are available at school office).

7. ____Physical examinations are against my belief. **(Waiver MUST be signed)**

****

INCOME ELIGIBILITY

1. Number of persons in family? _____

2. Is the patient:
   a. On Medi-Cal now? ☐ Yes ☐ No
   b. On a Prepaid Health Plan (Kaiser or other)? ☐ Yes ☐ No
   c. Does your child receive free/reduced lunch? ☐ Yes ☐ No

****

_____ _____
(School) (Child's Name)

_____ _____
(Parent's Work Phone #) (Birthdate)

_____ _____
(Parent's Home Phone #) (Signature of Parent/Guardian)

_____
(Date)

DISTRITO ESCOLAR UNIFICADO DE PASADENA
OFICINA DEL DESAROLLO DE NIÑOS/PROGRAMAS DE SALUD
CARTA PARA EXAMEN FÍSICO

Estimados Padres/Tutores:

El Estado de California requiere que cada niño matriculado en el Centro de Niños y en el Programa Pre-Escolar tienen que tener un examen físico. Por favor marque abajo como planea cumplir los requisitos del Estado para obtener un examen físico para su niño.

MARQUE UNO ( )

1. ____Enfermera Profesional Escolar (Pagada por el Estado - Vea la Enfermera de la Escuela).
3. ____Enfermera Profesional Escolar (Pagada por la familia - $40.00 al contado únicamente).
4. ____ Departamento de Servicios Humanos de Pasadena - División de Salud.
5. ____ Plan de salud pre-pagado (ej. Kaiser u otro).
6. ____Proveedor Personal (las formas se pueden obtener en la oficina de la Escuela).
7. ____Los examenes físicos son en contra de mis creencias. **(Se debe firmar una Renuncia)**

****

INGRESOS DE ELEGIBILIDAD

1. ¿Número de personas en la familia? _____
2. Está el paciente:
   a. ¿En Medi-Cal ahora? ☐ Sí ☐ No
   b. ¿En un Plan de Salud Prepagado (Kaiser u otro)? ☐ Sí ☐ No
   c. ¿Recibe su niño/a almuerzo gratis o de costo reducido? ☐ Sí ☐ No

****

_____ _____
(Escuela) (Nombre del/a Niño/a)

_____ _____
(No. de Tel. del Trabajo del Padre) (Fecha de Nacimiento)

_____ _____
(No. de Tel. del Hogar del Padre) (Firma del Padre/Tutor)

_____
(Fecha)

PASADENA UNIFIED SCHOOL DISTRICT
CHILD DEVELOPMENT DEPARTMENT/HEALTH PROGRAMS

School _____

Child's Name _____
Last First Middle

Birthdate_____ Sex: Male ☐ Female ☐ Phone (____) _____

Address _____
Number Street City Zip Code

1. MATERNAL & INFANT HISTORY

5. Maternal History

Complications of pregnancy:

_____

Duration of pregnancy: (months) _____
Hours in labor: _____
Delivery method: Vaginal ☐ C-Section ☐

6. Infant History

Condition of Newborn: Good ☐ Fair ☐ Poor ☐
Birth weight: Lbs._____Ozs. _____
First month Complications: Yes ☐ No ☐
If yes, explain: _____

7. DEVELOPMENT OF EARLY HISTORY

At what age did your child (mo., yrs.):
Smile responsively_____ Words _____
Sat alone_____Stand Alone _____
Sentences_____ Walk _____
Toilet Train_____Feed self _____

8. PAST MEDICAL HISTORY AND ILLNESS

Has your child had any of the following conditions: (mark an X)

Red Measles (10 days) _____
Chickenpox (age) _____
Convulsions/seizures _____
Mumps _____ Rubella (3 days) _____
Whooping Cough_ Polio _____
Tuberculosis Pneumonia _____
Scarlet Fever Rheumatic Fever
Meningitis Anemia _____
Ear infections Frequent colds
Sore Throats Heart disease _____
Diabetes Kidney disease _____ Asthma
Sickle Cell _____
Allergy _____ Surgeries _____
Drug Allergy _____ Diptheria _____
Hospitalization _____ Other illnesses _____
Describe: _____

9. FAMILY HISTORY

Is there a family history of any of the following conditions (mark an X):

Rheumatic fever _____
Tuberculosis _____
Diabetes _____
Epilepsy _____
Heart Disease _____
Syphilis _____
Bleeding Disorder _____
Jaundice _____
Cancer _____
Anemia _____
Allergies _____
Alcoholism _____
Mental Retardation _____
Substance abuse:
Smoking, Alcohol, Drugs _____

Are there any problems in the family affecting your child at this time (divorce, violence or death in the family)? Explain:

_____

_____

10. GENERAL FAMILY HISTORY

	Good	Fair	Poor
Mother	_____	_____	_____
Father	_____	_____	_____
Children	_____	_____	_____

Has your child been:
In speech therapy?_____Where? _____

Seen by a Regional Center? _____

Served by another agency? _____

Other problems or concerns:

DISTRITO ESCOLAR UNIFICADO DE PASADENA
DEPARTAMENTO PARA EL DESARROLLO DEL NIÑO/PROGRAMAS DE SALUD

Escuela _____

Nombre del Niño/a _____
Apellido Nombre Segundo Nombre

Fecha de Nacimiento_____ Sexo: Masculino ☐ Femenino ☐ Teléfono (___) _____

Dirección _____
Número Calle Ciudad Zona Postal

1. HISTORIA MATERNA Y DEL INFANTE

A. Historia Materna

Complicaciones del embarazo:

_____

¿Cuantos meses estuvo embarazada? _____
¿Cuantas horas duro el parto?: _____
Forma de parto: Vaginal ☐ Cesaria ☐

B. Historia del Infante

Condición del recién nacido: Buena ☐ Regular ☐ Mal ☐
Peso al nacer: Lbs._____ Ozs. _____
Complicaciónes en el primer mes: Sí ☐ No ☐
Explique: _____

2. DESARROLLO E HISTORIA TEMPRANA

A que edad su niño/a (meses, años):
Sonrió_____ Dijo Palabras _____
Se sentó solo/a_____ Se paró solo/a _____
Hablo frases completas Camino _____
Usó el baño solo/a_____ Comio solo/a _____

3. HISTORIA MEDICA Y ENFERMEDADES ANTERIORES

¿Ha tenido su hijo/a alguna de las siguientes condiciones? (marque una X)

Sarampión (de 10 días) _____
Viruelas locas (edad) _____
Convulsiones/ataques _____
Paperas Rubeola (3 días) _____
Tos Ferina Polio _____
Tuberculosis Pulmonia _____
Fiebre escarlatina Fiebre reumatíca
Meningitis Anemia _____
Infección de oidos Resfrios frecuentes
Dolor de Garganta Enfermedad de corazón _____
Diabetes Problemas del riñon_____ Asma
Celula falsiforme _____ Alergias
Operaciones _____
Alergia a medicina Difteria _____
Hospitalizaciones Otras Enfermedades
Explique: _____

4. HISTORIA FAMILIAR

¿Hay historia familiar de alguna de estas condiciones? (marque una X):

Fiebre reumatica _____
Tuberculosis _____
Diabetes Epilepsia _____
Enfermedad del corazon_____
_____ Sifilis
Hemorragias Ictericia_____
Cancer _____
Anemia _____
Alergias _____
Alcoholismo _____
Retardacion mental _____
Abuso de substancias toxicas:_____
Fumar, Tomar, Drogas _____

¿Existe algun problema en la familia afectando al niño/a en este momento (divorcio, violencia, muerte)? Explique:

_____

_____

5. SALUD GENERAL DE LA FAMILIA

	Buena	Regular	Mala
Madre	_____		
Padre	_____		
Niños/as	_____	_____	_____

¿Ha estado su niño/a en: _____ _____
Clases para mejorar el habla?_____ Donde? _____

Servicios de un Centro Regional? _____

Servicios de otra agencias? _____

Otros problemas o preocupaciones:

_____

_____

_____

PASADENA UNIFIED SCHOOL DISTRICT
Child Development Department
Health Programs

REPORT OF PHYSICIAN FOR SCHOOL USE

Last Name of Child	First Name	Sex ☐Male ☐Female	DOB	Parent's Full Name

Health Insurance: (Check one)	Dental Insurance:	School/Site:	
☐Medi-CaL ☐Healthy Families ☐California Kids ☐Private ☐Other_____ ☐None	☐Yes ☐No Company:	Name of Doctor/Medical Home	Name of Dentist/Dental Home

TO BE COMPLETED BY HEALTH CARE PROVIDER

MD/RNP Name, Address, Phone (stamp or write):	Date of exam:	Height:	%:
	Parent present? ☐Yes ☐No	Weight:	%:
MD/RNP Signature:	**PPD MANTOUX** Date Given:	Date Read:	Impression: ☐Positive ☐Negative

HEARING TEST	Type of Test:					VISION TEST	Type of Test:
Date of test:			Date of Retest:			Date of Test:	Date of Retest:
	Pass	Fail		Pass	Fail	Right	Right
Right			Right			Left	Left
Left			Left			Both:_____/_____	Both:_____/_____

Blood Pressure:	Hgb/Hct:	Urine Dipstick:	Lead:

EXAM	Norm	Abn		Norm	Abn
Skin			Lungs		
Head			Heart		
Neck			Back		
Lymph			Abdomen		
Eyes			Genitalia		
Ears			Neurologic		
Nose			Extremities		
Mouth			Motor		
Teeth			Psych		
Throat			Speech		
Chest					

Please describe abnormal findings, recommendations, or need for medications:

IMMUNIZATIONS	1st date	2nd	3rd	4th	5th
Polio					
DTaP					
MMR					
HIB					
HepB					
Varicella					
Pneumococcal					
HepA					

Child is physically and emotionally able to participate in all preschool activities
Yes No

Comments:

PASADENA UNIFIED SCHOOL DISTRICT
CHILD DEVELOPMENT DEPARTMENT
HEALTH PROGRAMS

Physical Examination Letter

School _____ Date _____

Dear Parents/Guardians:

According to our school records, your child _____ has not completed the required physical examination for entrance into the Early Childhood Program. If this requirement is not completed in 30 days, it will result in your child being dropped from the program.

Please bring documentation to the health office to verify that your child has received a physical examination. Thank you.

Sincerely,

_____
Nurse/Nurse Practitioner
Early Childhood Program

Carta para Exámen Físico

Escuela _____ **Fecha** _____

Estimados Padres/Tutores:

De acuerdo con nuestros archivos, su niño/a _____ no a completado el requisito de exámen físico para entrar al programa pre-escolar. Este requisito debe de estar completo en 30 dias. Se suspendera al niño/a del programa si no entrega un comprobante del exámen.

Favor de entregar el comprobante a la oficina de la enfermera para verificar que ya le hicieron un exámen físico a su niño/a. Gracias.

Sinceramente,

_____
Enfermera/Enfermera Especialista
Programa Pre-escolar

PASADENA UNIFIED SCHOOL DISTRICT
Office of Child Development/Health Programs
Early Childhood Program

Dear Parents:

According to a review of your child's health and immunization records, your child needs to complete the following requirements before he/she may begin school:

DTP/DTaP_____ Mantoux/TB Skin Test_____

Polio_____ Hepatitis B _____

MMR_____ HIB _____
(Measles, Mumps, Rubella)

Physical Examination _____

Unless proof of adequate health clearance is presented, your child will not be admitted to the program. If you need assistance to complete these requirements, please contact your health provider or the Early Childhood Program nurse. Thank You.

Sincerely,

_____
Nurse/Nurse Practitioner

DISTRITO ESCOLAR UNIFICADO DE PASADENA
Oficina del Desarollo de Niños/Programas de Salud
Programa Preescolar

Estimados Padres:

De acuerdo con la revisión de los archivos de salud de su niño, encontramos que el niño necesita las vacunas necesarias para poder asistir a la escuela. Es necesario llenar todos los requisitos de vacunación antes de que su niño pueda comenzar en el programa.

DTP/DTaP_____ Mantoux/TB Skin Test_____

Polio_____ Hepatitis B _____

MMR_____ HIB _____
(Sarampión, Paperas, Rubeola)

Exámen Físico _____

Su niño no será admitido en el programa, hasta que muestre los comprobantes necesarios de admisión. Si necesita asistencia para llenar los requisitos de vacunación, favor de comunicarse con su proveedor de salúd o con la enfermera del Programa Pre-escolar. Gracias

Sinceramente,

_____
Enfermera/Enfermera Profesional

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER . HEALTH PROGRAMS

Date_____ School _____

Dear Parent/Guardian:

Our records indicate that your child,_____, does not meet California State law for immunizations for kindergarten entry. Your child will need to complete the following:

DTP/DTaP _____

Polio _____

Hepatitis B _____

MMR _____2 doses required for K

Varicella _____

Mantoux/TB Risk Screening _____(TB screen must have been given within one year prior to entering kindergarten)

Physical Exam needed _____

Your child will not be allowed to attend kindergarten in September unless proof of adequate immunizations is presented. Please contact your school nurse if you have any questions. Thank you!

Sincerely,

Ann Rector
Director of Health Programs

_____
Early Childhood Program
Nurse/Nurse Practitioners

351 South Hudson Avenue · Pasadena, CA 91109
(626) 626-396-3600 ext. 88240 · Fax (626) 584-1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER . HEALTH PROGRAMS

Estimado Padre/Tutor:

Nuestros registros indican que su niño/a,_____, no satisface la ley de vacunación de California. Su niño/a necesita completar lo siguiente:

DTP/DTaP _____

Polio _____

Hepatitis B _____

MMR _____ Se requieren 2 dosis para Kinder

Varicela _____

Cuestionario de evaluación de riesgo de tuberculosis pediátrica _____(La prueba de TB debe haberse dado dentro de un año antes de entrar al Kindergarten)

Examen fisico necesario _____

Su niño/a no será matriculado en el kindergarten en septiembre al menos que se presenten prueba de vacunación adecuada. Si tiene preguntas, por favor comuníquese con la enfermera de su escuela. Gracias!

APROBADO:

Ann Rector

Directora de los
Programas de Salud

Atentamente,

_____

Programa de Párvulos
Enfermera/Enfermeras
Profesionales

351 South Hudson Avenue · Pasadena, CA 91109
(626) 396-3600 ext. 88240 · Fax (626) 584-1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
OFFICE OF CHILD DEVELOPMENT

EXCLUSION NOTICE

Date _____

Dear Parent:

_____ has been sent home from school

because of _____

and may return to school _____

Sincerely,

_____
Name and Title

****

OFFICE OF CHILD DEVELOPMENT

PERMISSION TO RETURN TO SCHOOL

INFORMATION MUST BE COMPLETED BY A HEALTH CARE PROVIDER IN FULL BEFORE CHILD IS READMITTED INTO SCHOOL

_____ was seen on _____

He/She may return to school on_____. It is advised

that he/she may return to ☐ Full Activity ☐ Limited Activity until _____
Date

Diagnosis: _____

Treatment: _____

_____
Signature of Health Care Provider

DISTRITO ESCOLAR UNIFICADO DE PASADENA
OFICINA DEL DESAROLLO DE NIÑOS

AVISO DE EXCLUSION

Fecha _____

Estimados Padres:

Se ha enviado a casa a _____

porque _____

y puede regresar a la escuela _____

Atentamente,

_____
Nombre y Titulo

****

OFICINA DEL DESAROLLO DE NIÑOS

PERMISO PARA REGRESAR A LA ESCUELA

UN PROVEEDOR DE CUIDADO MEDICO NESECESITA COMPLETAR TODA LA INFORMACION ANTES DE QUE EL NIÑO SEA READMITIDO EN LA ESCUELA

_____ was seen on _____

He/She may return to school on_____. It is advised

that he/she may return to ☐ Full Activity ☐ Limited Activity until _____
Date

Diagnosis: _____

Treatment: _____

_____
Signature of Health Care Provider

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL

Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	**1 dose**	**2 doses**	**2 doses**	**3 doses**	**3 doses**
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	**1 dose**	**2 doses**	**3 doses**	**3 doses**	**4 doses**
Measles, Mumps, and Rubella (MMR)				**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday
Hib	**1 dose**	**2 doses**	**2 doses**	**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	**1 dose**	**2 doses**	**2 doses**	**2 doses**	**3 doses**
Varicella (chickenpox, VAR or VZV)					**1 dose**

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend a child care, day nursery, nursery school, family day care home, or development center.

Diseases like measles spread quickly, so children need to be protected before they enter. Staff will check your child's Immunization Records before they start and later, at ages listed above.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend a child-care facility, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into child care; however a valid personal beliefs exemption filed with a child-care facility before January 1, 2016 is valid until entry into the next grade span (transitional kindergarten through 6th grade) and may be transferred between child-care facilities in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

INFANT/TODDLER ASTHMA ACTION PLAN

Name _____ Birthdate _____
Infant-Toddler Site _____
Parent or Guardian _____
Address _____ Phone _____
Mother's school/work Phone _____ Father's school/work Phone _____
Other emergency number _____
Physician _____ Phone _____

CHILD'S KNOWN TRIGGERS

Colds and Infections _____
Weather _____
Smoke _____
Exercise _____
Exposure to allergens or pollutants _____

WARNING SIGNS OF ASTHMA EPISODE

Persistent Cough _____
Stuffy, Runny Nose _____
Watery Eyes _____
Decreased Activity _____
Increased Breathing Rate _____

SIGNS TO SEEK EMERGENCY CARE CALL 911

Breathing rate increases to 40 breaths per minute
Sucking or feeding stops
Skin between infants ribs is pulled tight
Chest gets bigger
Color changes: pale or red face, fingernails and or lips turn blue or gray
Changes in cry-becomes softer and shorter
Nostrils open wide-flaring
Grunting

TO BE COMPLETED BY THE PHYSICIAN

Current Medications

	Name	Dosage	Time	How often can be repeated
1.				
2.				
3.				

STEPS TO BE TAKEN FOR AN ACUTE ASTHMA EPISODE

_____
_____
_____

Improvement--How soon? _____
If no improvement, action to be taken _____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD

PLAN DE ACCION PARA EL ASMA

Nombre _____ Fecha de Nacimiento _____
Plantel del Infante-Pequeño _____
Padre o Tutor _____
Domicilio _____ No. de Teléfono _____
Tel. de la Madre, escuela/trabajo _____ Tel. del Padre, escuela/trabajo _____
Otro número de emergencia _____
Médico _____ No. de Teléfono _____

LO QUE SE SABE QUE PROVOCA LA ENFERMEDAD DEL NIÑO

Resfríos e Infecciones _____
Clima _____
Humo _____
Ejercicio _____
Expuesto a alergenos o contaminantes _____

SEÑALES DE ADVERTENSIA DE UN ATAQUE DE ASMA

Tos persistente _____
Le corre la nariz, congestionada _____
Ojos lagrimosos _____
Disminuye la Actividad _____
Respiración más alterada _____

SEÑALES PARA PEDIR CUIDADO DE EMERGENCIA LLAME AL 911

La respiración se altera a 40 aspiraciones por minuto
Deja de mamar o de comer
La piel entre las costillas de los infantes se restira
El pecho se agranda
El color cambia: cara pálida o enrojecida, las uñas y los labios se le ponen morados o grises
El llanto cambia y se hace más débil y corto
Las fosas nasales se dilatan
Roncando (sonidos guturales)

TO BE COMPLETED BY THE PHYSICIAN - PARA QUE LO COMPLETE EL MÉDICO

Current Medications - Medicinas actuales

	Name - Nombre	Dosage - Dosis	Time - Hora	How often can be repeated
1.				
2.				
3.				

STEPS TO BE TAKEN FOR AN ACUTE ASTHMA EPISODE - QUE SE DEBE HACER EN CASO DE UN ATAQUE DE ASMA

_____
_____
_____

Improvement--How soon? - Mejoramiento--¿Qué tan rápido? _____
If no improvement, action to be taken - Si no se mejora, lo que hay que hacer _____

Firma del Padre /Tutor _____ Fecha _____

Physician Signature _____ Date _____