

KSBA Procedure Service

2019 Procedure Update (#23) Checklist

District: Woodford County Schools

To enable KSBA to track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form and update your online manual if you belong to that service.

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
01.3 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.3 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.6 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
02.31 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.123 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.21 AP.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.223 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.29 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.411 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.5 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.34 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.11 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.13 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.13451 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.224 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.33 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.425 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.11 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.5 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Please attach a copy of the modified policy. DO NOT RETYPE A DRAFT - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

Superintendent's Signature

Date

Please return this completed form to KSBA at your earliest opportunity.
Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.

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07.11 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
08.1132 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
09.313 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
03.15 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	new procedure	
05.5 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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 WOODFORD COUNTY 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

WOODFORD 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

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

The WOODFORD COUNTY 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 _____.

330 Pisgah Pike
Versailles 40383

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Board Vacancy Forms

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

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Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the WOODFORD COUNTY 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

WOODFORD 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:**

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Date: _____

Mr./Ms. _____

_____, KY

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the WOODFORD COUNTY 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.

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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 WOODFORD 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.

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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.

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Sincerely,

Superintendent/Board Secretary

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

WOODFORD County ClerkCommissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601

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

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2

(CONTINUED)

Board Vacancy Forms

RELATED PROCEDURE:

01.3 AP.21

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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: _____

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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: _____

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

If yes, please describe: _____

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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

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

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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

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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.

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High School Attended _____ Address _____ Dates Attended/Graduated _____

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College/University Attended _____ Address _____ Dates Attended/Degree _____

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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 _____

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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:

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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:

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

Signature: _____ Date: _____

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: _____

WOOD FORD 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

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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. Request should be made on the prescribed form. Please allow three (3) business days to produce for review or duplication. Records must be reviewed in the presence of the Superintendent or designee. 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: _____

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

Signature of Person Requesting Record(s)

Month/Day/Year

Request to Examine and/or Copy District Records

Receipt of above requested materials is hereby acknowledged.

Signature

Printed Name

Month/Day/Year/time

Please attach requests made by letter, email, or FAX to this form.

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: 10 cents. Postage may be charged if the requester 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.

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*The Board may charge an additional fee for making copies of nonexempt public records for noncommercial or commercial purposes. The fee for noncommercial use would include the costs of the media and any mechanical processing cost but would not include the cost of staff unless the requestor asks the Board to produce the record(s) in nonstandard format or to tailor the format. The fee for commercial use could include: (1) the cost of the media, mechanical processing, and staff time; (2) cost to create, purchase, or otherwise acquire the records; or (3) both (1) and (2).

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 _____

Records request ☐ Approved ☐ Not approved (explanation attached)

EXPLANATION: A NEW SECTION OF KRS CHAPTER 158 ENACTED IN THE SCHOOL SAFETY AND RESILIENCY ACT (SB 1, 2019) PROVIDES THAT LOCAL BOARDS OF EDUCATION UTILIZING A SCHOOL RESOURCE OFFICER (SRO) DIRECTLY EMPLOYED BY THE DISTRICT SHALL ADOPT POLICIES AND PROCEDURES STATING THE PURPOSE OF THE SRO PROGRAM AND CLEARLY DEFINING THE ROLES AND EXPECTATIONS OF SROS AND OTHER SCHOOL EMPLOYEES. THE FOLLOWING PROCEDURE IS DEVELOPED TO BROADLY COMPLY WITH THIS PORTION OF SB1, BUT IT IS NOT INTENDED TO BE EXCLUSIVE OR SET FORTH "ALL ENCOMPASSING" STANDARDS, RULES, OR THE CHAIN OF COMMAND FOR SROS. DISTRICTS SHOULD CONSULT WITH COUNSEL AND LAW ENFORCEMENT AUTHORITIES REGARDING ALTERNATIVE OR ADDITIONAL POLICY AND PROCEDURE LANGUAGE, JOB DESCRIPTIONS, AND RULES COVERING SROS TO REFLECT THE DISTRICT'S SRO PROGRAM. FINANCIAL IMPLICATIONS: COST OF SALARY, BENEFITS AND INSURANCE; EQUIPMENT, LIABILITY INSURANCE, RECORD KEEPING

ADMINISTRATION

02.31 AP.1

School Resource Officers (SROs)

DEFINITION

"School resource officer" or "SRO" means an officer who has specialized training to work with youth at a school site and is:

(a) 1. A sworn law enforcement officer; or

2. A special law enforcement officer appointed pursuant to KRS 61.902; and

(b) Employed:

1. Through a contract between a local law enforcement agency and a school district;

2. Through a contract as secondary employment for an officer, as defined in KRS 16.010, between the Department of Kentucky State Police and a school district; or

3. Directly by a local Board of Education.¹

ROLES AND EXPECTATIONS

This procedure describes the roles and expectations in addition to the matters covered in Policy 02.31, of SROs directly employed by the District as well as other school employees who work with SROs as follows.¹

- An SRO, as assigned and coordinated with the Central Office administration or Principal, is expected to provide or assist with presentations, trainings, and instruction to students, faculty, administration, and school-related groups regarding law enforcement, safety, drug education and prevention, crime prevention and emergency preparedness, and laws intended to protect the safety and well-being of students, staff, and the community. An SRO is expected to develop appropriate, positive relationships to promote crime prevention, good citizenship, and healthy behaviors intended to prevent the need for disciplinary or law enforcement interventions.

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School Resource Officers (SROs)**ROLES AND EXPECTATIONS (CONTINUED)**

- An SRO will not be responsible for enforcement or administration of discipline of students by other school staff, the Superintendent, school administration, or the Board, nor are SROs responsible for discipline of school employees. Other school employees are likewise not responsible for law enforcement functions or investigations and are not vested with criminal law enforcement authority.
- In furtherance of the promotion of school safety and security, and consistent with Policy 09.14 and corresponding procedures/notices under the Family Educational Rights and Privacy Act ("FERPA"), an SRO may access personally identifiable information ("PII") contained in student records in which s/he has a legitimate educational interest as a "school official." An SRO is expected to observe prohibitions on the redisclosure of PII to which s/he is permitted access unless a FERPA exception applies.
- An SRO is expected to assist other school staff as needed in order to determine whether conduct implicates a criminal reporting standard under KRS 158.154; KRS 158.155, or KRS 158.156. After receiving assistance from an SRO regarding the conduct at issue, the staff person and SRO may jointly contact outside law enforcement where it is determined that such a report is required.¹
- In the event an SRO is involved in an interview of a student or others, an SRO or other law enforcement officer is expected to determine within his/her discretion whether *Miranda* warnings are required and for administering such warnings.²
- An SRO is expected to consult and provide input as requested by the Superintendent, Principal, the District School Safety Coordinator and other school staff on school safety issues and requirements including, but not limited to, physical security measures, emergency planning, drills and trainings, school safety plans, security risk assessments, and threat assessment planning and implementation.
- An SRO is expected to serve as a liaison to outside law enforcement, first responders, the court system and other state and local agencies in coordination with and under the direction of the Principal or Superintendent/designee.
- An SRO is expected to solicit support and develop understanding of the SRO program, as requested by the Superintendent/designee. An SRO is expected to be available for conferences with students, parents, and faculty members in furtherance of the purposes of the SRO program.

School Resource Officers (SROs)

ROLES AND EXPECTATIONS (CONTINUED)

- An SRO is expected to become familiar with community agencies and school-based resources, which offer assistance to youth and their families such as mental health and drug intervention and counseling services in order to make or assist with referrals to such resources when necessary.

References:

¹KRS 158.154; KRS 158.155; KRS 158.156

²N.C. vs. Commonwealth, Ky. 386 S.W.3d 852 (2013)

RELATED POLICIES:

09.14; 09.2211; 09.227; 09.422; 09.425; 09.4361

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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

Recommendation for Employment

TO: Director of Staff and Student Services

FROM: _____ LOCATION: _____ DATE: _____

Name of Applicant: _____

Is this applicant currently employed by WCPS? ☐ Yes ☐ No If yes, what position? _____

WAS THE POSITION POSTED FOR 30 DAYS BEFORE MAKING AN EMPLOYMENT OFFER? ☐ Yes ☐ No

If "No", check appropriate box: ☐ CRITICAL SHORTAGE AREA ☐ PREVENT SERVICE DISRUPTION

Position (Administrative/Teaching): _____

Check one: ☐ Full-time ☐ Part-time ☐ Temporary

Will this person be issued a contract or work on a limited contract only basis? _____

Tenths of time (if not full-time): _____ Is this a new position? ☐ Yes ☐ No

If no, name of employee vacating this position: _____

Date of resignation from vacating employee: _____

FIRST DATE TO BEGIN WORK: _____ References Checked: ☐ Yes ☐ No

PLEASE DESCRIBE ANY VARIANCES TO THE TYPICAL WORK SCHEDULE FOR THIS POSITION:

POSITION (SUPPLEMENTAL): _____

PERCENTAGE OF POSITION (EXAMPLE 100%): _____

YEARS OF IN-DISTRICT PAID EXPERIENCE IN SUPPLEMENTAL POSITION: _____

IS THIS A NEW POSITION? ☐ Yes ☐ No

If no, name of employee vacating this position: _____

Date of resignation from vacating employee: _____

FIRST DATE TO BEGIN WORK: _____ References Checked: ☐ Yes ☐ No

IS THIS PERSON RETIRED FROM EITHER KTRS OR KRS? (PLEASE CIRCLE ONE OR MORE IF APPROPRIATE.)

IF RETIRED, HAS CENTRAL OFFICE AND KTRS/KRS BEEN CONTACTED TO DETERMINE ELIGIBILITY?

☐ Yes ☐ No

SOURCE	%	SOURCE	%
Sect. IV/Staffing Allocation		ESS	
KERA Preschool		Title I	
IDEA Preschool		Title II	
IDEA B		Title III	
Exceptional Child Add-On		LEP	
Prof Dev		RTA	
KECSAC			
Other (indicate org/obj/pro/)			

Superintendent

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.

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NAME: _____ LOCATION: _____ Today's Date _____

☐ **LEAVE WITHOUT PAY:** DATE(S) OF LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM☐ **JURY LEAVE:** DATE(S) OF JURY LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM☐ EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED AND ATTACH CERTIFICATE OF SERVICE FROM COURT REQUESTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.☐ **MILITARY/DISASTER SERVICES LEAVE:** DATE(S) OF LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM☐ EMPLOYEE WILL ATTACH CERTIFICATE OF MILITARY SERVICE REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.☐ **PROFESSIONAL LEAVE:** ACCOUNT CODE FOR PAYMENT: (ORG) _____ (OBJECT) _____ (PROJECT) _____ DATE(S) OF PROFESSIONAL LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM☐ **SUBSTITUTE NEEDED, IF CHECKED INCLUDE NAME OF SUB** _____

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature _____

Date _____

NOTARY NOT REQUIRED FOR ABOVE LEAVES.

Use this for all
leave cards

PERSONNEL

Leave Request Forms and Affidavit

NAME: _____

LOCATION: _____ Today's Date _____

☐ **PERSONAL LEAVE:**DATE(S) OF PERSONAL LEAVE: _____
_____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (COMPLETE FOR REQUIRED AFFIDAVIT)

☐ **SICK LEAVE:**DATE(S) OF SICK LEAVE: _____
_____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

CHECK ONE:

☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER* ☐ MOURNING
IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO
POLICY? ☐ YES ☐ NO

REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (COMPLETE FOR REQUIRED AFFIDAVIT)

☐ **EMERGENCY LEAVE:**DATE(S) OF EMERGENCY LEAVE: _____
_____ FULL DAY _____ HALF DAY ☐ AM ☐ PM☐ BEREAVEMENT ☐ DISASTERS ☐ COURT /LEGAL☐ OTHER, SPECIFY: _____

REQUESTED UNDER THE TERMS OF POLICIES 03.1236/03.2236. (COMPLETE FOR REQUIRED AFFIDAVIT)

☐ **SUBSTITUTE NEEDED, NAME OF SUB** _____**LEAVE AFFIDAVIT** (KRS 161.152, KRS 161.154, KRS 161.155)

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

Affiant's Signature (sign in presence of Notary) _____ Date _____

Affiant's Name (Print or Type) _____

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

Notary Public: _____
_____ County, Kentucky

My Commission Expires: _____

*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

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 Request Form and Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	
<input type="checkbox"/> PERSONAL LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)	
DATE(S) OF PERSONAL LEAVE: _____	TOTAL DAYS: _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
<input type="checkbox"/> SICK LEAVE: 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: _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
CHECK ONE: <input type="checkbox"/> EMPLOYEE'S ILLNESS <input type="checkbox"/> ILLNESS OF FAMILY MEMBER* <input type="checkbox"/> MOURNING	
IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> MATERNITY/ADOPTION/CHILDREARING LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.	
ESTIMATED DATE(S) OF LEAVE _____	TO _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
<input type="checkbox"/> PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS <input type="checkbox"/> UNPAID MATERNITY LEAVE	
<input type="checkbox"/> PAID BIRTH OR ADOPTION LEAVE (NOT TO EXCEED 30 DAYS) /NUMBER OF SICK LEAVE DAYS	
<input type="checkbox"/> UNPAID CHILDREARING LEAVE	
<input type="checkbox"/> JURY LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.	
DATE(S) OF JURY LEAVE: _____	TOTAL DAYS: _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
<input type="checkbox"/> EMPLOYEE WILL SIGN OVER COURT-ISSUED JURY PAY CHECK TO DISTRICT.	
<input type="checkbox"/> EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED.	
<input type="checkbox"/> MILITARY/DISASTER SERVICES LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.	
DATE(S) OF LEAVE: _____	TOTAL DAYS: _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
<input type="checkbox"/> EMERGENCY LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1236/03.2236. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)	
DATE(S) OF EMERGENCY LEAVE: _____	TOTAL DAYS: _____
SUBSTITUTE NEEDED <input type="checkbox"/>	
<input type="checkbox"/> BEREAVEMENT <input type="checkbox"/> DISASTERS <input type="checkbox"/> COURT /LEGAL <input type="checkbox"/> OTHER, SPECIFY: _____	
IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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PERSONNEL

03.123 AP.2
(CONTINUED)

Leave Request Form and Affidavit

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Please check one: Sick Leave ☐ Full Day ☐ ½ Day¶

Name: _____

Date(s) of Absence: _____

Nature of Illness: _____

I do solemnly swear that on the above mentioned date(s), I was unable to perform my school duties and apply for Excused Sick Leave in compliance with the provisions of Section 161.155 KRS.¶

Signed: _____

Employee¶

Subscribed and sworn to before me this _____ day of _____, 200____.¶

Notary Public: _____ County, Kentucky¶

My Commission Expires: _____¶

Confirmed by: _____, Attending Physician¶

PERSONNEL

03.123 AP.2
(CONTINUED)

Leave Request Form and Affidavit

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PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS
DIRECTED BY THE PRINCIPAL/DESIGNEE.

☐ Personal Leave ☐ Emergency Leave ☐ Professional
Leave ☐ Jury Duty
☐ Leave Without Pay

Name:

Date(s) of Absence: ☐ Full Day ☐
Half Day
☐ A.M. ☐ P.M.

Nature of Absence:

Is this a pay deducted day? ☐ Yes ☐ No

Signed:

Employee

Name of substitute:

If Professional, Budget to be paid from:

(Org. Object Project)

PERSONNEL

03.123 AP.2
(CONTINUED)

Leave Request Form and Affidavit

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(10 WORK DAYS OR LESS)

Date

Dear Woodford County Board of Education:

I am requesting a(n)

(educational, professional, illness, maternity, adoption of child, disability, other)

leave starting and ending

(not to exceed 10 working days). I understand that my leave will be without pay for any portion of the leave not covered by sick days, personal days, sick bank donation, etc.

If applicable, a copy of my most recent doctor's statement or explanation of leave covering the timeframe listed above is attached. I understand that if I wish to extend this leave that I must notify the Board of Education **in writing** prior to the ending date of this leave and, furthermore, I understand that a beginning date and ending date must always be included in the request.

Employee Signature . Date

Recommended . ☐ Not Recommended

Building Principal or Administrator Signature

Recommended . ☐ Not Recommended

Superintendent Signature

Put Back In

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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.

LEAVE AFFIDAVIT**(KRS 161.152, KRS 161.154, KRS 161.155)**

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

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.

- ☐ - Sick leave based on personal illness Date(s): _____
- ☐ - Sick leave to attend to an immediate family member* who was ill Date(s): _____
- ☐ - Sick leave to mourn the death of an immediate family member* Date(s): _____
- ☐ - 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): _____
- ☐ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236

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

Affiant's Signature

Date

Affiant's Name (Print or Type)

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

Notary Public: _____, County, Kentucky

My Commission Expires: _____

*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.

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EXPLANATION: SBI 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

03.19 AP.23

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.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.111			✓	
Board member training hours	KRS 156.557; 704 KAR 3:370	01.83			✓	
Certified Evaluation Training	KRS 160.350	02.14/03.18	✓		✓	
Superintendent training program to be completed within two (2) years of taking office	KRS 160.345	02.12			✓	
Council member training required for Principal selection		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. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens	OSHA 29 C.F.R. 1910.1030 34 C.F.R. 106.1-106.71,	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		
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)	New Section of KRS 158	05.4			✓	
School Principal training on procedures for completion of the required school security risk assessment.						
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)		✓			

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: Minimum of one (1) hour in-person, live stream, or via video 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. * [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]	KRS 156.095, KRS 158.070	09.22		✓	
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	✓	✓	

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Deleted: (teachers, principals, counselors)

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 counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22		✓	
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.25

- CLASSIFIED PERSONNEL -

Recommendation for Employment

CLASSIFIED/PARAPROFESSIONAL/VOLUNTEER

TO: Director of Staff and Student Services

FROM: _____ **LOCATION:** _____ **DATE:** _____

Name of Applicant: _____

Is this applicant currently employed by WCPS? ☐ Yes ☐ No If yes, what position? _____

NEW POSITION: _____

Check one: ☐ Full-time ☐ Part-time ☐ Temporary/timesheet only ☐ Coach ☐ Volunteer

Hours per day: _____ Days per year: _____ Percentage of Position (COACHES ONLY) _____

IS THIS A NEW POSITION? ☐ Yes ☐ No Years of Experience _____

If no, name of employee vacating this position: _____

Date of resignation from vacating employee: _____

FIRST DATE TO BEGIN WORK: _____ REFERENCES CHECKED: ☐ Yes ☐ No

PLEASE DESCRIBE ANY VARIANCES TO THE TYPICAL WORK SCHEDULE FOR THIS POSITION:

IS THIS PERSON RETIRED FROM EITHER KTRS OR KRS? (PLEASE CIRCLE ONE OR MORE IF APPROPRIATE.)

IF RETIRED, HAS CENTRAL OFFICE AND KTRS/KRS BEEN CONTACTED TO DETERMINE ELIGIBILITY? ☐ Yes ☐ No

Total Number of Applicants: _____ Minorities Interviewed: _____

SOURCE	%	SOURCE	%
Section V/Staffing Allocation		Adult Ed. (Indicate)	
ETC		RTA	
IDEA B		Health Services	
Exceptional Child Add-On		KERA Preschool	
IDEA Preschool		KECSAC	
Prof Dev		Title I	
Food Service		Title II	
Transportation		Title III	
ESS		LEP	
Other (indicate org/obj/pro/)			

Superintendent

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.

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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**.

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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: 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: SBI REQUIRES SECURITY MEASURES TO BE IMPLEMENTED AS SOON AS PRACTICABLE BUT NO LATER THAN JULY 1, 2022. THE MAIN ENTRANCE OF EACH SCHOOL TO HAVE ELECTRONICALLY LOCKING DOORS, A CAMERA, AND AN INTERCOM SYSTEM, CLASSROOM DOORS TO BE EQUIPPED WITH HARDWARE THAT ALLOWS THE DOOR TO BE LOCKED FROM THE OUTSIDE BUT OPENED FROM THE INSIDE, AND OTHER SAFETY PROVISIONS.
FINANCIAL IMPLICATIONS: COST TO UPGRADE EXISTING FACILITIES

SCHOOL FACILITIES

05.5 AP.1

Building Security

In order to ~~address~~ reasonable security of District property the following practices (Items 1-3) ~~are required in all schools and shall be implemented as soon as practicable but no later than July 1, 2022):~~

1. ~~Controlling access to the main entrance of the school with electronically locking doors, a camera, and an intercom system. No other entrances, shall be left open to outside access during the school day.~~

Windows and outside doors will be properly secured after the close of the school day.

All, but the main entrance, will be locked at that time.

2. ~~Classroom doors are to be equipped with hardware that allows the door to be locked from the outside but opened from the inside. Classroom doors are to remain closed and locked during instructional time.~~

3. ~~Classroom doors with windows are to be equipped with material to quickly cover the window during a building lockdown.~~

4. The number of keys ~~or other means of access~~ to outside doors will be limited and issued only to those persons required to enter the building after hours on a regular basis.

5. Outside security lights will be placed in strategic locations.

6. Inside lighting, in corridors, administrative areas, and other strategic locations, will be turned on when custodians complete their schedule.

7. The work schedules of custodians will be arranged to have them work in the building as late as possible.

8. Money shall not be left in classrooms or vending machines overnight.

9. Principals will see that bank deposits are made in accordance with the Red Book when feasible.

10. The local police and/or sheriff will be requested to place the school buildings on their security rounds.

ADDITIONAL SECURITY MEASURES

With approval of the Board, the Superintendent may direct the installation of a security system and/or the employment of security personnel.

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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

Bus Conduct Report

Woodford County Schools
330 Pisgah Pike
Versailles, KY 40383

Student's Name _____ Date of Incident _____

Driver's Name _____ Bus No. _____ School _____

BEHAVIOR VIOLATION

DISCIPLINARY OPTIONS

Mark Violation	Warning and/or Remedial Training	3 Days Off Bus	5 Days Off Bus	10 Days Off Bus	Handled Under Student Discipline Code	Referred For Bus Expulsion	Driver Removes Immediately
Physical Abuse of Personnel					X	X	X
Weapons/Drugs/Alcohol				X	X	X	X
Fight/Open Flames/Fireworks			X	X		X	
Sexual Behavior			X	X		X	
Tobacco/Alternative Nicotine/Vapor/ Products			X	X		X	
Verbal Abuse of Personnel		X	X	X		X	
Profanity	X	X	X	X	X	X	
Vandal (restitution to be made)	X	X	X	X			
Refused to sit in assigned seat	X	X	X	X			
Refused to follow instructions	X	X	X	X			
Pushing/Tripping/Throwing	X	X	X	X			
Screaming/Hanging out window	X	X	X	X			
Eating/Drinking/Littering	X	X	X	X			
Excessive Mischief/Annoying	X	X	X	X			
Not riding in assigned seat	X	X	X	X			
Not staying in seat	X	X	X	X			
Possession of Prohibited Items	X	X	X	X			
Other (Specify) _____	X	X	X	X			

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PRELIMINARY ACTION TAKEN BY DRIVER

Student Warned _____ Student Assigned Seat _____ Other _____

DRIVER'S COMMENTS: _____

PRESENT ACTION TAKEN BY PRINCIPAL

____ Student Warned/Remedial Training _____ Conference with Student's Parents
____ Student suspended from riding all buses starting ____ for ____ days. The date the student can return riding bus will be _____.

PRINCIPAL'S COMMENTS: _____

Driver's Signature

Date

Principal's Signature

Date

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

Free and Reduced-Price Meals

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. If applicable, 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 shall 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.
7. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by the Superintendent or designee.

Free and Reduced-Price Meals**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 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.
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.

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Deleted: <#>Pricing Adult Meals: The charge for adult meals shall, at a minimum, total the highest charge to students in the paid category plus the paid rate of reimbursement, plus the state matching funds (\$0.04), plus commodity assistance.¶
<#>Adult Meals at No Charge: Program Adults may, at the discretion of the Board, receive meals at no cost. "Program Adults" are those individuals who are assigned to work full-time in the food service operation and whose salaries are paid entirely from food service funds. Part-time employees and substitute employees assigned to work in the food service program whose salaries are paid entirely from food service funds may also receive a meal at no cost. Where the Board chooses to let employees not in this category eat at no charge, the Board must offset the loss of revenue to the food service program. Sufficient documentation of cost and offsets must be maintained for CRE and audit purposes.¶

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

If the total amount of purchases for like items is \$30,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid as follows:

Through or in accordance with a schedule determined by the ~~local educational cooperative~~ ^{or} ~~(CKEC)~~ ^{KPC} ~~Kentucky Procurement~~ ^{Coop and local educational cooperative (CKEC)}

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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 CKEC ^{or KPC}

The bids shall be submitted to the CKEC ^{or KPC} 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. CKEC Bid Documents ^{or KPC}
2. Logs of all emergency and noncompetitive purchases
3. Comparison of all price quotes and bids with the effective dates shown
4. Price comparison showing bid or quote awarded
5. Log of approval substitutions

SUPPORT SERVICES

07.13 AP.1
(CONTINUED)

Bidding of School Food Service Supplies

BID DEVIATION FORM

COMPANY ITEM PURCHASED FROM: _____

ITEM PURCHASED: _____

PRICE OF ITEM PURCHASED: _____

REASON FOR ITEM PURCHASED OFF BID: _____

SCHOOL: _____

MANAGER: _____

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 Federal Programs.

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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 Program).

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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

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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 school'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 "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 and Superintendent.
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.
12. In case parents cannot be notified, an employee will accompany injured person to medical facility.

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.
6. Each school may keep stock epinephrine. Schools that elect to keep stock epinephrine shall maintain epinephrine in a minimum of two (2) locations in the school, including but not limited to the school office and the school cafeteria for administration to students who may have a life-threatening allergic reaction but have no written individual health plan in place.

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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.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

Request Form for School Fund-Raisers

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.

Deleted: All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that this form must be TYPED, except for signatures, and have a budget attached.

School: _____ Date: _____

Person/Club/Organization: _____

Fund-Raiser Requested: _____

Is this a Service Project per Board Policy 09.33? ☐ Yes ☐ No
Product to be Sold: _____

Number of Students Participating: _____
Expected Beginning Date: _____ (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: _____
PROJECTED ACTUAL

1. Gross Sales: \$ _____

2. Expenses/Cost of Goods Sold: \$ _____

3. Total Profit: \$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

ITEMS TO BE PURCHASED FROM

PROFIT PROJECTED ACTUAL

_____ \$ _____

_____ \$ _____

_____ \$ _____

6. Sponsor's Signature: _____ Date: _____

7. As Principal, I ☐ recommend ☐ do not recommend this project.

☐ Form is typed ☐ Budget report is attached

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Request Form for School Fund-Raisers & Crowdfunding

All requests for fund-raising activities may be submitted to the Board at any time during the school year. Requests will be submitted on this form along with a current financial report. At the conclusion of the fund-raising activity, a copy of the original request shall be re-submitted within thirty (30) days. The final submission should include the actual sales, expenditures, profits, and use of the funds for the activity. Please note that **this form must be TYPED**, except for signatures, and have a budget attached.

School: _____ Date: _____

Beneficiary Sport/Club/Organization: _____

Fund-Raiser Requested: _____

Website (if applicable): _____

Is this a Service Project per Board Policy 09.33? ☐ Yes ☐ No

Product to be Sold or items to be requested for donation: _____

Number of Students Participating: _____

Expected Beginning Date: _____ (Beginning date cannot be prior to the Board Meeting.)

Expected Ending Date: _____

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Gross Sales:	\$ _____	\$ _____
2. Expenses/Cost of Goods Sold:	\$ _____	\$ _____
3. Total Profit:	\$ _____	\$ _____

4. Please attach a copy of your organization's budget for this academic year.

5. Please specify below how the funds raised by this event are to be spent.

<u>ITEMS TO BE PURCHASED FROM PROFIT</u>	<u>PROJECTED</u>	<u>ACTUAL</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

6. Sponsor's Signature: _____ Date: _____

7. As Principal, I ☐ recommend ☐ do not recommend this project.

☐ Form is typed ☐ Budget report is attached ☐ Dates are not prior to Board Meeting.

Principal's rationale for not recommending this request:

Principal's Signature: _____ Date: _____

8. As Superintendent, I ☐ recommend ☐ do not recommend this project.

Superintendent's rationale for not recommending this request:

Superintendent's Signature: _____ Date: _____

A copy of this form was sent to the County Clerk as a notice for subscription sales.

Date sent: _____ Signature of Superintendent: _____

Board Approval Date: _____

Review/Revised:7/15/2019

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).

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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:

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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:

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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;

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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: _____

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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.

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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.

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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 Woodford 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 Superintendent's Office, the Board's official custodian of public records, at the following address:

330 Pisgah Pike
Versailles, KY 40383

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.

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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: SBI 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.

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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.
4. All visitors must register on the visitor entry/exit log upon entering and exiting the school.

LUNCH WITH FAMILY MEMBERS

Parents, guardians, grandparents, other immediate family members, or others 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.

Rescind

Courtney 1/4/19

Notice of Meal Charges

To consistently implement the No Charge Policy set forth in Board policy 07.1, the following guidelines shall be followed throughout the District:

1. The procedures used to implement the No Charge Policy, shall be sent to parents/guardians through school and teacher newsletters.
2. Reminder notifications shall be sent throughout the school year by such means as school bulletins, newsletters, etc., notifying parents of the No Charge Policy and encouraging parents to place money into their child's lunch account on a regular basis.
3. The cafeteria manager shall continue to verbally notify the students at WCMS and WCHS and will send account notice letters each week for teachers to send home to parents/guardians of elementary students. Notification through the One-Call System will be used as much as possible. These notices shall be sent home the same day the teacher receives them.
4. The cafeteria manager shall compose an "Alternate Lunch" list of students having less money in their meal account than the cost of a meal and send it to the office by 8:30 a.m. daily. The list shall not include the names of students on free lunch, who never eat school lunch, or who pay by the day.
5. The school secretary shall call the parent/guardian of each student whose name appears on the "Alternate Lunch" list.
6. The school secretary shall send a copy of the "Alternate Lunch" list to each classroom teacher who will check with students to see if they have money for lunch that day. If the student has brought money for lunch, the teacher will remove their name from the "Alternate Lunch" list.
7. The classroom teacher shall present the list to the lunchroom worker at the beginning of the serving line.
8. Students on the list shall be served an "Alternate Lunch" as they go through the line.
9. Students who appear on the "Alternate Lunch" list a second, third, fourth, etc. day, shall be placed at the bottom of the call list and shall be called last.

Review/Revised:11/19/2007

Meal Program Forms and Letters**FREE AND REDUCED PRICE MEAL PROGRAM**

Forms, household letters, and other documents relating to the Free/Reduced-Price meal program may be found at the following link:

bad link
<http://education.ky.gov/federal/SCN/Pages/Forms%20School%20Lunch%20Programs.aspx>

Hard copies of applications and other free-reduced price materials shall be made available at each school. Documents include, but are not limited to; Free and Reduced Meal Application and Instructions; Free and Reduced Policy Statement; letters to households for notification of direct certification, approval/denial, and availability of the program; and media releases.

COMMUNITY ELIGIBILITY PROVISION (CEP) MEAL PROGRAM

Household Income Forms and other documents relating to the Community Eligibility Provision meal program may be found at the following link:

[http://education.ky.gov/districts/SHS/Pages/Community-Eligibility-Provision-\(CEP\).aspx](http://education.ky.gov/districts/SHS/Pages/Community-Eligibility-Provision-(CEP).aspx)

Review/Revised:7/21/2014

get new links from Courtney

*- considering using WCPS link
to our web site instead of
KDE's Links which change*

To apply for graduation assistance due to a hardship, the student must complete the following application, attach all required documentation, and submit to the Principal. A conference with the Principal; parent(s)/guardian(s), if appropriate; and the student is required to determine eligibility for graduation assistance for reasons of hardship. Submission of this application does not guarantee the student that graduation assistance due to hardship will be granted.

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Student's Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
District High School presently attending _____			
Parent/Guardian Name _____		Parent/Guardian's Phone Number _____	

- Graduation date requested: _____

State below the reason(s) for requesting graduation assistance due to hardship. Be very specific in your application, including your plans for the future and how such graduation assistance will help you achieve your goals. Attach additional page(s), if necessary. _____

In addition to the above statement, attach the required documentation specified.

- Completed ACT.
- ~~Completed End of Course Exams (EOCs).~~ *9/2018 no more EOCs - update*
- For military enlistment, attach a letter from an Armed Services recruiter indicating your intent of enlistment.
- For family hardship, a letter of need must accompany this application, and documentation must be provided at the conference with the Principal.
- For medical emergency, attach a letter from a licensed physician.

Signature of Applicant

Date _____

Signature of Parent/Guardian

Date _____

I do not recommend this student for graduation assistance due to hardship.

Signature of Principal

Date _____

I do not recommend this student for graduation assistance due to hardship.

Signature of Superintendent

Date _____

Review/Revised:7/20/2015

Student Drug Testing**STUDENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

THIS CONSENT FORM SHALL REMAIN IN EFFECT FOR A PERIOD OF TWELVE (12) MONTHS FROM THE DATE IT IS EXECUTED. ANY REVOCATION OF THIS CONSENT FORM SHALL DISQUALIFY THE STUDENT FROM PARTICIPATING IN EXTRACURRICULAR ACTIVITIES OR DRIVING TO AND FROM SCHOOL FOR A PERIOD OF TWELVE (12) MONTHS.

THE UNDERSIGNED STUDENT PARTICIPANT AND, FOR STUDENTS UNDER EIGHTEEN (18), THE STUDENT'S PARENT OR LEGAL GUARDIAN HEREBY ACKNOWLEDGE THAT THEY HAVE ACCESS TO READ AND UNDERSTAND THE FOREGOING POLICY AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE POLICY.

THE UNDERSIGNED UNDERSTAND THAT THIS CONSENT IS EFFECTIVE FOR ALL TEAMS/SPORTS, COMPETITIVE EXTRACURRICULAR ACTIVITIES, ~~ALL COMPETITIVE EVENTS~~, AND/OR ON-CAMPUS PARKING PRIVILEGES IN WHICH THE STUDENT MAY PARTICIPATE DURING THE CURRENT SCHOOL YEAR.

THE UNDERSIGNED HEREBY PERMIT THE LAB SELECTED BY THE WOODFORD COUNTY BOARD OF EDUCATION TO PERFORM DRUG TESTING OF THE STUDENT'S URINE AND TO RELEASE THE RESULTS TO THE SUPERINTENDENT'S DESIGNEE AND THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL, ~~OR~~ WOODFORD COUNTY MIDDLE SCHOOL, OR SAFE HARBOR ACADEMY AND PERMIT THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL TO RELEASE ALL DRUG TESTING RESULTS TO THE COACHES OR ORGANIZATIONAL ADVISORS ON TEAMS IN WHICH THE STUDENT IS INVOLVED, OR TO OTHERS AS DEEMED APPROPRIATE, AND TO THE STUDENT'S PARENTS AND LEGAL GUARDIANS.

ANY REFUSAL BY A STUDENT PARTICIPANT TO BE TESTED SHALL BE TREATED AS A VIOLATION, AND THE APPROPRIATE SANCTION WILL BE ASSESSED. (SEE "SANCTIONS.")

PRINT STUDENT'S NAME

PRINT PARENT (OR GUARDIAN) NAME

STUDENT SIGNATURE

PARENT (OR GUARDIAN) SIGNATURE

DATE SIGNED

DATE SIGNED

DATE OF FORUM ATTENDED

- ☐ I AM 18 YEARS OF AGE AND GIVE PERMISSION FOR MY TEST RESULTS TO BE SHARED WITH MY PARENTS/LEGAL GUARDIANS.

FOR OFFICE STAFF ONLY

DATE FORM RECEIVED

PRINT NAME

SIGNATURE

Student Drug Testing**VOLUNTARY PARTICIPANT CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

THE STUDENT DOES NOT PRESENTLY EXERCISE THE PRIVILEGE OF PARTICIPATING IN EXTRACURRICULAR ACTIVITIES OR DRIVING TO SCHOOL, HOWEVER THE STUDENT AND, FOR STUDENTS UNDER EIGHTEEN (18), HIS/HER PARENT(S) OR GUARDIAN DESIRE FOR THE STUDENT TO PARTICIPATE IN THE RANDOM DRUG AND ALCOHOL TESTING PROGRAM OF THE WOODFORD COUNTY SCHOOL DISTRICT. THE STUDENT AND HIS/HER PARENT(S) OR GUARDIANS ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE DISTRICT'S ~~ALCOHOL, DRUGS, AND OTHER CONTROLLED SUBSTANCES~~ STUDENT DRUG TESTING POLICY AND STUDENT RANDOM DRUG TESTING PROCEDURES.

THE UNDERSIGNED STUDENT AND THE STUDENT'S PARENT OR LEGAL GUARDIAN HEREBY ACKNOWLEDGE THAT THEY HAVE ACCESS TO READ AND UNDERSTAND THE FOREGOING POLICY AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE POLICY.

THE UNDERSIGNED UNDERSTAND THAT THEIR PARTICIPATION IS COMPLETELY VOLUNTARY.

THE UNDERSIGNED HEREBY PERMIT THE LAB SELECTED BY THE WOODFORD COUNTY BOARD OF EDUCATION TO PERFORM DRUG TESTING OF THE PARTICIPANT'S URINE AND TO RELEASE THE RESULTS TO THE SUPERINTENDENT'S DESIGNEE AND TO THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL AND PERMIT THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL TO RELEASE ALL DRUG TESTING RESULTS TO THE STUDENT'S PARENTS AND LEGAL GUARDIANS.

ANY REFUSAL SHALL BE TREATED AS A VIOLATION AND WILL BE REPORTED TO THE STUDENT'S PARENTS, BUT NO DISCIPLINE MAY OCCUR THROUGH THIS POLICY.

PRINT STUDENT NAME

PRINT PARENT (OR GUARDIAN) NAME

STUDENT SIGNATURE

PARENT (OR GUARDIAN) SIGNATURE

DATE SIGNED: _____

Review/Revised:8/20/2018

Personnel Records Procedures

SECURITY OF RECORDS

All personnel files shall be confidential and considered privileged, so far as allowed by law.

A personnel file shall be available for examination at any time to the Superintendent or supervisory personnel s/he designates and/or to the employee or personally authorized representative during regular business hours.

A personnel file shall not be made available to others except upon the submission of a notarized statement signed by the employee or a signed Open Records request. Unless an Open Records request has been filed with the Superintendent's office, individual Board members have no authority to review personnel files, even when the Board is in session.

COPIES

One (1) copy of a personnel record may be provided to an employee at no cost and the date of providing the free copy noted. Copies of the personnel file, excluding references, are to be made per written request. The personnel file will be copied and will be provided within five (5) business days.

REVIEW OF RECORDS

The employee's immediate supervisor, the employee's potential immediate supervisor (return from leaves of absence and transfers), the employee and other authorized staff may review the official personnel file.

MAINTENANCE OF RECORDS

The official personnel file shall be handled and maintained in an orderly and confidential manner. The logical and sequential order of the items placed in the file shall be observed. All written entries or documents shall be legible and shall be considered a part of the legal permanent records.

OFFICIAL FILE CONTENTS

Personnel files shall contain the following information:

1. Notice of name, address, telephone number changes;
2. Physical examination from, tuberculin risk assessment or INH form;
3. Kentucky Teaching Certificate;
4. Transcripts of college credits;
5. Contracts of employment;
6. Signed job description;
7. Electronic application, including references, security checks and, if applicable, copy of official Driving Record;
8. Miscellaneous documents, including tax shelter annuity contracts, wage garnishments, awards, correspondence from/to employee;
9. Evaluations (contractual recommendation);
10. Fingerprinting records;
11. Salary change notice.

Monthly Facility Security 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 and Superintendent. A copy shall be kept by the employee completing the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
<u>Perimeter</u>				
Authorized vehicle traffic only				
Perimeter gates operable				
Dumpsters are located away from buildings				
Access to roof is limited				
Directional signs on curbs and streets				
Landscaping arranged to prevent blind spots				
Walkways are not obstructed				
Exterior lighting in operation				
Condition of perimeter fencing				
<u>Buildings</u>				
Designated visitors' entrance is clearly marked				
Doors to high risk areas are locked				
Door hinges have nonremovable pins				
Door frames made of pry-proof metal				
Doors have security glass				
Windows have latches				
Miscellaneous openings secured (roof, coal chute, crawl space)				
Files, safes, and vaults secured				
Fire alarms and smoke detectors operational				
<u>Traffic Control</u>				
Parking lot through and cruising traffic				
Speed bumps				
Access to student vehicles is limited				
Parking areas are clearly identified				
Parking lots located in direct visual observation				
School vehicles are parked within school perimeter				

Monthly Facility Security Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Vehicle entry to playground or activity areas is blocked				
<u>Lighting</u>				
Exterior lights have break-resistant lenses or mesh covers				
Access points are well illuminated				
Loading and unloading zones are well illuminated				
Lights are mounted in a way to reduce shadow areas				
Lights provide illumination without glare				
Back up or supplementary lighting in case of power failure				
Lights inspected and replaced regularly				
<u>Security Measures</u>				
Security system operational				
Key control system				
Proper identification and inventory program				
Locks and/or latches in good condition				
Anchor pads or locking devices on portable equipment				
Alarm system operational and in good repair				
School security officers' services				
Incident reporting procedure				
After hours law enforcement checks				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR BY
THE 10TH OF EVERY MONTH.

Signature of Recipient

Date

Review/Revised: 5/19/03