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Superintendent of Schools
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2020-2021

Notice to Parents: Right to Review Teacher Qualifications

To: All Parents
From: Hillsborough County Public Schools
Date: August 31, 2020

As a parent of a student attending a Hillsborough County Public School, you have the right to know the professional qualifications of the teachers or paraprofessionals who instruct your child. Federal law allows you to ask for certain information about your child's teachers or paraprofessionals and requires us to give you this information in a timely manner if you ask for it. Specifically, you have the right to ask for the following information:

- Whether the Florida Department of Education has licensed or qualified the teacher for the grades and subjects he or she teaches.
- Whether the Florida Department of Education has decided that the teacher can teach in a classroom without being licensed or qualified under state regulations because of circumstances.
- The teacher's college of major; whether the teacher has any advanced degrees, if so, the subjects and degrees.
- Whether any teachers' aides or similar paraprofessionals provide services to your child and, if they do, their qualifications.
- The level of achievement of your child on each of the State academic assessments

If you would like to receive any of this information, please contact your child's school at (813) 671-5159. You may call the school between 8:00am-4:00pm, Monday through Friday, and ask to speak to the principal regarding this request. An appointment will be made for you to come to the school to view this information.

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2020-2021

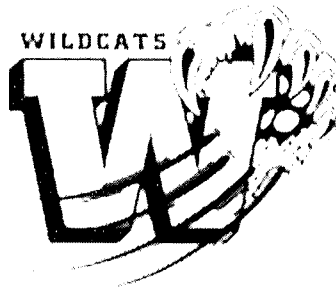
Aviso a los padres: Derecho de examinar la calificación profesional del maestro

A: Todos los padres
De: Distrito Escolar del Condado de Hillsborough
Fecha: 31 de Agosto 2020

Como padre/madre de un estudiante que asiste a una escuela pública en el Condado de Hillsborough, usted tiene el derecho de conocer la calificación profesional de los maestros o para-profesionales que enseñan a su niño. Las leyes federales le permiten obtener cierta información sobre los maestros o para-profesionales de su niño y requieren que nosotros le proveamos dicha información una vez solicitada. Específicamente, usted tiene derecho de solicitar la siguiente información:

- Si el Departamento de Educación de Florida ha certificado o calificado al maestro para los grados y materias que él o ella enseña.
- Si el Departamento de Educación de Florida ha decidido que el maestro puede enseñar en un salón de clases sin estar certificado o calificado bajo las regulaciones del estado debido a las circunstancias.
- Sobre la universidad donde el maestro asistió; si el maestro tiene un grado universitario avanzado y, si es así, las materias cursadas y los títulos obtenidos.
- Si algún asistente de maestro o para-profesional provee servicios a su niño y, si es así, cuál es su calificación profesional.
- El nivel de rendimiento académico obtenido por su niño en cada una de las pruebas académicas del estado

Si usted desea recibir esta información, por favor comuníquese con la escuela de su niño. Puede llamar a la escuela desde las 8:00 A.M. hasta las 4:00 P.M. de lunes a viernes, y solicitar hablar con el director sobre esta petición. Se le programará una cita para que visite la escuela y examine esta información.



2020-2021 Wimauma Elementary Parent Signature Document

Please initial each box and sign at the bottom as further indication that you understand each item.

<p>Student Handbook: I understand that the District Students Handbook is online. I understand that it contains district policies and information on Student Rights, responsibilities, Code of Conduct, Attendance Policy, Curriculum and General Policies & Procedures.</p> <p style="text-align: right;">Parent Initials _____</p>	<p>Lunch: Due to CDC Guidelines and social distancing, parents will not be able to have lunch with their child. Please know that this is for the safety of everyone on our campus:</p> <p style="text-align: right;">Parent Initials _____</p>
<p>Tardy Policy: I understand that school starts at 7:40 a.m. Any student not arriving by bus after 7:40 a.m. will be considered tardy if they are not in their classroom and MUST be signed in by a parent in the main office.</p> <p style="text-align: right;">Parent Initials _____</p>	<p>Breakfast: Breakfast is free for ALL students and begins at 7:10 a.m. There are four different carts stationed around the campus for students to get their breakfast and head straight class.</p> <p style="text-align: right;">Parent Initials _____</p>
<p>Photography/ Video Permission: I give permission for photographs and videos to be taken of my child for school use, yearbook, and newsletters.</p> <p style="text-align: right;">Parent Initials _____</p>	<p>Dismissal & Drop off Plan: I have reviewed how my child goes home in the afternoon and understand Wimauma's Dismissal Procedures. I understand that supervision begins at 7:10 a.m.</p> <p style="text-align: right;">Parent Initials _____</p>
<p>Monday Early Release: <u>Every Monday will be EARLY RELEASE for students. Dismissal will be at 12:55 p.m.</u></p> <p style="text-align: right;">Parent Initials _____</p>	<p>Birthdays: I understand that a small store-bought individual treat for the entire class at lunch is how birthdays can be celebrated, with prior teacher approval. Balloons, flowers, and extended family members are not allowed on campus</p> <p style="text-align: right;">Parent Initials _____</p>
<p>Early Sign Outs: I will try not to sign my child out of school early; in cases when I need to sign out my child, I will try to sign out my student by 1:15 p.m. T-F and by 12:15 p.m. on Monday.</p> <p style="text-align: right;">Parent Initials _____</p>	<p>Bus Conduct: I understand that riding the bus is a privilege. Students who behave in a manner that endangers the safety of others may not be allowed to continue riding the bus. I understand that all riders and their parents must treat the drivers with courtesy and respect</p> <p style="text-align: right;">Parent Initials _____</p>
<p>Dress Code: Wimauma Elementary will be a uniform school. Students may wear the polo shirts that have been chosen or spirit shirts. The same with the color of the pants or blue jeans. Shorts and skirts must be at</p>	<p>Phones, Toys, Games, Personal Items: I understand that toys, games, or other non-school related personal items are not to be brought to school. Cell phones or electronics, unless directed by a teacher for instruction, must be off and put away. I</p>

fingertip length or longer, secure shoes with a back must be worn. No hoodies over the head or hats inside. Flip flops/sandals may not be worn Parent Initials _____	understand that the school is not liable for the loss or damage of items at school Parent Initials _____
Student Planners: I understand that K-5 grade students will receive a Student Planner. My child is responsible for writing his/her daily assignments in the planner. The planner is will be used as a two-way communication tool. Parent Initials _____	It is my responsibility to look at it and sign the planner each day. The 1 st planner is covered by the school. If lost parent must pay the cost for the 2 nd one. Parent Initials _____

*For further information about our policies and procedures please visit our website
<http://wimauna.mysdhc.org>

Parent Signature Required Here:

My signature indicates that I have read and understand each of the school policies and procedures described above. It also indicates that I expect my child to follow these policies and that I work in a supportive and cooperative manner with school personnel.

Student Name: _____

Parent Name: _____

Homeroom Teacher: _____

Grade: _____

Date: _____

Parent Letter: Preventing the Spread of Communicable Diseases

Dear Parents:

We are asking you for your continued cooperation in assisting us to control the spread of communicable diseases. Our goal is to make our school a healthy, safe place for both students and staff. We will call you immediately if your child becomes ill during school hours. You are expected to arrange for your child to be picked up **AS QUICKLY AS POSSIBLE** after receiving our call. Our school clinic is not equipped or staffed to handle ill children for long periods of time.

Please inform us **IMMEDIATELY** if telephone numbers or other information on your child's emergency card changes. The information on this card is vital for the safety and well being of your child.

WE ASK YOU NOT TO SEND YOUR CHILD TO SCHOOL IF ANY SIGNS/SYMPTOMS LISTED BELOW ARE PRESENT:

1. Vomiting or diarrhea within past 24 hours
2. Fever within past 24 hours
3. Sore/red throat
4. Persistent coughing or sneezing
5. Red watery eyes
6. Rash
7. Earache, drainage from ear
8. Excessive mucus from nose (runny nose), particularly greenish-yellow mucus

Your child may return to school as soon as **ALL SIGN/SYMPTOM ARE GONE** or when your physician provides a **WRITTEN STATEMENT** indicating your child is ready to return.

If your child has a communicable disease, please call and tell us the nature of the illness and when we can expect his/her return to school.

Thank you for working with us.

Sincerely,



Carta a los padres: Prevención de la Propagación de Enfermedades Transmisibles

Queridos padres:

Le pedimos su cooperación continua para ayudarnos a controlar la propagación de enfermedades transmisibles. Nuestro objetivo es hacer de nuestra escuela un lugar saludable y seguro tanto para los estudiantes como para el personal. Lo llamaremos de inmediato si su hijo/a se enferma durante el horario escolar. Se espera que hagan los arreglos necesarios para que recojan a su hijo/a **TAN RÁPIDO COMO SEA POSIBLE** después de recibir nuestra llamada. Nuestra clínica escolar no está equipada ni cuenta con el personal necesario para atender a niños/as enfermos/as durante largos periodos de tiempo.

Infórmenos **INMEDIATAMENTE** si cambian los números de teléfono u otra información en la tarjeta de emergencia de su hijo/a. La información de esta tarjeta es vital para la seguridad y el bienestar de su hijo/a.

LE SOLICITAMOS QUE NO ENVÍE A SU HIJO/A A LA ESCUELA SI SE LE PRESENTA ALGÚN SIGNO / SÍNTOMA QUE SE ENCUENTRA A CONTINUACIÓN:

1. Vómitos o diarrea en las últimas 24 horas
2. Fiebre en las últimas 24 horas
3. Dolor de garganta / enrojecimiento
4. Tos o estornudos persistentes
5. Ojos llorosos rojos
6. Erupción
7. Dolor de oído, supuración del oído
8. Moco excesivo de la nariz (secreción nasal), especialmente moco de color amarillo verdoso

Su hijo/a puede regresar a la escuela tan pronto que **TODOS LOS SIGNOS / SÍNTOMAS SE HAYAN DESAPARECIDO** o cuando su médico proporcione una **DECLARACIÓN ESCRITA** que indique que su hijo/a está listo/a para regresar.

Si su hijo/a tiene una enfermedad contagiosa, llámenos y díganos la naturaleza de la enfermedad y cuándo podemos esperar su regreso a la escuela.

Gracias por trabajar con nosotros.

Sinceramente,



Raymond O. Shelton - Brano, M. Ed.

Dear HCPS Families,

As we anxiously await the return to school for our learners who selected brick and mortar, it is important to continue to share critical information with all stakeholders. As you can imagine, there are many questions regarding the return to school for any student or staff member who has tested positive for COVID-19 or who has been in close contact with someone who has tested positive for COVID-19. For your review, please see the charts below that contain relevant details for school-based incidents.

Positive COVID-19 Result for Employees or Students

Action	Self-Isolation
Time Duration	10 days
Start of Self-isolation -Symptomatic	Date symptoms first appeared
Start of Time -Asymptomatic	Date COVID-19 test administered
End of Self-isolation	At least 10 days have passed <i>and</i> If symptomatic, at least 24 hours have passed since fever without fever-reducing medication and other symptoms have improved

Employee or Student who has been in Close Contact with Positive COVID-19 Result

Action	Self-quarantine
Time Duration	14 days
Start of Self-quarantine	Date last exposed to positive COVID-19
End of Self-quarantine	After 14 days (if no symptoms have appeared)

We are asking all parents to monitor their children for symptoms each day before reporting to school. If your child is sick, or exhibiting symptoms, he or she should stay home. According to the Centers for Disease Control and Prevention (CDC), symptoms of COVID-19 are fever of 100.4 degrees or chills, shortness of breath, cough or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Please know that we will work with every learner regarding attendance protocols and how we will continue the instructional process.

If you have questions related to our district response to COVID-19, you may send an email to COVID@hcps.net, call our COVID hotline at 272-4788, or refer to our School Reopening Plan Frequently Asked Questions at hillsboroughschools.org.

Thank you for being an ongoing partner in our work.

Respectfully,

Addison Davis

Familias de HCPS:

Mientras esperamos ansiosamente el regreso a la escuela de nuestros alumnos que seleccionaron clases físicas, es importante continuar compartiendo información crítica con todas las partes interesadas. Como puede imaginar, hay muchas preguntas con respecto al regreso a la escuela para cualquier estudiante o miembro del personal que haya dado positivo por COVID-19 o que haya estado en contacto cercano con alguien que haya dado positivo por COVID-19. Para su revisión, consulte los cuadros a continuación que contienen detalles relevantes para los incidentes ocurridos en la escuela.

Resultado positivo de COVID-19 para empleados o estudiantes

Acción	Autoaislamiento
Duración de tiempo	10 días
Inicio del autoaislamiento -Sintomático	Fecha en que aparecieron los primeros síntomas
Inicio del tiempo: asintomático	Fecha en que se administró la prueba de COVID-19
Fin del autoaislamiento	Han pasado al menos 10 días y, si es sintomático, han pasado al menos 24 horas desde que la fiebre sin medicamentos para reducir la fiebre y otros síntomas han mejorado

Empleado o estudiante que ha estado en contacto cercano con un resultado positivo de COVID-19

Acción	Auto-Cuarentena
Duración	14 días
Inicio de la Auto-Cuarentena	Fecha de la última exposición al COVID-19 positivo
Fin de la Auto-Cuarentena	después de 14 días (si no han aparecido síntomas)

Les pedimos a todos los padres que monitoreen a sus hijos para detectar síntomas todos los días antes de ir a la escuela. Si su hijo está enfermo o presenta síntomas, debe quedarse en casa.

Según los Centros para el Control y la Prevención de Enfermedades (CDC), los síntomas de COVID-19 son fiebre de 100,4 grados o escalofríos, falta de aire, tos o dificultad para respirar, fatiga, dolores musculares o corporales, dolor de cabeza, nueva pérdida del gusto u olfato, dolor de garganta, congestión o secreción nasal, náuseas o vómitos y diarrea. Tenga en cuenta que trabajaremos con cada alumno con respecto a los protocolos de asistencia y cómo continuaremos el proceso de instrucción.

Si tiene preguntas relacionadas con la respuesta de nuestro distrito a COVID-19, puede enviar un correo electrónico a COVID@hcps.net, llamar a nuestra línea directa de COVID al 813-272-4788, o consultar las Preguntas frecuentes sobre el plan de reapertura escolar en hillsboroughschools.org.

Gracias por ser un socio continuo en nuestro trabajo.

Respetuosamente,

Addison Davis