



Kindergarten Roundup

Canyon Vista Elementary School

"Home of the Crocodiles"

February 3, 2022



CUSD Health Requirements

Kimberly Bryan
District Nurse

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School and Your Child's Health

La escuela y la salud de su hijo

Kindergarten Orientation
Orientación de Kindergarten



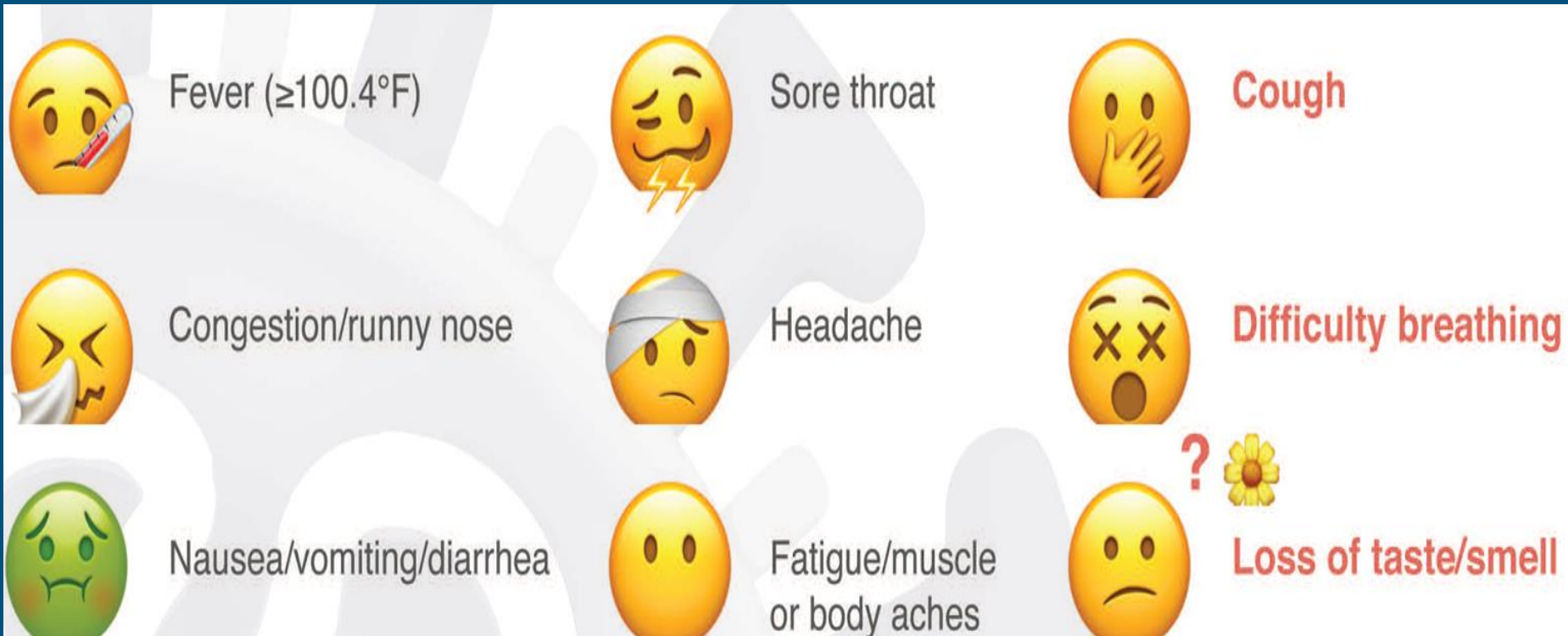
Health at School

La salud en la escuela

When to keep your child home *Cuándo debe quedarse su hijo en casa*

- Temperature of 100.4
Temperatura de 100.4
 - Vomiting and/or diarrhea
Vómitos y/o diarrea
 - Undiagnosed rash
Sarpullido no diagnosticado
 - Unusually red eyes with drainage (not allergy related)
Ojos anormalmente enrojecidos con secreción (no relacionados con la alergia)
 - Other symptoms of illness/ cold symptoms (cough, sore throat, congestion, etc.)
Otros síntomas de enfermedad o de resfriado (tos, dolor de garganta, congestión, etc.)
-

Health at School - When to keep your child home



Medication at School

Medicamentos en la escuela

- Requires doctor's order/parent consent form
Requiere la orden de un médico o un formulario de consentimiento de los padres
- Should be dropped off by parent to front office
Debe ser entregado por los padres a la oficina de la escuela
- Must be in original container with pharmacy label
Debe estar en el envase original con la etiqueta de la farmacia
- Kept in a locked cabinet in the health office
Guardado en un gabinete cerrado con llave en la enfermería de la escuela



Report of Health Examination

Informe de Examen Médico

Complete after February 16, 2022
Realizado después del 16 de febrero
de 2022

CUSD recommends this be completed before entry into Kindergarten or 1st grade

CUSD recomienda completarlo antes de entrar a kindergarten o 1.º grado

Blank form is in kindergarten packet

El formulario en blanco está en el paquete de kindergarten

Can be completed at same time as a well child visit

Puede completarse al mismo tiempo que el informe de examen médico del niño

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street City ZIP code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TEST/EVALUATIONS	DATE (mm/dd/yyyy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 206).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTPaPDTpDTdTd (diphtheria, tetanus, and [acellular pertussis] OR [tetanus and diphtheria] only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.cdhs.ca.gov/ourwork/chdp

PM 171 A (08/07) (Bilingual)

Immunizations

Vacunas



- Students must be fully immunized before entering kindergarten

Los estudiantes deben estar completamente vacunados antes de entrar a kindergarten

- You must show proof of immunization when registering your child

Debe presentar la prueba de vacunas cuando inscriba a su hijo

- Exceptions include a permanent medical exemption or a temporary medical exemption- Updates to requirements January 1, 2021

Las excepciones incluyen una exención médica permanente o una exención médica temporal- Actualización de los requisitos del 1 de enero de 2021

Kindergarten Immunization Requirements

Requisitos de vacunas para el Kindergarten

Polio
Polio

4 Doses/dosis

DTAP
*Difteria,
tosferina
y tétano*

5 Doses/dosis

MMR
*Sarampión,
paperas y
rubeola*

2 Doses/dosis

Hep. B
Hepatitis B

3 Doses/dosis

Varicella
Varicela

2 Doses/dosis

3 doses ok if one dose was
given on or after fourth birthday

3 dosis, si una se ha
administrado durante o después
del cuarto cumpleaños

4 doses ok if one dose
was given on or after
fourth birthday

4 dosis, si una se
administró en el cuarto
cumpleaños o después

Must be given on or after
first birthday

Debe administrarse en o
después del primer
cumpleaños

Regarding Medical Exemptions for Immunizations

Respecto a las exenciones médicas para las vacunas

- The California Immunization Registry Medical Exemption web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or child care. Parents use the same site to request medical exemptions from vaccination for their children. Schools and child care facilities can monitor and get updates for medical exemptions issued for children in attendance. The school will not be able to print a copy of the actual medical exemption so it still must be printed by the Physician's office and delivered to the school.
- *El sitio web del Registro de Vacunas de California para exenciones médicas es un sitio seguro para que los médicos emitan y gestionen exenciones médicas estandarizadas para los niños que asisten a la escuela o a centros de cuidado de niños. Los padres utilizan este mismo sitio para solicitar exenciones médicas de vacunas para sus hijos. Las escuelas y los centros de cuidado de niños pueden controlar y obtener actualizaciones de las exenciones médicas emitidas para los niños que asisten a dichos lugares. La escuela no puede imprimir una copia de la exención médica real, de manera, que deberá ser impresa por el consultorio médico y presentada en la escuela.*

Visit/visite <https://cair.cdph.ca.gov/exemptions/home> for more information/para obtener más información

Hearing and Vision

Audición y visión



- Students will have their hearing and vision screened in kindergarten/ transitional kindergarten

A los estudiantes se les examinará la audición y la visión en el kindergarten o kindergarten transicional.

- This is a state mandated requirement

Este es un requisito exigido por el Estado

- Subsequent screenings are done in 2nd, 5th and 8th grade

Se realizan exámenes posteriores en 2.º, 5.º y 8.º grado

Specialized Health Needs

Necesidades de Salud Especializadas

Action Plans

Planes de Acción

- Food Allergy Action Plan / *Plan de acción para las alergias alimenticias*
- Insect Allergy Action Plan / *Plan de acción para las alergias a los insectos*
- Asthma Action Plan / *Plan de acción para el asma*

Forms are available from school health office
Los formularios están disponibles en la enfermería de la escuela

Contact district nurse for other medical needs or accommodations
Comuníquese con la enfermera del distrito para otras necesidades médicas o adaptaciones

— Who is in the Health Office?
¿Quién está a cargo de la enfermería de la escuela?

LVN Name of Staff:
Ariel Madlambayan, LVN

Hours:
M, T, W, F 8:30-1:30
Th 8:00-1:00

We look forward to supporting your child!
¡Nos complace poder ayudar a su hijo



Kimberly Bryan, RN
kdbryan@capousd.org

We look forward to supporting your child!



Kimberly Bryan, RN
kdbryan@capoused.org

Teachers

Mrs. Spak



Mrs. Snyderman



Mrs. Hancock



Kindergarten Readiness

Social Skills

Can your child:

- share with others willingly?
- play alone without adult assistance?
- cooperate?
- finish what he/she starts?
- work individually and in small groups?
- ask questions?
- separate from a parent or caregiver and stay with another adult?



Kindergarten Readiness

Large Motor Skills

Does your child know how to:

- roll?
- throw and catch a ball?
- run, hop, jump, and gallop?
- swing?



Kindergarten Readiness Academic Skills

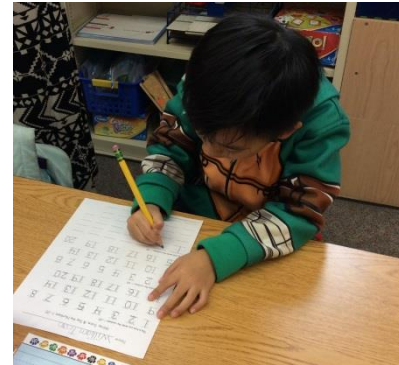
Your child demonstrates academic readiness when he or she:

- shows an interest in print and books
- writes name in upper and lower case letters
- uses pencils, crayons, and markers
- uses scissors correctly
- begins to draw and recognize objects



Academic Skills cont.

- counts 10 objects and recognizes numerals 1-10
- knows shapes and colors
- recognizes and names upper-case and lower-case letters out of sequence
- knows most letter sounds
- writes numbers to 10



General Readiness

Can your child:

- work individually and in small groups?
- listen to a story or participate in an activity and respond to questions related to that activity?
- follow simple two-step directions?
- color and draw?
- recognize his/her own name?
- write his/her own first name?



Verbal Communication



- Is your child's language clearly understood by other adults beyond family members?
- Does your child engage other children and adults in conversation?
- Can your child:
 - use oral language to express personal needs?
 - express himself/herself verbally?
 - speak in complete sentences?

Personal Autonomy & Hygiene Skills

Does your child:

- dress self, zip, button, snap?
- tie shoes/close Velcro fasteners?
- feed self?
- clean up after self?
- wash hands?
- use a tissue to wipe nose?
- attend to bathroom needs with total independence?



Schedule

This is a typical all-day Kindergarten schedule.

Time	Activity
7:45 - 7:50	Opening
7:50 - 9:20	Language Arts & Reading
9:20 – 9:40	Snack and Recess
9:40-10:50	Reading Groups, Math
10:50 – 11:30	Lunch
11:30 – 12:50	Chrome Books, Physical Education,, Science, Art
12:55– 1:10	Recess
1:10-1:55	Music, Social Skills
1:55	Kindergarten Dismissal
2:05	Grades 1-5 Dismissal



Registration

Verna Kanamori - Office Manager
vgkanamori@capousd.org

Amy Rieden - Elementary Clerk
acrieden@capousd.org



Packet Distribution

Friday, February 4, 2022

Pick up your child's packet
in the front office:

Any time between
8:30am and 3:00pm

****School Dismissal is 1:55/2:05**
(avoid this time if you can, dismissal is very crowded)



PTA

Tracy Brown - PTA President

email:

sawyerandjack@yahoo.com



Kindergarten Supplies

Canyon Vista Elementary School

Attention Kindergarten Parents!

Our school will be offering families an opportunity to purchase school supply kits for the upcoming school year. The kit contains all the supplies requested by the Kindergarten teacher(s). Kits will be delivered to school in August.




Image is a representation of supplies; not exact items your child will need.

Easy Ordering Instructions

- ✓ Visit <https://www.write-stuff.com/storefront/school/cves>
- ✓ Select kit needed for the 2021-22 school year
- ✓ Enter student information
- ✓ Follow prompts to check out!

This program is one of many sponsored by the Parent Teacher Association.

Questions? Contact:
Courtney Barry at courtneywbarry@gmail.com



YMCA

Charmaine Foree
(949) 831-1264

cforee@ymcaoc.org



Canyon Vista YMCA

Charmaine Foree, Director of Child Youth and Development



COVID Policy

Mask Policy: Per the Orange County Health Care Agency, children are required to have a mask to participate in our programs. The children are required to wear the mask when 6 feet of distancing is not feasible.

Check in Process :

- When arriving on campus adults and children are required to wear their masks.
- Parents will need to ensure that children wash their hands or use hand sanitizer before entering the program.
- At the check in table, parents must wait for their child to have their temperature taken by a YMCA staff.
- If a temperature reads 100.4 or higher, the child will not be able to enter the program.
- Parents are not allowed in the classroom as to limit the amount of people entered the facilities.

Cleaning procedures: We clean every hour in the classroom as well as the school restrooms. We also wash hands before and after eating/activities and games.

About the YMCA program

- Licensed Facility 1:14 ratio
- 4.9 years to 12 years old
- Holidays are included
 - *Breaks are added for additional fee*
- Picking up Kinder from Classroom
- Clubs: Art, Drama, Science, Cooking, Photography, etc.
- Typical Schedule includes a Snack, Outside Game, Inside Activity and Recreational Centers
 - *Homework and Distance Learning Assistance*
- Provide Afternoon Snack:
 - ex: Yogurt and apples / Whole Grain Goldfish and Peaches
- Business Hours:
 - 6:45am-6:00pm Monday through Friday
 - *Currently before and afterschool only*

Contact Information

- Phone: (949) 831.1264
- Email: cforee@ymcaoc.org



Questions?

Please use the CHAT feature.

