

MJUSD  
Personnel Dept.

SEP 23 2013

September 23, 2013

Dear Mr. Carreon,

**RECEIVED**

I'm writing this letter to submit my resignation as a teacher with Marysville Joint Unified School District. It deeply saddens me to submit this letter, but I am resigning because my fiancé was relocated for work.

My last day of school will be Friday, October 18, 2013.

I have enjoyed my time working at MJUSD and we hope to make our back to the area again.

Thank you for making my career with MJUSD a pleasant one.

Sincerely,

  
Sarah Spade

## Melanie Stanaland

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**From:** Ramiro Carreon  
**Sent:** Monday, September 16, 2013 9:18 AM  
**To:** Melanie Stanaland  
**Subject:** Fwd: Dawn Kaundart Resignation

MJUSD  
Personnel Dept.

SEP 16 2013

RECEIVED

FYI

Sent from my iPhone

Begin forwarded message:

**From:** Dawn Black <[dblack@mjusd.net](mailto:dblack@mjusd.net)>  
**Date:** September 16, 2013, 9:17:25 AM PDT  
**To:** Ashley Vette <[avette@mjusd.k12.ca.us](mailto:avette@mjusd.k12.ca.us)>, Ramiro Carreon <[rcarreon@mjusd.k12.ca.us](mailto:rcarreon@mjusd.k12.ca.us)>  
**Subject:** Dawn Kaundart Resignation

Hello,

I will be leaving for other employment at the end of September 2013. My final date of employment will be September 30, 2013. I would love to sub still in the STARS program and at the preschool at Dobbins.

Thank you,  
Dawn Kaundart  
Dobbins School STARS program

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SEP 20 2013

RECEIVED

To whom it may concern,

This letter is to confirm my resignation of my position as Para Educator for Cordua School. This will be effective as of September 3, 2013. I have decided to stay home to raise my child. My time with Marysville Joint Unified School District has been very rewarding and I appreciate the opportunity to work with the children in our community. Thank you.



Sincerely, Carlye Mitchell

**Valenzuela/CAHSEE Lawsuit Settlement**  
**Quarterly Report on Williams Uniform Complaints**  
 [Education Code § 35186(d)]  
**2013-2014**

District: MARYSVILLE JOINT UNIFIED SCHOOL DISTRICT

Person completing this form: Ramiro G. Carreón Title: Asst. Supt/Personnel Services

Quarterly Report Submission Date:

(check one)

- ☒ October 2013-1<sup>st</sup> quarter-(7/1-9/30/13)  
☐ January 2014-2<sup>nd</sup> quarter (10/1-12/31/13)  
☐ April 2014-3<sup>rd</sup> quarter (1/1-3/31/14)  
☐ July 2014-4<sup>th</sup> quarter (4/1-6/30/14)

Date for information to be reported publicly at governing board meeting: October 8, 2013

Please check the box that applies:

- ☒ No complaints were filed with any school in the district during the quarter indicated above.
- ☐ Complaints were filed with schools in the district during the quarter indicated above. The following chart summarizes the nature and resolution of these complaints.

General Subject Area	Total # of Complaints	# Resolved	# Unresolved
Textbooks and Instructional Materials	0		
Teacher Vacancy or Misassignment	0		
Facilities Conditions	0		
CAHSEE Intensive Instruction and Services	0		
<b>TOTALS</b>	0		

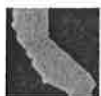
Dr. Gay Todd

Print Name of District Superintendent

Gay Todd  
 Signature of District Superintendent

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October 1, 2013  
 Date



**TERMS OF AGREEMENT  
PUBLIC SCHOOL DISTRICTS**

***Field Experience Participant / Student Teaching***

**CalStateTEACH and the Marysville Joint Unified School District**

*About CalStateTEACH: CalStateTEACH is a multiple subject credential program of the California State University. Its goal is to prepare creative, collaborative and reflective teachers for California's future. It offers an Intern as well as a Student Teaching option and is managed through Regional Centers located on the following CSU campuses: Fresno, Fullerton, Los Angeles and Monterey Bay.*

***Purpose of the Agreement:***

To engage the Marysville Joint Unified School District and CalStateTEACH in a partnership to provide support for the preparation of CalStateTEACH candidates in the District. This partnership will be concentrated in the activities of three individuals: the CalStateTEACH Field Experience Participant / Student Teacher, the faculty representative of the CSU, hereinafter referred to as the assigned Faculty, and a mentor teacher from the School, hereinafter referred to as the Cooperating Teacher or Master Teacher. CalStateTEACH does not demand or require any exclusive arrangement with the District. The District is obligated only to provide appropriate support for CalStateTEACH credential candidate and staff to reach the common goal of placing fully credentialed teachers in California classrooms.

***Overview of this Agreement:***

CalStateTEACH agrees to provide multiple subjects coursework, student professional liability insurance, and university supervision for each participating candidate, and the District agrees to provide them with a faculty mentor and appropriate support.

***CalStateTEACH agrees to do the following:***

1. Give highest priority in admissions to qualified applicants whom the District may ultimately wish to offer position(s) as a Multiple Subjects teacher(s).
2. Provide candidates with student professional liability insurance through the CSU Student Professional Liability Insurance Program which shall cover general liability, professional liability, and educator's errors & omissions liability. More information about the insurance policy can be found at <http://bfa.sdsu.edu/prosrvcs/pdf/splip.pdf>.
3. Cooperate to the fullest extent possible to assist the School and District to reach its goals of providing quality educational experiences for its students by conducting all activities with respect to preparing candidates in an unobtrusive, efficient, and supportive manner.
4. Provide a subject-matter competence evaluation of the applicant's transcripts, an on-line diagnostic to determine candidates' subject matter preparation or candidates' readiness to pass CSET.
5. Provide assistance to all candidates who are not yet subject matter qualified to reach subject matter competence.

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6. Provide each candidate with a high quality program of study which integrates program assignments with the candidate's classroom teaching.
7. Establish a Central Advisory Board for the CalStateTEACH program and encourage the District to participate on the Board.
8. Provide each candidate with an assigned Faculty member who will make regular visits to the classroom, evaluate lessons and give specific feedback, confer with the principal and staff as needed, and act as program advisor.
9. Provide orientation materials and training to both the school cooperating or master teacher and the principal.
10. Communicate regularly with the principal and the school cooperating or master teacher, as well as provide the opportunity for them to give feedback on any aspect of the program and staff.
11. Provide an on-going, faculty-facilitated online forum for all candidates in the group, with regular opportunities for discussion, problem solving, peer interaction and access to the assigned Faculty member.
12. Assist District candidates in processes related to enrollment, financial aid, and ultimately a preliminary credential application.

***The School and District agree to do the following:***

1. Nominate a fully credentialed teacher with at least 3 years teaching experience and authorization to work with English learners to serve as a cooperating or master teacher for each participating candidate. This should be a current elementary teacher in the School.
2. Ensure that cooperating or master teachers have sufficient opportunity to observe, coach and guide the candidate.
3. Upon the request of the assigned Faculty, assure the participation of the school principal in specific CalStateTEACH candidate progress reviews or evaluations.
4. Provide additional resources (such as staff development, exemplary classroom observations, additional mentoring) as needed to promote the success of candidates in difficult assignments.
5. Ensure that each candidate has access to technological resources available at the school site.

\_\_\_\_\_  
Signature of School Principal, District Superintendent,  
or Authorized Representative      Gay Todd, Supt.

10/8/13

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of the CalStateTEACH Regional Director

\_\_\_\_\_  
Date Signed

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## STUDENT PROFESSIONAL LIABILITY INSURANCE PROGRAM (SPLIP)

### Coverage Summary

*This is a "claims- made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.*

**Named Insured:** The California State University (CSU), all campuses

**Carrier:** Lloyd's, London

**Policy #:** B0621PTRU00713001

**Coverage Period:** July 1, 2013 to July 1, 2014

**Insureds:** California State University (CSU)  
All campuses of the CSU  
Employees, Faculty, Staff of the CSU  
CSU Students enrolled in Nursing, Allied Health, Social Work, or  
Education credential programs of the CSU.

\*Enrolled Students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled Students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the Incomplete objectives are met, but for no more than one (1) year from the granting of the Incomplete.

#### NOTES:

1. Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium.
2. Other CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are separately covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP). Please refer to SAFECLIP summary for details.

This summary of the policy terms is provided for information only. It does not convey any rights upon the insurance nor alter its condition for coverage. Please refer to the actual policy for full disclosure of the policy terms.



<i>Additional Insureds:</i>	Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.
<i>Coverage:</i>	A. General Liability B. Professional Liability C. Educator's Errors & Omissions Liability
<i>Cost:</i>	\$20.00 per student in Nursing, Allied Health, Social Work, or Education  This flat rate is non-refundable, and is not subject to a prorate premium return if student is enrolled for less than one year.
<i>Coverage Limits:</i>	\$2,000,000 each Loss \$4,000,000 Aggregate for all Covered Parties, and not per student.
<i>Member's Deductible:</i>	None
<i>Description:</i>	Covers General Liability and Professional Liability of CSU students enrolled in a Health Profession practicum, Social Welfare program, Social Work program, or Education Credential program of the CSU who are required by a host institution to obtain general liability and/or professional liability insurance for participation in the institution's affiliation program.
<i>Coverage Extensions:</i>	1. <b>Legal Representation:</b> defense cost included for covered claims. 2. <b>Personal Injury Liability:</b> protects up to the Coverage Limits against covered claims arising from charges of privacy violation, libel, slander, assault & battery, and other alleged personal injuries. 3. <b>School Grievance/ Academic Disciplinary Hearings:</b> reimburses for expenses incurred for defense of a school grievance or academic disciplinary hearing or proceeding; \$5,000 per proceeding; \$100,000 aggregate.

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*Coverage  
Extensions (cont'd):*

4. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$5,000 per incident; \$100,000 aggregate.
5. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$5,000 per incident; \$100,000 aggregate.
6. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$5,000 per incident; \$100,000 aggregate.
7. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$5,000 per defendant; \$100,000 aggregate.  
**Defendant Expense Benefit:** reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$5,000 per defendant; \$100,000 aggregate.

*No Exclusion for:* Sexual Harassment, Abuse or Molestation  
Corporal Punishment

*Claims/Incident  
Reporting:*

Enrolled Student shall immediately provide written notice of any incident which may result in a claim under this policy to:

Office of Systemwide Risk Management  
The California State University  
Office of the Chancellor  
401 Golden Shore Blvd., 5<sup>th</sup> Floor  
Long Beach, CA 90802-4210

Phone: 562-951-4580  
Fax: 562-951-4859

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**COVERED PROFESSIONS, including but not limited to:**  
**NURSING PROFESSIONS**

Case Manager  
Geriatric Nursing Assistant  
Nurses Aide - Facility Setting  
Nurses Aide - In-home Setting  
Nursing Assistant - Facility Setting  
Nursing Assistant - In-home Setting  
Home Health Aide  
LPN/LVN  
Nurse - Anesthetists  
Nurse - Midwives  
Registered Nurse

Nurse Practitioner:  
Geriatric/Adult/Family Planning-GYN  
OB-GYN/Acute Critical Care OB-GYN  
Pediatric/Neonatal/Family Practice/Acute Care  
Psychiatric

**ALLIED HEALTH PROFESSIONS**

Art Therapist  
Athletic Trainer  
Audiologist  
Blood Bank Technician  
Bio-Medical Technician  
Cardiographic Technician  
Cardiology Technician  
Case Manager  
Certified Laboratory Technician  
Certified Medical Assistant  
Certified Occupational Therapy Assistant  
Chiropractic Assistant  
Circulation Technician  
Clinical Laboratory Technician  
Community Health Assistant  
Community Health Technician  
Corrective Therapist  
Dance Therapist  
Dental Hygienist  
Diagnostic Medical Sonographer  
Dialysis Technician  
Dietitian  
EEG (Electroencephalogram) Technician  
EKG (Electrocardiogram) Technician

Electrologist  
EMT- Paramedic  
EMT- Basic/Intermediate  
EMT- Volunteer  
Enterostomal Therapist  
Exercise Physiologist  
Health Educator  
Histologic Technician  
Hospital Pharmacy Technician  
Kinesiologist/Kinesiotherapist  
Laboratory Aide  
Massage Therapist  
Medical Assistant  
Medical Laboratory Technician  
Medical Records Administrator  
Medical Records Technician  
Medical Technician  
Medical Technician Assistant  
Mental Retardation Worker  
Music Therapist  
Nuclear Medical Technician  
Nutritionist  
Occupational Therapist  
Occupational Therapist Assistant

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### ALLIED HEALTH PROFESSIONS (cont.)

Optometry Assistant/Technician	Rehabilitation Assistant
Orthopedic Assistant	Rehabilitation Therapist
Pedorthist	Respiratory Care Practitioner
Perfusionist	Respiratory Care Provider
Personal Trainer	Respiratory Therapist
Pharmacist	Respiratory Therapist Technician
Pharmacist Technician	Speech Hearing Therapist
Physical Therapist	Speech Language Pathologist
Physical Therapist Assistant	Sports Medicine Instructor
Physician Assistant Podiatric Assistant	Sports Medicine Therapist
Psychologist	Surgical Technician
Radiation Therapist	Vascular Technologists
Radiological Technician	X-Ray Machine Operator
Recreation Therapist	

### SOCIAL WORK / SOCIAL WELFARE PROFESSIONS

Alcohol/Drug Counselor	Licensed Professional Counselor
Bodywork Counselor	Life Coach Counselor
Career Counselor	Marriage/Family Counselor
Case Manager	Mental Health Counselor
Clinical Counselor	Pastoral Counselor
Counselor Educator	Psychological Counselor
Forensic Counselor	Rehabilitation Counselor
Genetic Counselor	Social Worker
Licensed Professional Clinical Counselor	

### EDUCATION / TEACHING PROFESSIONS

<u>School Administration:</u>	<u>Educational Instruction:</u>
Admittance	Career Guidance
Desegregation	Guidance Counseling
Enrollment	School Counselor
Expulsion	Student Consumerism
Extracurricular Activities	Teaching Assistants
Integration	

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## Grant Award Notification

### GRANTEE NAME AND ADDRESS

Gay Todd, Superintendent  
Marysville Joint Unified School District  
1919 B Street  
Marysville, CA 95901

### Attention

District Superintendent or School Administrator

### Program Office

Nutrition Services Division

### Telephone

530-749-6178

### Name of Grant Program

Fresh Fruit and Vegetable Program

GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date
	\$89,922.04		\$89,922.04	0	10-1-13	6-30-14
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency	
10.582	13-149687273-00	Fresh Fruit and Vegetable Program			USDA	

Dear Superintendent Todd:

I am pleased to inform you that you have been funded for the Fresh Fruit and Vegetable Program.

This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.

Please return the original, signed Grant Award Notification (AO-400) to:

Saucerae Gans, Analyst  
Nutrition Services Division  
California Department of Education  
1430 N Street, Suite 4503  
Sacramento, CA 95814-5901

### California Department of Education Contact

Saucerae Gans

### Job Title

Associate Governmental Program Analyst

### E-mail Address

SGans@cde.ca.gov

### Telephone

916-323-6775

### Signature of the State Superintendent of Public Instruction or Designee

Tom Tonnakson

### Date

August 6, 2013

### CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS

On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.

### Printed Name of Authorized Agent

Gay Todd

### Title

Superintendent

### E-mail Address

gtodd@mjustd.com

### Telephone

(530) 749-6102

### Signature

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### Date