



# Project L.E.A.D.

“Linking Education, Advocacy and Development”

## Site Supervisor Handbook

**Project L.E.A.D. - A Youth Initiative Program of the Riverside County Community Action Partnership**

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## **I. INTRODUCTION**

This Handbook defines the policies and procedures of Community Action Partnership of Riverside County (CAP Riverside) Project L.E.A.D. PROGRAM.

Project L.E.A.D. (Linking Education, Advocacy and Development), trains mentors/tutors also referred as Youth Coordinators to assist students enrolled in after-school programs at various schools in Riverside County and in Community Centers. Youth Coordinators provide cross-generational mentoring and tutoring through character development activities such as recreation, arts & crafts, music, computers and academic course work. Youth Coordinators receive a comprehensive pre-service orientation and on-going training. Project LEAD Youth Coordinators receive hourly pay and may be eligible to participate in the Community Action Partnership match savings incentive at the successful completion of the program term.

Project L.E.A.D. has the right to make changes, additions and deletions to the Handbook at any time without prior notice. School Site Supervisors will be notified in writing of any modifications to the Handbook.

## **II. SCHOOL SITE SUPERVISOR RESPONSIBILITIES**

School Site Supervisor are required to comply with the following requirements:

- Assign Youth Coordinator to tutoring, mentoring, and enrichment activities while on-site, and/or online/remote learning.
- Provide virtual platform link to Youth Coordinator to access online/remote learning as needed.
- Provide space, materials, and necessary equipment and supplies to accomplish activities assigned to members when on-site.
- Adhere to scheduling requirements as outlined in the Youth Coordinators Scheduling/Time logs section of the Handbook.
- Sign completed Youth Coordinator Time Logs according to work schedule (Attachment F).
- Submit feedback on the quarterly performance observation on each Youth Coordinator assigned to their site (Attachment F).
- Ensure that Youth Coordinators are not scheduled at the sites and/or online/remote learning on Community Action mandatory training/meeting days.
- School Site Supervisors have the authority to ask any member who is acting irresponsibly, using foul language, acting aggressively or angrily, or is being disrespectful and insubordinate, to leave the school site and/or online virtual remote learning platform. School Site Supervisors must contact Project L.E.A.D Program Manager and submit an incident report to Project L.E.A.D Program Manager.
- School Site Supervisors DO NOT have the authority to dismiss/terminate any Youth Coordinator of the Project L.E.A.D program.

## **III. SCHEDULING**

Youth Coordinators work schedule will follow RUSD or AUSD school year calendar. Youth Coordinators Time Logs (Attachment F) must be completed and signed by the Youth Coordinator and the School Site Supervisor. The Time Log will need to be submitted with Timesheet due dates.

Site Scheduling Requirement:

- A. Youth Coordinator must follow and comply with RUSD & AUSD COVID Safety Procedures to provide Project L.E.A.D. services on-site.
- B. Each Youth Coordinator shall be given scheduling opportunity to complete no less than 350 hours of direct service to after-school programs.
- C. Youth Coordinators may be required to serve more than 12 hours each week, though they are expected to perform a minimum of 12 hours per week.
- D. Youth Coordinators will be allowed to request approved personal days off without pay.
- E. Youth Coordinators shall not be scheduled on-site when training and/or meetings are provided by Community Action, unless arrangements have been made.

- F. Youth Coordinators are required to attend mandatory training and/or meetings as scheduled by Community Action Partnership.
- G. Youth Coordinators shall be scheduled for services only during the after-school program Monday through Friday, unless arrangements have been made.
- H. If Youth Coordinators are requested to assist for field trips or school staff meetings etc., this is NOT a mandatory workday. Prior approval must be provided by Community Action Project L.E.A.D. Program Manager.

The table below are additional unpaid holidays for Youth Coordinators:

January 1 <sup>st</sup>	New Year's Day
Third Monday in January	Martin Luther King Jr. Birthday
February 12 <sup>th</sup>	Lincoln' Birthday
Third Monday in February	Washington's Birthday
Last Monday in May	Memorial Day
July 4 <sup>th</sup>	Independence Day
First Monday in September	Labor Day
Second Monday in October	Columbus Day
November 11 <sup>th</sup>	Veteran's Day
Fourth Thursday in November	Thanksgiving
Friday Following Thanksgiving	
December 25 <sup>th</sup>	Christmas Day

To request a personal day off, Youth Coordinator must request written authorization from Project L.E.A.D Program Manager and also inform the school-Site Supervisor as far in advance as possible, giving at least 24-hour notice before the day requesting off. Personal days off should be reflected on the time logs.

#### Absence from Service

If a Youth Coordinator is unable to report to their service site or activity due to illness or any unforeseen situation, the Youth Coordinator must make every effort to contact the Project L.E.A.D Program Manager and the School Site Supervisor prior to their work scheduled start time so that the work can be redistributed. If illness lasts more than one day must call the program manager each day they are sick, unless specifically instructed otherwise. Such an instance not requiring the employee to call in every day would be pre-approved absence in response to a "doctors off work notice." Unauthorized, repetitive absences will not be tolerated and may result in an unsatisfactory performance evaluation or disciplinary action.

**NOTE:** Sick day(s) and absences must be reflected on time logs. Youth Coordinator must submit a time off request form when unable to report to her/his reporting work site or if he/she need to adjust their work schedule. The request to adjust work schedule must be submitted a minimum of **Two days before**.

#### Tardiness

Promptness is important! School Site Supervisors should be contacted before start time of any unforeseen circumstances which may cause the Youth Coordinator to arrive late. The same applies to all training sessions and events. A Youth Coordinator who is repeatedly tardy may face disciplinary action. **NOTE: Tardiness and absences must be reflected on time logs.**

#### Emergency Leave of Absence

In the case of extreme situations such as extended illness, family emergencies that require considerable time off, etc., Youth Coordinator will be allowed to take a leave of absence from the program. This requires written approval in advance from Project L.E.A.D Program Manager. The Project L.E.A.D program manager will inform the School Site Supervisor.

### Jury Duty

Serving on a jury is an important responsibility of citizenship. To strengthen the spirit of citizenship, Youth Coordinators are encouraged to serve jury duty. Youth Coordinator called for jury duty must present proof to the Project L.E.A.D Program Manager. Project L.E.A.D program manager will inform the School Site Supervisor prior to actual service.

### Voting Policy

Participation in the electoral process through voting is another key element of citizenship. Youth Coordinator who are unable to vote before or after service hours will be allowed to do so during their service time without incurring any penalties. The Project L.E.A.D Program Manager and Youth Coordinator will determine the length of absence.

## **IV. SERVICE-RELATED INJURIES**

Each Youth Coordinators is responsible for their personal safety while at Project L.E.A.D. activities and service sites. Youth Coordinators are responsible for ensuring that their Emergency Contact Form is current at all times. Youth Coordinators are required to report any unsafe service environment immediately to School Site Supervisor and Project L.E.A.D Program Manager.

If a service-related injury occurs, no matter how minor, the following measures should be taken:

1. Youth Coordinator should report the incident immediately to **BOTH** the Project L.E.A.D Program Manager and School Site Supervisor
2. If medical attention is *not required*, the Youth Coordinators should complete the Incident Report Form (Attachment D)
3. If medical treatment *is necessary, but not a life-threatening*, the Project L.E.A.D Program Manager and School Site Supervisor should assist the Youth Coordinator in contacting CAP Riverside Workers Compensation designated health care provider for medical attention

In the Event of a **Life Threatening Emergency**:

1. Project L.E.A.D Program Manager and/or Site Supervisor should assist in obtaining emergency assistance (Call 911, go to nearest emergency room, etc.) and in contacting the emergency contact.
2. When able to, the Youth Coordinator should notify Project L.E.A.D Program Manager regarding the status of the injury and assist in the completion of the Incident Report Form.
3. If continued medical treatment is required or if it is necessary to take a leave of absence from service, the Project L.E.A.D Program Manager will inform the school site supervisor.

## **V. YOUTH COORDINATOR RESPONSIBILITIES**

Project L.E.A.D. Youth Coordinator serve as an integral part of a multi-disciplinary service team in the after school program in one of five (5) RUSD middle schools, or one of four (4) AUSD middle schools providing the following services: one-to-one mentoring, academic tutoring, homework assistance, enrichment activities, and life-skills building through positive role modeling.

Project L.E.A.D. Youth Coordinators are required to comply with the following requirements:

- Complete Pre-Service Orientation training and on-going training.
- Youth Coordinator must follow and comply with RUSD & AUSD COVID Safety Procedures to provide Project L.E.A.D. services on-site and/or online/virtual.
- Encourage students to participate in activities and advocate for youth issues through civic engagement.
- Participate in mandatory Project L.E.A.D. and other project evaluation activities.
- Serve a minimum of 400 hours of service, which includes:
  - A maximum of 50 hours of training, which includes: orientation, educational trainings and other meetings, or other similar approved activities;

- 350 hours of on-site direct mentoring and academic tutoring services (must complete a minimum of 12 service hours per week); and
- Flexible/irregular hours of work including evenings and weekends may be necessary.
- Attend Project L.E.A.D. recognition event (s) – to celebrate the program’s accomplishments.
- Attend Project L.E.A.D. meetings service activities and be fully engaged.
- Arrive on time to meetings and to the assigned school site and be ready to serve (on-site and/or online/virtual).
- Wear the Project L.E.A.D. uniform that is clean, and neat (T-shirt and I.D. badge – be issued by CAP, See Dress Code, Section VI).
- Must have access to reliable transportation, including public transportation, to school-site and community-based work assignments.
- Have access to laptop/computer with Wi-Fi to provide virtual online tutoring/mentoring when after-school programs are required to be virtual.
- Receive satisfactory Quarterly Performance Observation (Attachment E). Project L.E.A.D. program manager and the school site supervisor will provide a written review of service performance on a minimum quarterly basis.
- Serve as a positive role model for each other, the program service sites, and the communities served.
- Comply with all Project L.E.A.D. policies and procedures.

### **Best Practices:**

- Maintain open and frequent communication with Project L.E.A.D program manager and school service site staff about off-site appointments.
- Must only use assigned RUSD & AUSD email address to connect to virtual platform.
- Follow and comply with RUSD & AUSD virtual learning platform housekeeping rules.
- Follow and comply with RUSD & AUSD virtual platform safety rules when online with students or logged in at any point of time.
- Keep on-site workspace neat and organized and help clean-up after activities.
- Maintain a pleasant and positive attitude.
- Do not allow interpersonal conflicts or personal problems interfere with work/ project service and / or team relationships.
- Inform the Project L.E.A.D Program Manager about any problems encountered in the field or in public.
- Publicize CAP Riverside services during community activities and/or events
- Do not criticize Project L.E.A.D., service site staff, policies or activities, students, parents, community or fellow team members, while at service sites, in the office and/or in public.
- Do not ask for “favors” and loans from fellow team “Youth Coordinator”, site staff. It is never appropriate to ask for favors or to borrow money or property at the service site and/or coworkers.
- Do not bring guests or children to Project L.E.A.D. service sites or activities.
- Cell phones, iPods turned off during tutoring and while supervising the children

### **UNIFORM POLICY/DRESS CODE**

Youth Coordinators must adhere to the following policies while at Project L.E.A.D. service sites and/or activities:

- Wear Project L.E.A.D. issued identification badge and uniform (T-shirt) at all times.
- Wear appropriate clothing and shoes. Open-toed shoes are not permitted during service projects/activities.
- Clothing must be clean and mended if torn.
- Cannot wear clothing that is considered “gang attire”. This includes but is not limited to, gang-style writing on clothing, tags and other indications of gang affiliation.
- Cannot wear bandanna or rags on head.
- Cannot dress in all one color, i.e. all red, all blue, etc.)
- Cannot wear sunglasses indoors.

- Cannot wear sexually provocative clothing including skirts or shorts more than 3 inches above the knees, low-cut or sleeveless tops, and exposed midriffs.
- Cannot wear any words, symbols or pictures that portray, suggest, or represent violence, alcohol, tobacco, and other drugs or promote negative images based upon gender, religion, sexual preference, age, creed, or political beliefs.
- Ensure all visible tattoos are covered at all times.

Any Youth Coordinator who reports to a Project L.E.A.D. service site or activity wearing inappropriate clothing should be sent home to change. The Youth Coordinator cannot start counting service hours until he/she returns to the site in proper attire. Any questions regarding expectations for attire should be addressed with the Project L.E.A.D Program Manager.

## **CODE OF CONDUCT WHEN WORKING WITH OR NEAR CHILDREN**

- A Youth Coordinator is prohibited from being alone with a child at any time; as Youth Coordinator supervise children/youth, they should space themselves in a way that other Youth Coordinator, staff, or Youth Coordinator can always see them.
- Youth Coordinator shall never leave a child unsupervised.
- Restroom supervision: Youth Coordinator shall make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Youth Coordinators Must follow school site restroom policy.
- Any type of abuse will not be tolerated and will be cause for immediate dismissal and could be subject to criminal investigation.
- Youth Coordinator must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism.
- Youth Coordinator should possess age-appropriate expectations and create guidelines and environments that minimize the need for discipline.
- Physical restraint should only be used in predetermined situations (necessary to protect the child or other children from harm), is only to be administered in a prescribed manner, and must be documented in writing.
- Respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture, ability, etc.
- Respect children's right not to be touched in ways that make them feel uncomfortable, and their right to say no.
- Shall refrain from intimate displays of affection toward others in the presence of children, parents, and other Members.
- Smoking or use of tobacco products in the presence of children or parents during service hours or during project activities is prohibited.
- Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.
- Youth Coordinators shall portray as positive role models for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
- Fraternization outside of the program between Youth Coordinator, student participants and Project L.E.A.D. staff is strongly discouraged. If a Youth Coordinator wishes to fraternize due to a family relationship or long-standing friendship, such fraternization should be disclosed to the Project L.E.A.D Program Manager and School Site Supervisor. Furthermore, it should not take place without the presence of another adult. Written approval of such fraternization must be obtained from the Project L.E.A.D Program Manager.
- Youth Coordinator shall not transport children in their own vehicles.
- Immediately report any suspected cases of child abuse to the Project L.E.A.D Program Manager and School Site Supervisor.



## **PROHIBITED ACTIVITIES**

The following are examples of conduct which may result in disciplinary action up to and including release from service:

- Failure to notify a supervisor when unable to report for service activities;
- Unexcused absences or tardiness;
- Failure to follow directions, policies or procedures;
- Failure to adequately perform assigned service duties;
- Theft or careless use resulting in damage of program or service site property;
- Use of abusive or profane language;
- Insubordination;
- Inappropriate behavior or dress;
- Lying or dishonesty;
- Breach of confidentiality.

## **VI. DRUG FREE POLICY**

It is the policy of Project L.E.A.D. and CAP Riverside that workplaces as well as all service sites are Drug Free. The presence of drugs, alcohol, controlled substances and/or medication without a prescription, while at program service sites and activities are prohibited. While use of medically prescribed medications and drugs is not perceived a violation of this policy, failure by the Youth Coordinators to notify the Program Manager/Coordinator and Site Supervisor, before beginning work, when taking medications or drugs which could foresee ably interfere with the safe and effective performance of duties or operation of equipment can result in disciplinary action, up to and including termination. In the event there is a question regarding a Youth Coordinator ability to safely and effectively perform assigned duties while using such medications or drugs, clearance from a qualified physician may be required.

The program reserves the right to search, without Youth Coordinators consent, all areas and property in which Project L.E.A.D. maintains control or joint control with the Youth Coordinators or the service site. The Program may notify the appropriate law enforcement agency that a Youth Coordinator may have illegal drugs in his or her possession. No program staff or representative shall physically search a Youth Coordinator's or their personal possessions without the freely given consent of and in the presence of the Youth Coordinator.

If a Youth Coordinator is reasonably believed to be under the influence of alcohol or drugs shall be prevented from engaging in further service and may be detained for a reasonable time until he or she can be safely transported from the service site.

## **VII. SEXUAL HARRASSMENT POLICY**

Sexual harassment is an unlawful practice prohibited by both federal and state law. All Project L.E.A.D. Youth Coordinators must be allowed to serve in an environment free from unsolicited and unwelcomed sexual behavior or overtures. This has become part of the interpretation of Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination based on gender.

The Equal Employment Opportunity Commission Guidelines define sexual harassment as:

“Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- ◆ Submission to such conduct is made either explicitly or implicitly a term or condition of; Youth Coordinator or,
- ◆ Submission to or reflection of such conduct by an individual is used as the basis for decisions affecting such individual; or
- ◆ Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile or offensive environment.”

It is the policy of Project L.E.A.D. that sexual harassment is unacceptable behavior and it will not be condoned or tolerated. Individuals and sites that violate this policy will be subject to disciplinary action

up to and including termination of their term of service and/or termination of right to participate in the Program. Program Manager/Coordinator and Site Supervisors are directly responsible for preventing sexual harassment from occurring by taking appropriate action.

## **Program Forms**

- |                   |   |
|-------------------|---|
| 1. Attachment A   | Youth Coordinator Training Checklist: On-Site Mentoring/Tutoring Training & Shadowing |
| 2. Attachment B   | Project L.E.A.D. Quarterly Performance Observation Form                               |
| 3. Attachment C   | Project L.E.A.D. Training Referral Form   |
| 4. Attachment D   | Project L.E.A.D. Incident Report Form   |
| 5. Attachment E   | Project L.E.A.D. Disciplinary Action Report Form                                      |
| 6. Attachment F   | Project L.E.A.D. Youth Coordinators Time Log  |
| 7. Attachment F-1 | TAP Timesheet   |

## PROJECT L.E.A.D. YOUTH COORDINATOR TRAINING CHECKLIST ON SITE MENTORING/TUTORING TRAINING & SHADOWING

*(Conducted by partner agency on Youth Coordinator's first day)*

Youth Coordinator Name: \_\_\_\_\_

Name of the site: \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ CA, ZIP \_\_\_\_\_

Name of Training (s): \_\_\_\_\_  
\_\_\_\_\_

School Site Name: \_\_\_\_\_

Name of Staff Conducting Training: \_\_\_\_\_  
(Check One) ☐ Teacher ☐ Site Supervisor ☐ Certify Trainer ☐ Other

Date: \_\_\_\_\_ Training Start Time: \_\_\_\_\_ Training End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Training Start Time: \_\_\_\_\_ Training End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Training Start Time: \_\_\_\_\_ Training End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Training Start Time: \_\_\_\_\_ Training End Time: \_\_\_\_\_

Total Number of Minutes/Hours: \_\_\_\_\_

**PLEASE NOTE: Project LEAD/Youth Coordinators must complete 16 hours of on-site training/shadowing before assigning the youth coordinator to work directly with students. Trainer and Trainee must initial all areas on this check-list after the trainings have been completed\*\***

Staff Member Conducting Training: (Check One) ☐ Teacher ☐ Site Supervisor  
☐ Certify Trainer ☐ Other

**Site Introduction****Initials: Youth Coordinator****Trainer**

Campus Tour – Office/MPR/Bathrooms

Introduce to ASP Staff

Introduce to Site Staff (as available)

Give trainee micro tour of areas

Keys &amp; supplies

Storage and classrooms

Radios and technology (if needed)

Other Afterschool Time Areas

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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Staff Member Conducting Training: \_\_\_\_\_  
(Check One) ☐ Teacher ☐ Site Supervisor ☐ Certify Trainer ☐ Other

**Discipline Protocol****Initial: Youth Coordinator****Trainer**

Progressive Discipline Protocol for Site

Classroom Discipline first

Explain TSA/Facilitator discipline protocol

Exceptions

Bullying

Sexual Harassment

Discipline specific paperwork

Behavior Warnings

Exclusions

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Daily Routines:****Initial: Youth Coordinator****Trainer**

Re-Introduction of Site Supervisor

Overview of coordinator duties

Overview of coordinator resources provided

**Shadow Site Supervisor through:**

Tutorial Homework

Enrichment

Overview/Review of individual staff procedures

Daily set-up/clean-up

Discuss professionalism in detail

**Student/staff contact and interaction:**

Identify (3) teachable moments

Common mistakes and/or

Site specific issues and/or

Past incidents

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Staff Member Conducting Training: \_\_\_\_\_

(Check One)

☐ Teacher☐ Site Supervisor☐ Certify Trainer☐ Other**Classroom Shadowing****Initial: Youth Coordinator****Trainer**

LEAD Member will shadow staff member.

Staff member demonstrates and explains:

Staff member models daily routine

Classroom Documentation

Picking up a class

Keeping order during transition

Snack duty

Student injury protocol

Tutorial

Student monitoring and engagement

Homework

Enrichment

Check out Completed

Classroom management

Clean up

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**PROJECT LEAD YOUTH COORDINATOR TRAINING CHECKLIST  
ON SITE MENTORING/TUTORING TRAINING & SHADOWING**

**COMPLETION AND ABILITY STATEMENT**

Discuss: Any final review items

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Any other site specific details

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Address any questions \_\_\_\_\_

Other \_\_\_\_\_

Staff Member Conducting Training (Check One) ☐ Teacher ☐ Site Supervisor ☐ Certify  
Trainer ☐ Other:

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I have covered in detail everything on this form and am confident in the ability of youth coordinator/ Project LEAD member.

Trainers Signature: \_\_\_\_\_

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

Project LEAD/Youth Coordinator: I have covered in detail everything on this form and I fully understand my responsibilities.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Project L.E.A.D. Youth Coordinator Quarterly Performance Observation

**Instructions:** Top portion to be completed by Program Manager then forwarded to Site Supervisor for completion of lower portion.

**Youth Coordinator Name:** \_\_\_\_\_

1. Is Member on schedule with hours of service: Yes \_\_\_\_\_ No \_\_\_\_\_

YTD Direct \_\_\_\_\_ YTD Training \_\_\_\_\_

2. Has Member attended all required meetings?

# of meetings held YTD \_\_\_\_\_ # of meetings Member attended YTD \_\_\_\_\_

3. Is Member in compliance with the Member Handbook requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, explain: \_\_\_\_\_

**Instructions:** Bottom portion to be completed by Site Supervisor, return to CAP Program Manager. CAP Program Manager will review with Youth Coordinator and both will sign.

	Needs Improvement	Satisfactory	Exceeds
Dependable (regular attendance and on time to service, service activities, meetings, etc.)			
Flexible (able to adjust to change)			
Ability to work independently			
Ability to work with youth			
Ability to plan/coordinate/supervise group activities			
Ability to work in a team and help build team relationships			
Sets goals/plans for service activities			



1.) List 2 – 3 accomplishments Youth Coordinator has made:

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2.) List areas of improvement: (Leave blank if not applicable.)

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3.) Recommendations for growth and/or improvement:

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4.) Additional training needed:

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Feedback provided by \_\_\_\_\_ Date \_\_\_\_\_  
(Site Supervisor Print Name)

Overall Performance: Needs Improvement \_\_\_\_\_ Satisfactory \_\_\_\_\_ Exceeds \_\_\_\_\_

\_\_\_\_\_  
Youth Coordinator Print Name

\_\_\_\_\_  
Youth Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAP Program Manager Print Name

\_\_\_\_\_  
CAP Program Manager Signature

\_\_\_\_\_  
Date



## **Project L.E.A.D Training Referral Form**

*(Approval by CAP's Youth Program Manager is Required Before Taking the Training)*

Participant's Name \_\_\_\_\_ Training Time \_\_\_\_:\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Training Title \_\_\_\_\_

Training Date \_\_\_\_\_ Training Location \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Workshop Instructor's Signature \_\_\_\_\_

1). Briefly describe the workshop format (did the instructor speak the entire time, or were there activities or exercises to complete):


2). Briefly explain what you learned from this workshop, and how this information will help you achieve your goals in the Project L.E.A.D. program:


3). Overall, what is your impression of this training? Would you recommend it to a colleague?


4). Other Comments:


In order to receive credit for attending the training listed above, Project L.E.A.D Youth Coordinators are responsible for returning completed Training Referral Forms Attention to: Youth Programs Manager, Community Action Partnership, 2038 Iowa Avenue, Ste. B102, Riverside, CA 92507. For any questions, please contact Lilly M. Cardoza at (951) 955-1197.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Programs Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

For Youth Programs Staff Only:  
Training requirement designation: Mandatory \_\_\_\_\_



**Project L.E.A.D.**  
( *Linking Education, Advocacy and Development* )  
**INCIDENT REPORT FORM**

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident (Site, address, city):**

\_\_\_\_\_

**Description of Incident (Attach additional page(s) if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did Incident result in Injury (If yes, describe in detail):**

\_\_\_\_\_

\_\_\_\_\_

**Witness to Incident: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_ **Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Youth Coordinator Name (Print)

\_\_\_\_\_  
Youth Coordinator Signature

\_\_\_\_\_  
Date

**Form Completed by:** \_\_\_\_\_

**Signature (Project L.E.A.D Program Manager)** \_\_\_\_\_

\_\_\_\_\_  
Date

**Community Action Partnership of Riverside  
County  
Project L.E.A.D.  
Disciplinary Action Report Form**

**Youth Coordinator Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of Incident (Include date(s) and attach separate sheet(s) if necessary):**

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**Action Taken:**

**Verbal Warning:** \_\_\_\_\_

**Administered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Written Warning / Reprimand:** \_\_\_\_\_

**Administered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Suspension** \_\_\_\_\_ **Term of Suspension:** \_\_\_\_\_ **to** \_\_\_\_\_

**Administered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release for Cause:** \_\_\_\_\_

**Administered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Coordinator to Read and Sign:**

I have read and understand the Disciplinary Action Report issued to me. I understand that this report could affect my status as a Youth Coordinator of the Project L.E.A.D. and could also negatively impact the decision to recommend me for the Match Saving Incentive at the end of my term of service and future terms of service.

\_\_\_\_\_  
Youth Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAP's Program Manager


\_\_\_\_\_  
Date

**Project L.E.A.D. Youth Coordinator Time Log****Youth Coordinator and the Site Supervisor's or authorized substitute must sign Time Log**

Month/Year: _____ Name of Tutoring Site: <a href="#">Click here to enter text.</a>										Beginning Period (Thursday)									
Member Name: <a href="#">Click here to enter text.</a>										Ending Period (Wednesday)									
Hours Worked	Thursday		Friday		Saturday		Sunday		Monday		Tuesday		Wednesday		Type of Training	Total Direct Hours	Total Training Hours		
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out					
Direct Service week 1															<a href="#">Click here to enter text.</a>		X		
Training week 1															<a href="#">Click here to enter text.</a>	X			
Direct Service week 2															<a href="#">Click here to enter text.</a>		X		
Training week 2															<a href="#">Click here to enter text.</a>	X			
<b>TOTAL DAILY HOURS:</b>																			

Time Log Hours **MUST** Match Time Sheet Hours: Enter Total Hours Submitted on Time Sheet Here: [Click here to enter text.](#)**Absence:** Youth Coordinators are allowed a total of 3 personal days.**Tardy:** Youth Coordinators are allowed a total of 3 excused tardiness.**Date(s) of Absence/Tardy (Week 1):** \_\_\_\_\_ ☐ excused ☐ unexcused**Date(s) of Absence/Tardy (Week 2):** \_\_\_\_\_ ☐ excused ☐ unexcusedReason: [Click here to enter text.](#)Reason: [Click here to enter text.](#)

Youth Coordinator Signature:		Date:	
Site Supervisor Signature:		Date:	
Program Manager Signature:		Date:	
<b>1.</b> Fill In and Out form daily <b>2.</b> Fill out "Beginning Period" and "Ending Period" dates. Service begins on Thursday of each week ending the following Wednesday.		<b>3.</b> Use or refer to Timesheet Time Table <b>4.</b> Keep track of absences and all tardiness. <b>5.</b> <u>Sign</u> and <u>date</u> your time log.	
		<b>6. Have your Site Supervisor sign and date your time log.</b> <b>7.</b> Give your signed time log to your CAP Supervisor. Due on Monday of pay week. You are responsible for sending your time log to your Supervisor. <b>8.</b> Keep a copy for your records.	

PLEASE SUBMIT TIMESHEET TO YOUR DEPARTMENT TIMEKEEPER						Human Resources/TAP 3450 14th St. Riverside, CA 92501 (951) 955 - 1112					
EMPLOYEE NAME(required)						EMPLOYEE NUMBER(6 digits required)					
PAY PERIOD NUMBER 20											
DATES COVERED 08/29/19 - 09/11/19						DEPARTMENT NAME/WORK NUMBER CAP PROJECT L.E.A.D					
Day	Date	HOURS WORKED	Sick Hours	OVT HOURS	SHIFT DIFFERENTIALS Z01      Z02		COMMENTS	TAP OFFICE USE ONLY		TIME TABLE	
Thursday	8/29/2019									1-6 MIN= 0.1	
Friday	8/30/2019									7-12 MIN=0.2	
Saturday	8/31/2019									13-18 MIN=0.3	
Sunday	9/1/2019									19-24 MIN = 0.4	
Monday	9/2/2019									25-30 MIN = 0.5	
Tuesday	9/3/2019									31-36 MIN= 0.6	
Wednesday	9/4/2019									37-42 MIN= 0.7	
Thursday	9/5/2019									43-48 MIN= 0.8	
Friday	9/6/2019									49-54 MIN= 0.9	
Saturday	9/7/2019									55-60 MIN= 1.0	
Sunday	9/8/2019										
Monday	9/9/2019										
Tuesday	9/10/2019										
Wednesday	9/11/2019										
TOTALS		HOURS WORKED	SCKT	OVT HRS	<b>TAP employees are eligible for the following differentials only:</b> <b>**Shift differential Z01 = hours worked from 6pm till 11pm or if starting after 1pm differential pay starts at 3pm till 11pm</b>  <b>**Shift differential Z02 = any hours worked between 11pm and 7am</b>						
<b>TAP OFFICE USE ONLY</b>											
REG	XOT	OVT	Z01	Z02							
I certify the above hours are accurate. EMPLOYEE'S SIGNATURE				DATE		I approve the hours/shift worked. SUPERVISOR'S SIGNATURE DATE			SUPERVISOR'S PHONE NUMBER		

DID YOU REMEMBER TO INCLUDE YOUR NAME AND EMPLOYEE NUMBER???

**IMPORTANT MESSAGE:**