

# Jefferson Times

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

September 27, 2015

## A note from the Principal ~

Home-to-school connections are an important piece of making the most of a child's educational experience. Part of that home-to-school connection involves family discussions about school and homework. Homework is a way to extend classroom learning, help students develop study habits, manage time, and provide a link between school and home.

The National Educational Association ([nea.org](http://nea.org)) has also provided some tips to make homework more meaningful.

- Check to see that your children understand assignments.
- If there is a problem, work through an example with them first.
- Sign and date your child's homework. Teachers appreciate it when they know that the parents are interested enough to check over their children's homework and see that it is finished.
- Follow up on homework assignments by asking to see your children's homework after it has been returned by the teacher.
- Look at the teacher's comments to see if your child has done the assignment correctly.
- Contact the teacher if you don't understand the assignments.
- Look for homework daily on the class webpages or homework hotlines.
- Encourage the good work that your children do and comment about improvements they have made.

Ultimately, we appreciate the time you take every night to talk and work with your children. Jefferson teachers appreciate your communication and I encourage you to always reach out if you have questions about classwork, homework, etc. We are here to support you and your children.

Please feel free to contact me at [awooten@sjcoe.net](mailto:awooten@sjcoe.net) or at (209)835-3053 with any suggestions or thoughts.

Sincerely,  
Alyssa Wooten  
Principal



**~ VOLLEYBALL INFORMATION ~**  
**~ SCHEDULE ~**

**Monday: 9/28**

2:30 – 3:45 6<sup>th</sup> Grade @ Monticello **PRACTICE**

**Tuesday: 9/29**

3:45 – Jefferson 5<sup>th</sup> @ Poet 6th

4:30 – Jefferson 7<sup>th</sup> @ Poet 8th

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

**Wednesday: 9/30**

3:45 – Jefferson 5<sup>th</sup> @ Jefferson 6th

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

**Thursday: 10/1**

3:45 – Jefferson 5<sup>th</sup> @ Traina 5th

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

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



The 6th grade website is up and running.

CHECK IT OUT!!!!

[6thgradejefferson.weebly.com](http://6thgradejefferson.weebly.com)

**Weekly Information**

**Monday: 9/28** ~ Minimum Day, 1:05 release

**Tuesday: 9/29** ~ Choir Room 4, 7:00-7:30 a.m.

**Wednesday: 9/30** ~ ASB MEETING in the Jefferson Library 2:45 – 4:00 p.m.  
KONA ICE after school @ Jefferson

**Thursday: 10/1** ~ Choir Room 4, 7:00-7:30 a.m.,  
Color Guard 6:00-7:00 p.m.  
5<sup>th</sup> grade Vision Screening @ Monticello

**Friday: 10/2** ~ Magic Club 2:45-4:00 p.m.

Don't forget to turn in your BoxTops!



**~ WORD OF THE WEEK ~**  
**"DURATION"**

**Full Definition of *DURATION*:**

*noun* du-ra-tion \dü-'rā-shən also dyü-\

: the length of time that something exists or lasts

1: continuance in time

2: the time during which something exists or lasts

Be Responsible

Do Your Best Each Day - Think Before You Speak

**JEFFERSON CREED**

Put Others First - Avoid Conflict



**Monday**



**Wednesday**

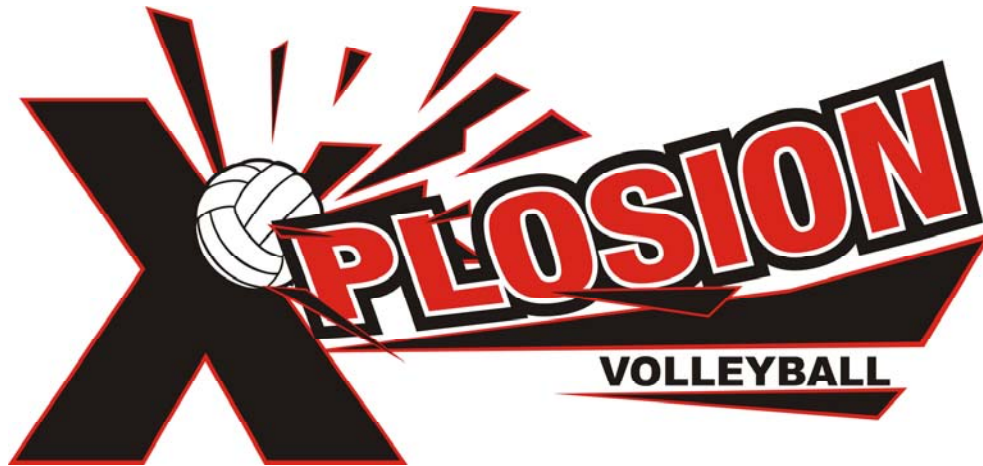


**Thursday**

**Friday**

<p>We will always try to have your first entrée choice available but cannot guarantee it</p> <p>You can purchase a carton of milk for \$.50</p>		<p><b>COST OF LUNCH IS \$2.80</b></p> <p><b>REDUCED MEALS .40</b></p>	<p>Orange Chicken &amp; Rice Taco Nada</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>1</b></p> <p><b>Pizza Hut Pepperoni Pizza</b> <b>Pizza Hut Cheese Pizza</b> <b>Turkey, Ham &amp; Cheese Sandwich</b></p> <p>Milk Choice of fruits and Vegetables</p> <p><b>2</b></p>
<p><b>5</b></p> <p>Bean &amp; Cheese Burrito Crispy Chicken Sticks</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>6</b></p> <p>Cheeseburger Bosco Cheese Bread Sticks W/Marinara Sauce</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>7</b></p> <p>Chicken Patty Sandwich Chicken Salad</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>8</b></p> <p>Chicken Teriyaki Chicken Smackers</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>9</b></p> <p>Dominos Pepperoni Pizza Dominos Cheese Pizza <b>Turkey, Ham &amp; Cheese Sandwich</b></p> <p>Milk Choice of fruits and Vegetables</p>
<p><b>12</b></p> <p>Bean &amp; Cheese Burrito Beef Chalupas</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>13</b></p> <p>Hamburger Bosco Cheese Bread Sticks W/Marinara Sauce</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>14</b></p> <p>Mini Corndogs Taco Salad</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>15</b></p> <p>Spaghetti with Meat Sauce Chicken Nuggets</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>16</b></p> <p><b>Pizza Hut Pepperoni Pizza</b> <b>Pizza Hut Cheese Pizza</b> <b>Turkey, Ham &amp; Cheese Sandwich</b></p> <p>Milk Choice of fruits and Vegetables</p>
<p><b>19</b></p> <p>Bean &amp; Cheese Burrito Crispy Chicken Sticks</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>20</b></p> <p>Cheeseburger Bosco Cheese Bread Sticks W/Marinara Sauce</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>21</b></p> <p>Chicken Patty Sandwich Chicken Salad</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>22</b></p> <p>Sloppy Joe's Chicken Smackers</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>23</b></p> <p>Dominos Pepperoni Pizza Dominos Cheese Pizza <b>Turkey, Ham &amp; Cheese Sandwich</b></p> <p>Milk Choice of fruits and Vegetables</p>
<p><b>26</b></p> <p>Bean &amp; Cheese Burrito Beef Chalupas</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>27</b></p> <p>Hamburger Crispy Chicken Sticks</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>28</b></p> <p>Mini Corndogs Taco Salad</p> <p>Milk Choice of fruits and Vegetables</p>	<p><b>29</b></p> <p>Orange Chicken &amp; Rice Taco Nada</p>  <p>Milk Choice of fruits and Vegetables</p>	<p><b>30</b></p> <p><b>Pizza Hut Pepperoni Pizza</b> <b>Pizza Hut Cheese Pizza</b> <b>Turkey, Ham &amp; Cheese Sandwich</b></p> <p>Milk Choice of fruits and Vegetables</p>

Jefferson School District now utilizes ePayments-Educational Financial Services to recover all returned checks. All returned items are subject to electronic re-deposit with further notice. A \$25.00 Calif. State authorized collection fee will be assessed on all returned checks and may be drafted from your account electronically. Please make sure your current address and telephone number are included on every check presented to Jefferson School District



**Volleyball Clinics—For ALL 5th-8th Graders**

**Sunday, September 27th**

**Sundays, Oct. 4th, 11th, 18th, 25th & Nov. 1st**

@Bella Vista Elementary School/St. Paul's Church

1635 Chester Drive, Tracy

**REGISTER ONLINE! LIMITED SPACE AVAILABLE**

**[www.XplosionVolleyball.net](http://www.XplosionVolleyball.net)**

**Beginners Session**

1:00-3:00 p.m.

**Intermediate Session**

3:00-5:00 p.m.

**Parent Information Night! Tuesday, Oct. 20th, 7pm @ Bella Vista**

What is CLUB Volleyball? Get all your questions answered about our upcoming CLUB Season.

(costs, payments, how long is the season, where do they play, tryouts, etc...)

**\*Club Tryouts\***

**Sunday, November 8th, 2015**

Time and Location TBD (Check Website for Updates)

For more information contact:

Club Director, Omar Rodriguez @ 209-640-1442 or [omar@xplosionvolleyball.net](mailto:omar@xplosionvolleyball.net)

[www.XplosionVolleyball.net](http://www.XplosionVolleyball.net)

Like us on Facebook and Follow us Instagram



# HEALTH CARE FOR ALL FAMILIES

A PROJECT OF THE CHILDREN'S PARTNERSHIP

## Enroll. Get Care. Renew. Health Coverage All Year Long

### Health Coverage Options

#### Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

#### Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

**! Undocumented Families** visit: [www.allinforhealth.org/undocumented](http://www.allinforhealth.org/undocumented)  
*Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.*



#### You and your family may qualify for financial help:

Household Size	If 2015 household income is less than...		If 2015 household income is between...
1	\$16,243	\$31,309	\$16,106 – \$46,680
2	\$21,984	\$42,374	\$21,709 – \$62,920
3	\$27,725	\$53,440	\$27,312 – \$79,160
4	\$33,465	\$64,505	\$32,914 – \$95,400
5	\$39,206	\$75,571	\$38,517 – \$111,640
6	\$44,947	\$86,637	\$44,120 – \$127,880
▶	Adults may be eligible for <b>Medi-Cal</b>	Children may be eligible for <b>Medi-Cal</b>	May be eligible for financial help to purchase insurance through <b>Covered California</b>

*Income-eligible undocumented children will qualify for Medi-Cal beginning May 2016.*

### Enroll.

Three ways to enroll in Medi-Cal and Covered California:

-  [www.coveredca.com](http://www.coveredca.com)  
1(800) 300-1506
-  Find in-person help:  
[www.coveredca.com/get-help/local/](http://www.coveredca.com/get-help/local/)

### Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

### Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:  
[www.allinforhealth.org](http://www.allinforhealth.org)

August 2015





# Asegúrate, para el bienestar de tu familia

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"

## Inscríbese. Cuide Su Salud. Renueve Su Cobertura. Cobertura de salud durante todo el año

### Sus Opciones de Cobertura de Salud

#### Medi-Cal:

- ▶ Niños, jóvenes en hogares de crianza, mujeres embarazadas, adultos, ciudadanos de los Estados Unidos, e inmigrantes incluyendo personas con el estatus de Acción Diferida (DACA)—podrían ser elegibles para Medi-Cal gratis o a bajo costo.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

#### Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

**!** Para familias indocumentadas visiten: [www.allinforhealth.org/undocumented](http://www.allinforhealth.org/undocumented)  
 Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

### Usted y su familia podrían calificar para asistencia financiera:


Tamaño de la familia	Si el ingreso familiar en 2015 es menos de...		Si el ingreso familiar en 2015 es entre...
1	\$16,243	\$31,309	\$16,106 – \$46,680
2	\$21,984	\$42,374	\$21,709 – \$62,920
3	\$27,725	\$53,440	\$27,312 – \$79,160
4	\$33,465	\$64,505	\$32,914 – \$95,400
5	\$39,206	\$75,571	\$38,517 – \$111,640
6	\$44,947	\$86,637	\$44,120 – \$127,880
▶	Adultos podrían calificar para <b>Medi-Cal</b>	Niños podrían calificar para <b>Medi-Cal</b>	Podrías calificar para asistencia financiera en la compra de un seguro a través de <b>Covered California</b>


Niños indocumentados, dependiendo de los ingresos familiares, calificarán para Medi-Cal comenzando en mayo del 2016.

### Inscríbese.

Tres maneras para inscribirse con Medi-Cal y Covered California:

 [www.coveredca.com/espanol/](http://www.coveredca.com/espanol/)

 1(800) 300-0213

 Ayuda en persona: [www.coveredca.com/espanol/get-help/local/](http://www.coveredca.com/espanol/get-help/local/)

### Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

### Renueve Su Cobertura.

- ▶ El seguro de Medi-Cal debe ser renovado cada año. Medi-Cal le enviará por correo su paquete de renovación. Complete y regrese el paquete. Para ayuda, contacte su oficina de Medi-Cal o marque 211.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California al 1 (800) 300-0213.

Para más información visite:

[www.allinforhealth.org](http://www.allinforhealth.org)  
[www.asegurate.com](http://www.asegurate.com)

Agosto 2015





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

Dear Parents and Community Members,

Education Code Section 49406 and the Jefferson School District Board Policy 1240 require all volunteers to have an intradermal skin test **or** the certificate of completion for risk assessment questionnaire for the detection of tuberculosis or have taken a chest X-ray every four years.

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

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

All volunteers are required to place on file with the district a certificate of completion for risk assessment questionnaire **or** certificate from a licensed physician indicating that a tuberculosis examination within the past 60 days shows that they are free from active tuberculosis. The tuberculosis examination shall consist of an approved intradermal tuberculin test. An X-ray of the lungs shall be required only if the intradermal test is positive. Employees with a history of previous positive skin test should follow the instructions below. **There can be no exemptions from this requirement.** (Education Code 49406 and Board Policy 1240)

**If you work in another school district and have a current TB clearance:** According to Education Code Section 49406, you may fulfill tuberculosis examination requirements in either of the following ways by:

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

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

- Please send a Certificate of Completion that certifies that employee is free of infectious to the Human Resources Department.

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

**TB Risk Assessment and Certificate of Compliance:**

The Risk Assessment Questionnaire and Certificate of Compliance forms are attached to this newsletter, available in the school office

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

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

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

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

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

*Sat & Sun – 9 am – 1 pm*

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



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

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

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

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

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

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

History of positive TB test or TB disease Yes  No

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

If no, continue with questions below.

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

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

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

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

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

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





## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

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

### CERTIFICATE OF COMPLETION

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

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

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

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

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

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

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

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

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