

EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS. THESE FORMS ARE TO BE USED TO PROVIDE NOTICE THAT A VACANCY EXISTS, A SAMPLE NEWSPAPER ADVERTISEMENT, THAT A VACANCY HAS BEEN FILLED, AND THAT A MEMBER IS APPOINTED.

FINANCIAL IMPLICATIONS: COST OF ADVERTISEMENT AND NOTICES

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

Date: _____

To Whom it May Concern:

A vacancy exists on the _____ Board of Education, as of _____¹ in the seat [Division # _____ (*for county school systems*) or the District at large (*for independent school systems*)] formerly held by _____. The unexpired term for this seat is set to end on _____. The Board will proceed to appoint an individual to fill this seat for the unexpired term pursuant to KRS 160.190 and Board Policy 01.3.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

REFERENCE:

¹OAG 81-316

Formatted: Centered, Space After: 12 pt

Formatted: Superscript

Formatted: Space After: 12 pt

Formatted: Indent: Left: 0", Hanging: 0.5"

Formatted: Reference, Space After: 0 pt

Formatted: Not Superscript/ Subscript

Board Vacancy Forms**SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY****NOTICE OF VACANT****BOARD OF EDUCATION SEAT**

The _____ Board of Education ("Board") is seeking applications for appointment to fill a vacancy on the Board representing seat [Division # _____ (*for county school systems*) or the District at large (*for independent school systems*)]. This appointment will be effective until the November _____ regular election (use if the next November regular election is scheduled more than one [1] year prior to end of the remaining term) or the end of the term in _____ (use if the next November regular election is scheduled one [1] year or less prior to end of remaining term).

Responsibilities include: setting policy to govern the District; hiring/evaluating the Superintendent; and levying taxes and adopting the District budget. Board members must:

- Be at least 24 years old and a Kentucky citizen for the last three years;
- Be a registered voter in the particular District of the vacancy;
- Have completed the 12th grade or have a GED certificate;
- Meet all other legal qualifications (KRS 160.180); and
- Complete required annual in-service training.

Applications are available at _____ or online at _____.
Mail applications to: Superintendent, ATTN: Board Vacancy,
_____, KY _____.

Formatted: sideheading, Centered, Space After: 12 pt

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: sideheading, Centered

Formatted: Justified, Space After: 6 pt

Formatted: List Paragraph, Justified, Space After: 6 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Space After: 6 pt, Add space between paragraphs of the same style, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: List Paragraph, Justified, Space After: 6 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Justified, Space Before: 6 pt, After: 6 pt

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT VACANCY HAS BEEN FILLED BY THE BOARD:

Formatted: Centered, Space After: 12 pt

Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed _____ to fill the vacancy created on _____ in the seat [Division # _____ (for county school systems) or the District at large (for independent school systems)] formerly held by _____.

The appointment is effective immediately. _____'s address is _____.

The term for this appointment will end on _____.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms**FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:**

Date: _____

Mr./Ms. _____

_____, KY

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed you to fill the vacancy created on _____ in the seat [Division # _____ (for county school systems) or the District at large (for independent school systems) formerly held by _____. The appointment is effective immediately. Upon being duly sworn in, you may assume the duties of the office.

The term of this appointment is set to end _____. Pursuant to KRS 160.190, this seat will be open to election in the November _____ general election. The _____ County Clerk should be consulted for election and candidacy filing information regarding this seat.

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 1:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, per 701 KAR 8:020, local Board members are required to complete twelve (12) hours of in-service training annually in their capacity as charter school authorizers. This requirement is separate from, and in addition to, the training required by KRS 160.180, but certain hours may count towards both requirements. Depending on the date of appointment, special provisions may apply.

The Kentucky School Boards Association (KSBA) provides local Board member in-service training, and maintains the legal records relating to required Board member training completion. KSBA makes efforts to offer training courses that will meet legal requirements for both general training and charter authorizer training. KSBA will contact you soon to begin scheduling training for the current calendar year. You may contact KSBA by calling 1-800-372-2962.

Sincerely,

Superintendent/Board Secretarycc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk_____
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601_____
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Formatted: Centered, Space After: 12 pt

Formatted: Space After: 4 pt

Formatted: Reference, Left

Formatted: Space After: 4 pt

RELATED PROCEDURE:

01.3 AP.21

Board Vacancy Forms

Formatted: sideheading, Space After: 0 pt

EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS.
FINANCIAL IMPLICATIONS: COST OF ADVERTISEMENT

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.21

Application for Board Vacancy

Name of School District:

[Division # _____ (for county school systems) or the District at large (for independent school systems)]

Name: _____ Birthdate: _____
Last First MI

Address: _____
Street or Box # State Zip Code

Telephone: _____
Business Home Cell

Email Address: _____

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No

2. Are you registered to vote in the Division (in the case of a county school District) or District (in the case of an independent school District) you wish to serve? ☐ Yes ☐ No

3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No

If yes, please identify. _____

4. Does the city or county Board where you reside presently employ you? ☐ Yes ☐ No

5. Do you have any relatives employed by the District? ☐ Yes ☐ No

If yes, please indicate their relationship to you:

☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother

☐ Other _____

6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No

If so, which District _____ and when _____?

7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No

If yes, please identify. _____

8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No

If yes, please identify. _____

9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No

If yes, please describe. _____

Formatted: Normal, Justified, Space After: 6 pt, Tab stops: 2.79", Left + Not at 3.79"

Formatted: Space After: 0 pt

Formatted: Space After: 0 pt

Formatted: Space After: 0 pt

Formatted: Space After: 6 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Indent: Left: 0", Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5", Font Alignment: Auto

Formatted: Indent: Left: 0.25", No bullets or numbering

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Indent: Left: 0.25", No bullets or numbering

Formatted: Indent: Hanging: 0.25", Font Alignment: Auto

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Formatted: Font: 11 pt

Application for Board Vacancy

10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No

If yes, please describe.

Formatted: Font: 11 pt

Formatted: Font: 11 pt

11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No

If yes, please describe.

Formatted: Font: 11 pt

Formatted: Font: 11 pt

12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District?

☐ Yes ☐ No

Formatted: Space After: 0 pt, Font Alignment: Auto

Formatted: Font: 11 pt

13. Have you completed at least the twelfth (12th) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No

Formatted: Font: 11 pt

Formatted: Superscript

14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE SCHOOL

1 2 3 4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

Note: Application must include a transcript evidencing completion of the twelfth (12th) grade, or, if appropriate, the results of a twelfth (12th) grade equivalency examination. A diploma is not acceptable.

Formatted: Font: 10 pt, Superscript

Formatted: Font: 10 pt, Superscript

High School Attended

Address

Dates Attended/Graduated

Formatted: Space After: 0 pt

Formatted: Space After: 12 pt

College/University Attended

Address

Dates Attended/Degree

Formatted: Space After: 12 pt

Graduate Schools Attended

Address

Dates Attended/Degree

15. List schools or school related activities in which you are currently involved or with which you have had previous involvement:

16. Work Experience (Please provide employment history and attach current resume.)

a.

Current Employer

Address

Date of Employment

Duties

Formatted: Space After: 0 pt, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5", Font Alignment: Auto

Formatted: Indent: Left: 0.5", Space After: 6 pt, No bullets or numbering, Tab stops: 4.5", Left + Not at 2.75"

Formatted: Space After: 0 pt

b.

Previous Employer

Address

Date of Employment

Duties

c.

Previous Employer

Address

Date of Employment

Duties

Application for Board Vacancy

17. Please describe why you are interested in serving on the local Board of Education:

Formatted: Space After: 12 pt

18. Please describe the benefits that you believe strong public schools bring to a community:

Application for Board Vacancy

19. Please describe one (1) goal or objective that you think the local Board of Education should seek to complete in the next four (4) years:

Note: Board members must complete annual in-service training as required by law.

Signature: _____ Date: _____

Formatted: Indent: Left: -0.06", Hanging: 0.31", Space After: 6 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 19 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5", Font Alignment: Auto

Application for Board Vacancy
COUNTY CLERK'S CERTIFICATION

RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT

COUNTY CLERK: Please complete this form as it applies to the legal residence status of the applicant for school board appointment.

_____ who resides at _____
Name Address
is a resident and registered voter in _____ School District
[Division # _____ (for county school systems) or the District at large (for independent school systems).]

Certified by: _____

_____ County Clerk's Office Date: _____

NOTE: This form must be completed by the County Clerk and returned to Central Office along with the other four (4) pages of the application.

Related Procedure:

[01.3 AP.2](#)

Formatted: Space After: 0 pt

Formatted: Centered, Space After: 6 pt

Formatted: Space After: 12 pt

Formatted: Justified, Space After: 12 pt

Formatted: Space After: 0 pt

Formatted: Space After: 12 pt

Formatted: Font: 11 pt

Formatted: Space After: 12 pt, Tab stops: 0.63", Left + Not at 3.79"

Formatted: Space After: 12 pt

Formatted: sideheading, Tab stops: Not at 4.56"

EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

PUBLIC ACCESS

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office and of each school building, as appropriate.

Records exempted from public access include:

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Preliminary drafts and recommendations.
6. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.
7. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
8. Emergency plan and diagram of a school.

Records Requested From:

Records Custodian: _____

District Name: _____

District Address: _____

Records Requested By:

Name (**MUST BE PRINTED**): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

Signature of Person Requesting Record(s)

Month/Day/Year

Please attach requests made by letter, [email](#), or FAX to this form.

Request to Examine and/or Copy District Records

Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

Formatted: ksba bold

Formatted: ksba bold, Font: Not All caps

NOTE: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.

For Office Use Only

Records Request received by _____	Date _____
Records Request referred to (if applicable) _____	Date _____
Records Request complied with by _____	Date _____

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS.
FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.11 AP.21

- CERTIFIED PERSONNEL -

Job Vacancy Notice

POSTING FORM

TODAY'S DATE: _____ SCHOOL/DEPARTMENT: _____

POSITION: _____ PLEASE SELECT ONE: ☐ CERTIFIED ☐ CLASSIFIED

SCHOOL/DEPARTMENT: _____

FOR CO-CURRICULAR OR SUPPLEMENTAL VACANCIES ONLY: co-curricular or supplemental salary: _____

PROVIDE THE FOLLOWING INFORMATION FOR ALL VACANCIES:

Hours per day*: _____ Days per year: _____ Extended days: _____ Position Control # _____

Is this a new position? ☐ Yes ☐ No If yes, date Board established the position: _____

If no, name of employee who previously held this position: _____

Will this position be re-posted at the close of the current school year? ☐ Yes ☐ No

EFFECTIVE DATE: _____

QUALIFICATIONS: _____

RESPONSIBILITIES: _____

FUNDING*: ☐ SBDM ALLOCATION ☐ TITLE ONE ☐ SECTION 7 ☐ IDEA ☐ OTHER

If other is checked, please explain funding source: _____

ADDITIONAL INFORMATION: _____

* Examples: SBDM Allocation 1.0; or Section 7 (.5) Title One (.5)

This form must be signed by a supervisor. Forms that are not completed in full will be returned, therefore delaying the posting process.

Principal Signature

Signature of authorizing supervisor

Date of authorization

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, ~~or~~ genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

Formatted: Font: Bold

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.11 AP.25

Request for Employment/Transfer for Certified Employees

Title of Position _____

Location _____

Is this a new position? ☐ Yes ☐ No

If yes, has it been approved by the Board? ☐ Yes ☐ No

Is this a replacement position? ☐ Yes ☐ No

If yes, please state the name of the person who previously held the position. _____

Is this a transfer? ☐ Yes ☐ No

If yes, please state the name of the employee who is voluntarily transferring. _____

If this is an involuntary transfer, please state the reason(s) why.

Employee's Name _____

Effective Employment Date (no employee may begin without the Superintendent's signature on this form) _____

Will the employee be ☐ Full-Time ☐ Part-time (less than 0.7)

Number tenths _____

Rank _____

Number of years experience _____

Funding source (ex. Title I, SEEK, General Fund, etc.) _____

Area(s) of certification _____

Supplement/extended days _____

Note: Part-Time employees do not qualify for benefits.

Have three (3) background references been checked and were all of them positive? ☐ Yes ☐ No

If no, please explain.

Please list the names of references checked, including the applicant's most recent supervisor.

Has a criminal records check been received or in process from the Kentucky State Police? ☐ Yes ☐ No

If no, please explain. _____

Will be completed _____

Have the requirements of the consultation policy of the Site Based Council been met? ☐ Yes ☐ No

If no, please explain.

Request for Employment/Transfer for Certified Employees**MINORITY EDUCATOR RECRUITMENT INFORMATION**

This portion of this form must be completed when filling any certified position for EEOC reporting requirements.

For the purposes of this report, 'eligible applicant' refers to applicants that have Full State Certification. This refers to those who provide evidence that they have Full State Certification or can provide assurances that they will receive Full State Certification by the time this position begins. This also includes applicants with a Statement of Eligibility (SOE) as well as those with written verification from the enrolling university of their acceptance into the alternative certification program.

OR IF: No certified and highly qualified candidate is available for this position; then consideration can be given to applicants that are Not Full State Certified. These applicants would qualify for emergency, conditional, temporary, or adjunct certification Careful documentation should be made in these rare circumstances.

Key:

AI/AN = American Indian/Alaskan Native

A = Asian

B/AA = Black/African American

H/L = Hispanic/Latino

NH/OPI = Native Hawaiian/Other Pacific Islander

W = White

O = Other

ENS = Ethnicity Not Specified

Question	AI/AN	A	B/AA	H/L	NH/OPI	W	O	ENS
1) How many eligible applicants received an official interview?								
a) Of these eligible applicants, how many also hold out-of-state credentials?								
b) Of these eligible applicants, who received <i>only one</i> interview, how many:								
were hired?								
were not hired?								
declined the position?								
c) Of these eligible applicants who received <i>multiple</i> interviews, how many:								
were hired?								
were not hired?								
declined the position?								
2) How many Not Full Certified applicants received official interview and:								
were hired?								
were not hired?								

declined the position?							
------------------------	--	--	--	--	--	--	--

PERSONNEL

03.11 AP.25
(CONTINUED)

Request for Employment/Transfer for Certified Employees

How many total applications were received for
this vacancy? _____

The candidate has been informed that this recommendation for hire is pending the signature of the Superintendent and an approved background check. Furthermore, I hereby certify in making the recommendation that I have complied with existing federal, state, and local statutes, regulations, and policies relating to the employment of personnel including those which prohibit discrimination on the basis of race, color, national origin, sex, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, disability, association with the Boy Scouts, and other designated youth groups.

Formatted: Font: 10 pt

Principal/Director Signature	
	Signed:
Personnel Director Signature	
	Signed:
Direct this Request for Employment/Transfer for Certified Employees to: _____	
Supervisor Signature	
	Signed:
Superintendent Signature	
	Signed:

EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE, EMERGENCY LEAVE, OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE EMPLOYEE'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS REQUIRED IF THE EMPLOYEE WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL

03.123 AP.2

Leave Affidavit

THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

Employee Identification Number: _____ Date Submitted: _____

☐ **PERSONAL LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____

☐ **SICK LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (SEE NEXT PAGE FOR AFFIDAVIT THAT MAY BE REQUIRED)

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____

CHECK ONE: ☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER ☐ MOURNING

☐ **MATERNITY/ADOPTION/CHILDREARING LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.

ESTIMATED DATE(S) OF LEAVE _____ TO _____

☐ PAID MATERNITY LEAVE (NOT TO EXCEED 30 DAYS) /NUMBER OF SICK LEAVE DAYS _____

☐ UNPAID MATERNITY LEAVE/NUMBER OF DAYS UNPAID _____

☐ PAID BIRTH OR ADOPTION LEAVE _____

☐ **JURY LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____

EMPLOYEE WILL REIMBURSES DISTRICT ALL AMOUNTS LESS EXPENSE PAY.

☐ **MILITARY/DISASTER SERVICES LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____

☐ **EMERGENCY LEAVE:** ~~GRANTED~~REQUESTED UNDER THE TERMS OF POLICIES 03.1236/03.2236. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____

☐ BEREAVEMENT ☐ COURT/LEGAL

☐ **OFF-DUTY LEAVE:** REQUESTED

DATE(S) OF LEAVE _____ TO _____ TOTAL DAYS: _____

~~I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.~~

Employee's Signature

Date

Superintendent/designee's Signature Approving Leave as Requested

Date

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Leave Request Form and Affidavit

A personal affidavit is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

Formatted: Font: 10 pt**Formatted:** policytext, Space Before: 0 pt, After: 0 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border)**Formatted****LEAVE AFFIDAVIT**
(KRS 161.152, KRS 161.154, KRS 161.155)**Formatted:** Centered, Space After: 0 pt**Formatted:** Centered, Space After: 12 pt

Comes the affiant, _____, after being duly sworn, and states as follows:

Formatted: ksba normal**Formatted:** Justified, Indent: First line: 0.5", Space After: 6 pt

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

Formatted: Space After: 6 pt**Formatted**

☐ Sick leave based on personal illness Date(s): _____

Formatted

☐ Sick leave to attend to an immediate family member* who was ill Date(s): _____

Formatted

☐ Sick leave to mourn the death of an immediate family member* Date(s): _____

Formatted: Justified, Space After: 6 pt

☐ Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____

Formatted**Formatted:** Indent: Left: 0", Hanging: 0.31", Space After: 6 pt

☐ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236

Formatted

☐ Bereavement ☐ Disasters ☐ Court /Legal ☐ Other, specify: _____

Formatted: Indent: Left: 0", Hanging: 0.31", Tab stops: 1.38", Left + 1.44", Left + 2.25", Left**Formatted**

Affiant's Signature Date

Formatted**Formatted:** Font: 12 pt**Formatted:** Space After: 0 pt, Tab stops: 1.5", Left + Not at 3.94"

Affiant's Name (Print or Type)

Formatted: Font: 12 pt**Formatted:** Font: 12 pt, Not Bold, Not Italic

Subscribed and sworn to before me this _____ day of _____, 20____

Formatted: Space After: 12 pt, Tab stops: 0.5", Left + 4.5", Left + Not at 0.94" + 5"

Notary Public: _____, County, Kentucky

Formatted: Tab stops: Not at 0.94" + 5"

My Commission Expires: _____

Formatted: ksba bold**Formatted:** Space After: 12 pt, Tab stops: Not at 0.94" + 4.06"

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

Formatted: Space After: 6 pt, Tab stops: Not at 0.94" + 4.06"**Formatted**

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.162 AP.2

Harassment/Discrimination Reporting Form

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name _____			
_____ <i>Last Name</i>		_____ <i>First Name</i>	_____ <i>Middle Initial</i>
Employee's Address _____			
_____ <i>City</i>		_____ <i>State</i>	_____ <i>Zip Code</i>
Employee's Home Phone Number _____		Daytime Phone # _____	
Work Site _____			

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident(s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☒ **limitations due to pregnancy, childbirth, or related medical conditions**

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position: _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used.

List any witnesses to these events: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

Formatted: ksba bold

Formatted: Font: Bold

PERSONNEL

03.162 AP.2
(CONTINUED)

Harassment/Discrimination Reporting Form

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

Signature of Employee

Date

Received by

Date

NOTE:

- Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING A SCHOOL SAFETY COORDINATOR TRAINING PROGRAM, REQUIRED TRAINING FOR PRINCIPALS TO COMPLETE SCHOOL SECURITY RISK ASSESSMENT, REQUIRED TRAINING FOR SCHOOL RESOURCE OFFICERS, AMENDS KRS 156.095 SUICIDE PREVENTION TRAINING AND ADDS REQUIRED TRAINING FOR HOW TO RESPOND TO AN ACTIVE SHOOTER SITUATION FOR ALL SCHOOL DISTRICT EMPLOYEES WITH JOB DUTIES REQUIRING DIRECT CONTACT WITH STUDENTS.
FINANCIAL IMPLICATIONS: COST OF TRAINING

District Training Requirements**SCHOOL YEAR:** _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Certified Evaluation Training	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Superintendent training program to be completed within two (2) years of taking office	KRS 160.350	02.12			✓	
Council member training required for Principal selection	KRS 160.345	02.4244			✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management		02.3			✓	
Effective January 1, 2020, all School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	New Section of KRS 158	02.31			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R.	03.14/03.24			✓	

	1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200					
Bloodborne pathogens	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination	34 C.F.R. 106.1- 106.71, U.S. Departmen t of Education Office for Civil Rights Guidance	03.162/03.26 2		✓		
Training for Supervisors of Student Teachers	16 KAR 5:040				✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Orientation materials for volunteers	KRS 161.048	03.6			✓	
Teacher professional development/learning	KRS 156.095	03.19	✓			
Instructional leader training	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned	KRS 161.044	03.5			✓	
Integrated Pest Management (7a) Certification	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	New Section of KRS 158	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Active Shooter Situations	KRS 156.095	03.19/03.29			✓	
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		

Earthquake drill procedure system.	KRS 158.163	05.47		✓		
Annual in-service school bus driver training	702 KAR 5:030	06.23			✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication and higher order thinking.	KRS 158.6453 (SB 1)		✓			

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Grants regarding training for state-funded community education directors	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors	KRS 161.046				✓	
Designated training for School Nutrition Program Directors and food service personnel	702 KAR 6:045 KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: <u>Minimum of one (1) hour in-person, live stream, or via video</u>	KRS 156.095, KRS 158.070	09.22			✓	

Formatted: Normal, Space After: 6 pt, Line spacing: single

Formatted: Font: 10 pt

recording every other year including the recognition of signs and symptoms of possible mental illness . New hires during off year to receive suicide prevention materials to review. (teachers, principals, counselors) [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]						
Training on employee reports of criminal activity	KRS 158.148, KRS 158.154, KRS 158.155, KRS 158.156, KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports	704 KAR 7:160	09.2212		✓	✓	

PERSONNEL

03.19 AP.23
(CONTINUED)

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Personnel training child abuse and neglect prevention, recognition, and reporting	KRS 156.095	09.227	✓		✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports	KRS 160.445, KRS 161.166, KRS 161.185, 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Training for school personnel authorized to give medication	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance	KRS 158.070	09.22			✓	

counselors, and teachers hired after July 1, 2019.						
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
KDE shall provide technical assistance and training for Response to Intervention upon District request.	KRS 158.305				✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program	704 KAR 19:002	09.4341			✓	
Student discipline code	KRS 158.148, KRS 158.156, KRS 158.444, KRS 525.070, KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky *Records Retention/Public School District Schedule*.

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS.
FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.21 AP.21

- CLASSIFIED PERSONNEL -

Job Vacancy Notice

To: Superintendent/designee

From: _____ **Date:** _____

SCHOOL/DEPARTMENT: _____

CLASSIFICATION OF JOB TO BE POSTED: _____

CLASS CODE, IF APPLICABLE _____ **HOURS PER DAY** _____ **DAYS PER YEAR** _____

STARTING DATE: _____ **RATE OF PAY:** _____

CHECK ONE: ☐ **FULL-TIME** ☐ **PART-TIME** ☐ **FLEX** ☐ **TEMPORARY**

IS THIS A NEW POSITION? ☐ **YES** ☐ **NO**

JOB REQUIREMENTS: _____

APPLICATION DEADLINE: _____

(Unless otherwise noted, all classified positions shall be posted in accordance with policy 03.21.)

ADDITIONAL INFORMATION: _____

All requests for job vacancy postings must be submitted in writing on this form to the Superintendent/designee.

Signature: _____ **Date:** _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

Formatted: Font: Bold

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS.
FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.21 AP.25

Request for Employment/Transfer for Classified Employees

Title of Position _____

Location _____

Is this a new position? ☐ Yes ☐ No

If yes, has it been approved by the Board? ☐ Yes ☐ No

Is this a replacement position? ☐ Yes ☐ No

If yes, please state the name of the person who previously held the position. _____

Is this a transfer? ☐ Yes ☐ No

If yes, please state the name of the employee who is voluntarily transferring. _____

If this is an involuntary transfer, please state the reason(s) why.

Applicant's Name _____

Effective Employment Date (no employee may begin without the Superintendent's signature on this form) _____

Will the employee be ☐ Full-Time ☐ Part-time (less than 20 hrs. per week)

Number of contract days _____

Hours per day _____

Job class code _____

Funding source _____

Number of years job-related experience (maximum is 5 years) _____

Supplement/extended days _____

Education level or Degree

☐ Student Worker ☐ High School Diploma ☐ GED ☐ College hours or Degree

Have three (3) background references been ☐ Yes ☐ No

checked and were all of them positive?

If no, please explain.

Please list the names of references checked, including the applicant’s most recent supervisor.

Has a criminal records check been received ☐ Yes ☐ No
or in process from the Kentucky State Police?

If no, please explain. _____

Have the requirements of the consultation policy of the Site Based Council been met? ☐ Yes ☐ No

If no, please explain.

Request for Employment/Transfer for Classified Employees

The candidate has been informed that this recommendation for hire is pending the signature of the Superintendent and an approved background check. Furthermore, I hereby certify in making the recommendation that I have complied with existing federal, state, and local statutes, regulations, and policies relating to the employment of personnel including those which prohibit discrimination on the basis of race, color, national origin, sex, genetic information, [limitations due to pregnancy, childbirth, or related medical conditions](#), disability, association with the Boy Scouts, and other designated youth groups.

Formatted: Font: 11 pt

Principal/Director Signature	
	Signed:
Personnel Director Signature	
	Signed:
Direct this Request for Employment/Transfer for Certified Employees to: _____	
Supervisor Signature	
	Signed:
Superintendent Signature	
	Signed:

EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE STAFF PERSON’S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS TO BE SUBMITTED IF THE STAFF MEMBER WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL 03.223 AP.2

Leave Request Form and Affidavit

See Procedure 03.123 AP.2/Leave [Request Form and Affidavit](#)~~form~~.

Formatted: ksba bold, Font: Bold

EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING A SCHOOL SAFETY COORDINATOR TRAINING PROGRAM, REQUIRED TRAINING FOR PRINCIPALS TO COMPLETE SCHOOL SECURITY RISK ASSESSMENT, REQUIRED TRAINING FOR SCHOOL RESOURCE OFFICERS, AMENDS KRS 156.095 SUICIDE PREVENTION TRAINING AND ADDS REQUIRED TRAINING FOR HOW TO RESPOND TO AN ACTIVE SHOOTER SITUATION FOR ALL SCHOOL DISTRICT EMPLOYEES WITH JOB DUTIES REQUIRING DIRECT CONTACT WITH STUDENTS.
FINANCIAL IMPLICATIONS: COST OF TRAINING

PERSONNEL

03.29 AP.23

- CLASSIFIED EMPLOYEES -

District Training Requirements

See existing Procedure 03.19 AP.23.

EXPLANATION: HB 11 REQUIRES ALL LOCAL BOARDS, ON OR BEFORE JULY 1, 2020, TO ADOPT AND IMPLEMENT POLICIES THAT PROHIBIT THE USE OF ANY TOBACCO PRODUCT, ALTERNATIVE NICOTINE PRODUCT, OR VAPOR PRODUCT FOR ALL PERSONS AND AT ALL TIMES ON OR IN ALL PROPERTY OF THE BOARD, AND WHEN STUDENTS ARE PRESENT IN ANY SCHOOL-RELATED TRIP OR STUDENT ACTIVITY. THE POLICIES MUST ALSO PROVIDE FOR ADEQUATE NOTICE TO STUDENTS, PARENTS/GUARDIANS, EMPLOYEES, AND THE PUBLIC. IN ADDITION, THE POLICIES MUST REQUIRE SIGNAGE ON OR IN ALL PROPERTY INCLUDING ANY VEHICLE OWNED, OPERATED, LEASED, OR CONTRACTED FOR USE BY A LOCAL BOARD. SUCH SIGNAGE SHALL CLEARLY STATE THAT THE USE OF SUCH PRODUCTS IS PROHIBITED AT ALL TIMES AND BY ALL PERSONS ON OR IN THE PROPERTY. SCHOOL EMPLOYEES ARE REQUIRED TO ENFORCE THE POLICIES. NOTE THAT DISTRICTS HAVE THE OPTION TO OPT OUT OF THESE PROVISIONS WITHIN THREE (3) YEARS OF JUNE 27, 2019.
FINANCIAL IMPLICATIONS: COST OF SIGNAGE

SCHOOL FACILITIES

05.4 AP.21

Monthly Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item “acceptable” or “needs attention.” All “needs attention” items shall include location, and the date corrected shall be noted. This form shall be sent to the District **Maintenance Supervisor**. A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
<u>Grounds</u>				
Condition of steps				
Condition of walkways				
Condition of parking areas				
Handrails on all steps and ramps				
Security lights				
Holes in lawn				
Debris on grounds				
Condition of seats/ bleachers				
<u>General Areas</u>				
Condition of floors				
Floors dry				
Floors not slippery				
Floor openings properly covered				
Intake vents clean				
Exhaust vents clean				
Signs of basement water seepage				

Signs of roof leakage				
Ceiling material secure				
Water piping system				
Waste piping system				
Steam piping system				
Air piping system				
Loading dock				
Storage room(s)				
Waste disposal area(s)				

Monthly Facility Safety Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Broken glass				
Adequate lighting in all areas				
Handrails secure				
Stair tread secure				
<u>Means of Egress</u>				
Exits clearly marked				
Exits free of obstructions				
Fire doors kept closed				
Doors operate freely				
Evacuation plan(s) posted				
<u>Emergency Procedures</u>				
Written procedures				
Emergency call list posted				
Personnel trained for emergencies				
First aid facilities				
First aid personnel				
<u>Material Storage</u>				
Storage areas kept clean				
Material properly stacked				
Proper lighting				
Flammable materials properly stored				
Material properly labeled				
<u>Machinery/Equipment</u>				
Condition of ladders				
Operating instructions posted				
Guards in place				
Personal protective equipment provided				
Condition of hand tools				
Condition of power tools				
Is machinery/equipment clean?				
Belts guarded in place				
Machinery and equipment properly anchored				
<u>Electrical</u>				
All electrical circuits properly fused				
Condition of extension cords				
Extension cords not used extensively				
Wiring and fixtures properly covered				
Control panels accessible				
Condition of switches and outlets				

Monthly Facility Safety Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
<u>Fire Protection</u>				
Sprinkler valves accessible				
Sprinkler valves sealed open				
Fire alarm boxes unobstructed				
Adequate number and type of fire extinguishers				
Fire extinguishers properly maintained				
Standpipe and hose unobstructed and in good condition				
Automatic systems in kitchen(s) properly maintained				
Emergency lighting system operable				
Smoking properly controlled				
<u>Employees</u>				
Lifting properly				
Utilizing personal protective equipment				
Using proper tool for the job				
Following prescribed job procedures				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

Signature of Recipient

Date

EXPLANATION: SCHOOLS ARE REQUIRED TO CONDUCT BUILDING LOCKDOWNS. THIS POINTER IS USED TO DOCUMENT SUCH IN 05.41 AP.2.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

\$05.411 AP.1

Building Lockdowns

DRILLS

Lockdown drills are to be conducted according to Policy 05.411 and documented under Procedure 05.41 AP.2.

EXPLANATION: HB 11 REQUIRES ALL LOCAL BOARDS, ON OR BEFORE JULY 1, 2020, TO ADOPT AND IMPLEMENT POLICIES THAT PROHIBIT THE USE OF ANY TOBACCO PRODUCT, ALTERNATIVE NICOTINE PRODUCT, OR VAPOR PRODUCT FOR ALL PERSONS AND AT ALL TIMES ON OR IN ALL PROPERTY OF THE BOARD, AND WHEN STUDENTS ARE PRESENT IN ANY SCHOOL-RELATED TRIP OR STUDENT ACTIVITY.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

TRANSPORTATION

06.34 AP.2

Report of Bus Conduct

STUDENT:		DATE OF INCIDENT:		TIME:
ADDRESS:		DRIVER:		
GRADE:	DATE SUBMITTED	BUS NUMBER:	SCHOOL:	

Notice to Parents: This is to advise you that the above named student was involved in a disciplinary matter, which could be unsafe. This report is furnished in accordance with the provisions of the Student Code of Conduct.

DRIVER'S REPORT

- | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------|
| () Eating/Drinking | () Destroying Property | () Disobeying driver |
| () Littering | () Damaging bus equipment | () Fighting/tripping/pushing |
| () Tobacco /alternative nicotine/vapor product usage | () Hanging out window | () Unacceptable language |
| () Throwing things into/from bus | () Rude/Discourteous/ Annoying | () Improper boarding/departure |
| () Leaving Seat | () Bringing injurious/ objectionable things aboard bus | () Other improper behavior |

Bus Driver's Comments:

First Offense ☐

Second Offense ☐

Third Offense ☐

Fourth Offense ☐

Action to be taken: _____

Administrator: _____ Date: _____

Parent/Guardian: _____ Date: _____

PARENT/GUARDIAN SIGNATURE IS REQUIRED IN ORDER FOR STUDENT TO BOARD BUS AFTER INCIDENT IS REPORTED.

Level I	Eating/Drinking; Leaving seat; Littering Minor disruptive behavior Consequence: Assigned Seat
Level II	Disruptive behavior (pushing/tripping); boarding/departing procedures; minor profanity Consequence: Detention
Level III	Minor vandalism; bringing injurious/questionable items aboard; fighting; hanging out window; tobacco/ alternative nicotine/vapor use/ possession ; insubordination; gross profanity Consequence: ISD or suspension from school; 5-day bus suspension
Level IV	Vandalism; profanity towards bus driver; hostile insubordination Consequence: ISD or suspension from school; 10-day bus suspension with recommendation to Superintendent for removal from bus.

EXPLANATION: KDE SCHOOL NUTRITION ADVISES THAT PER 7 CFR 210.14(F) LOCAL BOARDS OF EDUCATION ARE TO SET ADULT MEAL PRICES ANNUALLY ACCORDING TO THE FNS FORMULA.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.11 AP.1

Meal Programs

FREE AND REDUCED PROGRAM

Since schools in the District participate in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program, federal and state policies and regulations must be followed.

DEFINITION

For purposes of this administrative procedure, “authorized school official” means school personnel as designated in the National School Lunch program application and agreement with the Kentucky Department of Education who are authorized by applicable law and regulation to process information or act in connection with the matter described.

STUDENTS

To implement required policies and regulations, these procedures will be followed for student participants:

1. Free and reduced-price meals will be granted on the basis of need as determined by state and federal guidelines.
2. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year. An application form for free and reduced-price meals will accompany the letter. Applications will be kept on file through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. If school personnel have knowledge of a student who is in need of free or reduced-price meals but does not have the parents’ cooperation to submit an application, an application may be submitted in the student’s name by an authorized school official.
The parents shall be notified that the child has been certified eligible to receive free/reduced price meals.
4. After reviewing the application for free and reduced-price meals, the eligibility of each student shall be determined by an authorized school official.
5. Written notification of approval or denial of the application shall be provided to the parents.
6. If the parent or guardian is dissatisfied with the above decision regarding free and reduced-price meals, an appeal may be made to an authorized school official.

Meal Programs**COMMUNITY ELIGIBILITY PROVISION (CEP) MEAL PROGRAM**

If a school in the District participates in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program through the Community Eligibility Provision (CEP), they must follow the federal and state policies and regulations below:

STUDENTS

To implement required policies and regulations, these procedures will be followed for student participants:

1. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year
2. Household Income Forms (HIF) shall be collected by a designated District official outside of federal food service operations. It is recommended by KDE that copies of Household Income Forms (HIF) be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by the Superintendent or designee (s).

ADULTS

All school personnel regularly assigned to a school may have access to meals served in the School Food Service Program. The cost of the meal shall be determined by the Board. Charges for adult meals shall be as follows:

1. Those adults who are assigned to work full or part-time in the School Food Service Program and whose salaries are paid entirely from food service funds may at the discretion of the District receive meals at no cost.
2. All other District employees ~~who do not provide a service in the operation and administration of the School Food Service Program~~ and all other adults shall pay the full adult meal price according to the following formula in FNS Instruction 782-5, Rev. 1.
 - a. Adult meal price formula for Pricing Sites: The minimum adult payment should reflect the price charged to students paying the school's designated full price, plus the current value of Federal cash and donated food assistance (entitlement and bonus) for full price meals.
 - b. Adult meal price formula for Non-Pricing Sites: The minimum adult payment should reflect the price of the free meal reimbursement, plus the current value of Federal cash and donated food assistance (entitlement and bonus).
3. It is required that the school food service program cost out their meals and ensure that the calculated price covers the cost and if not, the adult price must be higher than the calculated cost.
- 2-4. The cost of the adult meal price must be determined annually by the Board according to the current federal requirements for establishing adult meal pricing.

Formatted: ksba normal, Font: (Default) Times New Roman, No underline

Formatted: ksba normal, Font: (Default) Times New Roman

Formatted: ksba normal, Font: (Default) Times New Roman, No underline

Formatted: ksba normal, Font: (Default) Times New Roman

Formatted: Space After: 4 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.2" + Indent at: 0.45"

EXPLANATION: HB 26 AMENDS KRS 424.260 AND KRS 45A.385 INCREASING THE MAXIMUM FOR SMALL PURCHASE TO \$30,000.

FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

SUPPORT SERVICES

07.13 AP.1

Bidding of School Food Service Supplies

LIKE ITEMS IN EXCESS OF ~~\$30,000~~~~\$20,000~~

If the total amount of purchases for like items is ~~\$30,000~~~~\$20,000~~ or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid semi-annually and/or through or in accordance with a schedule determined by the local educational cooperative.

Formatted: Font: 12 pt

BID SPECIFICATIONS

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
3. Specifications and bid documents shall be mailed to all potential bidders.
4. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director.
5. The bids shall be submitted to the Board of Education for action.

PERISHABLES

Applicable federal law does not provide a bidding exception for perishable food items purchased with school food service funds. Perishables purchased using school food service funds shall be procured in accordance with 2 C.F.R. 200.320.

EMERGENCY PURCHASES

If it is necessary to make an emergency purchase in order to continue service, the purchase shall be made and a log of all such purchases shall be maintained and reviewed by the School Food Service/School Nutrition Program Director.

The log of emergency purchases shall include: item name, dollar amount, vendor, and reason for emergency.

RECORDS MANAGEMENT

The following records will be maintained for a period of three (3) years plus the current year:

1. Records of all phone quotes
2. Logs of all emergency and noncompetitive purchases
3. All written quotes and bid documents
4. Comparison of all price quotes and bids with the effective dates shown
5. Price comparison showing bid or quote awarded
6. Log of approval substitutions

RELATED PROCEDURE:

04.32 AP.1

EXPLANATION: REVISIONS TO 704 KAR 3:365 REQUIRES A COMPLAINT PROCESS FOR ANY PROGRAMS UNDER THE ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA) OF 1965 AS AMENDED BY THE EVERY STUDENT SUCCEEDS ACT (ESSA).
FINANCIAL IMPLICATIONS: POSSIBLE EXPENSE ATTRIBUTABLE TO RESPONDING TO ADDITIONAL COMPLAINTS

CURRICULUM AND INSTRUCTION

08.13451 AP.1

Federal Programs/Title I Violation Complaint Procedure

The Every Student Succeeds Act requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A [and the Elementary and Secondary Education Act \(ESEA\) as amended by ESSA](#) in the administration of ~~the~~ [Federal p](#)Programs.

- 1) The complaint must be in writing and addressed to the District [Federal Programs/Title I](#) Coordinator. The complaint must contain the following:
 - The name of the complainant and the contact information;
 - The nature of the complaint (the specific violation of the administration of the Title I, Part A [or Federal p](#)Program).
- 2) The [Federal Programs/Title I](#) Coordinator must maintain a complaint log. The log must include the following:
 - The name of the complainant;
 - The receipt date of the complaint;
 - The log-in number assigned to the complaint for tracking purposes;
 - The name of the staff to whom the complaint will be referred (if applicable);
 - The date of the response to the complaint.
- 3) The [Federal Programs/Title I](#) Coordinator must respond to the complaint within thirty (30) working days upon receipt of the complaint.
- 4) The [Federal Programs/Title I](#) Coordinator must maintain a copy of the complaint, log, and response on file in the District office.
- 5) After the complainant has received a response from the [Federal Programs/Title I](#) Coordinator, the complainant has thirty (30) days to appeal the local decision. This appeal must be filed in writing with the Kentucky Department of Education in compliance with 704 KAR 3:365.

EXPLANATION: REVISIONS TO 702 KAR 1:160 INCLUDE MEDICATIONS TO BE ADMINISTERED PURSUANT TO A STUDENT'S SEIZURE ACTION PLAN.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.224 AP.1

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

EMERGENCY INFORMATION

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
 - a) Inform parent or authorized contact that the child is not able to remain at school.
 - b) Indicate the apparent symptoms; however, do not attempt to diagnose.
 - c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

Emergency Medical Care Procedures**SUPPLIES/PERSONNEL**

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
4. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
5. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

Formatted: ksba bold

Formatted: ksba bold

Formatted: ksba bold

DOCUMENTATION

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

09.224 AP.21
09.2241 AP.22
09.2241 AP.23

EXPLANATION: REQUIREMENTS FOR BOOSTER CLUBS AND SCHOOL ACTIVITY FUNDS HAVE BEEN UPDATED IN THE REVISED ACCOUNTING PROCEDURES FOR KENTUCKY SCHOOL ACTIVITY FUNDS (REDBOOK) ISSUED BY THE KENTUCKY DEPARTMENT OF EDUCATION, WHICH WILL GO INTO EFFECT AUGUST 2019. SINCE REQUIRED FORMS ARE INCLUDED IN REDBOOK THOSE SAME FORMS ARE NOT NECESSARY TO BE INCLUDED IN THE PROCEDURE MANUAL.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.33 AP.21

Fund-Raising Activities-Proposal

Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects.

~~**Purpose of fund-raising activity:**~~

Formatted: Justified, Space After: 6 pt

EXPLANATIONS: THE STUDENT SAFETY AND RESILIENCY ACT OF 2019 (SB 1) CREATES A NEW SECTION OF KRS 158 REQUIRING THE PRINCIPAL TO PROVIDE WRITTEN NOTICE TO ALL STUDENTS, PARENTS, AND GUARDIANS OF STUDENTS WITHIN TEN (10) DAYS OF THE FIRST INSTRUCTIONAL DAY OF EACH SCHOOL YEAR OF THE PROVISION OF KRS 508.078 AND POTENTIAL PENALTIES UNDER KRS 532.060 AND KRS 534.030 UPON CONVICTION.
FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICE
STUDENTS

09.425 AP.22

Assault and Threats of Violence - Notice of Penalties and Provisions

New Section of KRS 158 requires written notice to all students, parents and guardians of students within ten (10) days of the first instructional day of the school of the provisions of KRS 508.078 (making it a crime to make the described threats against school-affiliated persons and persons lawfully on school property or against school operations). In compliance with this requirement, the text of KRS 508.078 is set forth below. Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties upon conviction of this Class D felony include a term of imprisonment of not less than one (1) year nor more than five (5) years and a fine of not less than one thousand (\$1,000) and not greater than ten thousand (\$10,000) as provided in KRS 532.060 and KRS 532.030, respectively. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE)

1. A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

a) With respect to a school function, threatens to commit any act likely to result in death or serious physical injury to any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons or at a school does not need to identify a specific person or persons or school in order for a violation of this section to occur;

b) Makes false statements by any means, including by electronic communication, for the purpose of:

1. Causing evacuation of a school building, school property, or school sanctioned activity;
2. Causing cancellation of school classes or school sanctioned activity; or
3. Creating fear of serious bodily harm among students, parents, or school personnel;

Formatted: Justified, Space After: 6 pt

Formatted

Formatted: ksba bold

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted

Formatted: Indent: Left: 0.5", Hanging: 0.31", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted

Formatted

Formatted: Indent: Left: 0.88", Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75", Tab stops: 1.25",

Assault and Threats of Violence - Notice of Penalties and Provisions**KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)**

- c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or
- d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.
2. A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.
3. A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.
4. Terroristic threatening in the second degree is a Class D felony.

Principal's signature:Date:

Formatted

Formatted: Indent: Left: 0.5", Hanging: 0.31", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted

Formatted: Indent: Left: 0.25", Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 2 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted

Formatted

Formatted: ksba bold, Font: Not Bold

Formatted: Indent: Left: 0.25", Space After: 30 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 2 + Alignment: Left + Aligned at: 0.5" + Indent at:

Formatted

Formatted: Space After: 6 pt

Formatted

EXPLANATION: SB 1 CREATES A NEW SECTION OF KRS 158 THAT REQUIRES DISTRICTS TO HAVE THREAT ASSESSMENT TEAM PROCEDURES TO IDENTIFY AND RESPOND TO STUDENTS EXHIBITING BEHAVIOR THAT INDICATES A POTENTIAL THREAT TO SCHOOL SAFETY OR SECURITY.

FINANCIAL IMPLICATIONS: HIRING AND TRAINING OF TEAM MEMBERS

STUDENTS

09.429 AP.1

Threat Assessment Team Procedures

The following procedures cover threat assessment teams, in conjunction with any District-selected threat assessment guidelines and forms, to identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security.

THREAT ASSESSMENT TEAM PLANNING AND PREPARATION

The following actions are recommended prior to undertaking a threat assessment:

1. Guidelines and forms to facilitate threat assessments undertaken by a threat assessment team will be developed or utilized by or with the assistance of the District School Safety Coordinator (SSC) to assist teams in defining behaviors that will indicate if and when a threat assessment is advisable.
2. The SSC job functions will include providing input and assisting teams in assessing identified, potential threats and determining appropriate responses to the threats. Under the supervision of the Principal and Superintendent/designee, the District SSC will recommend, arrange for, or provide training for the team.
3. The Superintendent/designee shall determine if and when a parent or guardian will be notified that their student has been identified by a team as exhibiting behavior that indicates a potential threat to school safety or school security and that needs to be assessed by the team.
4. The team's activities will include notification, as appropriate considering relevant circumstances, to a potential target of behavior deemed to present a substantiated potential threat.

IDENTIFICATION OF A POTENTIAL THREAT

The threat assessment team, utilizing available data and exercising reasonable discretion to assess student behavior, shall identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security. The process shall not use a profile of characteristics to identify a threat, and should be calculated to take into consideration behaviors, statements, or other communications to identify a potential threat to school safety and school security as follows:

1. Any team member receiving information indicating a potential threat to school safety and school security shall notify:
 - a. The District SSC;
 - b. The rest of the team; and
 - c. The team for any additional schools of the District potentially involved in the identified threat.
2. The District SSC shall appropriately notify any other District SSC for other school Districts identified in the threat or during the threat assessment process, as well as the leader of any non-public school identified in a threat or during the threat assessment process.

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold, Not All caps

Formatted: ksba normal, No underline

Formatted: sideheading

Formatted: ksba normal, No underline

Formatted: ksba bold, Font: Not Bold

Formatted: Font: Bold

Formatted: Font: Bold, Not Small caps

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: ksba bold, Font: Not Bold

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Font: Bold

Formatted: ksba normal, No underline

Formatted: sideheading

Formatted: ksba normal, No underline

Formatted: ksba bold

Formatted: ksba bold

Formatted: ksba bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Threat Assessment Team Procedures**ASSESSMENT OF A POTENTIAL THREAT**

Upon identification of a potential threat, the team shall undertake the threat assessment;

- 1. In accordance with Board policy;**
- 2. Informed by guidelines and applicable forms as described above; and**
- 3. Giving consideration to applicable circumstances regarding the identified student and the behaviors giving rise to his/her identification.**

POST-ASSESSMENT RESPONSE

The team shall consider all information gathered during the assessment to determine the type of response that is appropriate to address school safety and school security, and to address the needs of students identified during assessment of the threat. The team shall document the response it takes, as well as all communication from the team and other school staff with students identified during the threat assessment and their parents or guardians relating to the assessment and any resulting response.

ONGOING REVIEW OF THREAT ASSESSMENT PROCESS

The District SSC and the Superintendent shall review the work of each threat assessment team of the District, and make efforts to improve the work of all teams, and adherence to Board policy goals, and legal requirements.

Formatted: ksba normal, No underline**Formatted:** ksba normal, No underline, Small caps**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold, Not Small caps**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** ksba normal, No underline**Formatted:** sideheading**Formatted:** ksba normal, No underline**Formatted:** ksba normal**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold**Formatted:** Font: Bold, Not Small caps**Formatted:** ksba normal, No underline, Font color: Auto**Formatted:** sideheading**Formatted:** ksba normal, No underline, Font color: Auto**Formatted:** ksba normal, No underline, Font color: Auto**Formatted:** ksba normal, No underline, Font color: Auto**Formatted:** ksba normal, No underline, Font color: Auto**Formatted:** ksba normal, Font: Bold

EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

COMMUNITY RELATIONS

10.11 AP.21

Public Records Notice

To be posted at the main entrance of the Central Office and of each school building, as appropriate.

RULES/REGULATIONS FOR INSPECTION

Pursuant to KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Marion County Board of Education are open for inspection.

Public records may be inspected Monday through Friday, except holidays, during regular working hours as posted at the main entrance of the Central Office and of each school building. Upon request, a designated district employee will furnish application forms for the inspection of the public records and, if required, s/he will be available to provide assistance in completing the application form. The official custodian may require:

- a) Written application, signed by the applicant and with his/her name printed legibly on the application, describing the records to be inspected. The written application shall be hand delivered, mailed, or sent via facsimile to the public agency;
- b) Facsimile transmission of the written application; or
- c) Email of the application.

Completed application forms should be submitted to the Board's official custodian of public records, at the following address:

**Marion County Board of Education
755 E. Main St.
Lebanon, KY 40033**

An individual who applies to review public records shall be advised of the availability of the records requested and shall be notified in writing, not later than three (3) working days after receipt of an application for inspection, of any reason the records s/he requested are not available for public inspection.

Copies of written materials in the public records of this district shall be furnished to the person requesting them on payment of a fee of ten cents (.10) per page. Copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished to the person requesting them upon payment of a fee equal to the actual cost of producing copies of the requested records by the most economical process that is unlikely to damage or alter the records.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

Formatted: ksba normal

Formatted: Space Before: 0 pt, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

COMMUNITY RELATIONS

10.11 AP.21
(CONTINUED)

Public Records Notice

Persons who live outside the area and who wish to request copies of public records should contact the person listed above.

Designated Representative

Date

EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING ALL VISITORS TO REPORT TO THE FRONT OFFICE OF THE BUILDING, PROVIDE VALID IDENTIFICATION, AND STATE THE PURPOSE OF THE VISIT; AND BE PROVIDED A VISITOR'S BADGE TO BE VISIBLY DISPLAYED ON A VISITOR'S OUTER GARMENT.

FINANCIAL IMPLICATIONS: COSTS OF VISITOR BADGES

COMMUNITY RELATIONS

10.5 AP.1

Visitors to the Schools

REPORT TO FRONT OFFICE

As soon as practicable but no later than July 1, 2022, all visitors to the school are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The school shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

Formatted: Normal, Justified, Space After: 6 pt

Formatted: Font:

CLASSROOM VISITATION

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the District's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

LUNCH WITH FAMILY MEMBER

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized District personnel, each school shall observe a closed campus at lunch.

SPECIAL INVITATION

A special invitation for parents and other interested persons to visit the schools may be extended during appropriate school programs or activities and special occasions.

OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the District, no private therapy or service shall be provided to a student during the school day, within a District School.

The following information/documentation is required by the District before a private, outside therapist/service provider can observe its private client within a District School. Information must be sent to the Director of Special Education (special education students) or to the Director of Health and Family Resource Youth Service Center (FRYSC) Services (regular education students):

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;

Visitors to the Schools

OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)

- A copy of credentials in the form of certification/license for the purpose of the observation; and
- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the school or District needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the school office any time they are on school property during a school day.