



ACTON·AGUA DULCE

UNIFIED SCHOOL DISTRICT

"NOTHING GOLD CAN STAY" - ROBERT FROST

Dear Volunteer Applicant:

Thank you for your interest in becoming a volunteer with Acton-Agua Dulce Unified School District. Volunteers are an integral part of the classroom program and we encourage parents and community members to get involved in their schools. Your participation enhances the instructional program, motivates, and encourages students.

A volunteer is a parent, community member, or other adult who assists at a school site or program (fieldtrips, sporting events). There will be many opportunities throughout the school year in which volunteers will be needed.

In order to become a volunteer, you must be fingerprinted through Acton-Agua Dulce Unified School District and the fingerprints must be cleared before volunteering. It is imperative to follow each procedure below.

Procedures:

- Complete the attached Request for Livescan Form
- Request an appointment by email:
fingerprinting@aadusd.k12.ca.us
- We are unable to accommodate walk in requests at this time.

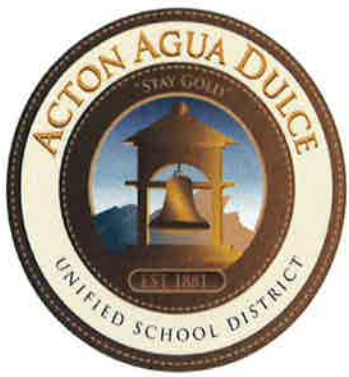
Required Fingerprint items:

- Request for Livescan Form (Completed)
- **Must** have valid California Driver's License or a State issued ID
- Tuberculosis Test Certificate of Completion (see attached)

Frequently asked Questions:

- ***Why does the School District require that Volunteers are fingerprinted?***
The purpose of the criminal background check is to ensure that a person is permitted by law to participate in a school setting as a volunteer or the California Education Code, Health and Safety Code and Penal Code sections determine which offense are or are not permitted. Fingerprinting is the most accurate way to collect this information.
- ***Why does the School District require that Volunteers need to get tested for Tuberculosis?***
Tuberculosis (TB) is a contagious disease that can be deadly if not treated each year. California has seen a rise in cases through the last several years. In order to volunteer with children, you need to be free of this disease.

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- ***Where can I get the Tuberculosis (TB) test done?***
TB testing can be done through your own medical provider at your own expense. An Adult Tuberculosis (TB) Risk Assessment Questionnaire may be used in place of the TB skin test. The TB test should be updated every four (4) years and must be on file at the District Office.
- ***How long do fingerprints take to clear?***
Fingerprints can take **1 - 30** days to clear. We cannot guarantee prints will clear before a specific time (i.e.: fieldtrips). Please plan ahead.
- ***What if I do not have all the required paperwork?***
We reserve the right to turn away appointments should you present an incomplete packet. You can reschedule for a future date once all the requirements are met.
- ***I was fingerprinted at Acton-Agua Dulce Unified School District already; do I need to be re-fingerprinted?***
Fingerprints do not expire if used only within Acton-Agua Dulce Unified School District; therefore it is not necessary to be re-fingerprinted each year.
- ***I have already been fingerprinted at another Livescan location; do I still need to be fingerprinted?***
Yes. All volunteers must be fingerprinted at Acton-Agua Dulce Unified School District.
- ***What if I do not have a valid California issued state ID or driver's license and have a valid out of state driver's license or government issued ID?***
A valid out of state issued photo ID is acceptable. If you do not have a valid state issued ID, please send an e-mail to: fingerprinting@aadusd.k12.ca.us.

If you have any further questions, please contact our Fingerprint department at 661-269-5999.



Phone Number: _____
Email Address: _____
School Site(s): _____

REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A5004 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

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

Contributing Agency Information:

Acton-Agua Dulce Unified School District 01505
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
32248 Crown Valley Road fingerprinting@aadusd.k12.ca.us
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Acton CA 93510 661-269-5999
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name _____ First _____ Suffix _____
(AKA or Alias) Last
Date of Birth _____ Sex Male Female
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 _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

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

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



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):

Telephone and FAX:



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. 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. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____

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

Yes

If there is a documented history of positive TB test (infection) 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.

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

Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013*

One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

Close contact to someone with infectious TB disease at any time

Foreign-born person from a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

Volunteered, worked or lived in a **correctional or homeless** facility





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

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 tuberculosis (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 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 impacts 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.

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.

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.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

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

