



TORRANCE UNIFIED SCHOOL DISTRICT

AFTER-SCHOOL ENRICHMENT PROGRAM

2023-2024 SCHOOL YEAR

INFORMATION & PROCEDURES

Thank you for your interest in Torrance Unified School District's After-School Enrichment Program. The purpose of this guide is to provide after-school program providers with information on how to introduce and receive approval for their after-school enrichment program for a TUSD elementary school.

After-school enrichment classes are **non-school affiliated activities** made available to TUSD students after school and outside of the regular school day. The after-school programs offered at a school site are specific to the needs of that particular school community. Parents and guardians of students in Grades 1-5 may enroll their child(ren) in an after school class. These enrichment programs focus on activities such as sports, music, fitness, fine arts, technology, academics, language, etc. The after school programs are **NOT** full service childcare providers.

STEP 1:

Obtain Site Approval

Interested applicants must obtain approval from the elementary school Principal to see if the program will serve the needs of the students.

STEP 2:

Fill Out Application (including DOJ/FBI clearance & TB screening clearance)

Please submit the application and corresponding checklist documents to Patty Jimenez at jjimenez.patty@tusd.org and/or Van Chu at chu.van@tusd.org.

STEP 3:

Board Approval

Programs can only commence once the Board has approved of the program. Ed Services will inform the program owner of the Board's decision.

STEP 4:

Facilities Permit

Once the Board has approved of the program, the program owner will need to obtain permits for ALL sites where the program will be ran. Permits are issued through Facilitron at www.facilitron.com/tusd90501. Please indicate the sites, facility, sequence of dates, and time. A permit will need to be obtained for each site. The request will then be routed to the site administrator for approval to ensure days and times will not conflict with other programs or school events. If approved, there will be a \$6/day fee per site for the school year.

STEP 5:

Peachjar E-Flyer (optional)

The program owner has the option to promote their enrichment program utilizing TUSD's e-flyer distribution for a nominal fee. Flyers must be uploaded to the Peachjar portal and will be approved by the district's Communications Dept. Flyers are then electronically sent to parents and guardians of the participating school. Separate flyers must be uploaded and approved for each location of the after-school program. More information can be found at: www.tusd.org/parents/electronic-flyers.

STEP 6:

After-School Program Begins!

Congratulations! The After-School Program may commence once all appropriate steps above are completed.

AFTER-SCHOOL ENRICHMENT PROGRAM – DETAILED INFORMATION

- LIVESCAN - DOJ/FBI FINGERPRINTING CLEARANCE
- TUBERCULOSIS (TB) SCREENING/CLEARANCE
- COVID-19 PROTOCOLS
- BOARD APPROVAL
- FACILITIES PERMIT
- PEACHJAR E-FLYER
- CONTINUING AFTER SCHOOL PROGRAMS
- CONTACT INFORMATION

LIVESCAN - DOJ/FBI FINGERPRINTING CLEARANCE

Any person who will have direct contact with TUSD students and/or be present on a TUSD school campus needs to undergo a LIVESCAN and be cleared by the FBI and DOJ (Department of Justice).

If a person has been fingerprinted in the past for a different school district or agency, they will still need to be fingerprinted specifically for TUSD. **NO EXCEPTIONS.**

The LIVESCAN only needs to be completed once for TUSD. If the employee leaves the after-school program for an extended period of time and then returns, a new LIVESCAN is required.

Sole Proprietors: Programs classified as Sole Proprietors will need to have the individual undergo LIVESCAN. If the sole proprietorship have individuals/staff working directly with TUSD students, each individual will also need to undergo LIVESCAN as well. This procedure will be initiated via the district's Laserfiche independent contractor process.

Corporations: Programs classified as Corporations will submit the 'After-School Enrichment Program Certification Regarding Background Checks' listing all individuals who will be in contact with pupils. The after-school program owner is responsible to verify their employees have completed the fingerprinting process and have received clearance from the FBI/DOJ.

TUBERCULOSIS (TB) SCREENING/CLEARANCE

As of January 1, 2015, school volunteers and/or independent contractors are no longer required to automatically undergo a tuberculosis (TB) test and report the results to their employer in order to be on school grounds. Instead, it has been replaced by a risk assessment screening and then depending on the results, a possible TB test.

When a four (4) year TB test proof has expired, the after-school program owner and/or their employees will take the 'California School Staff and Volunteers: Tuberculosis Risk Assessment' for Job-related requirements for child care, pre-K, K-12, and community colleges' form from the California Department of Public Health and California Tuberculosis Controllers Association to a licensed health care professional and complete the screening.

Once the screening is complete and no risk of TB exposure is determined, the health care professional will sign the Certificate of Completion. This certificate takes the place of a negative TB test. If the health care professional determines there is a risk of exposure to TB, then he/she will order a TB test. Once those negative results are determined, the after-school program employee will provide proof of a negative TB test.

Sole Proprietors: Programs classified as Sole Proprietors will complete the TB clearance through the district's Laserfiche independent contractor process. The clearance will need to be completed for all individuals in contact with pupils.

Corporations: Programs classified as Corporations will submit the 'Tuberculosis Clearance' Certification listing all individuals who will be in contact with pupils. The after-school program owner is responsible to verify their employees have obtained TB clearance.

COVID-19 PROTOCOLS

All after-school enrichment programs must follow Los Angeles County Department of Public Health guidelines to prevent the spread of the COVID-19 virus. As of June 15, 2022, the following protocols must be implemented for both indoor and outdoor events to ensure a safe environment for students and staff:

- Signed attestation that all employees and volunteers are vaccinated or will participate in weekly COVID testing.
- Maintain a seating chart.
- Maintain 6 ft. distance between students to the best of ability.
- Report any positive COVID cases that occur on our campus during your program to Van Chu at chu.van@tUSD.org.

BOARD APPROVAL

Once application and supporting documents are received, the after-school program will be placed on the next available board meeting agenda. The day after the board meeting, the school and the after-school program owner will be notified of the Board's decision. The Board is only approving the after-school program content only. It is no way an agreement or guarantee of services between the District and the after-school program. Board approval DOES NOT automatically secure facilities usage, specific dates, space location at the school, or parent sign-up.

Board approval is granted annually and is only valid for the current school year of when the agenda item was approved. All after-school programs are required to obtain board approval each new school year, regardless if they have been board approved in the past.

FACILITIES PERMIT

A facilities permit is required to use any TUSD campus. Permits can be applied for AFTER receiving Board approval. After-school programs are required to have a valid permit issued for each school their program is being offered. This applies to both new and continuing programs.

The after-school program owner is responsible to read the renter's usage procedures provided on TUSD's website, www.tUSD.org/administrative-services/facilities.

New users will have to register and create an account by going to <https://www.facilitron.com/accounts/signup/>. Please select 'Non-Profit' if there is an EIN # or 'Commercial' as the group classification. Select the school, facility, sequence of dates, and time that you would like to run your program. This request will then be routed to the site for approval to ensure it does not conflict with another program or with an internal school event.

It is the responsibility of the after-school program owner to apply for the facilities permit. Requested documents that are not provided in a timely manner will delay the permitting process. The permit must also be issued before the start of the program at the requested school site. Failure to do so will result in the class being canceled for the day, until a valid permit is issued by the Administrative Services office.

Upon site approval, a \$6/day fee will be invoiced to the after-school program owner for each school site. Please note that Facilitron collects a 10% service fee.

PEACHJAR E-FLYER

The Program has the option to promote their enrichment program utilizing TUSD's e-flyer distribution for a nominal fee. Flyers must be uploaded to the Peachjar portal and will be approved by the district's Communications Department. Flyers are then electronically sent to parents and guardians of the participating school. Separate flyers must be approved for each location of the after school program. More information can be found at: www.tUSD.org/parents/electronic-flyers.

A facilities permit must be obtained PRIOR to flyer approval. Therefore, after-school programs should not upload or apply for their flyer to be approved until AFTER a valid facilities permit is issued by the Administrative Services office.

CONTINUING AFTER-SCHOOL PROGRAMS

It is the school's discretion whether or not they wish to keep the after-school program running at the school or to continue the program in subsequent school years. The school may elect to cancel the after-school program at any time.

CONTACT INFORMATION

TOPIC	CONTACT PERSON
General After-School Program Questions Board Approval	Patty Jimenez – Administrative Assistant-Ed Services Phone: (310) 972-6009 Email: jimenez.patty@tusd.org
Facilities Permit Laserfiche – LIVESCAN & TB Clearance Certificate of Insurance (COI) & Liability Insurance	Van Chu – Supervisor-Facility Use Phone: (310) 972-6064 Email: chu.van@tusd.org
Peachjar E-Flyer	Mallory Beard – Communications Coordinator Email: beard.mallory@tusd.org



TORRANCE UNIFIED SCHOOL DISTRICT
AFTER-SCHOOL ENRICHMENT PROGRAM
2023-2024 SCHOOL YEAR
APPLICATION

Organization/Program _____
Type/Subject of Program _____
Contact Person _____
Email _____ Phone # _____

- ☐ Please mark if this is a new after school enrichment program in the district
☐ Please mark if this is a returning after school enrichment program within the last 3 years

Please Give Description of Program (for New Programs ONLY): _____

It is the responsibility of the applicant to receive approval from at least one site administrator prior to applying.
Please list one school site where the program will be running: _____

The district determines the after school enrichment program's classification based on the applicant's W-9. Is the Program registered as a:

☐ Sole Proprietor ☐ Corporation

Checklist for Sole Proprietor (New Programs) – Please submit the following:

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ LIVESCAN/Background Check (completed through district's Laserfishe process)
- ✓ TB Clearance (completed through district's Laserfishe process)
- ✓ COVID-19 Attestation

Checklist for Sole Proprietor (Returning Programs) – Please submit the following:

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ COVID-19 Attestation

Checklist for Corporation (New & Returning Programs) – Please submit the following:

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ Background Check Certification
- ✓ TB Clearance Certification
- ✓ COVID-19 Attestation

Program Owner/Representative Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



TORRANCE UNIFIED SCHOOL DISTRICT

CERTIFICATE OF INSURANCE (COI) REQUIREMENTS

Torrance Unified School District must be listed as the 'Certificate Holder' and as the additional insured with a copy of the endorsement attached.

TYPE OF INSURANCE	LIMITS
Each Occurrence	\$1,000,000 minimum
Damage to Rented Premise/Fire Damage	\$1,000,000 minimum
Medical Expenses	ANY
Personal & Adv Injury	ANY
General Aggregate	\$2,000,000 minimum
Products Comp/Op Aggregate	\$1,000,000

SAMPLE COI & ADDITIONAL INSURED ENDORSEMENT

ACORD **CERTIFICATE OF LIABILITY INSURANCE** (DATE MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an additional insured, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: INSURANCE COMPANY
ADDRESS/CONTACT INFO

CONTACT: NAME, PHONE, FAX, E-MAIL, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

INSURED: YOUR ORGANIZATION NAME
YOUR ORGANIZATION ADDRESS

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER: MUST BE MINIMUM \$1,000,000

TYPE OF INSURANCE: COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, WORKERS COMPENSATION AND EMPLOYERS LIABILITY

POLICY # **MUST BE A CURRENT POLICY**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):

CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED

CERTIFICATE HOLDER: TORRANCE UNIFIED SCHOOL DISTRICT
2335 PLAZA DEL AMO
TORRANCE, CA 90501

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
TORRANCE UNIFIED SCHOOL DISTRICT	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
- Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- However:**
- The insurance afforded to such additional insured only applies to the extent permitted by law, and
 - If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for or as a principal as a part of the same project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE COMPANY ADDRESS/CONTACT INFO	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No.):
INSURED YOUR ORGANIZATION NAME YOUR ORGANIZATION ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **MUST BE MINIMUM \$1,000,000**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			POLICY #			MUST BE A CURRENT POLICY
							EACH OCCURRENCE \$ 1,000,000 MIN
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MIN
							MED EXP (Any one person) \$ ANY
							PERSONAL & ADV INJURY \$ ANY
							GENERAL AGGREGATE \$ 2,000,000 MIN
							PRODUCTS - COMP/OP AGG \$ 1,000,000 MIN
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED

↑
INCLUDE THIS VERBIAGE

CERTIFICATE HOLDER**CANCELLATION**

TORRANCE UNIFIED SCHOOL DISTRICT 2335 PLAZA DEL AMO TORRANCE, CA 90501	MUST STATE THE DISTRICT AS CERTIFICATE HOLDER AND ADDITIONALLY INSURED
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE	

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
TORRANCE UNIFIED SCHOOL DISTRICT	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The undersigned agrees to defend, indemnify and hold harmless the **Torrance Unified School District**, its Board of Trustees, Officers, Agents and Employees, individually and collectively, from and against all costs, losses, claims, demands, suit actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by undersigned's _____.

This includes but is not limited to be incurred by reason of:

- A. Bodily injury to or death of persons, or damage to or theft of property sustained by the undersigned, its volunteers and agents or any person, firm or corporation hired or employed by the undersigned in connection with the activity/use of the property; except for liability, loss or damage attributed to the sole negligence or willful misconduct of the District, its Board, officers, agents, employees and volunteers.
- B. Bodily injury to or death of persons, or damage to property, sustained by any participant in the Activity listed below, any guest or attendee, or any other third party that is caused by any act, neglect, default, omission, or liability of the undersigned, its volunteers and agents, or any person, firm, or corporation hired or employed by the undersigned in connection with the activity/use of the property; except for liability, loss or damage attributed to the sole negligence or willful misconduct of the District, its Board, officers, agents, employees or volunteers.
- C. Harm (including death and health related injuries) arising from any person claiming to have contracted, or demonstrating contraction of, COVID, or any related sickness or ailment as the result of participating in an activity and/or entering the property at the permission or request of the undersigned. The undersigned is solely responsible for implementing any cleaning measures required or suggested to ensure the property is safe for use prior to any of undersigned's volunteers, agents, personnel or invitees enter the property and adequately cleaning the property after any such use/or activity.
- D. The undersigned's responsibility and liability set forth herein shall include, but is not limited to, taking all steps and actions necessary or required to address the COVID pandemic with respect to this agreement, including but not limited to, ensuring any of the undersigned's volunteers, agents, personnel and invitee(s) comply with all current and future requirements and recommendations issued by any government agency (including the City, County, State, or the Federal Government, including its associated agencies such as the Center for Disease Control) related to the COVID pandemic that are applicable to the property, including adherence to any protective measures established by such government agencies applicable to events at or use of the property. The undersigned shall be solely responsible for determining and implementing the specific actions and requirements applicable to any activity that is conducted on the property at the time of the activity, including any limitation on the number of attendees, required

protective gear (such as mask and/or gloves) and the specific social distancing requirements applicable at the time.

- E. The undersigned acknowledges and understands that the District makes no representation or warranty regarding the condition of the property with respect to COVID at any time during this agreement and shall have no duty or responsibility to ensure the property is sanitized or otherwise made clear of the COVID virus. The undersigned shall be solely responsible for determining whether the activity/use of the property listed is permissible based on current and future regulations or requirements established by any governmental agency at the time of such event and shall indemnify, defend, hold harmless the District from any penalty, cost, or action claiming that any District activity at the property violated any applicable governmental regulation or requirement. However, the District, at its sole discretion, can require the undersigned to cancel or reschedule any activity by the undersigned at the property if the District determines, at its sole discretion, that the activity would be in violation of any applicable governmental regulation or requirement or create a public safety hazard. However, the District's right to require cancellation or rescheduling shall in no way limit the undersigned's liability and indemnification obligations set forth herein.
- F. The undersigned at his/her own expense, cost and risk, shall defend any and all actions, suits or other proceedings that may be brought or instituted against the District, its Board, officers, agents, employees or volunteers, on any such claim, demand or liability and shall pay or satisfy any judgment that may be rendered against the District, its Board, officers, agents, employees or volunteers in any action, suit or other proceedings as a result thereof.

The undersigned further agrees to provide a Certificate of Insurance for liability coverage and limits acceptable to the District. The insurance coverages shall be considered primary and non-contributory. The undersigned shall pay for any and all damage to the property of the District, or loss or theft of such property, done or caused by any persons associated with the undersigned and resulting from the activity/use of property. The District assumes no responsibility whatsoever for any property placed on the premises. At the District's sole discretion, limits of liability coverage may be increased and additional insurance may be required depending upon use of property.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT, AND ASSERT BY THE SIGNATURE BELOW THAT I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT.

Signature

Date

Title

Organization



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex ☐ Male ☐ Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____

(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____

(Other Identification Number)

Home Address _____ Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____

Date _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are **new** risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

☐ Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐ No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

☐ One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐ Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: ____mo./____day/____yr.

Date of Birth: ____mo./____day/____yr.

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.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>

**TORRANCE UNIFIED SCHOOL DISTRICT
AFTER-SCHOOL ENRICHMENT PROGRAM**

COVID ATTESTATION

Attention: Dr. Keith Butler
Torrance Unified School District
2335 Plaza Del Amo
Torrance, CA 90509

Date

Dear Dr. Butler,

Please accept this letter as verification that

Agency/Organization

complies with the Health Order dated August 11, 2021, requiring all school employees and volunteers to be vaccinated or participate in weekly COVID testing. We have verified the vaccination status of all of our employees and volunteers who attend any Torrance Unified School District campus by collecting evidence of vaccination as follows:

- Official COVID 19 Vaccination Record Card that includes name, type of vaccine provided, and dates administered; or
- A photo or screenshot of the card; or
- Other documentation of COVID-19 vaccination from a health care provider; or
- A digital record that includes a QR code that when scanned by a SMART Health Card reader displays the client name, date of birth, vaccine dates, and vaccine types.

Any employee and/or volunteer associated with our agency who has not provided such evidence is engaging in weekly COVID testing for which we collect and monitor the test results. No employee and/or volunteer from our agency will visit or work at a Torrance Unified School District location who is not fully vaccinated or who has not received a negative COVID test within one week of the visit.

Yours in compliance,

Representative

Agency