

Northern Ky. Cooperative for Educational Services

Codification Outline

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- 01.61 AP.1 Records Management
- 01.61 AP.11 Notice of Security Breach & Investigation Procedures
- 01.821 AP.1 Board Member Expense Reimbursement

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01.6 AP.2	Request to Examine and/or Copy Records
01.61 AP.1	Records Management
01.61 AP.11	Notice of Security Breach & Investigation Procedures
01.821 AP.1	Board Member Expense Reimbursement

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 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 NKCES, except those specifically exempted by statute, are open to public inspection at the Office of the Executive Director. 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 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 NKCES 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: _____

Name: _____

Address: _____

Records Requested By:

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

Address: _____

Phone #: _____ Date: _____

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

If Yes: Child's Name _____ School _____

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

Signature of Person Requesting Record(s) *Month/Day/Year*

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

Request to Examine and/or Copy Records

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

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

NOTE: Except when individuals designated by the Executive Director are reviewing records, an authorized NKCES 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 _____

Review/Revised:

Records Management**RETENTION AND DISPOSAL OF SCHOOL RECORDS**

The Executive Director's designated Records Officer shall implement the procedures listed in the *Records Retention/Public School District Schedule*. Any deviation from these procedures shall be submitted in writing by the Executive Director/designee to the Director of Archives and Records. The request must be approved in writing by the State Librarian prior to the disposal or destruction of school records. The following procedures shall be followed in records management:

1. The Executive Director/designee shall notify the Public Records Division in the Department for Libraries and Archives of the name of the NKCES Records Officer who shall represent the NKCES in its relations with that Division.
2. The Records Officer shall prepare a records retention and disposal schedule for the NKCES that is compatible with state statutes and regulations.
3. The Records Officer shall review this schedule with all staff members responsible for school records.
4. Records that have met the retention schedule shall be disposed of by shredding or burning within six (6) months after the required retention period.
5. The disposal or destruction of school records shall be under the supervision of the Records Officer who shall keep a log of all disposed records.
6. Records listed as "permanent" on the schedule shall be kept in a secure location.
7. Both active and inactive records shall be filed in locations that offer reasonable security and accessibility.
8. Electronically received records such as, but not limited to, e-mail, diskettes, CDs, and faxes shall be handled in accordance with the procedures used in the storage, retention, and disposal of other NKCES records.

Review/Revised:

Notice of Security Breach & Investigation Procedures**PROTECTION AND PREVENTION**

The NKCES will take reasonable security measures in accordance with KRS 61.931 - KRS 61.933, to guard against the foreseeable loss or exposure of personal information that it maintains or possesses.

“Personal information” is defined as an individual’s first and last name or first initial and last name; personal mark; or unique biometric or genetic print or image, along with any data element listed below:

- Account number, credit or debit card number, that, in combination with any required security code, access code, or password would permit access to an account;
- Social Security number;
- Taxpayer identification number that incorporates a Social Security number;
- Driver’s license number, state identification card number, or other individual identification number issued by any agency;
- Passport number or other identification number issued by the United States government; or
- Individually identifiable health information as defined in 45 C.F.R. sec. 160.103 except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.

Personal information does not include information that is lawfully made available to the general public pursuant to state or federal law or regulation.

A “security breach” refers to:

- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of unencrypted or unredacted records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals; or
- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of encrypted records or data containing personal information along with the confidential process or key to unencrypt the records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals.
- A security breach does not include the good-faith acquisition of personal information by an employee, agent, or nonaffiliated third party of the agency for the purposes of the agency if the personal information is used for a purpose related to the agency and is not disclosed to others without authorization.

INITIAL ASSESSMENT/INVESTIGATION OF SECURITY INCIDENT AND NOTICE

When the NKCES receives information or notice prompting a reasonable belief that an event compromising the security of personal information maintained by the NKCES or nonaffiliated third party on behalf of the NKCES may have occurred, the NKCES shall conduct a reasonable initial assessment or investigation to determine whether the event constitutes a “security breach” under the above definition.

Notice of Security Breach & Investigation Procedures**INITIAL ASSESSMENT/INVESTIGATION OF SECURITY INCIDENT AND NOTICE (CONTINUED)**

Once it is determined that a security breach relating to personal information has occurred, the NKCES shall within seventy-two (72) hours: 1) notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Kentucky Attorney General and the Education Commissioner and 2) begin a reasonable and prompt investigation to determine whether the security breach has resulted or is likely to result in the misuse of personal information.

FOLLOW-UP INVESTIGATION/ASSESSMENT IF SECURITY BREACH CONFIRMED

If it is determined after initial investigation that a security breach has occurred, the NKCES shall complete an investigation and assessment of the incident to determine whether the security breach has resulted or is likely to result in the misuse of personal information, which may include the following:

- Depending on the nature of the breach and sensitivity of information, take reasonable near-term steps to mitigate further unauthorized disclosure of personal information and risk of harm.
- Consider designating a lead investigator and investigative team with expertise keyed to the event (e.g. utilization of available NKCES IT professionals if breach involves electronically maintained information, internet, or web resources).
- Interview relevant individuals to learn about the circumstances surrounding the incident and review logs, tapes or other resources.
- Identify individual(s) affected by the breach.
- Determine what personal information has been compromised and how disclosed.
- If applicable, identify affected machines, devices, and IT resources and preserve backups, images and hardware where possible.
- Estimate the likely impact of the compromised data's exposure.
- Utilize professional assistance and consultation as necessary, analyze the likely cause of the breach.
- Coordinate internal and external communications related to the incident. Emphasize maintaining confidentiality during investigative stages of response activities.
- Seek involvement of law enforcement if there is reason to believe criminal activity has occurred.

Notice of Security Breach & Investigation Procedures**NOTIFICATION**

Upon conclusion of the investigation, if it is determined that a security breach has occurred and that misuse of personal information has occurred or is likely to occur, the NKCES shall within forty-eight (48) hours notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Attorney General, the Commissioner of Education, and the Commissioner of the Department of Libraries and Archives. Within thirty-five (35) days of providing these notices, the NKCES shall notify all individuals impacted by the security breach as provided by law.¹

These notices shall be delayed upon written request of a law enforcement agency that the notices would impede an investigation. Security Breach Forms are located on the Kentucky Finance & Administration Cabinet website:

<http://finance.ky.gov/SERVICES/FORMS/Pages/default.aspx>.

If the investigation determines that misuse of personal information has not occurred or is not likely to occur, the above agency contacts shall be provided notice of the determination. In this case, notice to affected individuals is not required, but the NKCES should maintain records reflecting and supporting the determination.

CONTRACTS WITH NONAFFILIATED THIRD PARTIES - INFORMATION SECURITY

On or after January 1, 2015, agreements calling for the disclosure of “personal information” to nonaffiliated third parties shall require the third party contracting with the NKCES to follow information breach and security standards at least as stringent as those applicable to the NKCES.

Contracts with such third parties shall specify how costs of data breach investigations and notices are to be apportioned.

OTHER PRIVATE INFORMATION

In the case of breach of information made private by law that does not fall within the definition of “personal information”, the NKCES may engage in similar investigative, response, or notification activities as provided above. Alternatively, the NKCES may, after reasonable investigation, provide notice to the individual whose restricted personal information has been acquired by an unauthorized person. Notification will be made in the most expedient time frame possible and without unreasonable delay, except when a law enforcement agency advises the NKCES that notification will impede criminal investigation. Notification should be provided to the individual within three (3) working days of discovery of the breach but no later than thirty (30) working days.

Depending on the number of people to be contacted, notification may be in the form of a face-to-face meeting, phone call, posting on a Web site or sending a written notice to each affected person’s home. Notice should include the specific information involved and, when known, an estimate of how long it has been exposed, to whom the information has been released and how the breach occurred. In addition, the individual should be advised whether the information remains in the physical possession of an unauthorized person, if it has been downloaded or copied, and/or, if known, whether it was used by an unauthorized person for identify theft or fraud purposes.

Notice of Security Breach & Investigation Procedures

REFERENCES:

¹KRS 61.933

KRS 61.931; KRS 61.932

702 KAR 1:170

Data Security and Breach Notification Best Practice Guide

Review/Revised:

Board Member Expense Reimbursement

Approval of and reimbursement for travel expenses shall be accomplished by the completion of the “Overnight Travel Request Form” the “Flight Form” the “ “Travel Voucher Reimbursement” and “Mileage Reimbursement Form.” All forms are found in Chapter 3 and are coded 03.125 AP.2, 03.125 AP.21 and 03.125 AP.22

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03.6 AP.22	Volunteer Recruitment and Assignment

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

PERSONNEL

03.11 AP.21

Job Vacancy Notice



NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES
5516 East Alexandria Pike, Cold Spring, KY 41076
Phone: (859) 442-8600 Fax: (859) 442-7038

FROM:	DATE:
JOB TITLE/POSITION:	PROGRAM:
RATE OF PAY:	DAYS PER YEAR:
CHECK ONE: <input type="checkbox"/> CERTIFIED POSITION <input type="checkbox"/> CLASSIFIED POSITION	
CHECK ONE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> TEMPORARY	
IS THIS A NEW POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB REQUIREMENTS/DESCRIPTION: (PLEASE ATTACH JOB DESCRIPTION)	
APPLICATION DEADLINE:	
CONTACT INFO FOR APPLICATIONS/RESUMES:	
ADDITIONAL INFORMATION:	

HR COORDINATOR: _____ DATE: _____

EXECUTIVE DIRECTOR: _____ DATE: _____

Job Posted: _____ Posting Removed: _____

UNLESS OTHERWISE NOTED, ALL CERTIFIED POSITIONS SHALL BE POSTED FOR FIFTEEN [15] CALENDAR DAYS.

THE NKCES 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.

Review/Revised:



Verification of Employment

(EDUCATIONAL EXPERIENCE)

Northern Kentucky Cooperative for Educational Services

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your school district/agency. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee or via email to: shelly.cobb@nkces.org
Thank you!

(Name of Former Employee)

(Last 4 SS#)

Employee has _____ years of professional experience under contract with your school district/agency.

Name of School, Agency or Employer	School Year	Actual # Days Paid	# Days in Contract	Position Full-Time, Part-Time, Substitute

☐ Public School ☐ Private School Contract: ☐ Limited ☐ Continuing (Tenure)

Please provide the number of accumulated days when employee left your school system (KY school districts). _____ Sick Days _____ Personal Days

OPEN RECORDS REQUEST

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.

o Information enclosed/attached o No disciplinary

Signature of Person Completing Form

Date

Title

Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!



Verification of Employment
(Non-Educational Experience)

Northern Kentucky Cooperative for Educational Services
 5516 East Alexandria Pike, Cold Spring, KY 41076
 Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your company. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee or via email to: shelly.cobb@nkces.org Thank you!

 (Name of Former Employee)

 (Last 4 SS#)

Employee has _____ years of professional experience with your company.

Name of Business	Start Date Month/Year	End Date Month/Year	Full Time Part Time	Position & Job Duties

OPEN RECORDS REQUEST

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency. ☐ Information enclosed/attached ☐ No disciplinary action on record for this individual

 Signature of Person Completing Form

 Date

 Title

 Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!

Review/Revised:

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

- CERTIFIED PERSONNEL -

Recommendation for Employment

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE #: _____ SS#: _____ DoB: _____

JOB TITLE/POSITION: _____ PROGRAM: _____

REPLACING: _____ START DATE: _____

REFERENCES CHECKED: ☐ YES ☐ NO

PREVIOUS STATE EMPLOYEE: ☐ YES ☐ NO

*Participated in KY Teacher's Retirement ☐ Yes ☐ No

*Participated in KY Retirement System ☐ Yes ☐ No

*Current Retiree ☐ Yes ☐ No

*Transfer from another District or Agency ☐ Yes ☐ No If Yes, which one: _____

CERTIFIED: ☐ FULL-TIME ☐ PART-TIME ☐ SUBSTITUTE ☐ TEMPORARY

Certification Type: _____ Salary: _____

Rank: _____ Years Experience: _____ Step: _____

of Contract Days per Year: _____ Hours per Day: _____

CLASSIFIED: ☐ FULL-TIME ☐ PART-TIME ☐ SUBSTITUTE ☐ TEMPORARY

High School Diploma: _____ High School Equivalency: _____ Associate Degree or Higher _____

of Contract Days per Year: _____ Hours per Day: _____

Program Director: _____ Date: _____

HR Coordinator: _____ Date: _____

Executive Director: _____ Date: _____

The NKCES 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.

Recommendation for RSP Certified Employment

CANDIDATE NAME				GENDER		RACE	
POSITION TO BE FILLED				NEW TEACHER INTERN		o YES	o NO
PERSON REPLACING				NEW POSITION		o YES	o NO
RANK		TOTAL YEARS' EXPERIENCE			REFERENCES CHECKED	o YES	o NO
THIS PERSON TO BE		o FULL-TIME	o PART-TIME	RECOMMENDED START DATE			
SOCIAL SECURITY #			DOB	HOURS PER DAY		DAYS PER YEAR	

PREVIOUS STATE EMPLOYEE: ☐ YES ☐ NO*Participated in KY Teacher's Retirement ☐ Yes ☐ No*Participated in KY Retirement System ☐ Yes ☐ No*Current Retiree ☐ Yes ☐ No*Transfer from another District or Agency ☐ Yes ☐ No If Yes, which one: _____**ETHNICITIES**

AI/AN= American Indian/Alaskan Native A=Asian B/AA=Black/African American H/L = Hispanic/Latino

NH/OPI = Native Hawaiian/Other Pacific Islander W= White O= Other ENS = Ethnicity Not Specified

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

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

Minority Educator Recruitment and Retention Hiring Information									
Question	AI	AP	B/AA	H/L	NA/OI	W	O	ENS	TOTAL
1. How many total applications were received for this vacancy?									
2. How many eligible applicants received an official interview?									
a. Of these eligible applicants, how many also hold out of state credentials?									
b. Of these eligible applicants, who received only one interview?									
*Were hired?									
*Were not hired?									
*Declined the position?									
c. Of these eligible applicants, who received multiple interviews?									
3. How many Not Full State Certified applicants received an official interview? And:									
*Were hired?									
*Were not hired?									
*Declined the position?									

Recommendation for RSP Certified Employment

YEARLY COMPENSATION BY SUPERINTENDENT

Certification Type:	_____	
Base Rank:	_____Step_____	\$ _____
Extra Days:	_____	\$ _____
Extra Duty:	_____	\$ _____
Extra Duty:	_____	\$ _____
	TOTAL	\$ _____

Program Director:	_____	Date:	_____
HR Coordinator:	_____	Date:	_____
Executive Director:	_____	Date:	_____

NKCES 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.

Review/Revised:

Driving Records Release Authorization

Name _____				
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>	
Address _____				
<i>Street/Apartment #/P.O. Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
Maiden Name, if applicable _____				
Birthdate _____		Social Security Number _____		
Position to be filled in the School District _____				

In accordance with policy 03.1321, I hereby authorize the Kentucky Department of Transportation to release the results of a Driving Records Check to NKCES personnel.

Signature of Applicant *Date*

=====

Subscribed and sworn to before me by _____ this ____ day of _____, 2____.

Applicant Name

My commission expires: _____

Month/Day/Year *Notary Public*

This form shall be completed annually.

NKCES personnel should ensure that all information is complete.

Forward a check made payable to the Kentucky State Treasurer in the amount of **\$3.00** for each submitted form. Send this form and check to **Kentucky Department of Transportation, Division of Driver Licensing, 200 Mero Street, Frankfort, KY 40622.**

Review/Revised:

- CERTIFIED PERSONNEL -**Salaries and Payroll Distribution**

A Recommendation for Employment form is completed and signed by the Program Director prior to personnel actions resulting in hiring new employees. It is then forwarded to the finance office and is verified and approved then forwarded to the Executive Director for final approval. The following will be done:

- The Human Resources Coordinator will prepare an Employee Personnel File with the necessary paperwork for orientation. The Bookkeeper will prepare a contract or probationary agreement following the constraints of the Recommendation for Employment.
- The Human Resources Coordinator will file the original and one copy of the Recommendation for Employment form in the employee's personnel file and maintain the files in the department. Program Directors upon receipt of an approved Recommendation for Employment form will contact the employee and work with the Human Resources Coordinator to set up an orientation appointment.

The Human Resources Coordinator is responsible for conducting new employee orientation. As part of the orientation, the Human Resources Coordinator shall obtain the following documents to be kept in the employee's personnel file:

- Central Registry Background Check Release
- Fingerprint Card Release for Federal Background Check
- Physical & TB Test Form
- Teaching Certificate
- Verification of Professional Experience
- Employment Eligibility Verification - I9 Form
- Copy of Current Driver's License & Social Security Card OR Copy of Passport
- Federal Tax Withholding – W4 Form
- State Tax Withholding – K4 or IT4 Form
- Banking Information for Direct Deposit
- TRS (Teacher's Retirement) Information
- Employment Not Covered by Social Security SSA-1945 Form
- Health Insurance Application (including marriage & birth certificates)
- Life Insurance Forms
- Elective Benefits Forms
- Emergency Contacts
- Time Keeping & Attendance
- NKCES Handbook & Acknowledgement Form
- Link to NKCES for all Policies & Procedures www.nkces.org

The Human Resources Coordinator will set-up employee information in the payroll system. Entry of new employees and payroll changes to existing employees are calculated and checked by the Bookkeeper for accuracy.

Salaries and Payroll Distribution**PAYROLL**

NKCES employees will be paid on a semi-monthly basis. Payroll checks for new employees not set up in the direct deposit system and direct deposit vouchers for all other employees are issued on the 15th and the last day of month. If payday occurs on a weekend, then they are issued the Friday before. If it occurs on a holiday the payroll checks and direct deposits are issued the day before. The following shall apply to the Cooperative's payroll procedures:

Time sheets or Calendars, showing hours or days worked, signed by the supervisor and properly dated are required by all the Cooperative's employees. The following procedures apply to time sheets:

- Employees are responsible for submitting an accurately completed time sheet to their supervisor.
- The Program Directors are responsible for assuring that time sheets are submitted in a timely manner by their staff. Time sheets will be reviewed by the Program Director to determine if they are properly prepared, reviewed, and that hours appear reasonable.
- The Program Director or Supervisor is responsible for the correctness of the time sheets of his/her staff.

Payroll Checks/Direct Deposits and Register – During the processing of payroll checks, direct deposits and the various payroll registers, edits and reviews will be made prior to running payroll to assure that no errors have been made. The procedures for payroll checks and direct deposits are as follows:

- Payroll checks will be printed on checks drawn on a separate payroll bank account by an outside payroll company.
- Direct deposits will be printed on non-negotiable check stock. Direct deposits contain details of gross pay and deductions.
- Secondary check stubs are detached from checks and non-negotiable direct deposit checks and attached to time sheets, where applicable.
- The Human Resources Coordinator reviews all active contracts to be paid each pay period. Upon submitting payroll, the Human Resources Coordinator will forward an electronic request to the Bookkeeper for transfer of funds. The Executive Director authorizes transfer of funds in review of the payroll journal summary. The Bookkeeper transfers the monies to cover the entire payroll including taxes to the payroll account.

Review/Revised:

- CERTIFIED PERSONNEL -**Timekeeping and Attendance****POLICIES & PROCEDURES FOR TIME ON DEMAND TIMEKEEPING & ATTENDANCE**

- I. Introduction. The FLSA distinguishes between exempt and non-exempt employees. Exempt employees are not paid for the time that they work, but for the work that they do. Exempt employees are salaried, and they are exempt from the overtime requirements of FLSA. Non-exempt employees, on the other hand, are paid for the time that they work, and NKCES is required by FLSA to pay time and one-half for all hours worked over forty (40) hours.

The purpose of these policies and procedures, therefore, is to set forth rules for employees who “punch” or log their time in Time on Demand web clock and attendance reporting.

- II. Clocking in and out for Regular Work Shift. Classified employees (who are subject to overtime provisions of FLSA) are required to clock in no later than the beginning of their scheduled work shift and to clock out at the end of the scheduled work shift, unless required to work pre-approved over time or unless on approved leave. Employees are required to clock in no sooner than fifteen minutes prior to the beginning of their shift and to clock out no later than fifteen minutes after their shift ends. Employees who clock in late or clock out early will have compensation for such lost time deducted from their paychecks. Certified employees are required to log their start and stop work time for each day.
- III. Clocking in and out during Lunch and Break Periods. Employees are not required to punch in and out during scheduled lunch and break periods if the lunch period does not exceed thirty minutes. All employees (classified & certified) are required by law to take a minimum of a one-half (½) hour lunch period and not permitted under any circumstances to “work through” their lunch period. Time on Demand will automatically deduct one-half (½) hour from each work period that exceeds five (5) hours for a lunch period. Employees are not permitted to work through lunch to leave early. Employees are not permitted to work over their scheduled shift without written approval of the Principal.
- IV. Clocking in for other Employees Prohibited. Under no circumstance will an employee log in or punch in/out for another employee.
- V. Employees on Leave. Employees who are on person, sick leave, or other approved special leave, are not required to punch the time clock while on such approved leave; however, all documentation for leave must be submitted to the immediate supervisor, in accordance with the NKCES’ leave policies.

I certify by my signature that I have received a copy of Policies and Procedures for use of the Time on Demand; that these policies and procedures have been explained to me; and further that I have had an opportunity to ask questions about the policies and procedures.

Employee Name Printed:_____

Employee Signature:_____Date:_____

Review/Revised:

- CERTIFIED PERSONNEL -**Personnel Documents**

Name:	DOB:	Social:
Hire Date:	Dept:	Position:
Daily Rate:	AOD #	Phone:
Benefits Effective:	Email:	
Recommendation for Employment		To Exec Director:
Job Description		
Application		
Resume		
Contract Signed by Employee		To Exec Director:
Contract Signed by Executive Director		
Teaching Certificate		Verified:
Central Registry Background Check		To KY Cabinet:
CA/N Report from KY Cabinet		
Fingerprint Card / Previous Check Within 6 Mos		To KSP:
Fingerprint Report from KSP		
Physical Report KDESHS001		
TB Report TB-3		
Verification of Professional Experience		
I-9 Employment Eligibility		
Copy of Driver's License		
Copy of Social Security Card		
W-4 Federal Tax Withholding		
K-4 or IT-4 State Tax Withholding		
Direct Deposit Form / Void Check		
TRS Application & Beneficiary		To TRS:
Job Not Covered by Social Security SSA-1945		To TRS:
Women's Rights		
Health Insurance Application		To KEHP:
Marriage / Birth Certificates		To KEHP:
FSA Application		To KEHP:
Nationwide Life Insurance Application		To KEHP:
Nationwide Life Insurance Beneficiary		To KEHP:
Dental Insurance Application		To KEHP:
Vision Insurance Application		To KEHP:
Dental Insurance Application		To Gross:

Personnel Documents

Vision Insurance Application		To Gross:
Grange Life Insurance		To Gross:
American Fidelity Packet		To Adeana:
Emergency Contacts		
NKCES Handbook Acknowledgement		
AOD Policies & Directions		

Review/Revised:

Change in Rank/Licensure

Complete and submit this form to the Executive Director at least two (2) weeks prior to the beginning of the affected school term. Attach documentation verifying your change in rank/licensure.

Employee's Name: _____

Employee's Classification: ☐ CERTIFIED ☐ CLASSIFIED

School/Work Location: _____

Immediate Supervisor's Name: _____

*My rank/licensure will change from _____
to _____,*

*effective for the fall term of the _____ school year. Attached is the required
documentation to verify my rank/licensure change.*

TEACHERS ONLY

☐ National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.

Employee's Signature *Date*

Executive Director's Signature *Date*

NOTE: Before salary adjustments can be made, documentation verifying change in rank/licensure must be received by the Executive Director and on file at the NKCES Office.

Review/Revised:

Leave Request Form

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

☐ PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

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

IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

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

ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED ☐

☐ PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ ☐ UNPAID MATERNITY LEAVE

☐ PAID BIRTH OR ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS _____

☐ UNPAID CHILDREARING LEAVE _____

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

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ EMPLOYEE SIGNS OVER COURT-ISSUED JURY DUTY CHECK.

☐ EMPLOYEE REIMBURSES DISTRICT.

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

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ BEREAVEMENT ☐ DISASTERS

☐ COURT /LEGAL ☐ OTHER, SPECIFY: _____

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

Executive Director/designee's Signature

Date

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

Employee's Signature

Date

Review/Revised:

Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER NKCES EMPLOYEE SHALL COMPLETE THE TOP PORTION OF THIS FORM AND SUBMIT IT TO THE NKCES OFFICE. THE RECEIVING EMPLOYEE SHALL BE RESPONSIBLE FOR PROVIDING ANY REQUIRED STATEMENT OF NEED CERTIFIED BY A LICENSED PHYSICIAN.

NAME: _____ **SCHOOL/WORK SITE:** _____

EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

***NOTE:** The number donated may not reduce the employee's accumulated sick leave balance to less than fifteen (15) days.*

NKCES EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

Employee's Signature

Date

=====

TO BE COMPLETED BY NKCES OFFICE DESIGNEE

The employee to whom sick leave days are to be donated ☐ is eligible ☐ is not eligible to receive the days based on the following criteria.

Check each requirement below that is met:

- ☐ The donating employee's sick leave balance will not fall below fifteen (15) days.
- ☐ The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- ☐ The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- ☐ As appropriate, the receiving employee's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- ☐ The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- ☐ The receiving employee has complied with the NKCES' policies governing the use of sick leave.

Signature of Executive Director/designee

Date

Review/Revised:

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE EXECUTIVE DIRECTOR/DESIGNEE.

Name of Receiving Employee _____

School/Work Site _____

Social Security/Employee Identification Number _____

ELIGIBILITY CRITERIA TO BE VERIFIED BY EXECUTIVE DIRECTOR/DESIGNEE

- ☐ The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- ☐ The employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- ☐ The employee has completed and returned the "Request to Receive Donated Sick Leave" form and, when the reason can be certified medically, attached to this form a statement from a licensed physician certifying the need for the absence and use of leave.
- ☐ The employee has exhausted his/her accumulated sick leave, personal leave, emergency leave, and any other paid leave granted by the Board.
- ☐ The employee has complied with the NKCES' policies governing the use of sick leave.

I hereby give my permission to the Executive Director/designee to notify NKCES employees of my need for the use of donated sick leave days, including a general description of the reason for the need. _____

Employee's Signature

Date

I certify that the above-mentioned criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to NKCES employees. _____

Executive Director/designee's Signature

Date

TO BE COMPLETED BY EXECUTIVE DIRECTOR/DESIGNEE

Leave shall be granted as follows:

- ☐ Entire/successive days
- ☐ Partial/successive days
- ☐ Intermittent leave
- ☐ Entire days, intermittent leave
- ☐ Partial days, intermittent leave
- ☐ Other (explain) _____

Review/Revised:

- CERTIFIED PERSONNEL -**Family and Medical Leave Compliance****REQUIRED NOTICES**

As required by law, the NKCES shall post information and distribute notices using documents prepared by the United States Department of Labor (DOL) to implement the federal Family and Medical Leave Act. The FMLA poster provided by the DOL must be displayed in a conspicuous place at all locations where employees and applicants for employment can see it, including those work locations to which no eligible employees are assigned.

Posters, notices to provide to employees, and designated forms may be downloaded from the following (DOL) web site:

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

These include the following:

- FMLA Poster (PDF) - <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>
- WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-E.pdf>
- WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-F.pdf>
- WH-381 Notice of Eligibility and Rights & Responsibilities - <http://www.dol.gov/whd/forms/WH-381.pdf>
- WH-382 Designation Notice - <http://www.dol.gov/whd/forms/WH-382.pdf>
- WH-384 Certification of Qualifying Exigency for Military Family Leave - <http://www.dol.gov/whd/forms/WH-384.pdf>
- WH-385 Certification for Serious Injury or Illness of Covered Servicemember - <http://www.dol.gov/whd/forms/WH-385.pdf>
- WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave - <https://www.dol.gov/whd/forms/wh385V.pdf>

Review/Revised:

Request for Family and Medical Leave of Absence**FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.****Name** _____ **Position/School** _____ **Hire Date** _____

I request Family and Medical Leave for the following reason:

- | | |
|--|--|
| <input type="checkbox"/> My personal serious health condition
<input type="checkbox"/> Serious health condition of my parent
<input type="checkbox"/> Birth and care of my newborn child
<input type="checkbox"/> Placement by the state of a child with me for foster care
<input type="checkbox"/> Serious health condition of my child
<input type="checkbox"/> Serious health condition of my spouse
<input type="checkbox"/> Adoption of a child(ren) | <input type="checkbox"/> Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent
<input type="checkbox"/> Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next-of-kin |
|--|--|

☐ Extension of leave requested earlier on _____*Date*

The leave/extension requested will begin on _____ and end on _____.

*Date**Date*

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

*Employee's Signature*_____
*Date***IF YOUR SPOUSE IS EMPLOYED BY THE NKCES AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.****Spouse's Name** _____ **Position/School** _____ **Hire Date** _____S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness_____
*Spouse's Signature*_____
Date

This form was received by the following person:

*Executive Director's/designee's Signature*_____
*Date**Attach completed copy of certification required by notice of eligibility and rights and responsibilities.***NOTES**

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:

- CERTIFIED PERSONNEL -**Educational/Professional Leave Request**

CERTIFIED EMPLOYEES MAY BE GRANTED A LEAVE OF ABSENCE FROM THE NKCES FOR ONE (1) YEAR AT NO COST TO THE NKCES, PURSUANT TO THE TERMS OF POLICY 03.1235. THIS COMPLETED FORM MUST BE RECEIVED AND ACTED UPON SIXTY (60) DAYS BEFORE THE BEGINNING OF THE YEAR.

Employee's Name _____

Position/School _____

Leave is requested for the _____ school year.

Number of years employed in the NKCES? _____

Previously received educational leave in this NKCES? ☐ No ☐ Yes, when _____

If granted, what will be the purpose of this leave? _____

How will the granting of this leave enhance your professional skills to the benefit of the NKCES?

If this leave request is approved by the Board, I understand that my return to employment in the NKCES is subject to the provisions of Policies 03.123, 03.1235, and the terms of my employment contract.

Employee's Signature

Date

Supervisor's Signature

Date

Executive Director's/designee's Signature

Date

LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING.

Date

Review/Revised:

**Flight Form**

(NAME OF CONFERENCE/ TRAINING)

IDENTIFICATION AND CONTACTS

Name <i>(Exactly as it is on your official identification)</i>	Cell Phone #
Address	
Date of Birth	School/Company Affiliation
Frequent Flier #	Email
Emergency Contact	Emergency Contact's Phone #

PREFERRED FLIGHTS

Departure Date
Departure Time
Flight Numbers
Preferred Seat <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Middle

Return Date
Return Time
Flight Numbers
Preferred Seat <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Middle

HOTEL REQUESTS

Room Type <input type="checkbox"/> Double/Queen <input type="checkbox"/> King <input type="checkbox"/> Accessible
Special accommodations requested:

Review/Revised:

Travel Request FormName _____ ☐ Board Member ☐ Employee ☐ Other, as specified _____

School/Work Site _____ Conference/Workshop _____

Date(s) _____ Departure Time _____ Return Time _____

Rationale for Attendance: _____

_____Expenses paid by: ☐ Individual ☐ NKCES ☐ Special Education ☐ Other, as specified _____Substitute Needed? ☐ No ☐ Yes Number of Days _____Registration Reimbursement Requested ☐ No ☐ Yes Amount: _____

Estimated Mileage Total Miles: _____ Total Cost \$ _____

Mileage will be reimbursed at the state mileage rate.

Lodging Reimbursement Requested ☐ No ☐ YesAmount per night _____ ☐ Regular Rate ☐ Business Rate ☐ Conference Rate**The District will not reimburse for lodging expenses for guests/traveling companions.**Meals Reimbursement Requested: ☐ No ☐ Yes Total Daily Meal Expense Limit \$ _____

	In-State	Out-of-State
Breakfast limit	\$ 6.00	\$8.00
Lunch limit	\$ 8.00	\$9.00
Dinner limit	\$16.00	\$19.00
Daily Totals	\$30*	\$36.00*

*Gratuities included.

Receipts required for all expenditures.

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on the Travel Expense Voucher and attach receipts, as appropriate.

*Signature of Applicant*_____
*Date*_____
*Signature of Executive Director/Designee*_____
Date

Overnight Travel Request Form

Employee Name: _____

Date(s) of Meeting/Conference: _____

Name of Meeting/Conference: _____

Program Name & #: _____

Location of Meeting/Conference: _____

Departure Date & Time: _____

Return Date & Time: _____

**ESTIMATED EXPENSES (PO Request
Required)****ADMIN USE**Registration \$
Fee: _____

PO: _____

Lodging: \$

PO: _____

Rental Car: \$

PO: _____

Airfare: \$

PO: _____

REIMBURSEMENT AFTER TRAVEL

Meals (_days x (see note)):

\$ _____

Mileage (_____miles (see note)):

\$ _____

\$ _____

\$ _____

\$ _____

Daily Meal Reimbursement Maximums: In-State \$30/day Out of State \$36/day

Mileage reimbursed at current state mileage rate at time of travel

Itemized receipts required for all expenditures_____
Signature of Applicant_____
Date_____
Signature of Program Director_____
Date**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:

Travel Voucher Reimbursement

The expenses on this form are to be reimbursed for items the TRAVELER PAID FOR PERSONALLY. **INCLUDE ALL RECEIPTS with this form (including Lodging, Rental Car, etc.).**

In State:		Out of State:		Meals will be reimbursed as follows - MUST be an overnight stay, traveling between these times:					
Traveler's Name:				In State		Out of State			
				Breakfast: 6:00 am - 9:00 am		Lunch: 11:00 am - 2:00 pm			
Traveler's Home Address:				Dinner: 5:00 pm - 8:00 pm		\$30.00		\$36.00 *Gratuities/tips included	
Meeting/Conference Attended:				NOTE: Employees MUST be traveling the entire time for each period listed above. Example: If employee begins travel at 6:30 am, no breakfast reimbursement will be earned. If claiming reimbursement for 3 meals in 1 day, employees may exceed individual meal limits if the DAILY TOTAL is not exceeded. NOTE: For other allowable expenses please refer to NKCES Financial Procedures.					

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

Mo	Day	Time of		Location		Taxi Uber Parking	Luggage	Other (Lodging, Airfare, etc. IF being reimbursed to traveler)	Subsistence	Totals
		Departure	Arrival	From	To					
									B	
									L	
									D	

Sub Totals										
Totals from all continuation pages										
Grand Total										

By signing, I hereby certify, subject to the provisions of KRS 523:100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Traveler's Signature

Date

Program Name

Supervisor's Signature

Date

G/L#

03.125 AP.22
(CONTINUED)

Phone: (859) 442-8600 Fax: (859) 442-7038

Program Name & #: _____ GL #: _____

DATE	FROM	TO	PURPOSE	MILES
			SUBTOTAL:	
			MILEAGE RATE:	
			TOTAL:	

Review/Revised:

Staff Use of Telecommunication Devices

Employees issued a telecommunication device are responsible for its safekeeping at all times. Defective, lost or stolen equipment (pagers, digital or cell phones, etc.) are to be reported immediately to the NKCES Office so that the service provider may be notified.

Telecommunication devices issued to employees are to be returned to the NKCES Office designee at the conclusion of the school year, activity or as otherwise specified.

RESTRICTIONS

All drivers shall comply with applicable legal requirements concerning use of cellular telephones and other personal communication devices while operating a Board-owned vehicle.

- Employees shall not engage in activities that distract them from safely operating a vehicle.
- Except for communications made to and from a central dispatch, school transportation department, or its equivalent, drivers shall not use a telecommunication device, including those used for calling, texting or emailing while operating a Board-owned vehicle unless the vehicle is parked or unless there is a bona fide emergency, which shall include, but not be limited to the following actions:
 1. Report illegal activity;
 2. Summon medical help;
 3. Summon a law enforcement or public safety agency; or
 4. Prevent injury to a person or property.
- Except for emergencies, telecommunication devices are not to be used for conversations involving NKCES information of a confidential nature.
- Board-owned telecommunication devices are not to be loaned to others.

Review/Revised:

Drug-Free Workplace Notice

All employees shall receive the following notice as a partial implementation of Policies 03.13251/03.23251 and Federal Regulation 54 CFR 4946.

NOTICE TO ALL EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policies 03.13251 and 03.23251 of NKCES for any employee to unlawfully manufacture, distribute, dispense, be under the influence of, possess, or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

“Workplace” is defined as the site for the performance of work done for the NKCES. That includes any place where work on a NKCES program, project or activity is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the NKCES.

YOU ARE FURTHER NOTIFIED that it is a condition of your continued employment with this NKCES that you will comply with the above policies of the NKCES and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace no later than five (5) days after such conviction.

An employee who violates the terms of the NKCES’ drug-free workplace policies may be nonrenewed or his/her employment may be suspended or terminated. As an alternative the Executive Director may choose that an employee who violates the terms of the NKCES’ drug-free workplace policies shall satisfactorily participate in a drug-abuse assistance or rehabilitation program approved by the Board. If the employee fails to satisfactorily participate in such program, the employee shall be nonrenewed or his/her employment may be suspended or terminated.

Review/Revised:

Health and Safety - Contagious Diseases

POST IN APPROPRIATE LOCATIONS THROUGHOUT THE SCHOOL BUILDING OR WORKSITE.
--

In order to reduce the risk of the transmission of infectious diseases the following procedures will be followed in cleaning up body fluids. Body fluids include: blood, drainage from scrapes and cuts, feces, respiratory secretions, saliva, semen, urine, and vomitus.

1. Avoid direct skin contact with body fluids, when possible. Disposable gloves should be worn when direct hand contact with body fluids is anticipated (e.g. treating bloody noses, handling clothes soiled by bodily discharges, cleaning up small spills by hand).
2. When direct skin contact occurs, vigorously wash hands and other affected skin areas with soap under a stream of water for at least ten (10) seconds.
3. Contaminated disposable items such as paper towels, tissues, plastic gloves, and diapers should be secured in plastic bags and placed in the garbage.
4. A custodian should be called to clean and disinfect all soiled surfaces.
5. The spilled body fluids and accompanying material should be cleaned up by:
 - a) Using sanitary absorbent agents specifically intended for cleaning body fluid spills or using a wet mop with proper disinfectant.
 - b) Placing the contaminated material in a plastic bag and putting it in the garbage or, if suitable flushing it down the drain.
 - c) Vacuuming or sweeping up the dry absorbent material that was applied to the area. The vacuum bag or sweepings should be disposed of in a plastic bag. The broom, dust pan and/or mop should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
 - d) Promptly applying a disinfectant such as household bleach (diluted 1 part bleach and 10 parts water) to hard surfaces that have to be disinfected.
 - e) Applying a sanitary absorbent agent to carpets that are to be disinfected and vacuumed after the carpet has been allowed to dry. A germicidal rug shampoo should be applied with a brush and the carpet revacuumed.
6. Food that may be contaminated with body fluids shall be discarded.
7. Nondisposable cleaning equipment (dust pans, mops, buckets, brushes etc.) should be thoroughly rinsed in the disinfectant (see 5-d). Clothing, towels and other launderable items may be secured in plastic bags until items can be washed in the hot water cycle in the washing machine.
8. Disposable gloves and plastic bags are available in elementary classrooms, the Principal's office, the food service office, or the custodian's storage area.

THIS INFORMATION AND THESE RECOMMENDED PROCEDURES WERE ADAPTED FROM THOSE DEVELOPED AND COMPILED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE U.S. PUBLIC HEALTH SERVICE, AND THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES.

Review/Revised:

Request to Access Personnel Records

**PERSONNEL RECORDS MAY BE INSPECTED ONLY BY THE EMPLOYEE AND BY NKCES
SUPERVISORY PERSONNEL HAVING A LEGITIMATE EDUCATIONAL INTEREST.**

I, _____, WISH TO EXAMINE MY PERSONNEL FILE.
Name (please print)

Employee's Signature

Date

RELATED PROCEDURE:

03.15 AP.22

Review/Revised:

Log of Inspection of Personnel Records

Employee's Name: _____

Employee Identification Number: _____

NOTICE: Those portions of personnel records containing material of a personal nature, the disclosure of which would constitute an invasion of privacy, are not open for public inspection.

Date	Name of Person Inspecting Records	Agency Represented, if Applicable	List Records Accessed	List Action # #1 Inspected #2 Reviewed #3 Copied	Specify Reason Records Were Accessed

RELATED PROCEDURES:

03.15 AP.21; 03.25 AP.2

Review/Revised:

Communications and Grievance Procedures

Employees wishing to initiate a formal grievance about an alleged violation of a constitutional, statutory, or regulatory provision, of a Board policy, administrative rule, or procedure shall use a Grievance Initiation Form (03.16 AP.2).

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have one (1) representative.
4. To the extent possible, all attendant records shall be filed in the office of the immediate supervisor and/or Executive Director and shall be considered private information and separate from the individual employee's folder. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved person because of the filing of a grievance.

TIME LIMITS

1. Employees must file their grievance within fifteen (15) working days following the alleged violation. However, depending on the nature of the grievance, the Executive Director may recommend an extension of the filing deadline to twenty (20) working days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be working days, except for any days which are designated as holidays, professional meeting days, national, state, or local disaster or mourning days and any days during the school term on which schools are closed.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) working days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

EXECUTIVE DIRECTOR'S/DESIGNEE'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Executive Director, thus bypassing the immediate supervisor. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Executive Director.
2. The Executive Director reserves the right to redirect the communicator to the appropriate level.

Grievance Procedures

BOARD'S INVOLVEMENT

1. If the employee, after reviewing the Executive Director's response, desires direct communication with the Board, the employee may present his/her written communication to the Executive Director for transmittal to the Board, or notify the Executive Director five (5) days prior to the meeting of the Board at which the employee wishes the grievance presented. Employees are not authorized to contact Board members individually about grievances.

The Board shall consider grievances concerning personnel actions in accordance with parameters set out in policy.

2. If the Board decides to review the grievance, the employee will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the employee's communication. If the employee does not wish to make a verbal presentation, the employee's right to refrain from such activity will be respected.
3. The Executive Director or the grievant shall present the communication to the Board at its next regularly scheduled meeting.
4. The Board will consider the grievance, and will provide the employee a written response within ten (10) working days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board shall be final.

RELATED PROCEDURE:

03.16 AP.2

Review/Revised:

Grievance Initiation Form

This form shall be used by an employee who wishes to allege a violation of a constitutional, statutory, or regulatory provision, Board policy, or administrative rule or procedure and to secure at the lowest administrative level an equitable and prompt resolution.

GRIEVANT

Employee Name _____ Date _____

Home Address _____

Work Location _____ Title _____

GRIEVANCE

Identify the provision that you allege was violated. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Employee's Signature

Date

LEVEL ONE: IMMEDIATE SUPERVISOR

Name: _____ Title: _____

Date grievance received at this level _____

IMMEDIATE SUPERVISOR'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Supervisor's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

Grievance Initiation Form

NKCES POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: EXECUTIVE DIRECTOR/DESIGNEE

Name: _____ Title: _____

Date grievance received at this level _____

EXECUTIVE DIRECTOR'S/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Executive Director's/Designee's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS AN ALLEGED VIOLATION OF CONSTITUTIONAL, STATUTORY, REGULATORY, OR POLICY PROVISIONS.

LEVEL THREE: BOARD

Note: The Board shall not take action on any grievance that does not fall within the authority of the Board, nor shall the Board hear grievances concerning simple disagreement or dissatisfaction with a personnel action.

Date grievance received at this level _____

BOARD'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Board Chairperson's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the NKCES' notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:

REVIEW/REVISED:

Harassment/Discrimination Investigation and Appeals**(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)****EMPLOYEE COMPLAINANT** _____*Last Name**First Name**Middle Initial***WORK SITE** _____

The Executive Director shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Executive Director/designee or, for contractors, set out in a contract, as appropriate. If the Executive Director is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal/immediate supervisor, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at NKCES employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator _____**FORMAL PROCEDURE**

Employees should make their complaint to their Principal/immediate supervisor, who shall immediately, without screening or beginning an investigation, inform the Executive Director of receipt of the complaint. Otherwise, the complaint can be filed directly with the Executive Director or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed harassment/discrimination shall immediately notify the alleged victim's Principal, immediate supervisor, or the Executive Director.

The Executive Director shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from NKCES administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Executive Director or by the Board if the Executive Director is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the NKCES' Policy 03.162 or 03.262 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals**CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Executive Director or to the Executive Director's designee if the alleged harasser is a classified employee, and, if so instructed by the Executive Director, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

=====

NKCES policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

EMPLOYEE COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____		

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Executive Director/designee who will consider appeal:

Date appeal and related data received by Executive Director/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Executive Director or by the Board if the Executive Director is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Executive Director or to the Executive Director's designee if the alleged harasser is a classified employee, and, if so instructed by the Executive Director, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

NKCES policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

=====

Harassment/Discrimination Investigation and Appeals**SECOND APPEAL LEVEL**

EMPLOYEE COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____		

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Executive Director, or to the Executive Director's designee if the alleged harasser is a classified employee, and, if so instructed by the Executive Director, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Executive Director/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Executive Director/designee shall implement corrective action as determined by the Executive Director or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Executive Director is subject to corrective action, the Board shall implement the action.
4. The NKCES is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1; 03.162 (all procedures)

Review/Revised:

Witness Disclosure Form

Witness' Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Witness' Address _____			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Witness' Phone Number _____			
Is witness a <input type="checkbox"/> student, <input type="checkbox"/> school employee, or <input type="checkbox"/> other? If other, specify _____			
School (if a student): _____ Grade _____ Homeroom/Classroom _____			
Work Site (if an employee): _____			
Witness' relationship, if any, to the complainant: _____			
Witness' relationship, if any, to the accused: _____			

On the date(s) of _____, an employee has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e., slurs, threats, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) _____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

- *I understand that NKCES policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

_____ <i>Signature of Witness</i>	_____ <i>Date</i>
_____ <i>Received by</i>	_____ <i>Date</i>

Review/Revised:

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

COMPLAINANT _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
ACCUSED PARTY _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
COMPLAINT/APPEAL RECEIVED _____		RESPONSE DELIVERED _____	
<i>Date</i>		<i>Date</i>	
INVESTIGATOR'S NAME _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution
will be implemented by the District? (Check all that apply.)

- ☐ Personnel action
 ☐ Measures to protect the complainant
☐ Action against a visitor
 ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

Investigator's Signature *Date*

Executive Director/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES NKCES POLICY.

Review/Revised:

- CERTIFIED PERSONNEL -

Notice of Personnel Actions

With assistance as necessary from the Board Attorney, the Executive Director shall provide written notification to an employee of personnel actions, including but not limited to, termination, nonrenewal, reduction in force, sanctions, suspension, and reinstatement.

Review/Revised:

- CERTIFIED PERSONNEL -**Confidentiality of Records**

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated as confidential as required by law. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Executive Director.

ACCESSIBILITY

Evaluation records will be accessible only to:

1. Members of the NKCES Board of Directors when an employee has appealed his/her summative evaluation to the Panel.
2. Administrators who supervise, or share the supervision of, the evaluatee. Generally, these administrators will include the Principal/Assistant Principal in the evaluatee's building, the Executive Director, and other NKCES-level administrative staff members, as designated by the Executive Director.
3. The Board on advice of legal counsel and upon a majority vote when access to the information is required for lawful Board purposes. Access may be permitted without a vote when such records are relevant and necessary to hearing matters or proceedings before the Board such as in the case of a demotion hearing under KRS 161.765. Except as otherwise required or authorized by law, access shall take place in closed session.
4. Records may be subpoenaed in cases where litigation occurs.

REFERENCES:

KRS 61.878
KRS 156.557
KRS 161.765
704 KAR 3:370

Review/Revised:

- CERTIFIED PERSONNEL -**Evaluation Appeal Form****INSTRUCTIONS**

This form is to be used by certified employees who wish to appeal their performance evaluations to the Executive Director. Submit this form within ten (10) calendar days of the evaluation.

Employee's Name _____		
Home Address _____		
Job Title _____	Building _____	Grade or Department _____

What specifically do you object to or why do you feel you were not fairly evaluated? _____

If additional space is needed, attach extra sheet.

Date you received the summative evaluation _____

Name of Evaluator _____ Date _____

I hereby give my consent for my evaluation records to be presented to the members of the NKCES Board of Directors for their study and review.

Employee's Signature

Date

Review/Revised:

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

FINANCIAL IMPLICATIONS: COST OF TRAINING

District Training Requirements
SCHOOL YEAR: _____

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Certified Evaluation Training	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Superintendent training program to be completed within two (2) years of taking office	KRS 160.350	02.12			✓	
Council member training required for Principal selection	KRS 160.345	02.4244			✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management		02.3			✓	
Effective January 1, 2020, all School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	New Section of KRS 158	02.31			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 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	03.14/03.24		✓		
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	03.162/03.262		✓		
Training for Supervisors of Student Teachers	16 KAR 5:040				✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Orientation materials for volunteers	KRS 161.048	03.6			✓	
Teacher professional development/learning	KRS 156.095	03.19	✓			
Instructional leader training	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned	KRS 161.044	03.5			✓	
Integrated Pest Management (7a) Certification	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	New Section of KRS 158	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Active Shooter Situations	KRS 156.095	03.19/03.29			✓	
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
Annual in-service school bus driver training	702 KAR 5:030	06.23			✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication and higher order thinking.	KRS 158.6453 (SB 1)		✓			

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		✓	✓	

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.

Review/Revised:

PERSONNEL

03.21 AP.21

- CLASSIFIED PERSONNEL -

Job Vacancy Notice

Please refer to existing Procedure 03.11 AP.21/Job Vacancy Notice.

Review/Revised:

Verification of Employment

See existing Procedure 03.11 AP.242, Verification of Employment form.

Review/Revised:

PERSONNEL

03.21 AP.25

- CLASSIFIED PERSONNEL -

Recommendation for Employment

Please see existing Procedure 03.11 AP.25/Recommendation for Employment.

Review/Revised:

Driving Records Release Authorization

See existing Procedure 03.11 AP.253 for Driving Records Release Authorization.

RELATED PROCEDURE:

03.11 AP.253

Review/Revised:

- CLASSIFIED PERSONNEL -**Salaries****SALARY SCHEDULE DEVELOPED AND APPROVED**

The Board shall approve salary schedules for each category of classified personnel during or before the June Board meeting. These schedules shall be based on skills required, training, longevity, and supervisory responsibilities.

The substitute salary schedule shall be a per diem schedule but may be lower than the rate of pay for regular full-time employees. Checks shall be issued on pay dates designated in the schedule approved annually by the Board.

OFFICIAL WORK SCHEDULE

Each year the Executive Director shall develop a schedule of days worked for all employees and these are distributed to each administrator, who then notifies the classified employees under his/her supervision. No deviations shall be made from these work schedules without approval from the NKCES Office.

Holidays shall be established in the official school calendar. Eligibility for paid holidays shall be determined per policy 03.222.

Employees shall not be paid for:

- Scheduled lunch periods
- Overtime, unless approved in advance per policy 03.221
- Unapproved early arrivals/late departures
- Days when schools are closed for inclement weather or other emergencies, unless otherwise approved in advance by the Executive Director/designee

SALARY FOR PERSONNEL WHO RESIGN

Classified personnel who resign during the contract period will be paid in full for the actual days worked during the pay period on the regular payday of the month following the resignation. Staff shall be paid only for those holidays occurring prior to resignation.

Review/Revised:

- CLASSIFIED PERSONNEL -**Compliance with FLSA Requirements**

IMMEDIATE SUPERVISORS AND OTHER STAFF RESPONSIBLE FOR MAINTENANCE OF RECORDS CONCERNING HOURS WORKED AND OVERTIME PAYMENTS MADE SHALL ADHERE TO THE FOLLOWING GUIDELINES.

- Place required FLSA posters in conspicuous places where non-exempt employees can readily see them. Posters may be obtained online at the following address:
<http://www.dol.gov/whd/resources/posters.htm>
- Require non-exempt employees to reflect *actual time worked* on their pay period timesheet, not hours *scheduled*. Certification of time worked shall be signed by both the employee and the immediate supervisor.
- Inform employees of policy 03.221 provisions concerning approval for working overtime, and implement provisions accordingly. Although the NKCES cannot avoid paying for overtime worked without authorization, violation of policy provisions may serve as grounds for disciplinary action that will discourage recurring problems with unauthorized overtime.
- Assure that required breaks are twenty (20) minutes or more long in order for the time not to be compensable. Also, the lunch period must be duty free, or the employee must be compensated for the time.
- Train supervisory staff and bookkeepers regarding proper completion and retention of time records (All time records must be retained for at least the minimum amount of time set by federal regulation and document retention requirements).
- Minimize or avoid dual employment where the combined number of hours worked by one individual will exceed forty (40) hours per workweek. This may require examining the structure of after-school programs that are co-sponsored (or authorized by the NKCES and are held on school property). When calculating overtime wages for an employee who holds two (2) jobs with the NKCES that have different rates of pay, the correct calculation is one-and-one-half the weighted average of the two (2) rates.
- Carefully track hours non-exempt employees work at after-school events or school programs. Example: employees staying on after scheduled hours because they are taking tickets at an athletic event later in the day.
- Pay maintenance employees for overtime for actual hours worked, not on a “per call” basis (for example, in responding to a school alarm or emergency).
- Do not permit a non-exempt employee to “volunteer” for activities within the school, unless his or her child is involved *and* not if the activity is the same as the employee’s job, i.e., a bus driver ‘volunteering’ to drive for a school-sponsored trip for his/her child’s class.
- Request that the Executive Director/designee consult with the Board Attorney or other source about questions concerning FLSA compliance.

Review/Revised:

PERSONNEL

03.221 AP.2

- CLASSIFIED PERSONNEL -

Timekeeping and Attendance

Please refer to 03.121 AP.2/Timekeeping and Attendance.

Review/Revised:

- CLASSIFIED PERSONNEL -**Personnel Documents**

Name:	DOB:	Social:
Hire Date:	Dept:	Position:
Daily Rate:	AOD #	Phone:
Benefits Effective:	Email:	
Recommendation for Employment		To Exec Director:
Job Description		
Application		
Resume		
Contract Signed by Employee		To Exec Director:
Contract Signed by Executive Director		
High School Diploma or GED		
Central Registry Background Check		To KY Cabinet:
CAN Report from KY Cabinet		
Fingerprint Card / Previous Check Within 6 Mos		To KSP:
Fingerprint Report from KSP		
Physical Report KDESHS001		
TB Report TB-3		
Verification of Professional Experience		
I-9 Employment Eligibility		
Copy of Driver's License		
Copy of Social Security Card		
W-4 Federal Tax Withholding		
K-4 or IT-4 State Tax Withholding		
Direct Deposit Form / Void Check		
KRS Application & Beneficiary		To KRS:
Women's Rights		
Health Insurance Application		To KEHP:
Marriage / Birth Certificates		To KEHP:
FSA Application		To KEHP:
Nationwide Life Insurance Application		To KEHP:
Nationwide Life Insurance Beneficiary		To KEHP:
Dental Insurance Application		To KEHP:
Vision Insurance Application		To KEHP:
Dental Insurance Application		To Gross:
Vision Insurance Application		To Gross:

Personnel Documents

Grange Life Insurance		To Gross:
American Fidelity Packet		To Adeana:
Emergency Contacts		
NKCES Handbook Acknowledgement		
AOD Policies & Directions		

Review/Revised:

- CLASSIFIED PERSONNEL -

Overtime Approval Form

FOR PRIOR APPROVAL OF OVERTIME HOURS, COMPLETE THIS FORM AND SUBMIT IT TO THE NKCES OFFICE.

Hourly classified employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law. Overtime must be approved in advance by the Executive Director or designee.

Please grant approval for _____
(Employee/Job Title)

to work overtime on _____ at _____
(Date) (Location)

The total estimated overtime hours shall not exceed _____.

DESCRIPTION OF WORK TO BE PERFORMED: _____

EXPLAIN WHY OVERTIME IS NECESSARY: _____

EXPLAIN HOW OVERTIME WILL BENEFIT DISTRICT: _____

Requested by: _____

Approved by: _____
(Executive Director/Designee)

OVERTIME VERIFICATION

The above listed job has been completed and did not exceed the prior approved number of hours. The above listed employee's actual overtime hours for the completion of this project are _____ hours.

Verified by: _____
(School Level/Principal)
(NKCES Level/Executive Director or Designee)

AFTER VERIFICATION, RETURN THIS FORM TO THE PAYROLL CLERK AT THE NKCES OFFICE.

Review/Revised:

Change in Licensure

To report a change in licensure, use Procedure 03.121 AP.24.

Review/Revised:

Leave Request Form

See Procedure 03.123 AP.2/Leave Request Form.

Review/Revised:

Request to Donate Sick Leave

See Procedure 03.1232 AP.21/Request to Donate Sick Leave.

Review/Revised:

Request to Receive Donated Sick Leave

To request participation in the Sick Leave Donation Program, use Procedure 03.1232 AP.22.

Review/Revised:

Family and Medical Leave Compliance

Please refer to Procedure 03.12322 AP.1 for procedures to comply with the Family and Medical Leave Act.

RELATED PROCEDURE:

03.12322 AP.1

Review/Revised:

Family and Medical Leave Forms

When applying for Family and Medical Leave, see Procedure(s) 03.12322 AP.21/Request for Family and Medical Leave of Absence.

Review/Revised:

Travel Request/Voucher Forms

Travel expense forms can be found as Procedures coded 03.125 AP.21 Overnight Travel Request Form 03.125 AP.21, Flight Form and 03.125 AP.2 Travel Voucher and Mileage Reimbursement and 03.125 AP.22. These forms are to be used by Board members, certified personnel, and classified personnel.

Review/Revised:

PERSONNEL

03.2321 AP.1

Staff Use of Telecommunication Devices

For information relating to staff use of telecommunication devices, see procedure 03.1321 AP.1.

RELATED PROCEDURE:

03.1321 AP.1

Review/Revised:

Drug-Free Workplace Notice

See Procedure 03.13251 AP.1 for Drug-Free Workplace Notice for all personnel.

Review/Revised:

Health and Safety - Contagious Diseases

See Procedure 03.14 AP.1/Health and Safety - Contagious Diseases for a posting document of cleanup procedures for all personnel.

Review/Revised:

Access to Personnel Records (Forms)

For accessing individual personnel records, employees shall use Procedures 03.15 AP.21/Request to Access Personnel Records and 03.15 AP.22/Log of Inspection of Personnel Records.

Review/Revised:

Communications and Grievance Procedures

Employees wishing to initiate a formal grievance about the application of a Board policy, administrative rule, or procedure shall refer to Procedure 03.16 AP.1/Communications and Grievance Procedures and use the form provided by Procedure 03.16 AP.2/Grievance Initiation Form.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the NKCES' notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:

Harassment/Discrimination Forms

Please refer to procedures coded to the 03.162 policy area. Those procedures provide the opportunity for an employee to report violation(s) of Board Policy 03.262 and to secure at the lowest administrative level an equitable and prompt resolution.

Review/Revised:

- CLASSIFIED PERSONNEL -**Personnel Action Procedures**

The Executive Director shall provide written notification of personnel actions to an employee, including but not limited to, public reprimand, suspension without pay, and termination.

WARNING NOTICES

It is not necessary for warning notices to be given to an employee before s/he may be publicly reprimanded, suspended without pay, or terminated. Where a supervisor/Executive Director determines that a warning is the appropriate response to an individual instance of conduct, the supervisor/Executive Director may issue warning notices for reasons listed in Board Policy 03.27. Such notices shall be issued in accordance with the following provisions:

1. Prior to the issuance of a warning notice, the supervisor/Executive Director shall hold an informal conference with the employee.
2. The supervisor shall retain a copy and forward a copy to the Executive Director/designee, as appropriate.

PROCEDURE FOR PUBLIC REPRIMAND/SUSPENSION/DISMISSAL OF CLASSIFIED EMPLOYEES

When the Executive Director becomes aware of allegations that, if true, are believed to warrant public reprimand, suspension without pay, or termination of a classified employee, the Executive Director may seek advice of counsel as deemed appropriate and shall determine whether s/he is in a position to serve as an impartial hearing officer concerning the allegations. If the Executive Director determines that s/he is able to serve as an impartial hearing officer, s/he should follow Procedure A; if not, s/he shall follow Procedure B.

PROCEDURE A (TO BE UTILIZED WHEN EXECUTIVE DIRECTOR SERVES AS HEARING AUTHORITY)

1. The Executive Director shall direct an administrator to investigate and make a written report to him/her as the designated "Investigator." The Executive Director will not conduct the investigation or prepare the report. The Executive Director will not be involved in the investigation except as may be necessary for procedural matters such as scheduling, facilities availability, etc.
2. The post-investigative report shall state whether the Investigator concludes in his or her professional judgment that the employee engaged in conduct in violation of one or more of the "Causes for Action" set forth in policy 03.27 and shall describe the facts in support of any violation in detail. The Investigator may include a recommendation for suspension without pay pending disposition of any employee request for a hearing in the report if s/he determines that the conduct at issue gives rise to the need to protect the health, welfare, or safety of staff and/or students or the orderly, efficient, and lawful operation of the educational process. If the Investigator recommends a suspension without pay pending disposition of any employee request for a hearing, the Investigator shall provide the employee an opportunity for a conference to discuss the allegations and potential suspension without pay.

This opportunity for a conference shall be provided before the Executive Director imposes a suspension without pay pending disposition of any employee request for a hearing. In the conference, the Investigator will provide oral or written notice of the violation of the "Causes for Action" constituting cause for the suspension without pay pending disposition of any employee request for a hearing, an explanation of the evidence supporting such violation if the employee denies it, and an opportunity for the employee to present his/her version of the facts relating to the violation.

Personnel Action Procedures**PROCEDURE A (CONTINUED)**

3. The report shall not be binding on the Executive Director. Upon a determination that the report warrants initiation of hearing procedures on a potential public reprimand, suspension without pay or termination, the Executive Director shall provide written notice to the classified employee of the opportunity for a hearing. The notice may include a suspension without pay pending final administrative action on any classified employee-hearing request. If, after the hearing, the decision is against a suspension without pay or termination, the employee shall receive his/her full pay for any period of suspension. The notice will include a copy of the investigative report and will advise the employee of the sanctions the Executive Director may impose if the employee does not request a hearing.
4. The employee may request a hearing by filing the proper form with the Executive Director within ten (10) calendar days after receiving the notification of an opportunity for a hearing.
5. If the employee fails to file the hearing request form on time, the Executive Director will review the report and if s/he concludes further action is warranted, take final personnel action based on such report, which may include, but shall not be limited to, public reprimand, and/or suspension without pay and/or termination. Any such action shall be set forth in writing and shall be effective on the employee's receipt of the written notice.
6. If the employee files a timely request, a hearing shall be conducted at a time and place not less than twenty (20) and not more than forty-five (45) calendar days after the employee's receipt of the written notice of the opportunity for a hearing.
7. The employee shall be given the opportunity to hear evidence on the report and the alleged violations described in such report and shall be given the opportunity to cross-examine witnesses. No later than five (5) calendar days before the hearing is scheduled to commence, the following shall be exchanged:
 - a. A list of witnesses expected to testify and copies of exhibits to be submitted in support of the report on behalf of the NKCES; and
 - b. A list of witnesses expected to testify and copies of exhibits to be submitted by the employee in defense of alleged violations.
8. The employee may be represented by counsel at his or her own expense. However, the hearing may be continued if the employee does not provide written notice of his or her intention to be represented by counsel to the Investigator and Executive Director at least seventy-two (72) hours before the hearing is scheduled to commence. The hearing shall be conducted by the Executive Director, who may utilize the assistance of an attorney as hearing advisor. Evidence and testimony shall be presented in support of the report first. The employee shall be given the opportunity to present evidence and testimony in his/her defense and the opportunity to present rebuttal evidence may be extended.
9. The Executive Director shall issue his/her written decision setting forth the reasons for the decision and describing the evidence relied upon within five (5) working days after the conclusion of the hearing. The Executive Director's decision shall be final, shall be effective on the employee's receipt of written notice of the decision and shall be maintained in the classified employee's file.

Personnel Action Procedures**PROCEDURE B (TO BE UTILIZED ONLY WHEN EXECUTIVE DIRECTOR DOES NOT SERVE AS HEARING AUTHORITY)**

1. If the Executive Director determines, after consultation with counsel as is deemed necessary, that s/he may not be in a position to serve as an impartial Hearing Officer, s/he may delegate authority to hear a classified employee disciplinary matter to an independent hearing officer and may issue such delegation to a Hearing Officer appointed by the Kentucky Commissioner of Education ("Commissioner"). Any such delegation shall be in writing and shall be made as soon as reasonably possible after the Executive Director's receipt of a classified employee's request for a hearing under Policy 03.27.

If the Executive Director chooses to utilize a Hearing Officer made available by the Commissioner, s/he shall send a written request to the Commissioner. The request for the appointment shall be accompanied by copies of the charges and the employee's request for a hearing. All costs associated with payment for services of the Hearing Officer shall be the responsibility of the NKCES.

The Executive Director shall not utilize a Hearing Officer who is an employee of the Kentucky Department of Education or the NKCES.

2. If the Executive Director determines s/he will not serve as Hearing Officer, s/he may investigate classified employee conduct or activities that may warrant a public reprimand, suspension without pay, or termination, and may cause charges to be brought against the employee setting forth the Executive Director's intent to impose a public reprimand, suspension without pay, or termination, subject to the employee's exercise of hearing rights under this policy. The charges shall describe conduct giving rise to a violation of one or more "Causes For Action" as set forth in detail in Policy 03.27 and may include a suspension without pay pending final administrative action on a classified employee hearing request.

If after the hearing the decision is against a suspension without pay or termination, the employee shall receive his/her full pay for any period of suspension. In determining to impose a suspension without pay pending disposition of any employee request for a hearing, the Executive Director shall review whether the conduct at issue gives rise to the need to protect the health, welfare, or safety of staff and/or students or the orderly, efficient, and lawful operation of the educational process. Prior to imposing a suspension without pay pending disposition of any employee hearing request, the Executive Director shall provide the employee an opportunity for a conference to discuss the allegations and potential suspension without pay. In the conference, the Executive Director will provide oral or written notice of violation of "Causes For Action" constituting cause for the suspension without pay pending any employee request for a hearing, an explanation of the evidence supporting such violation if the employee denies it, and an opportunity to the employee to present his version of the facts relating to the violation.

3. The employee may request a hearing by filing the proper form with the Executive Director within ten (10) calendar days after receiving notice of the charges. If the employee fails to request a hearing on time, the Executive Director's action as set forth in the charges shall be final.
4. If the employee files a timely request, a hearing shall be conducted at a time and place not less than twenty (20) calendar days after the employee's receipt of the charges.

Personnel Action Procedures**PROCEDURE B (CONTINUED)**

5. The employee shall be given the opportunity to hear evidence on the charges and to cross-examine witnesses. No later than five (5) calendar days before the hearing is scheduled to commence, the following shall be exchanged:
 - a. A list of witnesses expected to testify and copies of exhibits to be submitted in support of the charges on behalf of the NKCES; and
 - b. A list of witnesses expected to testify and copies of exhibits to be submitted by the employee in defense of charges.
6. The employee may be represented by counsel at his/her own expense. However, the hearing may be continued if the employee does not provide written notice of his/her intention to be represented by counsel to the Executive Director and Hearing Officer at least seventy-two (72) hours before the hearing is scheduled to commence.
7. Evidence and testimony shall be presented in support of the charges first. The employee shall be given the opportunity to present evidence and testimony in his/her defense and an opportunity to present rebuttal evidence may be provided.
8. The Hearing Officer shall issue his/her written decision setting forth the reasons for the decision and describing the evidence relied upon after conclusion of the hearing. Upon receipt of the Hearing Officer's decision, the Executive Director shall take action consistent with the decision by providing written notice to the classified employee and such action shall be effective upon the employee's receipt of such notice. The Executive Director may seek advice of counsel regarding the form and content of such notice. The Executive Director's written notice shall be maintained in the classified employee's file.

Review/Revised:

- CLASSIFIED PERSONNEL -

Employee Request for Hearing

EMPLOYEE'S NAME _____ POSITION _____ CURRENT WORK SITE _____

Having received notification of charges relative to my ☐ public reprimand ☐ suspension without pay ☐ termination and the statement of my right to meet to discuss the charges, I hereby deny the charge(s) listed below for the reason(s) noted:

CHARGE	REASON(S) FOR DENIAL (ATTACH ADDITIONAL SHEETS, IF NEEDED.)
1. _____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____
4. _____ _____ _____	_____ _____ _____

Having denied the charge(s) as noted above, I request a hearing as permitted by policy. I understand that the decision rendered after that hearing shall be final.

*Employee's Signature*_____
Date

THIS FORM MUST BE RETURNED TO THE EXECUTIVE DIRECTOR WITHIN THE TIME FRAME SPECIFIED IN POLICY.
--

Review/Revised:

- CLASSIFIED PERSONNEL -**Continuous Active Service List**

By September 15th of each school year, the NKCES shall complete this list for each classified job classification. This list shall be kept current throughout the year. By December 15, a copy shall be forwarded to the Executive Director/designee that is current through November 30.

JOB CLASSIFICATION: _____				SCHOOL YEAR: _____				PAGE _____ OF _____		
NAME	EMPLOYEE ID #	DATE OF HIRE	DATES/BREAKS IN-SERVICE	FULL/ PART-TIME	JOB SITE	PAY GRADE	CERTIFICATION/ LICENSURE	MORE THAN 4 YEARS SERVICE?	NOTIFICATION DATE*	COMMENTS
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> F <input type="checkbox"/> P				<input type="checkbox"/> Yes <input type="checkbox"/> No		

* RIF/Nonrenewal Notice

Review/Revised:

- CLASSIFIED PERSONNEL -**Notification of Nonrenewal****PROCESS (APPLICABLE TO EMPLOYEES WITH FOUR OR MORE YEARS OF SERVICE)**

- 1 Classified employees with four (4) or more years of continuous active service may be nonrenewed for reasons stated in KRS 161.011 and NKCES policy. The notice provided or mailed shall specify the reasons for the nonrenewal.
- 2 If the employee requests a written statement of grounds within ten (10) days after receipt of the notice of nonrenewal, the Executive Director may direct the supervisor/designee who provided information supporting the notice of nonrenewal to prepare the specific and complete written statement of grounds and may furnish a copy to the employee, or the Executive Director may prepare and furnish the statement of grounds.
- 3 The employee has ten (10) days to respond in writing to the statement of grounds. If the employee wants a hearing on the statement of grounds, s/he must include a request for a hearing in the written response to the statement.
- 4 If the employee files a timely request for a hearing, the Executive Director shall make appropriate arrangements for a hearing to be held upon reasonable notice to the employee. At the hearing, the employee shall have the following rights:
 - a. To appear and produce evidence,
 - b. To call witnesses and conduct cross-examination,
 - c. To have counsel of the employee's choosing at his/her expense,
 - d. To be heard by an impartial decision-maker, and
 - e. To receive a statement of basis for the ultimate decision.
- 5 If the Executive Director is in a position to serve as an impartial hearing officer, s/he may do so. If the Executive Director determines that s/he is not able to serve, s/he shall arrange for the appointment of an impartial hearing officer.
- 6 Following the hearing, the Executive Director or impartial hearing officer shall issue his/her written decision setting forth the reasons for the decision within five (5) working days after conclusion of the hearing. The decision shall be final, shall be effective on the employee's receipt of written notice of the decision, and shall be maintained in the classified employee's file.

NOTE: Under KRS 161.011, the Executive Director may terminate at any time the contract of a classified employee for causes stated in that statute or NKCES policy. The hearing process specified in 03.27 and any corresponding administrative procedures shall apply to a termination.

Review/Revised:

- CLASSIFIED PERSONNEL -**Evaluation Process****FREQUENCY AND TIME**

Each classified employee shall be evaluated at least once each year. This evaluation shall be performed by the Principal or the Immediate Supervisor by April 15th of each year for RSP and April 30th for NKCES.

EVALUATION PROCEDURE

The evaluations shall be made in writing, and the evaluator shall hold a conference with the evaluatee. The employer's written comments (if any) shall be attached to the report and the report filed with personnel records in the NKCES Finance Office. An appeal process is available to employees who wish to appeal their evaluation.

EVALUATION APPEAL

An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor.
2. If a review is requested, the Executive Director/designee shall set the time and place of the review with the employee and immediate supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Executive Director/designee shall prepare and forward to the employee and the employee's supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Executive Director.

RELATED PROCEDURES:

03.28 AP.21

03.28 AP.22

Review/Revised:

~~—CLASSIFIED PERSONNEL—~~

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Executive Director.

Review/Revised:

- CLASSIFIED PERSONNEL -**Classified Personnel Evaluation**

EMPLOYEE'S NAME _____ SCHOOL YEAR _____

WORKSITE/SCHOOL _____ SUPERVISOR _____

POSITION:☐ BUS DRIVER☐ SCHOOL NUTRITION EMPLOYEE☐ CUSTODIAN☐ MAINTENANCE PERSONNEL☐ INSTRUCTIONAL ASSISTANT☐ BUS MECHANIC☐ CLERICAL PERSONNEL☐ OTHER, SPECIFY _____**EXPLANATION OF THE SCALE:**

SATISFACTORY (S)

UNSATISFACTORY (U)

IMPROVEMENT NEEDED (IN)

NOT APPLICABLE (NA)

JOB KNOWLEDGE:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

- (a) Has necessary skills to complete tasks required in current job.
- (b) Understands and completes all records, reports, and documents required.
- (c) Has working knowledge of equipment/material that is necessary for completion of assigned task.
- (d) Attends appropriate in-service programs.
- (e) Adheres to Board policies.

S	IN	U	NA

Comments: _____

PRODUCTIVITY AND QUALITY OF WORK:

Rate the completion, accuracy, timeliness, and volume of work.

- (a) Completes the required tasks.
- (b) Completes tasks accurately.
- (c) Completes tasks in a timely manner.
- (d) Uses proper safety measures when working.
- (e) Takes initiative in seeking and completing tasks without supervision.

S	IN	U	NA

Comments: _____

Classified Personnel Evaluation**RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:**

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

- (a) Uses discretion with confidential or privileged information.
- (b) Follows directions.
- (c) Uses good judgment in performing responsibilities.
- (d) Organizes work responsibilities and sets priorities.
- (e) Has a good attendance record.
- (f) Reports to work punctually.
- (g) Returns to work from break and/or lunch punctually.

S	IN	U	NA

Comments: _____

INTERPERSONAL RELATIONS:

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

- (a) Deals with students and parents in a positive, constructive manner.
- (b) Deals with colleagues and supervisors in a positive, constructive manner.
- (c) Cooperates in accomplishing school and NKCES goals and objectives.
- (d) Handles problems in a constructive and fair manner.
- (e) Works through line/staff relationships when addressing problems.
- (f) Offers differing opinions in a constructive and helpful manner.
- (g) Demonstrates effective written and verbal communication skills.

S	IN	U	NA

Comments: _____

SUMMARY

Overall job performance on applicable items.

S	IN	U	NA

Classified Personnel Evaluation

Overall, does the employee meet the designated performance standards? ☐ Yes ☐ No

Comment: _____

Growth and Development: Activities in which the employee has participated which could increase job effectiveness. _____

Improvement in the areas noted on this evaluation can be achieved by the following:

This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.

Employee's Signature

Date

Supervisor's Signature

Date

Employee's Comments: _____

RELATED PROCEDURE:

03.28 AP.22

Review/Revised:

- CLASSIFIED PERSONNEL -**Evaluation Appeal Form****INSTRUCTIONS**

This form is to be used by classified employees who wish to appeal their final summative evaluation. If you feel that you were not fairly evaluated you may submit an appeal to the Executive Director by completing this form and returning it to the Executive Director within ten (10) calendar days of the receipt of your summative evaluation.

EMPLOYEE'S NAME _____

HOME ADDRESS _____ ZIP CODE _____

WORKSITE/SCHOOL _____

POSITION:☐ **BUS DRIVER**☐ **SCHOOL NUTRITION EMPLOYEE**☐ **CUSTODIAN**☐ **MAINTENANCE PERSONNEL**☐ **INSTRUCTIONAL ASSISTANT**☐ **BUS MECHANIC**☐ **CLERICAL PERSONNEL**☐ **OTHER, SPECIFY** _____

WHAT SPECIFICALLY DO YOU OBJECT TO OR WHY DO YOU FEEL YOU WERE NOT FAIRLY EVALUATED?
IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

DATE YOU RECEIVED THE EVALUATION _____

EVALUATOR'S NAME _____

*Employee's Signature*_____
*Date***RELATED PROCEDURES:**

03.28 AP.1

03.28 AP.21

Review/Revised:

- CLASSIFIED EMPLOYEES -**Employment-Related Staff Development****ONGOING**

Classified employees shall be involved in ongoing staff development to improve their performance and the assistance they provide to the instructional program.

NEEDS ASSESSMENT

Supervisors of classified employees shall conduct a prioritized needs assessment which shall be forwarded to the Executive Director/designee.

SUPERVISORY EMPLOYEES

Classified personnel who hold supervisory positions shall be involved in regularly scheduled meetings with their NKCES Office Supervisors.

PROFESSIONAL LEAVE

Classified personnel, upon approval by the Executive Director/designee, may be granted professional leave with expenses reimbursed by the Board for the purpose of attending approved meetings/conferences which relate to their areas of employment.

REQUIRED IN-SERVICE

Transportation employees, including bus drivers, and food service employees shall receive in-service training in accordance with the requirements specified in state statutes and regulations.

ALL OTHER CLASSIFIED STAFF

Appropriate training may be provided throughout the school year for custodians/housekeepers, clerical staff members, maintenance personnel, and teacher aides.

RELATED PROCEDURES:

03.225 AP.2

03.29 AP.2

Review/Revised:

PERSONNEL

03.29 AP.23

- CLASSIFIED EMPLOYEES -

District Training Requirements

See existing Procedure 03.19.AP.23

Review/Revised:

Volunteer Recruitment and Assignment

RECRUITMENT

NKCES shall develop a plan for the recruitment of volunteers. Recruitment goals shall include but not be limited to:

- Establishing an open, community-friendly environment
- Creating an awareness of the need for community participation
- Improving communication between the school and the community
- Developing outreach programs
- Developing orientation materials to be provided to all volunteers who have contact with students on a regularly scheduled or continuing basis

Persons interested in participating in the volunteer program should contact the Principal/designee.

SELECTION/PLACEMENT

The Principal shall review data to determine the need for volunteers. Once a need has been identified and approved by the building Principal, the Principal shall screen the volunteers and place them according to the determined need.

ACCOUNTABILITY

Schools shall keep a record of each volunteer's assignment, the hours s/he has volunteered, and the effectiveness of the services provided.

Review/Revised:

04

Fiscal Management

04.1 AP.1	Budget Development
04.1 AP.2	Budget Planning Timeline
04.11 AP.1	Budget Implementation
04.2 AP.1	Cash Depositories
04.21 AP.1	Cash Management
04.31 AP.1	Purchasing
04.31 AP.2	Use of NKCES Credit Card(s)
04.311 AP.1	Accounts Payable
04.312 AP.1	Internal School Accounts
04.32 AP.1	Procurement
04.32 AP.2	Contracts with Consultants
04.32 AP.21	Purchase Order Request & Certification
04.41 AP.2	Fraud Prevention Sign-off
04.7 AP.1	Inventory Process
04.7 AP.2	Inventory Form
04.8 AP.1	Disposal of Property
04.81 AP.1	Financial Records and Reports

Budget Development

A budget will be prepared for each program annually. Development of the program budget will require the cooperative and active involvement of the Executive Director, the Bookkeeper, the Grant Writer, and the Program Director. The following procedures will be implemented:

AUTHORIZATION

Some NKCES programs are funded primarily by federal and state grants, which are awarded annually. Formal notification or permission to proceed with planning will be issued by the funding agency, together with a projected program funding level. This may be in the form of a memorandum of understanding or some similar document.

BUDGET PREPARATION

The Program Director is primarily responsible for the preparation of the program budget and grant proposal. Consequently, the program budget and grant proposals will be prepared by the Program Director in consultation with members of the program staff and other persons designated by the Executive Director. Program budgets will be prepared using appropriate NKCES budget codes. The Program Director, as well as other staff responsible for preparing the budgets, will keep current with all applicable grant policies. This will require budget personnel to attend seminars and other trainings such as the Grants/Fiscal Management Seminars.

FINANCIAL REVIEW

All budgets will be submitted to the Bookkeeper for review prior to being submitted to the funding agency. The Bookkeeper will, at minimum, do the following:

- Check the budgets for mathematical accuracy.
- Review budget for compliance with financial guidelines.
- Review for compliance with applicable laws and regulations.
- Recommend possible changes or improvements if needed.

ADMINISTRATIVE REVIEW

All budgets must be submitted to the Executive Director for review and approval before they can be included in funding applications.

BOARD APPROVAL

The Executive Director will draft budgets to the Board of Directors for consideration and approval.

BUDGET AMENDMENTS

All changes, or requested changes to budgets, must be submitted to the Bookkeeper. Requests for change will be submitted by the Program Director to the appropriate Federal grants officer or other authorized official prior to making such changes.

RECORDKEEPING

The Bookkeeper will ensure that approved budgets are on file for all grants and contracts.

Review/Revised:

Budget Planning Timeline

Month	Due Dates/Event	Date Completed
JANUARY	Program budgets submitted to Executive Director.	January 30
FEBRUARY	Executive Director presents to the Board of Directors the revenue projections for the upcoming fiscal year.	February Board Meeting
MARCH	Executive Director presents draft NKCES budget plan, including estimated salary increases, to the Board for its review in keeping with NKCES priorities and the proposed services plan for the upcoming fiscal year.	March Board Meeting
MARCH	Board reviews draft budget plan and establishes budget parameters for the upcoming fiscal year.	March Board Meeting
APRIL	Executive Director notifies staff of any reduction(s) in responsibilities for the upcoming fiscal year.	April 30
MAY	Board adopts tentative working budget, including salary schedules.	June Board Meeting

Review/Revised:

Budget Implementation

The daily administration of the budget shall be the responsibility of the Executive Director. After the budget has been adopted, copies will be provided to employees responsible for budget administration. Unit expenditures are expected to stay within the budget, and the Executive Director/designee must give written approval if major expenditure categories are to be exceeded.

At any time an impending shortfall of budgeted revenue or an over-budget expenditure is anticipated, immediate notice shall be provided to the Executive Director, who, at the next regular meeting, shall apprise the Board. The Board shall have the discretion to make budgetary changes it deems appropriate. If the expected budgeted variance is either less than \$2,500 or less than 10% of the budgeted amount for the year, whichever is smaller, no notice to the Board shall be necessary.

Review/Revised:

Cash Depositories**CASH DEPOSITORIES**

The Cooperative's cash management procedures are as follows:

Depositories will be selected on a competitive basis and will be reviewed periodically as deemed necessary by the Executive Director.

All funds of the Board will be deposited in local banks and must be covered by Federal Deposit Insurance Corporation (FDIC) insurance. Any balance exceeding the FDIC insurance must be collaterally secured.

The Bookkeeper is responsible for monitoring the request for funds for all federal sponsored programs. The following procedures will be implemented:

Grants Cash Management – A cash reimbursement will be requested based upon the expenditures of the program. The Bookkeeper, in coordination with the Program Director, will monitor draw-downs versus disbursements and will request adjustments in the schedule of reimbursements, as appropriate. The standard for effective cash management, which is discussed in 45 CFR 74.61 (e), states that procedures must be established to minimize the time elapsing between the reimbursement of grant or funds and their disbursement by the recipient.

Review/Revised:

Cash Management

MEMBERSHIP DUES

Annual dues assessed to NKCES members for the upcoming fiscal year shall be billed to each district no later than July 31. The Bookkeeper shall retain a copy of the invoice, which shall be marked paid and the date recorded on receipt of payment. If payment is not received by September 31, a reminder invoice shall be mailed to the district.

Upon payment of dues, the Executive Director shall acknowledge receipt to the Superintendent of the district, and the remittance shall be deposited to the designated depository within one (1) banking day of receipt.

CASH

All cash receipts shall be deposited promptly and recorded accurately as to account, amount, and date.

Incoming Mail – The mail is sorted and routed to the various programs and departments in individual compartments in the file cabinet for mail and inter-office documents.

- All cash, checks, and other forms of legal tender are forwarded to the Executive Assistant.
- Payroll information, Workman's Compensation and Unemployment information are forwarded to the Human Resources Coordinator.
- Vendor invoices, utility bills, telephone bills, etc., are forwarded to the Accounts Payable Coordinator.
- Personnel information, resumes, employment applications, changes of name/address, and employment verification are forwarded to Human Resources Coordinator.
- Bank statements are downloaded electronically and given to the Bookkeeper.

Recording – The Bookkeeper will receive all cash, checks, and other forms of legal tender received by the Cooperative.

- The Bookkeeper will record all receipts into a deposit log.
- The Executive Assistant stamps all checks with a restricted endorsement as follows, "For Deposit Only to the account of Northern Kentucky Cooperative for Educational Services."
- The Executive Assistant completes a deposit slip and gives to the Bookkeeper.
- After the Bookkeeper makes verification and deposit, they enter cash receipts into the computer system's cash receipts program as deposited.
- Documentation for all receipts is filed along with the duplicate deposit slip and the validated bank receipt.

Cash Management

PETTY CASH

The following procedures will be implemented:

- A. The petty cash fund shall not exceed \$100.00.
- B. The Bookkeeper is responsible for oversight of petty cash.
- C. Disbursements must be supported by an invoice or other supporting documentation.
- D. Reimbursements to petty cash funds should be as follows:
 - 1. When expenditures exceed approximately 70% of the total petty cash fund, the AP/HR Coordinator will total disbursements by program and account classification, and submit a check request with all receipts attached for reimbursement.
 - 2. Petty cash fund reimbursement checks will be made payable to the petty cash.

REFERENCES:

45 CFR 74.61

Review/Revised:

Purchasing

For the procurement of equipment, merchandise or services, the following documents and procedures will be used for all purchases and are the primary documents to be used by staff for any purchase of goods and services.

Expenditures, individually or in the aggregate, which exceed \$30,000 shall be subject to the bidding process or competitive pricing (obtaining at least three [3] quotes).

After a purchase order is submitted by a Program Director, the Accounts Payable Coordinator will check the purchase order to ensure policies and procedures for purchasing are being followed. Purchase Order Requests must be filled out completely and include:

- Name and mailing address of vendor
- Name of person requesting goods/services
- Program name and # to be charged
- General ledger (GL) #
- Quantity, price, brief description of each item
- Attached documentation to support purchase
- Shipping costs if applicable

Additional info needed for food purchases:

- Name of event
- Date of event
- Location of event
- Pickup or delivery
- Time of pickup or delivery

The Accounts Payable Coordinator will enter the Purchase Order into the accounting system and assign a purchase order number. The purchase order will then be forwarded for final approval by the Executive Director/designee and then returned to the Accounts Payable Coordinator.

The original purchase order will be retained in the finance department until an invoice is received. A copy of the purchase order, along with all supporting documentation, will be given to the Program and Purchasing Assistant to purchase all materials, place registrations, make travel arrangements, etc.

Once the order is placed, an order confirmation is attached to the original purchase order, by the Program and Purchasing Assistant. When the goods or services are received, a packing slip or receipt will be used to document on the original purchase order that the goods and services have been received. The Program and Purchasing Assistant will attach packing slip, initial and date the receipt.

When the invoice is received, the Accounts Payable Coordinator will review the purchase documentation and prepare the check for payment.

For all contracts funded in whole or in part by NKCES, the reciprocal preference for resident bidders required by law shall be applied. Geographical preferences relating to school nutrition service purchases may be utilized only as permitted by applicable federal law.

Review/Revised:

Use of NKCES Credit Card(s)
AMERICAN EXPRESS CREDIT CARD



NKCES credit cards may not be lent to or used by anyone other than the employee to whom it is checked out. NKCES is exempt from paying sales tax. Employees must use the NKCES tax exempt number, as sales taxes will not be reimbursed. I agree that this card will only be used for preauthorized & allowable charges per NKCES policy.

Date & Time Out	Program	PO#	Card Issued To:	Date & Time In	Receipts Received	Signature of Finance Dept

RELATED POLICIES:

01.821; 03.125; 03.225

Review/Revised:

Accounts Payable

Expenditures shall be made in accordance with the budget approved by the Board. All purchases shall require prior approval of the Executive Director/designee. NKCES shall not be responsible for expenditures not properly authorized and not made according to purchasing procedures.

The standard system used by NKCES requires that a specific form be prepared for each purchase. Employees shall use the PO Request Form posted on the NKCES web site:

www.nkces.org

Based on an approved purchase request, the Accounts Payable Coordinator shall prepare a purchase order based on the Purchasing Procedure 4.31 AP.1.

Because NKCES is tax exempt, purchases in the state of Kentucky shall not include sales tax.

The Accounts Payable Coordinator is responsible for the preparation for payment of all invoices. The process of check preparation and recording of expenses to the various programs shall include the following:

- Utilities, telephone, payroll withholding, recurring monthly or quarterly expenses, exceptions approved by the Executive Director, etc., will be prepared using a Check Request form, which will be processed for payment on the next payables run.
- Vendor invoices, etc., travel, and standard invoices submitted and received by Accounts Payable Coordinator on or before the last working day of the month will be paid within thirty (30) days.
- The Accounts Payable Coordinator will verify that all bills are properly supported by documentation, properly approved, and properly coded. Bills not supported in accordance with the above will be returned to Program Directors. Bills properly supported will be entered for payment.

Each purchase order shall be matched with its invoice, shipping document, and receiving report and filed with disbursement documentation, which shall reflect the check number and date of payment on the front item. Disbursement records shall be filed in such a manner as to be easily traced.

Except for situations as defined below providing for subsequent Board approval, the NKCES Executive Director is authorized to issue payment on a depository bank following approval by the Board.

With the exception of recurring monthly payments such as utilities and fixed charges, no bill shall be paid without the following supportive information:

1. A purchase order signed by the Executive Director or designated representative;
2. An invoice as to goods or services received; and
3. Confirmation that materials were received in accurate quantity and in good order.

Issuance of Payment

The Executive Director shall give subsequent approval to all budgeted disbursements.

Accounts Payable**CHECKS**

Check numbers of all signed checks are recorded sequentially in a log. Checks for \$1,000 or more will be signed by both the Bookkeeper and the Executive Director.

Signing of blank checks is prohibited.

All voided checks shall be maintained on file.

Blank check stock will be locked in the Finance Department office to prevent unauthorized use. Custody of checks after signature and before mailing will be controlled by the Accounts Payable Coordinator who will supervise the mailing.

The vendor's invoice, purchase order and/or check request are filed in vendor alphabetic order in the regular paid invoice file.

BILL-PAYING PROCESS

1. The Accounts Payable Coordinator
 - Matches all invoices to purchase orders
 - Enters invoices. (Every invoice paid should contain an invoice, signed purchase order, and a receipt of goods/packing slip initialed by the purchaser confirming receipt.)
 - Prints checks
 - Matches invoices to checks
 - Have checks signed by Bookkeeper/designee & Executive Director
 - Mails or distributes checks

BANK RECONCILIATION PROCESS

1. The Bookkeeper:
2. Receives the bank statement (It is important that that someone is looking. The checks should be reviewed to observe signatures and find inconsistent check numbers or abnormal transaction amounts.)

Bank accounts will be reconciled promptly after the end of each month. The Bookkeeper is designated to prepare all bank reconciliations. The Bookkeeper reviews the bank reconciliation and also notes the chronological listing of receipts to deposit slips and to deposits on the bank statement.

Accounts Payable**BANK RECONCILIATION PROCESS (CONTINUED)**

The reconciliation procedures for all bank accounts include:

- Accounting for the sequence of check numbers and sorting by numerical order.
- Examination of canceled checks for authorized signature(s).
- Examination of canceled checks for irregular endorsements.
- Examination of canceled checks for alterations.
- Comparison of canceled checks with the check registers (payable checks and payroll checks) as to number, date, payee, and amount.
- The completed bank reconciliation and supporting documentation is filed in chronological order and given to the Accountant to review and verify.
- The reconciliation and related documents are then given to the Executive Director for his/her review and signature.

Review/Revised:

Internal School Accounts

ACCOUNTING

Accounting for internal accounts shall be in accordance with the Department of Education's Manual, *Accounting Procedures for School Activity Funds*.

Review/Revised:

Procurement

- A. Conditions, including emergencies, and procedures under which purchases may be made by means other than competitive sealed bids.

Purchasing officers are authorized to acquire goods, services, or construction through noncompetitive negotiation under the following circumstances, providing a written determination is made that competitive bidding is not feasible. If available, quotes from three (3) suppliers shall be secured if for purchases exceeding \$1,000. At least one (1) of the following conditions shall be met:

1. An emergency has been determined.

An emergency condition is a situation that creates a threat to public health, welfare, or safety such as may arise by reason of floods, epidemics, riots, and equipment failures. The existence of such a condition creates an immediate and serious need to supplies, services, or construction that cannot be met through normal procurement procedures and the lack of which would seriously threaten (a) the functioning of the **NKCES**; (b) the preservative or protection of property; (c) the health or safety of any person. When such conditions exist, the **Executive Director** and designated purchasing agents are authorized to purchase through noncompetitive negotiation. The determination of an emergency and the details of the procurement shall be stated in writing and reported to the Board at its next regular meeting.

2. The product or service to be procured is available from a single source.

3. A necessity is temporarily unavailable from the contracted supplier.

When a particular necessity is temporarily unavailable from the contract supplier and the purchasing officer makes a written determination to that effect, the purchasing officer has the authority to treat such items as a single source of services or products and has authority to proceed to procure the same by noncompetitive negotiation.

4. Contracts for services.

The **NKCES** may contract for the services of licensed professionals such as attorney, physician, psychiatrist, psychologist, certified public accountant, registered nurse, or educational specialist; technicians such as plumber, electrician, carpenter, or mechanic; or an artist such as a sculptor, aesthetic painter, or musician; printers for special projects. This provision shall not apply to architects or engineers providing construction management services rather than professional architect or engineer services.

Noncompetitive negotiations for services of licensed professionals shall occur only when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.

5. The contract is for the purchase of perishable items purchased with funds other than school nutrition service funds on a weekly or more frequent basis.

Perishables” are those items that are subject to natural decay and deterioration if not put to their intended use within a reasonable time and include such items as fresh fruits and vegetables, meats and fish. Perishables do not include dried, canned, or frozen food products that are normally purchased less frequently than by the week. Items that may be classed as perishables, but which readily lend themselves to competitive bidding, shall be obtained only by competitive bidding. Such items include milk and bread.

Procurement

Purchase of such items with school nutrition service funds shall be done consistent with methods authorized by federal regulation (7 C.F.R. §3016.36).

6. The contract or purchase is for replacement parts where the need cannot be reasonably anticipated and stockpiling is not feasible.
7. The contract is for proprietary items for resale.
8. Items for resale include printed documents; stocks and inventories for school bookstores; candies; soft drinks, and, all other items that are sold to students and to the general public. Supplies that must be processed prior to resale such as food purchases for the lunchroom are not included as items for resale.
9. The contract or purchase relates to an enterprise in which the buying or selling by students is a part of the educational experience.
10. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the service area of the agency.
11. The contract or purchase is for purchase of supplies that are sold at public auction or by receiving sealed bids.
12. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment insurance.
13. The contract or purchase is for a sale of supplies at reduced prices that will afford a purchase at savings to the school **NKCES**.
14. The contract or purchase is from a state, U.S. Government, or other public agency.
15. The contract or purchase is from a state, U.S. Government, or other public agency price contract.
16. Specifications cannot be made sufficiently specific to permit an award on the basis of either the lowest bid price or the lowest evaluated bid price.
17. Sealed bidding is inappropriate because the available sources of supply are limited.
18. The bid prices received through sealed bidding are unresponsive or unreasonable.

B. Reverse Auction

Competitive bidding or competitive negotiation for goods and leases may include use of a reverse auction, which is to be conducted as provided in KRS 45A.365 (competitive sealed bidding) or KRS 45A.370 (competitive negotiation).

C. Rejection of bids, consideration of alternate bids, and waiver of informalities in offers.

The conditions for bidding shall be applicable to and incorporated in all invitations for bids. Failure to comply with such conditions shall be cause for rejection of the bid. The Board or its designee retains the right to waive any informalities in offer.

D. Confidentiality of technical data and trade secrets information submitted by actual and prospective bidders or offerors.

Technical data and trade secrets information submitted by actual and prospective bidders are exceptions to the open records requirements and shall be rated confidentially.

Procurement

E. Partial, progressive and multiple awards.

The **NKCES** purchasing officer is authorized, when feasible, to advertise for bids as a discount from a price list or catalog. The conditions shall state that multiple awards may be made. When such multiple awards are made, purchases at the contract discount may be made from such price lists or catalogs without further negotiation. However, any changes in the price list exceeding ten percent (10%) during the period of the contract shall disqualify such items from purchase.

F. Supervision of store rooms and inventories, including determination of appropriate stock levels, and the management, transfer, sale or other disposal of government-owned property shall be the responsibility of the purchasing officer of the **NKCES**.

G. Definitions and classes of contractual services and procedures for acquiring them.

The **NKCES** may obtain the services of various classes of professionals, technicians, and artists by noncompetitive negotiation when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.

H. Procedures for the verification and auditing of local public agency procurement records.

The **Executive Director** shall maintain sufficient records for the Board to verify all purchasing agreements and purchases made through such agreements. Financial records of all transactions related to the purchase of goods and services for the **NKCES** or individual schools are subject to an annual financial audit.

I. Annual reports from those vested with purchasing authority as may be deemed advisable in order to insure that the requirements of this policy are complied with.

1. Each staff member authorized to approve purchase orders shall:

- a. Keep a copy of all purchase orders issued.
- b. Maintain a log to include the name of the vendor from which products or services were obtained.
- c. Record the purpose of the product or service.
- d. Record how the decision was made to purchase from the vendor (bid, negotiation, single source, state price contract, etc.)
- e. List other vendors contacted and their cost for the product or service.

2. All Board policies and **NKCES** procedures pertaining to procurement, whether promulgated under KRS 45A.345 to 45A.460 or otherwise, shall be maintained in the **NKCES** Office and shall be available to the public upon request at a cost not to exceed the cost of reproduction.

J. Except as permitted by law, every invitation for bid or request for proposals shall provide that an item equal to that named or described in the specifications may be furnished.

Review/Revised:

Contracts with Consultants

The Executive Director/designee must approve all contracts for projects involving professional consulting services.

Contract employees are those individuals who provide a service outside the normal realm of NKCES responsibility and who are not under direct control of NKCES. Before contracting for professional consulting services, the following shall be considered:

1. Could current staff provide the service?
2. Would the need be best met through consulting services or a position as an NKCES employee?
3. If consulting services are needed, the following guidelines should assist in determining whether an individual is an independent contractor:
 - a. Is the individual in business for himself/herself?
 - b. Is the service to be provided to NKCES the typical type of business assistance provided to the individual's client?
 - c. Does the individual possess a special skill or ability?
 - d. Are the services being provided for a limited time (a single job)?
 - e. Is the individual being paid by the job rather than by the hour?
4. Is the projected cost provided for by the program budget?

Consultant services will be paid in accordance with guidelines specified in the contract. Each year, consultants shall be issued Internal Revenue Service Form 1099.

The following are required of all consultants contracted to perform services with NKCES:

1. A contract with NKCES that calls for supplying goods or services shall be governed in all respects as to validity, construction, capacity, performance, or otherwise by the laws of the Commonwealth of Kentucky.
2. Contractors providing goods or services must assure NKCES they will comply with the following:
 - a. Employment practices that do not discriminate against any employee(s) or applicant(s) for employment because of race, age, religious creed, sex, national origin, or disability.
 - b. Applicable federal, state, and local laws and regulations pertaining to wages, hours, and conditions of employment.
 - c. Provide NKCES with a W-9 form from the IRS.
3. Contracts with NKCES shall include the provision granting NKCES employees the right to access the contractor's records.
4. NKCES shall not contract with individuals or organizations prohibited from performing services funded by Federal funds.

Review/Revised:

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

VENDOR NAME & ADDRESS	<input type="checkbox"/> Tax Exempt #ST-19-101 <input type="checkbox"/> KPC Bid List Pricing <input type="checkbox"/> Documentation Attached <input type="checkbox"/> New Vendor *Take Check / Open Account 30 Days *W-9
Phone #:	
Fax #:	

DATE	REQUISITIONER	PROGRAM NAME & NO.

QTY	UNIT PRICE EA	G/L #	DESCRIPTION	TOTAL
			Name of Event:	
			Date of Event:	
			Location:	
			Pickup or Delivery (Food Only):	
			Time of Pickup/Delivery (Food Only):	
			Who is responsible (Food Only):	
Please circle 1 department:			Shipping	
ASD/LI EI Transition	Compliance Mathematics HI Other	Literacy Professional Learning Regional PLC Behavior PBIS Trauma Informed Asst. Tech.		
			TOTAL	

I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.

Program Director:

Date:



OVR Purchase Order Request

NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES

5516 East Alexandria Pike, Cold Spring, KY 41076

Phone: (859) 442-8600 Fax: (859) 442-7038

VENDOR NAME & ADDRESS	<input type="checkbox"/> Tax Exempt #ST-19-101 <input type="checkbox"/> KPC Bid List Pricing <input type="checkbox"/> Documentation Attached <input type="checkbox"/> New Vendor *Take Check / Open Account 30 Days *W-9
Phone #:	
Fax #:	

DATE	REQUISITIONER	PROGRAM NAME & NO.

QTY	UNIT PRICE EA	G/L #	DESCRIPTION	TOTAL
			Name of Event:	
			Date of Event:	
			Location:	
			Pickup or Delivery (Food Only):	
			Time of Pickup/Delivery (Food Only):	
			Who is responsible (Food Only):	

Student Focused Pre-Employment Transition Service (Pre-ETS)				Shipping
<u>Please circle event:</u>	Fall Conference	In-School Workshop	Spring Conference	Summer Camp
				TOTAL

I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.

Program Director:

Date:

Purchase Certification

PROVIDED THIS FORM IS CERTIFIED BY THE DISTRICT FINANCE OFFICER PRIOR TO THE PURCHASE, NKCES/SCHOOL PERSONNEL MAY MAKE PURCHASES OF UP TO \$2,500 OUTSIDE ESTABLISHED PRICE CONTRACT AGREEMENTS.

School Name: _____

Requested By: _____

Purchase Date: _____ (Certification date precede purchase date.)

Vendor Name: _____

List below the item(s) to be purchased:

Description	Cost (*)	Contract (**)
TOTAL		

(*) Cost from the vendor named above.

(**) Cost on GSA, State Price, or other Board-approved bid contract

=====

I certify that this purchase will not exceed \$2,500 and that the item(s) listed above meet or exceed the standards and specifications fixed by the following (Check appropriate box.):

☐ Federal (GSA) Price Contract number _____☐ State Price Contract number _____☐ Cooperative Agency Bid number _____☐ Other Entity Bid Entity Name _____

Bid number _____

I further certify that the sales price of this purchase is lower than the sales price in the noted bid and/or contract.

Finance Officer/Designee's Signature_____
Date

Review/Revised:

**Fraud Prevention Sign-off**

Upon initial employment, employees designated with responsibilities for financial management, budgeting, purchasing or executing payments, deposits, or preparing financial documents shall be required to sign this document signifying their understanding of, and intent to comply with, established fraud prevention measures.

I, _____, have been given access to the NKCES fraud
Employee Name Printed

prevention standards (Policy 04.41/Fraud Prevention) and understand and agree that I am to review them in detail and to consult with my Program Director if I have any questions concerning their contents.

I understand and agree:

1. that NKCES may modify any or all of these standards, in whole or in part, at any time, with or without prior notice; and
2. that in the event the NKCES modifies any of the standards, the changes will become binding on me immediately upon issuance of the new standards.

I understand that as an employee of NKCES I am required to review and follow the established fraud prevention standards, and I agree to do so.

Signature of Employee

Date

Return this signed form to your supervisor.

Review/Revised:

Inventory Procedures

NKCES policy prohibits employees from using NKCES property for personal use, unless otherwise approved by the Executive Director. Employees shall be responsible for the equipment, supplies, furniture, and other property under their care and use. Any damaged, lost, stolen, or vandalized property shall be reported to the employee's immediate supervisor.

Employees designated by the Program Director are accountable for inventory, control and maintenance of all assets and equipment in their area of responsibility.

Each year, results of inventories shall be reconciled, coordinated and reported to the Executive Director/designee, who shall prepare a list for the auditor.

A complete, up-to-date inventory of the following shall be maintained:

1. Fixed assets (real property) with an acquisition value of \$5,000 or more that has a useful life of more than one (1) year; and
2. Any additional items designated by the Executive Director/designee.

CAPITAL ASSETS

NKCES staff shall refer to the KDE Capital Asset Guide for guidance in establishing capitalization threshold amounts.

Review/Revised:

Inventory Form

SUBMIT THIS FORM TO THE EXECUTIVE DIRECTOR/DESIGNEE BEFORE THE LAST DAY OF THE FISCAL YEAR.

PROGRAM _____ DATE _____

LOCATION (ROOM #, OFFICE, STORAGE, ETC.) _____

EMPLOYEE'S NAME (PLEASE PRINT): _____

Item	ID/Tag#	General Condition of Item	Location (room # or name of area)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

I certify the above to be a true and accurate record. _____

Employee's Signature

Review/Revised:

Disposal of Property

NKCES property that is no longer needed will be disposed of as follows:

1. Authorized personnel shall provide the Executive Director a complete description of items no longer needed for NKCES purposes.
2. The Executive Director advises the Board that certain property is no longer needed.
3. Upon receiving this report, the Board may, at such time as it deems proper and after compliance with applicable legal requirements, authorize the disposal of properties through closed sealed bids or public auction.
4. As appropriate, property may be appraised by qualified appraiser.
5. Once the Board declares the property surplus, the Executive Director/designee shall advertise the property for sale.
6. The Board reserves the right to reject any and all bids.

For additional information, please refer to NKCES Policy 04.8.

Review/Revised:

Financial Records and Reports

INTERNAL FINANCIAL REPORTS

NKCES financial records are maintained both in paper and electronic format in a safe and secure manner. Financial reports are distributed monthly to Program Directors to assist them in administering program budgets and to assure that expenses are kept within the budgetary limits. A financial report is submitted to the Board of Directors at each meeting showing the total month-to-date receipts and disbursements by major budget category, the cash balance on hand, and the amount of invested funds at the end of the immediate preceding month. Responsibility for preparing and reviewing financial reports are as follows:

1. The Bookkeeper is responsible for preparation of all financial reports.
2. Program Directors are responsible for monitoring financial information for their programs. Discrepancies or questions are to be resolved with the Bookkeeper and, as appropriate, the Executive Director.
3. All financial reports to be provided to the Board of Directors or to anyone outside the Cooperative must have prior approval of the Executive Director.

FINANCIAL REPORTS FOR FUNDING SOURCES

Depending on the funding source, NKCES must accommodate various reporting formats and dates. To meet those requirements, the following procedures will be implemented.

The Executive Director will be responsible for supervising the preparation of financial reports required by funding sources and will maintain a file for each source that contains copies of all reports by program year and reporting instructions

TYPES OF FINANCIAL RECORDS

Active financial records are under the management of the Executive Director.

1. **Current financial records that are designated as “permanent” shall include, but not be limited to:**

Annual Financial Report

Annual Audit Report

Annual Approved Budget

Funds Ledger

Bond Records File

After audit the Executive Director shall file those financial records designated as “permanent” in an approved space in the NKCES Office.

2. **Current financial records that are designated as “indefinite” shall include, but not be limited to:**

Contracts and Service Agreements

Building and Equipment Leases

Assets/Equipment Inventory File

Payroll Personnel File

Budget Drafts/Proposals

Budget Work Papers

Bid Files - Successful

Financial Records and Reports**TYPES OF FINANCIAL RECORDS (CONTINUED)**

The retention period for indefinite records is defined by the explanation found in the Disposition Instructions column of the Records Retention Schedule/Public School District.

Certain financial records marked as “destroy after audit” in the Disposition Instructions indicate records that shall only be destroyed after the retention period has expired and an official audit has been performed. For complete information about retention and disposal of school/District financial records, consult the Records Retention Schedule/Public School District, which may be accessed online at:

<http://kdla.ky.gov/records/recreentionschedules/Documents/Local%20Records%20Schedules/PublicSchoolDistrictRecordsRetentionSchedule.pdf>

Review/Revised:

05

School Facilities

05.3 AP.1	Community Use of NKCES Facilities
05.31 AP.21	Application and Agreement for Use of NKCES Property
05.31 AP.22	Reporting Form for Employee Extra Pay
05.4 AP.21	Monthly Facility Safety Inspection Report
05.41 AP.1	Fire Drills
05.41 AP.2	Drill and/or Disaster Report
05.411 AP.1	Building Lockdown Procedure (Vacant)
05.42 AP.1	Severe Weather Drills
05.43 AP.1	Bomb Threat Drills/Response
05.43 AP.2	Bomb Threat Checklist
05.47 AP.1	Earthquakes
05.5 AP.1	Building Security
05.5 AP.2	Monthly Facility Security Inspection Report
05.6 AP.1	Property Insurance

Use of Coop Facilities and Grounds

WHO MAY USE

The Board authorizes the use of coop facilities and grounds by responsible and organized groups for purposes that provide demonstrable benefit to the schools or to the community as a whole. Groups shall not use coop facilities and grounds when such use would interfere with educational purposes.

USE DURING ELECTIONS

The Executive Director is authorized to grant approval for use of coop facilities as polling places for elections.

POLITICAL RALLIES

Political rallies may be held in school facilities, provided the provisions of this policy are followed.

AVAILABILITY

The Board shall determine when and which facilities and grounds will be available to the community and establish reasonable fees for their rental.

Activities that are sponsored by approved student organizations, faculty groups, or school-related parent groups may use coop facilities and grounds without charge when approved by the Executive Director and, when required, supervised by school personnel.

OTHER GROUPS

Other local groups may be granted permission to use coop facilities and grounds provided the following requirements are met:

- Activities shall be scheduled to last no more than three (3) hours and to end no later than 10:00 p.m., unless the Executive Director or designee grants prior permission to exceed these limits.
- Payment is made in accordance with a fee schedule approved by the Board. The Executive Director is authorized to alter the hourly rate based on justifiable written information supplied by the renter.
- The Board shall require reimbursement for any and all expenses incurred, including those for utilities and custodial and supervisory services.

LIABILITY

The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.

SUPERVISION

The Board holds each group or organization using coop facilities directly responsible for the proper supervision of persons admitted to the activity.

The official representative of the group, or an adult designated in writing by the representative must be directly in charge of the assigned area during the entire time it is in use. When youth groups are granted use of the facilities, the representative must check in with the employee in charge of the facility before any participants will be admitted.

Use of Coop Facilities and Grounds**INSURANCE**

If the non-school related activity sponsored by the community group involves admission or is designated as a high-risk activity by the Executive Director or designee, the community group shall provide a certificate of liability insurance naming the Board as additional insured under the policy for the activity.

DISREGARD OF RULES

Disregard of the rules and procedures governing use of coop facilities shall result in the refusal to grant the offending group organization further use of the facilities.

RESTITUTION FOR DAMAGES

Groups or organizations shall reimburse the Board for any repair or damages to or replacement of school property lost, stolen, damaged, or vandalized while under their care.

APPLICATION & CONTRACT

The Board shall adopt an official application form and an official rental contract, both of which shall detail the conditions of usage. Persons authorized to represent officially the renting organization must sign the application and contract. Only persons over twenty-one (21) years of age may sign the application.

Forms shall be completed and returned to the office of application within ten (10) days prior to use. The Executive Director and applicant shall each be provided with a copy of the forms.

If an application includes a request to use the coop gymnasium or auditorium for moneymaking activities, the Executive Director shall review the application and have the authority to increase the normal rental fee.

Use of Coop Facilities and Grounds
RENTAL APPLICATION AND CONTRACT

CONDITIONS OF RENTAL

All rentals of coop facilities is subject to the following conditions:

1. An official application shall be made to the Executive Director or Director's designee. The application shall specify the use to be made of the facility; only the approved uses shall be permitted.
2. Rentals will be made only to responsible and organized groups, and a responsible representative of that group must sign the application and the contract.
3. Conditions of that contract shall include:
 - a) Acceptance of responsibility by officials of the renting organization for any damage or loss resulting from the rental;
 - b) Agreement that renting organizations, and officers thereof, shall assume all liability for any personal injuries incurred during their use of the facilities and shall hold the Board harmless from any such claims against it;
 - c) Agreement to observe all fire and safety regulations;
 - d) Agreement that the use of any tobacco product, alternative nicotine product, or vapor product shall not occur on or in all property and that the use of alcoholic beverages is prohibited in coop buildings or on coop property;
 - e) Observance that no immoral or illegal activity or gambling in any form shall be allowed on the premises;
 - f) The presence of a coop custodian during the activity. The hourly wage of the custodian(s) must be included in the contract along with the social security and retirement payments required by law. If the employee is employed beyond the normal 40-hour week that she/he works for the Board, the using group must pay overtime wages;
 - g) The presence of a designated employee who will be in charge of building and open it only to the responsible group representative named on the face of the approved request;
 - h) Agreement that participants in active games in the gymnasium shall be required to wear gym shoes;
 - i) Agreement that no alterations to the buildings or grounds be made without prior approval;
 - j) Agreement that the renting party shall not sublease or reassign any portion of the building or item of equipment covered by the rental contract;
 - k) Observance of the requirement to clear the building by 11:00 p.m. for all evening activities;
 - l) Limitation of refreshments to designated areas only;
 - m) Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; and
 - n) Agreement to leave the facilities in as good a condition as before used.

Use of Coop Facilities and Grounds
REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

 Name of Requesting Organization

 Area of the Facility Requesting

 Person Who Will Be Present and
Supervising the Activity

 Date(s) the Facility is requested

Day(s): M T W R F Sat Sun

 From _____ a.m./p.m. to _____ a.m./p.m.
 Time Facility is requested

If this is a continuing request, indicate the duration: _____

The requested area(s) of the Facility will be used for the following activities: _____

Coop equipment to be used (see rate chart below for cost):

Rental Fees

Approximate number people: _____

Field \$25.00 per use

 I have read the Rules and Regulations for Community Use of Coop Facilities and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the Facility.

 Signature of person making request on
Behalf of the organization

Date _____

Home Phone: _____

 Address
 Work Phone: _____

Email address: _____

 Executive Director Signature

 Date

☐ Approved

☐ Disapproved

 Approval of Use of Facility owned by Northern Kentucky Cooperative will not be granted until a copy of your insurance policy and this signed application has been returned to the office of the Executive Director.

I have read and understand, Northern Kentucky Cooperative's policy on Community Use of Coop Facilities, and by signing below, I hereby affirm that: (i) I am twenty-one (21) years of age or older, (ii) I have the authority to make this Request for Rental/Use of Facilities on behalf of the Requesting Organization; (iii) The individual named for the Requesting Organization shall be responsible for the supervising the assigned area during the entire time it is in use; (iv) The Requesting Organization agrees to assume any and all liability for injury to individuals or property by reason of the lease of Board property and that the Requesting Organization agrees to indemnify and save harmless Northern Kentucky Cooperative for Educational Services, its Boards of Directors, employees and agents, from any loss or damage thereby, including reasonable attorney fees; and (v) That prior to the start of the scheduled event, the Requesting Organization agrees to provide the Executive Director with a insurance certificate of liability naming **Northern Kentucky Cooperative for Educational Services** as **Additional Insured** under the liability insurance policy for the activity.

 Signature and Title (if any), of Person
Making the Request on Behalf of the Organization

Use of Coop Facilities and Grounds

REFERENCES:

KRS 438.050; KRS 160.290, KRS 160.293, KRS 160.340, KRS 160.050, OAG 81-295,
OAG 80-78, OAG 60-389, The Pro-Children Act of 1994

RELATED POLICY:

10.3

Review/Revised:

Application and Agreement for Use of NKCES Property

NOTE: Please complete this form in duplicate and submit both copies to the NKCES Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the NKCES Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity _____ Telephone _____

Representative's Name _____

Address _____

The above organization/individual requests the use of:

☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium

☐ classroom(s) _____ ☐ other, specify _____

Is the organization planning to use NKCES-owned equipment? ☐ YES ☐ NO

If yes, specify equipment _____ Operator's Name _____

Is the organization planning to conduct sales on NKCES premises? ☐ YES ☐ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. _____

Building/NKCES facility _____

Purpose _____

Date(s) requested _____ Time(s) Requested _____

Will public be admitted? ☐ YES ☐ NO

Will advertisement(s) be used? ☐ YES ☐ NO

Will admission be charged? ☐ YES ☐ NO

When using NKCES facilities, this organization agrees to observe the following:

1. **To schedule with the** ☐ **Executive Director** ☐ **building Principal** ☐ **Other** _____ **the time(s) NKCES property is to be used.** It is understood that the Executive Director/designee may cancel the use of the room or building at any time such use interferes with regular NKCES activities.
2. **To be legally responsible for any and all damage to individuals and NKCES equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, NKCES officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of NKCES property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the NKCES buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. **To acknowledge that approval of this request does not signify NKCES sponsorship,** endorsement or approval of your organization or the activity.

Application and Agreement for Use of NKCES Property**FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of NKCES facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____ _____				
			TOTAL PERSONNEL CHARGE	

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ NKCES				
Auditorium at _____ NKCES				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ NKCES				
Classroom(s) Number _____ at _____ NKCES				
Stadium at _____ NKCES				
Other Property at _____ NKCES				

Signature - Representative of User Group

Date

Signature - Executive Director/designee

Date

IN THE EVENT NKCES IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

Application and Agreement for Use of NKCES Property

For Office Use Only - To be Completed by NKCES Official		
Cost for use of NKCES property \$ _____	Cost for NKCES employee \$ _____	Total cost \$ _____
Deposit \$ _____	Is deposit refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____	
NKCES employee(s) assigned: _____		
Board Action Date, if applicable _____	Board Order # _____	

Review/Revised:

Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity _____

Representative's Name _____

Facilities used by organization: ☐ gymnasium ☐ dining room/kitchen ☐ stadium
☐ auditorium ☐ classrooms(s) ☐ other, specify _____

Personnel assigned to the event: ☐ Custodian(s) ☐ Food Service Employee(s)

☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

_____ <i>Employee's Signature</i>	_____ <i>Date of Service</i>	_____ <i># of Hours Worked</i>
_____ <i>Employee's Signature</i>	_____ <i>Date of Service</i>	_____ <i># of Hours Worked</i>
_____ <i>Employee's Signature</i>	_____ <i>Date of Service</i>	_____ <i># of Hours Worked</i>
_____ <i>Employee's Signature</i>	_____ <i>Date of Service</i>	_____ <i># of Hours Worked</i>
_____ <i>Employee's Signature</i>	_____ <i>Date of Service</i>	_____ <i># of Hours Worked</i>

For NKCES Office use only

Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour	Total \$ _____

*Executive Director/designee's Signature*_____
*Date***Submit this form to the NKCES Office within one (1) week of the event.**

Review/Revised:

Monthly Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention."
 All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be sent to the
 NKCES ☐ Maintenance supervisor ☐ Executive Director/Designee ☐ School Safety
 Coordinator. A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
<u>Grounds</u>				
Condition of steps				
Condition of walkways				
Condition of parking areas				
Handrails on all steps and ramps				
Security lights				
Holes in lawn				
Debris on grounds				
Condition of seats/bleachers				
<u>General Areas</u>				
Condition of floors				
Floors dry				
Floors not slippery				
Floor openings properly covered				
Intake vents clean				
Exhaust vents clean				
Signs of basement water seepage				
Signs of roof leakage				
Ceiling material secure				
Water piping system				
Waste piping system				
Steam piping system				
Air piping system				
Loading dock				
Storage room(s)				
Waste disposal area(s)				
Broken glass				
Adequate lighting in all areas				
Handrails secure				
Stair tread secure				

Monthly Facility Safety Inspection Report

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

Monthly Facility Safety Inspection Report

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

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

Signature of Recipient

Date

Review/Revised:

Fire Drills**DRILLS**

The Principal shall schedule fire drills according to Policy 05.41 and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/coordinate all drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals and safe areas, for all staff and students.
3. Use a distinctive fire alarm for fire drills only and an “all-clear” signal to indicate a return to the classroom.
4. Designate an outdoor evacuation area for each classroom at least 100 feet away from the building and out of doorways.
5. Prepare and keep on file a report on all drills and forward a copy to the Executive Director/designee, as required.
6. Implement the following procedures when reporting fires:
 - a) Ring alarm, evacuate building, and call Fire Department.
 - b) Notify Executive Director/designee.
 - c) In conjunction with Fire Department personnel, ascertain whether or not building is safe to re-enter. Immediately notify Executive Director/designee of any damage.
 - d) Notify Executive Director/designee if transportation or evacuation to another facility may be necessary.
7. Determine, in conjunction with the Executive Director, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall:

1. Post in each room and discuss with each class rules for fire evacuation, including student responsibilities. These will include directions on the exits, alternative exits, and the outdoor evacuation area(s).
2. Close all classroom windows and doors before leaving.
3. Turn off all lights and gas jets in the room.
4. Maintain order during the evacuation and arrange assistance for students with disabilities.
5. Take roll book and check roll when the class is in its evacuation area. No person is to remain in the building during a fire drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

Drill and/or Disaster Report**THIS FORM IS TO BE USED TO REPORT ALL FIRE, TORNADO, BOMB, LOCKDOWN, AND EARTHQUAKE DRILLS.**

NAME OF SCHOOL _____ PRINCIPAL _____

☐ Drill ☐ Actual EventTYPE OF DRILL: ☐ Fire ☐ Tornado ☐ Earthquake ☐ Bomb Threat ☐ Lockdown

Date of Drill/Event _____ Time of Drill/Event _____

Time taken to evacuate building or to seek shelter _____

Time elapsed during drill/event, if appropriate _____

Number of students using ☐ Crutches____ ☐ Wheelchairs____ Other, specify _____Was building safety ascertained? ☐ Yes ☐ NoBy whom? ☐ Executive Director ☐ Law enforcement ☐ Fire Department personnelWere students transported to another facility? ☐ Yes ☐ NoWas there a decision to dismiss school early? ☐ Yes ☐ NoCOMMENTS: *(Include any comments about safety or problems encountered during the drill.)*

For each drill, the Principal/designee shall complete and keep on file this form and provide copy(ies) to the Executive Director/designee, as required.

Principal/designee's Signature

Date

THIS FORM IS TO BE USED WITH THE FOLLOWING PROCEDURES:

05.41 AP.1
05.42 AP.1
05.43 AP.1
05.47 AP.1

Review/Revised:

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

B05.411 AP.1

Building Lockdowns

DRILLS

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

Review/Revised:

Severe Weather Drills

DRILLS

The Principal/designee shall schedule severe weather drills according to Policy 05.42 and shall complete Procedure 05.41 AP.2.

DEFINITIONS

Severe weather - Tornadoes, destructive winds, severe thunderstorms, severe snow or freezing rain shall be considered to be severe weather.

Drop procedure – an activity during which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.

Safe area – a designated space including an enclosed area with no windows, a basement or the lowest floor using the interior hallway or rooms, or taking shelter under sturdy furniture.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

Implementation of the school building disaster plan shall be the responsibility of the Principal or designee. As part of the implementation process, the Principal/designee shall:

1. Plan/coordinate all evacuation drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals, the approved drop procedure, and safe areas, for all staff and students.
3. Assure that the school can receive and understand communications for severe weather watches and warnings.
4. Sound the severe weather alert signal that is different from the fire alarm and the “all-clear” signal.
5. Designate, mark, and post assigned and alternate safe areas as follows:
 - a) Students/personnel who are housed in one-story buildings, shops, and in portable buildings shall be brought into interior halls or corridors of the main buildings.
 - b) Students/personnel who are housed in two-story buildings should be evacuated from the top floor to interior halls of the lower floor.
 - c) Students/personnel shall not be placed in auditoriums, gymnasiums, cafeterias, or other large areas with a wide, free span roof or in boiler or furnace rooms.
6. Maintain in the Principal’s office a master chart of the safe areas.
7. Prepare and keep on file a report on all drills and forward a copy to the Executive Director, as required.
8. Notify Executive Director/designee if transportation or evacuation to another facility may be necessary.
9. Determine, in conjunction with the Executive Director, the need for schools to be dismissed early.

Severe Weather Drills**FACULTY/STAFF RESPONSIBILITIES**

The faculty and staff shall:

1. Utilize designated safe areas during a severe weather drill or warning.
2. Instruct students in the procedures to be used during a severe weather drill, watch, or warning.
3. Maintain order during the drill, watch, or warning and arrange assistance for students with disabilities.
4. Require students to use one of the following positions, as appropriate:¹
 - a) Rest on knees, lean forward, cover face by crossing arms above face.
 - b) Sit on floor, cross legs, cover face with folded arms.
 - c) If space does not permit use of the first or second suggested position, stand and cover face with crossed arms. Wraps or coats, when readily available, should be used as a covering.
5. Remain in the assigned safety area with students until the “all-clear” signal or recall signal is given.
6. Report to the Principal any student who is missing.

CUSTODIANS’ RESPONSIBILITIES

When a tornado warning has been received, the Principal/designee shall notify the head custodian/designee to:

1. Turn off all gas and electrical appliances.
2. Turn off all motor-operated equipment and pilot lights to hot water heaters or stoves in furnace rooms, cafeterias, home economics rooms, and shops.

BUS DRIVERS’ RESPONSIBILITIES

If the bus is en route to or from school when a severe weather warning is issued, drivers shall:

1. If available, take shelter in a substantially strong, weather proof building in the immediate vicinity.
2. Otherwise, stop the bus near a depression or cut in the road where possible and keep the students in the bus, except when a tornado or destructive winds occur, in which case lead students away from the bus and power lines and instruct them to lie flat in a ditch.

¹ Kneeling and sitting positions should be maintained for only a short period of time. If the alert must be kept for a longer time, students should be permitted to stand for a brief period and then resume kneeling or sitting positions.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

Bomb Threat Drills/Response**DRILLS**

The Principal shall schedule bomb threat drills two (2) time(s) during each school year and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/Coordinate all drills to minimize disruption of the educational process.
2. Provide a plan of pre-drill and pre-training instruction, including but not limited to, warning signals, assessment of threat protocol, and designation of safe areas for all staff and students.
3. Prepare and keep on file a report on all drills and forward a copy to the Executive Director, as required.
4. Put into action the following procedures when a bomb threat has been received:
 - a) Implement assessment process to determine whether to evacuate the building.
 - b) Evacuate building if so indicated by the assessment process, and call 911/local emergency, fire department, and law enforcement personnel, as appropriate.
Make building accessible to agency representatives who respond by providing the search team with a floor plan and keys to unlock rooms.
 - c) Notify Executive Director/designee.
 - d) If the decision is made to evacuate the building, ascertain in conjunction with law enforcement officials whether or not building is safe to re-enter. Immediately notify Executive Director/designee if any damage occurs.
 - e) Notify Executive Director/designee if transportation or evacuation to another facility may be necessary.
5. If an actual bomb is discovered on school grounds:
 - a) Immediately report the bomb by calling 911, local/state police and the fire department.
 - b) Evacuate the bomb site to at least 850 feet away; do not permit re-entry by employees or students until each device has been removed or disarmed by the bomb squad.
 - c) Remind all persons that cell phones or radios are not to be used as this may cause detonation.
6. Determine, in conjunction with the Executive Director, the need for schools to be dismissed early.

Bomb Threat Drills/Response

FACULTY/STAFF RESPONSIBILITIES

The faculty and staff shall:

1. Post in each room and discuss with each class rules for bomb threat evacuation, including student responsibilities. These will include directions on the designated exits, alternative exits, assigned evacuation area(s), and designated safety precautions such as a ban on cell phone or radio use during a bomb threat drill or evacuation.
2. If a written bomb threat is received, the employee receiving it should preserve it for investigation by the police for possible fingerprints by handling it as little as possible while placing it in a protective envelope.
3. Maintain order during the evacuation and arrange for the assistance of students with disabilities. Leave doors and windows open.
4. Scan the area noting any items that appear to be out of place, and report same to Principal/designee. Do not touch or move any unusual items, but notify the head of the search team.
5. Take roll book and check roll when the class is in its evacuation area. Other than adults authorized to check the premises, no person shall remain in the building during a bomb threat or bomb threat drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURES:

05.41 AP.2
05.43 AP.2

Review/Revised:

Bomb Threat Checklist

(Print on color-coded paper and keep at main receptionist's desk at each school and at the Central Office.)

INSTRUCTIONS: If a recording device has been put in place and the threat is received by telephone, start the recorder immediately. Don't hang up the phone. If the caller hangs up, leave the phone off the hook. Be calm. Be courteous. Listen, do not interrupt the caller, notify colleagues of your activity by prearranged signal while caller is on the line; ask to have message repeated.

Date call received _____ Time _____

Exact words of person placing call _____

If the threat is received via email, tell another employee to alert Central Office immediately as you record information and correspond with the sender using the questions below. **ASK** the following questions:

What time is the bomb set to explode? _____ How many devices are involved? _____ Where is each located? _____ Floor _____ Area _____

What does the bomb look like? _____ Is it ☐ Disguised ☐ Concealed/Hidden ☐ In the open?

What kind of bomb is it? _____ What will cause it to explode? _____

Why was it placed? _____ How did it get into the school? _____

Did you place the bomb (s) ☐ Yes ☐ No If not, who did? _____

Are you a current student? ☐ Yes ☐ No Are you a former student? ☐ Yes ☐ No Where are you calling from? _____

What is your address? _____ What is your name? _____

VOICE CHARACTERISTICS			BACKGROUND NOISE		NOTIFY THE FOLLOWING
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rapid	<input type="checkbox"/> Music	<input type="checkbox"/> Television	<input type="checkbox"/> State Police
<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile - Age _____	<input type="checkbox"/> Giggling	<input type="checkbox"/> Children	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Local Law Enforcement/Emergency
<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Accent	<input type="checkbox"/> Deep	<input type="checkbox"/> Conversation	<input type="checkbox"/> Shopping Mall	<input type="checkbox"/> Executive Director*
<input type="checkbox"/> Loud	<input type="checkbox"/> Calm	<input type="checkbox"/> Crying	<input type="checkbox"/> Airplane	<input type="checkbox"/> Train	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Disguised	<input type="checkbox"/> Nasal	<input type="checkbox"/> Squeaky	<input type="checkbox"/> Traffic	<input type="checkbox"/> Office	<input type="checkbox"/> Building Principal/site administrator
<input type="checkbox"/> Angry	<input type="checkbox"/> Broken	<input type="checkbox"/> Excited	<input type="checkbox"/> Machinery	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Slow	<input type="checkbox"/> Sincere	<input type="checkbox"/> Stressed			
<input type="checkbox"/> Normal	<input type="checkbox"/> Speech Problem (stutter, lisp)	<input type="checkbox"/> Other, specify _____			

**Consultation with the Executive Director shall be required prior to dismissal for the remainder of the school day.*

Additional Information _____

Signature of Person Receiving Call

Date

Review/Revised:

Earthquakes

DRILLS

The Principal shall schedule a minimum of two (2) earthquake and safe area evacuation drills during each school year. Drills shall be held during the first thirty (30) instructional days of the school year and in January. Whenever possible, first responders shall be invited to observe emergency response drills. After each drill, Procedure 05.41 AP.2 shall be completed and submitted to the Executive Director.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Provide a plan of pre-drill and pretraining instruction, including but not limited to, warning signals and safe areas for all staff and students.
2. Plan/coordinate all drills to minimize disruption of the educational process.
3. Prepare and keep on file a report on all drills and forward a copy to the Executive Director, as required.
4. Notify Executive Director/designee if transportation or evacuation to another facility may be necessary.
5. Determine, in conjunction with the Executive Director, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall post in each room and discuss with each class rules for earthquake preparedness, including student responsibilities; maintain order during the drill or quake and arrange for the assistance of students with disabilities; and report to the Principal any student who is missing.

If indoors

1. Drop and take cover under desks, tables, or other heavy furniture, in interior doorways or narrow halls, or against weight-bearing inside walls.
2. Stay away from windows, light fixtures, and suspended objects.
3. Under no circumstances should persons rush through or outside the building, exposing themselves to falling debris, live wires, etc.
4. After the tremors have ceased, evacuate the building and move all personnel to safe areas.

If outdoors

1. As appropriate, move away from building.
2. Avoid utility poles and over-head wires.
3. Do not enter any building that has sustained damage until competent personnel have examined the building and declared it safe.
4. Before students and staff are permitted to re-enter a building, the building must be checked for structural soundness, including but not limited to, the integrity of electrical wiring, heating and fuel systems, and water distribution system.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

EXPLANATION: SB1 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 NKCES 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 entrances ☐ 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 daily and night deposits are utilized 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 Executive Director may direct the installation of a security system and/or the employment of security personnel.

Review/Revised:

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 NKCES

☐ Maintenance Supervisor ☐ Executive Director ☐ NKCES/School Security Officer.

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.

Signature of Recipient

Date

Review/Revised:

Property Insurance**REPLACEMENT COST**

Fire and extended coverage on all nonsurplus buildings shall be carried in the amount of the replacement cost.

APPRAISAL OF BUILDINGS

An appraisal of nonsurplus buildings may be made ☐ every five (5) years ☐ every seven (7) years. The professional appraiser shall estimate the replacement cost, and an adjustment will be made each year to compensate for any increased labor and material costs.

INVENTORY OF CONTENTS

An inventory of the contents of each school shall be made each year as specified in Policy 04.7. The inventory will show the description, cost, date of purchase, condition, quantity, and location of each item inventoried. Inventory lists shall be maintained in ☐ Central Office ☐ at the site location ☐ other, as specified _____.

CO-INSURANCE AND DEDUCTIBLE

Each building and its contents shall be insured for an amount equal to 100% of the replacement cost as shown on the schedule of values certified by the Kentucky Department of Education or as determined through a certified replacement cost appraisal of the building and its contents performed by an appraiser experienced in appraising commercial or governmental property and properly licensed to perform appraisal services in Kentucky. A ☐ NO co-insurance (KSBA recommended) ☐ maximum of eighty percent (80%) plan with a per-occurrence deductible of ☐ \$1,000 ☐ \$5,000 ☐ \$10,000 will be specified. The maximum allowable deductible per occurrence is five percent (5%) of the prior year's capital outlay allotment or \$25,000, whichever amount is smaller.

Review/Revised:

07

Support Services

07.1 AP.11

Food Allergies and Special Dietary Needs

Food Allergies and Special Dietary Needs

The District of Record for the school operated by NKCES School Nutrition Program shall provide modified menus or food preparation for students as required by their individual education plan (IEP), Section 504 plan, or health plan.

The District of Record for the school operated by NKCES School Nutrition Program shall be informed of any student who is unable to consume the meals normally served at the school in which s/he is enrolled.

Nutrition Program services shall provide for substitution of food items based on child-specific medical guidance.

PARENT RESPONSIBILITIES

Parents requesting dietary accommodations for their child shall:

1. Notify the school principal of any food allergy or special dietary need related to a disabling condition or medical necessity.
2. Provide a written statement containing medical information from a medical authority authorized to practice within the State of Kentucky as noted in the student's IEP, 504 plan or health plan.
3. Provide updated medical information as requested by the District of Record for the school operated by NKCES.
4. Participate in any meetings or discussions regarding the student's meal plan.
5. Notify the school of any changes relating to the food allergy or special dietary need.

SCHOOL SITE RESPONSIBILITIES

1. Inform school nutrition personnel who to notify when they receive a request from a parent or student for accommodations related to food allergies.
2. Identify children requiring special dietary modifications
3. Refer a student with known or suspected special dietary needs for special services as required by law and shall notify the Special Education Director, Section 504 Coordinator, school nurse or health services assistant, as appropriate, given the nature of the medical requirement or disabling condition known or suspected.
4. Make staff and the student aware of precautions needed related to field trips, classroom parties, allergy alert identification, intervention strategies, and other issues necessary to promote student safety.
5. Communicate plan requirements to all potential plan implementers, such as designated School Nutrition staff, the student's teachers, etc.
6. Monitor and update the IEP, Section 504 plan, or health plan as needed.

FOOD & NUTRITION SERVICES RESPONSIBILITIES

1. Provide food item services and/or substitutions for students based on medical need. Menus will not be modified based on personal preference.
2. Provide training to school nutrition personnel on how to react to food allergies and food-related emergencies and how to modify menus.
3. Maintain special dietary information on each student identified as having special dietary needs and update this information as needed.

Review/Revised:

08**Curriculum and Instruction**

08.1131 AP.1	Performance-Based Credit
08.1131 AP.2	Alternative Credit Options
08.2321 AP.1	Copyrighted Materials/Notice of Use
08.2323 AP.1	Access to Electronic Media
08.2323 AP.21	Electronic Access/User Agreement Form
08.2323 AP.23	Individual Learning Plan Web Release

Performance-Based Credit

The NKCES shall award standards-based, performance-based credits for subjects to be applied toward graduation requirements of the student's home district. Credit shall be awarded for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course approved for performance-based credit, consistent with Kentucky Administrative Regulation;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based portfolios, senior year or capstone projects;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; and
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

Students requesting performance-based credit to apply toward graduation shall make application to the Principal/designee.

COURSE DESCRIPTION AND ASSESSMENT

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Performance Rating for Educational Progress (K-PREP), Kentucky Academic Standards, and Kentucky Academic Expectations.

WORK-BASED LEARNING

Work-based learning experiences provided by the NKCES shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student. Site supervisors are considered volunteers subject to Policy 03.6.

Review/Revised:

Alternative Credit Options

Student's Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <i>Last Name</i> <i>First Name</i> <i>Middle Initial</i> </div>			
Student's Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <i>City</i> <i>State</i> <i>ZIP Code</i> </div>			
School _____		Grade in the upcoming school year _____	

THE ABOVE NAMED STUDENT REQUESTS PRIOR APPROVAL TO EARN CREDIT THROUGH AN ALTERNATIVE ROUTE.

Course(s) requested: _____

- ☐ Summer School Course (approved by Executive Director/designee) ☐ Online Course
☐ College Credit ☐ Performance-Based Credit (provide information required on next page)

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

- ☐ Graduation with class
☐ Enrichment/Elective
☐ Course not available within the NKCES
☐ Simultaneous high school/college credit
☐ Other, _____

I recommend this student be permitted to take the alternative credit option.

<i>Principal/designee's Signature</i>	<i>Date</i>
--	--------------------

I understand that it is my responsibility to submit an official transcript of my grade to the school by the date specified by the counselor in order to receive credit toward graduation.

<i>Student's Signature</i>	<i>Date</i>
-----------------------------------	--------------------

=====

Number of credits earned _____ Date grade received _____

<i>Principal/designee's Signature</i>	<i>Date</i>
--	--------------------

Alternative Credit Options**PERFORMANCE-BASED CREDIT**

School course for which credit is being requested: _____

NOTE: Requests will be accepted only for those courses the student has not yet

☐ enrolled in☐ passed

Credit may be granted to students demonstrating proficiency for learning taking place outside the normal classroom setting. Please describe the non-traditional and/or prior learning setting in which the learning occurred for credit being requested:

To be completed by Principal/designee

Request was ☐ Approved ☐ Denied Date _____

If approved, student performance will be assessed as follows:

ASSESSMENT METHOD	MINIMUM SCORE REQUIRED FOR CREDIT
Course exit exam	
State exam (_____)	
Other: _____	

Date of assessment: _____ Supervised by: _____

Student/Parent contacted ☐ Yes ☐ No Date __________
Principal/designee Signature_____
Date

Review/Revised:

Copyrighted Materials/Notice of Use**RESPONSIBILITY TO INFORM**

The Principal/designee shall inform school personnel of the following procedures regarding the duplication of copyrighted materials:

1. Material including, but not limited to, the following may be subject to copyright protection:
 - a) Musical
 - b) Dramatic
 - c) Literary (including workbooks, tests, etc.)
 - d) Pictorial
 - e) Sound recordings
 - f) Audiovisual works
 - g) Computer software
 - h) Architectural works
 - i) Choreographic works
2. Copyrighted materials that are copied shall not be used for profit.
3. The teacher may make a single copy of copyrighted material in preparation for class.
4. Except for computer software, the "Fair Use" allowance permits limited reproduction and use of copyrighted materials for classroom use.
5. Except for computer software, if the teacher needs multiple copies, the number shall not exceed one (1) copy per student.
6. In the case of computer software, a single copy may be made to be used only for "back-up" or archival purposes.

DIGITAL TECHNOLOGY/DISTANCE LEARNING

The NKCES may use instructional transmissions as part of any distance learning classes, provided use complies with guidelines set forth in federal regulations and the following criteria are met:

1. The performance and/or display is a regular part of instruction; and
2. Technical measures are utilized to reasonably prevent keeping material beyond the class session and distributing it.

Review/Revised:

Access to Electronic Media

ELECTRONIC MAIL/INTERNET

The NKCES offers students and staff access to the NKCES' computer network for electronic mail and Internet. Because access to the Internet may expose users to items that are illegal, defamatory, inaccurate, or offensive, we require all students under the age of eighteen (18) to submit a completed Parent Permission/User Agreement Form to the Principal/designee prior to access/use. All other users will be required to complete and submit a User Agreement Form.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/NKCES:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

In addition, parents wanting to challenge information accessed via the NKCES' technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

GENERAL STANDARDS FOR USERS

Standards for users shall be included in the NKCES' handbooks or other documents, which shall include specific guidelines for student, staff, and community member access to and use of electronic resources.

Access is a privilege—not a right. Users are responsible for good behavior on school computer networks. Independent access to network service is given to individuals who agree to act in a responsible manner. Users are required to comply with NKCES standards and to honor the access/usage agreements they have signed. Beyond clarification of user standards, the NKCES is not responsible for restricting, monitoring, or controlling the communications of individuals utilizing the network independently.

The network is provided for users to conduct research and to communicate with others. Within reason, freedom of speech and access to information will be honored. During school hours, teachers of younger children will guide their students to appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other media that may carry/broadcast information.

NO PRIVACY GUARANTEE

The Executive Director/designee has the right to access information stored in any user directory, on the current user screen, or in electronic mail. S/he may review files and communications to maintain system integrity and insure that individuals are using the system responsibly. Users should not expect files stored on NKCES servers or on NKCES provided or sponsored technology services, to be private.

Access to Electronic Media**RULES AND REGULATIONS**

Violations of the Acceptable Use Policy include, but are not limited to, the following:

1. Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
2. Sending or displaying offensive messages or pictures, including those that involve:
 - Profanity or obscenity; or
 - Harassing or intimidating communications.
3. Damaging computer systems, computer networks, or school/NKCES websites.
4. Violating copyright laws, including illegal copying of commercial software and/or other protected material.
5. Using another user's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
6. Trespassing in another user's folder, work, or files.
7. Intentionally wasting limited resources, including downloading of freeware or shareware programs.
8. Using the network for commercial purposes, financial gain or any illegal activity.
9. Using technology resources to bully, threaten or attack a staff member or student or to access and/or set up unauthorized blogs and online journals, including, but not limited to MySpace.com, Facebook.com or Xanga.com.

Additional rules and regulations may be found in NKCES handbooks and/or other documents. Violations of these rules and regulations may result in loss of access/usage as well as other disciplinary or legal action.

RELATED POLICIES AND PROCEDURES:

08.2323 (all areas)
09.14

Review/Revised:

Electronic Access/User Agreement Form

User's Name _____			
<i>Last Name</i>		<i>First Name</i>	
		<i>Middle Initial</i>	
User's Address _____			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
User's Age ____	Date of Birth _____	Sex ____	Phone Number _____
School _____			
If applicable, User's Grade _____		Homeroom/Classroom _____	

Please check if you are a ☐ student ☐ certified employee ☐ classified employee.

As a user of the NKCES computer network, I hereby agree to comply with the NKCES' Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) _____

User's Signature

Date

PRIOR TO THE STUDENT'S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the NKCES and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in NKCES policy/procedure. Please also be advised that data stored in relation to such services is managed by the NKCES pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the NKCES, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian

Date

Daytime Phone Number: _____ Evening Phone Number: _____

**NOTE: FEDERAL LAW REQUIRES THE NKCES TO MONITOR
ONLINE ACTIVITIES OF MINORS.**

Review/Revised:

Individual Learning Plan Web Release

I am the parent or guardian of _____, a student under the age of eighteen (18) who is enrolled in grades six through twelve (6-12) in the NKCES school. I hereby authorize the NKCES to enable a feature of web based Individual Learning Plan ("ILP") software, which will permit my student to invite third parties to have access to his/her ILP information or portions of such information via the web (internet). The purpose of this feature is to help my student with career and college plans by permitting him/her to share ILP information with persons or organizations such as college admissions officers, organizations offering scholarships, and potential employers. However, I understand this feature could permit my student to release ILP information to other third parties. I agree that the NKCES, its employees, and agents shall not be responsible, nor shall they incur any liability for any disclosure made by the student using this software feature. The Family Educational Rights and Privacy Act (FERPA) and similar state statutes (KFERPA) generally require parents to consent before the educational records relating to their student(s) are disclosed to third parties.

I understand that the above software feature is not itself a disclosure of education records, but it will enable my student to disclose confidential educational records information. I specifically authorize and give my consent to the disclosure of ILP educational records information to third parties by my student through the use of the software feature as described above.

I understand that once this signed form is returned to the school, it will stay in effect as long as my child is enrolled in the NKCES (unless I or my child on turning 18 requests a change).

I also understand that the sharing feature will not be enabled for my child unless this completed form is returned to the school.

Signature of Parent/Guardian

Date

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY _____ (DATE).

Review/Revised:

09

Students

09.12 AP.1	Student Enrollment and Homeless/Immigration Status
09.12 AP.23	Notice of Expulsion/Conviction
09.1231 AP.21	Student Entry and Exit Log
09.14 AP.1	Family Educational Rights and Privacy Act Definitions
09.14 AP.11	Family Educational Rights and Privacy Act
09.14 AP.111	Notification of FERPA Rights
09.14 AP.112	Notification of PPRA Rights
09.14 AP.12	Student Directory Information Notification
09.14 AP.122	PPRA Forms
09.14 AP.2	Juvenile Justice Agency Certification Form
09.14 AP.21	Request to Inspect, Amend, or Destroy Student Educational Records
09.14 AP.22	Student Record Logs
09.14 AP.23	Request for Educational Records
09.14 AP.231	Designation and Agreement for Disclosure to Authorized Representatives
09.14 AP.232	Release of Records to State Child Welfare Agency
09.14 AP.24	Release/Inspection of Student Records
09.14 AP.251	Media Release
09.22 AP.22	Request for Student Health Services and Procedures
09.221 AP.1	Supervision of Students
09.2211 AP.21	Documentation of Reporting Required by Law
09.2212 AP.21	Physical Restraint and Seclusion Forms
09.224 AP.1	Emergency Medical Care Procedures
09.224 AP.21	Emergency Information Form
09.2241 AP.1	Student Medication Guidelines
09.2241 AP.21	Permission Form for Prescribed or Over-the-Counter Medication
09.2241 AP.22	Medication Administration Record
09.2241 AP.23	Medication Administration Incident Report
09.227 AP.1	Child Abuse/Neglect/Dependency
09.422 AP.21	Bullying Reporting Form
09.423 AP.2	Prohibited Substances-Violation Referral Form
09.425 AP.21	Record of Removal
09.426 AP.1	Disrupting the Educational Process
09.42811 AP.1	Notice to Individuals Complaining of Harassment/Discrimination
09.42811 AP.2	Harassment/Discrimination Reporting Form

09**Students**

09.42811 AP.21	Harassment/Discrimination Investigation and Appeals
09.42811 AP.22	Witness Disclosure Form
09.42811 AP.24	Resolution Response
09.43 AP.1	Juvenile Court Records
09.43 AP.21	Teacher Report of Student Conduct
09.43 AP.22	Juvenile Court Records Confidentiality Statement
09.434 AP.2	Notice of Suspension
09.4361 AP.21	Record of Student Arrest at School
09.438 AP.1	Reporting of Code Violations
09.438 AP.21	Parent Notification of Code Violation

Student Enrollment and Homeless/Immigration Status**IMMIGRANT STATUS**

The Principal/designee shall notify school staff that a student's right to enrollment does not depend on his/her or the parent/guardian's immigration status.

School personnel should not engage in any practice that would inhibit or discourage an unauthorized alien student or any other student from attending.

HOMELESS STUDENTS AND UNACCOMPANIED YOUTH

The term "homeless" shall refer to children and youths who lack a fixed, regular and adequate nighttime residence and includes those that are:

1. Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;
2. Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
3. Living in emergency or transitional shelters;
4. Abandoned in hospitals;
5. Residing in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
6. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and/or
7. Migratory children who are living in the previously described circumstances.

GUIDELINES FOR ENROLLMENT

1. In general, only minimal information, such as name and age, can be required to enroll any student in school.
2. Types of reliable proof of a student's identity and age may include, but are not be limited to:
 - Passport
 - Military identification or immigration card
 - Baptismal certificate
 - Copy of the record of baptism that has been notarized or duly certified and reflects the date of the student's birth
 - Any religious record authorized by a religious official
 - Recording of the student's name and birth in a family Bible or other religious text
 - Notarized statement from the parents or another relative or guardian as to the date of the student's birth
 - Prior school record indicating the date of the student's birth
 - Driver's license or learner's permit

Student Enrollment and Homeless/Immigration Status**GUIDELINES FOR ENROLLMENT (CONTINUED)**

- Adoption record
 - Affidavit of identity and age
 - Any government document or court record reflecting the date of the student's birth
 - Oral proof when the native language of a parent or guardian is not a written language.
3. A student's exact date of birth (month, day and year) is not required for initial enrollment.
 4. When a student is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may offer proof of age and identity of a student for initial enrollment purposes.
 5. The NKCES homeless student liaison shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain essential records that are not in existence and immediately place the student in appropriate programs.
 6. To the extent possible, the NKCES homeless student liaison shall attempt to provide required notices to non-English speaking parents via written language understandable to the general public and in the native language or other mode of communication of the parent with documentation of the attempt. If the native language of the parent is not a written language, the liaison should take steps to ensure that the notice is translated orally or by other means so that the parent understands the content of the notice and that there is written evidence of the translation to the extent possible with documentation of the attempt.

CHILDREN IN FOSTER CARE

The foster care liaison may also be the homeless education liaison. The foster care liaison's responsibilities shall be to ensure that:

1. The child in foster care remains in his or her school of origin, unless it is determined that remaining in the school of origin is not in that child's best interest;
2. If it is not in the child's best interest to stay in his or her school of origin, the child is immediately enrolled in the new school even if the child is unable to produce records normally required for enrollment; and
3. That the new (enrolling) school immediately contacts the school of origin to obtain relevant academic and other records.

Review/Revised:

Notice of Expulsion/Conviction

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of _____, who was expelled and/or

Student's Name

adjudicated guilty/convicted as noted below.

Date Enrollment Requested: _____

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school.

Check the reason(s) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Homicide
<input type="checkbox"/> Assault
<input type="checkbox"/> Sex offense
<input type="checkbox"/> Violation of Law Relating to Weapons
<input type="checkbox"/> Violation of School Regulation Relating to Weapons | <input type="checkbox"/> Violation of Law Relating to Alcohol
<input type="checkbox"/> Violation of Law Relating to Drugs
<input type="checkbox"/> Violation of School Regulation Relating to Alcohol
<input type="checkbox"/> Violation of School Regulation Relating to Drugs
<input type="checkbox"/> Any violent offense that resulted in death or serious physical injury to victim |
|---|--|

My child was expelled from: _____ in _____

Name of School

City

County

State

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed): _____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.

Parent/Guardian's Signature

Date

Witness's Signature

Date

Review/Revised:

Student Entry and Exit Log
NKCES REGIONAL SCHOOL PROGRAMS
****SCHOOL YEAR****

STUDENT NAME	DATE	GRADE	TIME-IN	TIMEOUT	PARENT SIGNATURE	REASON

Review/Revised:

Family Educational Rights and Privacy Act Definitions

Although this listing is not intended to take the place of the complete FERPA law and regulations, the following definitions shall apply when implementing Policy 09.14 and the procedures that follow.

EDUCATION RECORDS – Refers to records directly related to a student that are maintained by the NKCES or by a party acting for the NKCES.

A “record” shall include any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche. Student records shall include disciplinary records with regard to suspension and expulsion.

Staff should refer to federal regulations for examples of documents that are not considered education records.

PERSONALLY IDENTIFIABLE INFORMATION – Includes, but is not limited to, the following:

1. Student’s name;
2. Name of the student’s parent or other family member;
3. Address of the student or student’s family;
4. Any personal identifier, such as the student’s social security or student number;
5. Personal characteristics that would make the student’s identity easily traceable, including biometric records (measurable biological or behavioral characteristics that can be used for automated recognition of an individual, such as fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting); or
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

NOTE: Unless the parent/guardian or student who has reached age 18, requests in writing that the NKCES not release information, the student’s name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

STUDENT - Except as otherwise specifically designated by law, “student” shall mean any individual who is or has been in attendance in the NKCES and for whom the NKCES maintains education records.

ATTENDANCE – NKCES “attendance” includes, but is not limited to, attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunication technologies for students who are not physically present in the classroom; and the period during which a person is working under a work-study program.

DISCLOSURE - Refers to permitting access to, or release or transfer of, personally identifiable information contained in a student’s education record to any party, except the party identified as the provider or creator of the record, by any means, including oral, written, or electronic.

Family Educational Rights and Privacy Act Definitions

EDUCATION PROGRAM - Programs principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education and adult education, and any program that is administered by an educational agency or institution.

EARLY CHILDHOOD EDUCATION PROGRAM - A Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six (6) that addresses the children's cognitive, social, emotional and physical development and is a (a) state prekindergarten program; (b) a program authorized under the Individuals with Disabilities Education Act; or (c) a program operated by a local education agency.

REFERENCES:

34 C.F.R. Part 99, 20 U.S.C. 1232g
P. L. 114-95, (Every Student Succeeds Act of 2015)

Review/Revised:

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The NKCES shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

2. Unless the parent or student who has reached age 18 requests in writing that the NKCES not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of NKCES receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the NKCES' special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the NKCES shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required when a court order directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

As noted in the NKCES' annual FERPA notice, parent consent/notification is not required to release student records to another school NKCES or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The NKCES shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the NKCES only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.
6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

Family Educational Rights and Privacy Act

7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
 - a. Disclosures made to parents or eligible students,
 - b. Records released pursuant to written consent,
 - c. Access by school officials and others having a legitimate educational interest under FERPA,
 - d. Disclosure to a party with written consent from a parent or eligible student,
 - e. Disclosures of directory information, or
 - f. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
9. Upon request, the Executive Director/designee shall, arrange for a record amendment hearing in compliance with 702 KAR 1:140.

RELATED PROCEDURES:

All 09.14 procedures

Review/Revised:

Notification of FERPA Rights

Distribute this notice annually to parents and students.
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The Family Educational Rights and Privacy Act (FERPA) affords parents and “eligible students” (students 18 years of age or older or students who are attending a postsecondary institution) certain rights with respect to the student’s education records. They are:

1. ***The right to inspect and review the student’s education records within forty-five (45) days of the day the NKCES receives a request for access.***

Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student’s education records.***

Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the NKCES to record the disclosure.

3. ***The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student’s privacy or other rights.***

Parents or eligible students may ask the NKCES to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

If the NKCES decides not to amend the record as requested by the parent or eligible student, the NKCES will notify the parent or eligible student of the decision and advise him\her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.***

Exceptions that permit disclosure without consent include:

- a. Disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the NKCES as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the NKCES has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the NKCES.

This may include contractors, consultants, volunteers, and other parties to whom the NKCES has outsourced services or functions.

Notification of FERPA Rights

- b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school NKCES or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.
- c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.
- d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.

Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.

5. ***The right to notify the NKCES in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the NKCES provides to parents/eligible students.***

To exercise this right, parents/eligible students shall notify the NKCES by the deadline designated by the NKCES.

6. ***The right to prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, the Kentucky Army National Guard and institutions of higher education.***

Unless the parent or student who has reached age 18 requests in writing that the NKCES not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

7. ***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the NKCES to comply with the requirements of FERPA.*** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Review/Revised:

Notification of PPRA Rights

Distribute this notice annually to parents and students.

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- ◆ **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education:
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or the student’s parents; or
 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- ◆ **Receive notice and an opportunity to opt a student out of:**
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE:** If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- ◆ **Inspect, upon request and before administration or use:**
 1. Protected information surveys to be used with students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

Notification of PPRA Rights

The NKCES shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the *NKCES Code of Acceptable Behavior and Discipline*, or other avenue designated by the Executive Director/designee.

The NKCES shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

***Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, D. C. 20202-8520***

Review/Revised:

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the NKCES not to disclose directory information listed below. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters or institutions of higher education, unless a parent or student who has reached age 18, requests that this information *not* be disclosed.
Information about the living situation of a homeless student is not considered directory information.

Date

Dear Parent/Eligible Student,

This letter informs you of your right to direct the NKCES to withhold release of student directory information for _____. Following is a list of items that the NKCES considers

Student's Name

student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the NKCES may not release any item of directory information; Option 2, if the NKCES may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on NKCES-issued ID cards or badges.

If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent. If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the NKCES will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

<i>Student Directory Information Listing</i>		
Section I		Section II
Release to Third Parties other than Armed Forces Recruiters and Institutions of Higher Education		Armed Forces Recruiters & Institutions of Higher Education
(Parent or student who has reached age 18 may sign below to direct the NKCES to withhold information in this section.)		(Parent or student who has reached age 18 may sign below to direct the NKCES to withhold information in this section.)
CHOOSE ONE OF THE OPTIONS BELOW: <input type="checkbox"/> Option 1: The NKCES MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The NKCES MAY RELEASE ONLY the information checked below.		Choose one of the Options below: <input type="checkbox"/> Option 1: The NKCES MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The NKCES MAY RELEASE ONLY the information below.
<i>If you choose Option 2, check the item(s) of information listed below that the NKCES may release.</i>		
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <input type="checkbox"/> Information about the student's participation in officially recognized activities and sports	<input type="checkbox"/> Student's weight and height (if a member of an athletic team) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level	<ul style="list-style-type: none"> Student's name Student's address Student's telephone number (if listed)

NOTE: IF DIRECTED TO WITHHOLD A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH, THAT INFORMATION WILL NOT BE INCLUDED IN ANY SCHOOL OR NKCES PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR NKCES PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUND-RAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.

Parent/Student Signature

Date
Review/Revised:

OPT-OUT FOR SPECIFIC ACTIVITIES

Dear Parent/Guardian,

On _____ at _____
Date *Name of School/Site*

Description: _____

Five (5) days before activity or as directed

Five (5) days before activity or as directed

Phone

E-mail Address

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Date _____

PPRA Forms**CONSENT FOR SPECIFIC ACTIVITIES**

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date *Name of School/Site*

there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

Please sign below in the event you consent to your child(ren)'s participation and return this form to your Principal/designee by _____.

Five (5) days before activity or as directed

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature

Date

Review/Revised:

Juvenile Justice Agency Certification Form

Date: _____

Name of Agency Receiving Records: _____

The _____ Schools have released education records of

_____, who was born on _____

Student's Name

to the above named agency. On behalf of the above named agency, I certify that the student records received shall not be released to anyone except those authorized by law to receive them without the written consent of the parent of the above named child.

Printed Name of Agency Representative_____
Signature of Agency Representative_____
Date

Review/Revised:

Request to Inspect, Amend, or Destroy Student Educational Records**CHECK ONE:**

- ☐ Request to inspect and review educational records
- ☐ Request amendment of educational records
- ☐ Request hearing to challenge educational records
- ☐ Request destruction of records

Specify the educational record(s) _____

I hereby make the above request concerning the education records of

Student's Name

Date of Birth

I ☐ am ☐ am not satisfied with the accuracy of the record(s). I realize I may request that records which are inaccurate, misleading, or violative of other rights of the student be amended.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request: _____

(USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.)

I certify that I am the parent, legal guardian or am acting as a parent under FERPA of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.*

Parent/Guardian's or Student's Signature

Date

* Living in the student's home in the absence of the parent on a day-to-day basis

You may review the records of _____ at _____
Student's Name Location

between the hours of _____ AM and _____ PM on _____
Month & Day Year

Failure to appear at the time and place designated above will require requesting party to make arrangements to view record(s) at an alternate time and place.

Custodian of Records/designee's Signature

Title

Date

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

Review/Revised:

Student Record Logs**INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS**

Student's Name: _____	Date of Birth: _____
------------------------------	-----------------------------

NOTES:

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to NKCES employees having a legitimate educational interest under FERPA, records released pursuant to written parent or eligible student consent, release of directory information, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads District student records on a daily basis.

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	NKCES RESPONSE:			Employee Initials/Date
				#1 Copied Provided	#2 Records Inspected/Reviewed	#3 Request Denied	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/

Student Record Logs**EMERGENCY RELEASE DOCUMENTATION**

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Review/Revised:

Request for Educational Records**THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST
EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.**

(Date)

(School Last Attended)

(Address)

(City, State, ZIP)

Please send the educational records of the following student(s):

<i>(Student Name)</i>	<i>(Grade)</i>	<i>(Birthdate)</i>
-----------------------	----------------	--------------------

<i>(Student Name)</i>	<i>(Grade)</i>	<i>(Birthdate)</i>
-----------------------	----------------	--------------------

<i>(Student Name)</i>	<i>(Grade)</i>	<i>(Birthdate)</i>
-----------------------	----------------	--------------------

☐ Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

(Present School)

(Address)

(City, State, ZIP)

Principal/Designee's Signature

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

RELATED PROCEDURE:

09.14 AP.231

Review/Revised:

Designation and Agreement for Disclosure to Authorized Representatives

This designation and agreement form shall be completed prior to NKCES release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

AUTHORIZED REPRESENTATIVE: _____

PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:

PURPOSE:

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

☐ Audit ☐ Evaluation ☐ Enforcement ☐ Compliance

DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

RECORDS DESTRUCTION:

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: _____ (date)

Please sign, date and return to NKCES a copy of this document, which shall signify your individual or your entity's agreement with all terms set out in this document.

Signature of Custodian of NKCES Records

Date

Signature of Individual/Entity Representative

Date

Review/Revised:

Release of Records to State Child Welfare Agency

School administrators may authorize release of protected student education record information to authorized representatives of a Kentucky state child welfare agency if such agency presents to the NKCES an official court order placing the student whose records are requested under the care and protection of said agency. The state welfare agency representative receiving such records must be authorized to access the child's case plan. All information in the below form must be provided/completed.

On behalf of the _____ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the NKCES:

Name of Student

School

SPECIFIC INFORMATION REQUESTED

☐ All cumulative records

☐ Grade records only

☐ Attendance record only

☐ Standardized test data only

☐ Other: _____

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: _____;
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student; and
- As representative/caseworker I have the right to access such case plan.

CONTACT INFORMATION

Signature of Requesting Individual

Title

Date

Telephone Number

Email Address

(THE SECTION BELOW TO BE COMPLETED BY NKCES RECORDS CUSTODIAN/DESIGNEE)

- _____
- ☐ The NKCES has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency, which order is still in effect.
 - ☐ The requesting individual presented appropriate credentials and identification.
 - ☐ Payment has been made for any copies requested.

The requesting individual was notified of the following on _____ (date):

- The request was ☐ approved ☐ not approved.
- If approved, the records will be available on _____ (date).

Signature of Records Custodian/Designee

Date

Review/Revised:

Release/Inspection of Student Records
TO THIRD PARTY

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

☐ Release or copy☐ Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency to whom this information is to be released is _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS (including electronic)	PURPOSE
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- ☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- ☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

*Signature of Parent/Guardian or Individual Acting as Parent under FERPA**_____
*Date*_____
*Signature of Student, 18 or Older or Attending Post-secondary Institution*_____
Date

*Living in the student's home in the absence of the parent on a day-to-day basis

Review/Revised:

Media Release**Student Name:** _____

NKCES-Regional School Programs participates in many school based activities and recognitions that we would like to celebrate beyond our school walls. These often include photos, quotes, and other forms of student participation. We ask your permission to share these items below.

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by NKCES-Regional School Programs. I also grant Regional School Programs the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release NKCES-Regional School Programs and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____

Date: _____

OR

Signature of Student (if 18 years of age or older): _____

Date: _____

Review/Revised:

Request for Student Health Services and Procedures

(NON-MEDICATION NEEDS ONLY)

The NKCES collaborates with the Dayton Independent Board of Education to provide health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's physician/health care provider and return this completed form to:

_____.

Please be advised that NKCES personnel will review the information provided for possible Section 504 or IDEA service considerations.

STUDENT'S NAME _____ **DOB** _____

STUDENT'S SCHOOL _____

Parent/Guardian or Student 18 or Older Signature

Date

TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:

Duration of service/procedure: ☐ _____ school year ☐ until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) _____

Times to be administered: _____

Physician/Health Care Provider Signature

Date

Physician/Health Care Provider Address

Date

TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.

RELATED PROCEDURES:

09.2241 (all medication-related procedures)

Review/Revised:

Supervision of Students

RESPONSIBILITY

Principals shall develop and implement a system of supervision to address students as they enter and leave the bus at school.

Schools may use authorized personnel in supervisory capacities in the following areas:

1. Bus loading and unloading;
2. Meals;
3. Halls, restrooms, and playgrounds;
4. Time before and after the school day;
5. Field trips and other school activities; and
6. Other as needed.

REFERENCE:

702 KAR 5:030

Review/Revised:

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

This form shall be used to document reports listed in Policy 09.2211 that are required by KRS 158.154, KRS 158.155, and KRS 158.156. After receiving a report of an alleged violation from an employee, the Principal shall be responsible for documenting the alleged incident. Regardless of the statutory provision under which the alleged incident falls or the reporting requirements of that provision, school employees shall report the alleged incident to the Principal for documentation.

STUDENT REPORTED FOR VIOLATION _____*Last Name**First Name**Middle Initial*

General nature of the alleged violation:

On _____, I reported the above incident to:

Date☐ Local law enforcement official; specify: _____☐ Department of Kentucky State Police☐ County Attorney☐ The Executive Director, who shall report it to the Board, if required by KRS 158.156_____
*Signature of Principal Reporting*_____
Date

The following information about the student involved is for internal tracking purposes only:

INFORMATION FOR STUDENT REPORTED:**BIRTHDATE** _____ **AGE** _____ **SCHOOL** _____ **GRADE** _____**PARENT/GUARDIAN** _____*Last Name**First Name**Middle Initial***PARENT/GUARDIAN ADDRESS** _____**PARENT/GUARDIAN WORK PHONE** _____**HOME PHONE** _____

If the report concerns an alleged student victim, the following information applies to that student:

ALLEGED VICTIM _____*Last Name**First Name**Middle Initial***BIRTHDATE** _____**AGE** _____**SCHOOL** _____**GRADE** _____**PARENT/GUARDIAN** _____*Last Name**First Name**Middle Initial***PARENT/GUARDIAN ADDRESS** _____**PARENT/GUARDIAN WORK PHONE** _____**HOME PHONE** _____

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

PARENTAL NOTIFICATION

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

BOARD NOTIFICATION

For an incident related to KRS 158.156, the Principal shall report only the following information to the Executive Director to share with the Board:

On _____, _____ students were involved in an incident	
<i>Date</i>	<i>Number</i>
reportable under KRS 158.156.	
_____	_____
<i>Name of School</i>	<i>Signature of Principal</i>

RELATED PROCEDURE:

09.438 AP.21

Review/Revised:

Physical Restraint and Seclusion Forms

DOCUMENTATION OF USE

Please attach additional sheets as needed.

STUDENT NAME:	DATE OF USE:
Description of Physical Restraint or Seclusion Measure Used:	
Beginning Time of Measure Used:	Ending Time of Measure Used:
School Personnel Involved:	
Student Behavior Prompting Use:	
How Student Behavior Posed Imminent Danger of:	
<input type="checkbox"/> Physical harm to self/others _____	
<input type="checkbox"/> Property damage, destruction, criminal mischief, theft, or a felony involving use of force _____	
<input type="checkbox"/> Disruption of reasonable discipline/order _____	
School Personnel Response to Behavior and Techniques Used:	
Events Leading Up to Use of Measure:	
Student's Behavior During Restraint or Seclusion and Interactions During Use:	
Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:	
Injuries to Student(s), School Personnel or Others:	
Effectiveness of Restraint/Seclusion in De-escalating the Situation:	
Student Post-Incident Interview Comments:	
Planned Future Positive Behavioral Interventions:	
Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):	
Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:	

Check as applicable:

☐ Parent ☐ Emancipated Youth notified on _____ (date) of the five (5) school day timeline to request debriefing session.

Signature of Staff Member Completing Report

Date Report Provided to Principal

Physical Restraint and Seclusion Forms**NOTICE TO PARENT**

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

Date

Dear parent/guardian,

On _____, authorized school personnel used the following with your child:

Date☐ Seclusion☐ Physical Restraint

The following is a summary description of the measure used:

This occurrence took place at _____

Location and Time Frame

and was necessary due to the following behavior by your child:

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The NKCES must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at _____.

Telephone Number

Sincerely,

Signature

Position

Review/Revised:

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

STUDENTS

09.224 AP.1

Emergency Medical Care Procedures

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

EMERGENCY INFORMATION

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

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

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

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

Emergency Medical Care Procedures**SUPPLIES/PERSONNEL**

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

DOCUMENTATION

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

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

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

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

Review/Revised:

Emergency Information Form
REGIONAL SCHOOL PROGRAMS

Name of Student: _____
Last First Middle

Address _____
House/Apt Number Street/Road City State Zip

Date of Birth: _____ Primary Phone #: _____ Grade: _____

EMERGENCY CONTACT PERSON(S)

NAME	ADDRESS	PHONE #	RELATION TO STUDENT

In case of emergency, I give consent for the school to contact the above listed person(s). In case of emergency I give consent for the above listed person(s) to pick my child up from school. I understand it is my responsibility to contact the school should I wish to update the person(s) listed on the emergency contact card.

Parent/Guardian Signature _____ **Date** _____

Name of Student: _____
Last First Middle

Social Security #: _____ Referring District _____

Student resides with: Both Parents—Mother—Father—Other: _____

Parent/Guardians Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardians Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Family Doctor: _____ Phone Number: _____

In case of an emergency, preferred hospital: _____

Information that might be useful in case of an emergency (allergies/medical condition etc.): _____

As a parent/guardian of the above listed student, I hereby grant permission, in case of an emergency for school personnel to contact my family doctor and/or seek medical treatment for the student listed above.

Parent/Guardian Signature _____ **Date** _____

Emergency Information Form

Name of Student: _____

Date: _____ Grade: _____

Parent Signature: _____

Dear Parent or Guardian:

In order to insure your child's optimal safety and wellbeing at Regional School Programs we are requesting the most recent health information to update your child's health records. This information allows the school to be aware of any health issues as well as any changes which may have occurred over the past year. Please fill out the information requested below and return to school even if your child has no health concerns. This information will be kept confidential and it could provide information to better understanding the students. Thank you for your cooperation.

PLEASE CHECK IF YOUR CHILD HAS ANY OF THE HEALTH ISSUES LISTED BELOW. LIST ANY DIET RESTRICTIONS OR SPECIAL INSTRUCTIONS SHOULD A REACTION OCCUR.

_____ **ASTHMA** **MEDICATIONS** __________ **ALLERGIES** _____ **FOOD** _____ **SEASONAL** _____ **OTHER****MEDICATIONS** __________ **DIABETES** **MEDICATIONS** __________ **SEIZURES** **MEDICATIONS** __________ **DEPRESSION** **MEDICATIONS** __________ **CARDIAC DISORDER** **MEDICATIONS** __________ **ADD** _____ **ADHD** **MEDICATIONS** __________ **VISION PROBLEMS**_____ **HEARING PROBLEMS**_____ **SURGERY WITHIN THE LAST YEAR** **TYPE** __________ **OTHER HEALTH ISSUES** _____**MEDICATIONS** _____

Review/Revised:

Student Medication Guidelines

STUDENT SELF-MEDICATION

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care practitioner also is required.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
3. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and EpiPens) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Student Medication Guidelines

PRESCRIPTION MEDICATIONS (CONTINUED)

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log. Records must be kept on file in the student's cumulative folder. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

DISPOSAL OF UNUSED MEDICATION

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

MEDICATION REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21

09.2241 AP.22

Review/Revised:

Permission Form for Prescribed or Over-the-Counter Medication
NKCES REGIONAL SCHOOL PROGRAMS

Student's Name _____

Name of Medication _____

Dosage _____

Time (s) to be Given _____

Route of Administration _____

Possible Side Effects _____

Student's Allergies _____

Name of Prescribing Doctor _____

Signature of Prescribing Doctor _____ Date _____

I request my child be permitted to take medications as outlined above and expressly waive any liability on behalf of the school as a result of administration of the above medication(s) and do hereby give permission for a mutual exchange of medical information between the physician that authorized this medication and a designated representative of NKCES-Regional School Programs.

Signature of Parent/Guardian _____ Date _____

Review/Revised:

Medication Administration Record
REGIONAL SCHOOL PROGRAMS

SCHOOL YEAR: _____

Name of Student: _____	Date of Birth: _____	Sex: _____	Grade: _____
Allergies: _____		Name & Dose of Medication: _____	
Route: _____		Times Given At School: _____	
		Possible Side Effects: _____	
Classroom Teacher When Medication is Due: _____			
Health Care Provider Name/Number: _____			
Emergency Contact Names/Numbers: _____			

Directions: Initial administration and time given. A complete signature and initials of each person administration medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Authorized Person(s) administering or counting medication: Signature/Initials _____ _____ _____ _____															Documentation Codes: (X) No School (A) Absent (R) Refused (E) Early Dismissal (NS) No Show (F) Field Trip (N) No Medication Available* (S) Self-Administered* (W) Dosage Withheld* *Documentation required in student’s health file and Parent/Guardian to be contacted. Please notify teachers if medication withheld for any reason. Documentation of medication count is on the back of this MAR.																

Review/Revised:

Medication Administration Incident Report

Student's Name _____			
Last Name	First Name	Middle Initial	
Student's Address _____			
City	State	ZIP Code	
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
Grade _____	School Name _____		

TO BE COMPLETED IN INK BY SCHOOL PERSONNEL IN THE EVENT THAT AN ERROR IS MADE IN ADMINISTRATION OF MEDICATION

Name of person administering medication: _____

Name of medication/dosage/route prescribed: _____

Time(s) to be given: _____

Type of medication error: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medication administered to incorrect student | <input type="checkbox"/> Medication administered at incorrect time |
| <input type="checkbox"/> Incorrect dosage of medication administered | <input type="checkbox"/> Incorrect medication administered |
| <input type="checkbox"/> Incorrect documentation provided | <input type="checkbox"/> Other |

Description of error: _____

Date and time of error: _____ ☐ AM ☐ PM

Dosage given: _____

Describe circumstances leading to error: _____

Explain action taken: _____

Reaction(s): _____

Persons notified of error: ☐ School Principal ☐ School nurse, if appropriate ☐ Physician
☐ Poison Control Center ☐ Parent/Guardian
☐ Other, _____

Signature of Person Completing the Report

Date

Principal's Signature

Date

Follow-up notes, if applicable: _____

Review/Revised: _____

Child Abuse/Neglect/Dependency**MAKING AN ORAL REPORT**

NKCES employees who receive information from or about a student that causes them to know or gives them reasonable cause to believe that a child is dependent, neglected, abused, or is a victim of human trafficking will promptly make an oral report to the proper authorities listed in Policy 09.227 and may assist the student in making such a report. All employees who know or have reasonable cause to believe that a child is dependent, neglected, or abused have the responsibility to report. Any attempt to prevent such a report is illegal.

The individual making an oral report should make a personal record of the report, including the date and time of report and name of the individual to whom the report was made.

The confidentiality of identifying information pertaining to individuals making a report is protected as provided by statute (KRS 620.050).

Review/Revised:

Bullying Reporting Form**(FOR INTERNAL ADMINISTRATIVE TRACKING AND DOCUMENTATION PURPOSES ONLY)**

- When additional room is needed for a section entry, please attach a separate sheet.
- Use of information documented on this form shall comply with confidentiality requirements of applicable privacy law including, but not limited to, state and federal Family Educational Rights and Privacy Act (FERPA) laws.

REPORTER INFORMATION:**DATE:** _____☐ Anonymous☐ Staff Member

Name: _____

☐ Parent/guardian

Name: _____

☐ Student

Name: _____

STUDENT(S) REPORTED AS COMMITTING ACTS:

Name: _____

School: _____

Name: _____

School: _____

STUDENT(S) REPORTED AS VICTIM(S):

Name: _____

School: _____

Name: _____

School: _____

DESCRIPTION OF ALLEGED ACTS: _____**TIMES AND PLACES:** _____**NAMES OF POTENTIAL WITNESSES:**

Name: _____

School: _____

Name: _____

School: _____

ACTION TAKEN BY REPORTER (IF ANY): _____**ADMINISTRATIVE INVESTIGATION NOTES:** _____**BULLYING VERIFIED?**☐ YES☐ NO**CORRECTIVE ACTION(S) TAKEN:** _____

If the act of bullying is such that it must be reported as required by KRS 158.154, KRS 158.155, or KRS 158.156, see policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see policy 09.42811 and related procedures.

IF BULLYING VERIFIED, REPORT SENT TO PARENTS OF STUDENTS? ☐ YES ☐ NO

Parent Name: _____

Date Sent: _____

Parent Name: _____

Date Sent: _____

Bullying Reporting Form**PARENT NOTIFICATION OF ALLEGED BULLYING**_____
Date

Dear parent/guardian,

On _____, your child, _____,
Date *Student's Name*was reportedly involved in a bullying incident that took place at _____.
Location

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

BULLYING VERIFIED?☐ **YES**☐ **NO**

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

Please contact me directly if you have questions about this information. I can be reached at

_____.
Telephone Number

Sincerely,

_____, Principal

Review/Revised:

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 _____	Sex ____ Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____
Name of Parent/Legal Guardian _____		

ACTION TAKEN	
1	1. The Board of Directors shall review the findings of the audit and determine the appropriate actions to be taken to address the identified issues.
2	2. The Board of Directors shall approve the implementation of the corrective actions and monitor the progress of the same.
3	3. The Board of Directors shall ensure that the corrective actions are implemented in a timely and effective manner.
4	4. The Board of Directors shall ensure that the corrective actions are communicated to all relevant personnel.
5	5. The Board of Directors shall ensure that the corrective actions are documented and reported to the appropriate regulatory authorities.
6	6. The Board of Directors shall ensure that the corrective actions are reviewed and updated as needed.
7	7. The Board of Directors shall ensure that the corrective actions are implemented in a manner that is consistent with the company's policies and procedures.
8	8. The Board of Directors shall ensure that the corrective actions are implemented in a manner that is consistent with the company's values and mission.
9	9. The Board of Directors shall ensure that the corrective actions are implemented in a manner that is consistent with the company's legal obligations.
10	10. The Board of Directors shall ensure that the corrective actions are implemented in a manner that is consistent with the company's ethical standards.

ACTION TAKEN

- ☐ Family contacted Date _____
☐ Student Assistance Counselor contacted Date _____
☐ Law enforcement contacted Date _____
☐ Detention (days) _____ ☐ before school ☐ after school ☐ Saturdays
☐ Suspension (days) _____ ☐ in school ☐ out of school ☐ student activities
☐ Expulsion Term of expulsion _____
☐ Placement in alternate setting Date _____
☐ Parent Conference Date _____ Outcome _____
☐ Other, specify _____

☐ Counseling ☐ in school ☐ out-of-school

☐ Referral of student/family to Family Resource/Youth Service Center

☐ Referral to outside agency Name of Agency _____

☐ Other, explain _____

Student's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Superintendent/designee _____ Date _____

☐ Violation/Referral Form Mailed Return Receipt Requested Date _____

Page 1 of 1

Record of Removal

An employee who removes a student, or causes a student to be removed, from a classroom setting or NKCES transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal.

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade (if known) _____	Date of Removal _____	
Classroom/NKCES vehicle from which the student was removed: _____			
Site to which the student was removed: _____			
Employee who removed the student: _____			
Position: _____			

CAUSE(S) FOR REMOVAL

- ☐ Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (*Use additional sheet(s) if necessary.*):

- ☐ Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (*Use additional sheet(s) if necessary.*):

WITNESS(ES) (<i>Use additional sheet(s) if necessary.</i>)

_____	_____
<i>Name</i>	<i>Note if student/employee/other (specify)</i>
_____	_____
<i>Name</i>	<i>Note if student/employee/other (specify)</i>
_____	_____
<i>Employee's Signature</i>	<i>Date</i>

Review/Revised:

Disrupting the Educational Process

The following procedures shall be used when an individual or a group is disrupting the educational process:

1. The Principal/designee shall notify the Executive Director, as appropriate.
2. The Principal and staff shall make every effort to keep the disturbance isolated and keep uninvolved students from the scene.
3. A staff member should accompany the Principal/designee to the area in which the disturbance is occurring. If the students involved do not respond to the Principal's directions, the staff member is to telephone for additional staff assistance or for the police as directed by the Principal.
4. School schedules and operations shall be maintained at a normal level.
5. Teachers shall continue normal classroom activities unless otherwise instructed.
6. Teachers shall not permit students to leave the room; however, teachers should not try to physically restrain students from leaving the room.
7. The staff shall avoid physical involvement except for self-protection or protection of students.
8. The staff shall cooperate with the Principal and shall identify those involved in the disruption.
9. Normal disciplinary action shall be administered to those involved in the disturbance.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

The NKCES prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the NKCES' policy is attached for your information. Please be aware of the following provisions:

The NKCES' Title IX/Equity Coordinator is _____. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

Address

Telephone Number

The NKCES will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a NKCES administrator or other individual with specific training and/or experience in this area. If you have any questions for the NKCES' investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the NKCES with information and documentation concerning the alleged improper conduct; (b) advise the NKCES of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in NKCES policy.

The NKCES is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the NKCES to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The NKCES will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The NKCES is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the NKCES being able to fulfill its commitment to eliminate harassment/discrimination.

NKCES employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the NKCES will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the NKCES to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the NKCES may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a NKCES administrator.

Notice to Individuals Complaining of Harassment/Discrimination

The NKCES will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the NKCES should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a NKCES administrator immediately. If you are not satisfied with the NKCES' response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515
100 Penn Square East
Philadelphia, PA 19107

Review/Revised:

Harassment/Discrimination Reporting Form

This form provides the opportunity for a student or parent to report violation(s) of NKCES Policy 09.42811 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with NKCES Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

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 _____	
School _____	Grade _____	Homeroom/Classroom _____	
Name of Parent/Guardian _____		Daytime Phone # _____	

CONFIDENTIALITY

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

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

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

Place alleged incident (s) occurred: _____

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

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

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

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

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

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

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

LIST ANY WITNESSES TO THESE EVENTS: _____

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

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

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

_____ <i>Signature of Student</i>	_____ <i>Date</i>
_____ <i>Signature of Parent/Guardian (not required)</i>	_____ <i>Date</i>
_____ <i>Received by</i>	_____ <i>Date</i>

NOTE:

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

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

Review/Revised:

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

STUDENT COMPLAINANT _____

*Last Name**First Name**Middle Initial*

STUDENT'S SCHOOL _____

GRADE _____

HOMEROOM/CLASSROOM _____

The Executive Director shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Executive Director/designee or, for contractors, set out in a contract, as appropriate. If the Executive Director is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____

Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at NKCES employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No

Date: _____ Facilitator _____

FORMAL PROCEDURE

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Executive Director of receipt of the complaint. Otherwise, the complaint can be filed directly with the Executive Director or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal. The Executive Director shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from NKCES administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Executive Director, or by the Board if the Executive Director is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the NKCES' Policy 09.42811 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals**CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Executive Director/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

NKCES policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

STUDENT COMPLAINANT _____

Last Name

First Name

Middle Initial

STUDENT'S SCHOOL _____

GRADE _____

HOMEROOM/CLASSROOM _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Executive _____ Director/designee _____ who _____ will _____ consider _____ appeal: _____

Date appeal and related data received by Executive Director/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Executive Director or by the Board if the Executive Director is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Executive Director/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

NKCES policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Executive Director. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

STUDENTS

09.42811 AP.21

(CONTINUED)

Harassment/Discrimination Investigation and Appeals

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

Review/Revised:

Witness Disclosure Form

Witness' Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Witness' Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Witness' Phone Number _____			
Is witness a <input type="checkbox"/> student, <input type="checkbox"/> school employee, or <input type="checkbox"/> other? If other, specify _____			
School (if a student): _____ Grade _____ Homeroom/Classroom _____			
Witness' relationship, if any, to the complainant: _____			
Witness' relationship, if any, to the accused: _____			

On the date(s) of _____, a student has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e. slurs, threats, demands, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) _____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

- *I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

Signature of Witness

Date

Received by

Date

Review/Revised:

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

STUDENT COMPLAINANT _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
ACCUSED PARTY _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SCHOOL _____			
COMPLAINT/APPEAL RECEIVED _____		RESPONSE DELIVERED _____	
<i>Date</i>		<i>Date</i>	
INVESTIGATOR'S NAME _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the NKCES? (Check all that apply.)

- ☐ Personnel action
 ☐ Measures to protect the complainant
☐ Action against a visitor
 ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

Investigator's Signature *Date*

Executive Director/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES NKCES POLICY.

Review/Revised:

Juvenile Court Records**RECEIPT BY PRINCIPAL**

When the Principal receives juvenile court records or other information as permitted by KRS 610.345, s/he shall ascertain that the student named in the confidential record is currently enrolled in his/her school.

The Principal receiving this information shall retain the information in a locked file. Records or information disclosed to the Principal pursuant to this procedure shall not be disclosed to any other person, including school personnel, except the following:

1. School administrative, transportation, and counseling personnel,
2. Any teacher to whose class the student has been assigned,
3. Any school employee with whom the student may come in contact, or
4. Others as may be permitted by law.

The Principal is required by law to release the information to employees of the school having responsibility for classroom instruction or counseling of the child.

Those persons receiving this confidential information shall sign a confidentiality statement (09.43 AP.22).

STUDENTS NOT ENROLLED IN THE SCHOOL

If the juvenile is not currently enrolled in the school, the Principal shall return the records to the court and notify the clerk that the child is not enrolled.

In addition, the Principal shall return the records to the court and notify the clerk if the juvenile is changing school assignment within the NKCES, transferring to a school in another district, graduating, or withdrawing from school.

RELATED PROCEDURES:

09.14 AP section
09.43 AP.22

Review/Revised:

Teacher Report of Student Conduct

Date: _____

To: _____

Principal's Name

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Teacher/Classroom _____	

STATEMENT OF MISCONDUCT: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for discipline including, but not limited to, assignment to an alternative classroom setting.

Incident reported by: _____ on _____ at approximately ____ ☐ AM ☐ PMIncident investigated by: _____ on _____ at approximately ____ ☐ AM ☐ PM_____
*Signature of Teacher*_____
Date

DISCIPLINARY ACTION TAKEN:

The above disciplinary action shall begin on _____

The above disciplinary action shall end on _____

*Signature of Principal/Designee*_____
Date

Review/Revised:

Juvenile Court Records Confidentiality Statement

THIS FORM SHALL BE SIGNED ANNUALLY BY ALL SCHOOL PERSONNEL WITH WHOM JUVENILE COURT INFORMATION MAY BE SHARED.

I understand that all information related to me by the Principal or received from any other source concerning any juvenile court proceeding or records is to be held in strictest confidence and that the law prohibits me from passing such information along to any other individual.

I also understand that the law prohibits me from punishing a student in any way based upon information concerning the student's juvenile court proceedings or records, whether received from the Principal or from any other source, inside or outside the school.

I further understand that the law prohibits me from obtaining or attempting to obtain information contained in juvenile court records in this state, unless I obtain a court order to do so.

District Employee's Signature

Date

Employee is ☐ Principal ☐ Teacher ☐ Counselor ☐ Other (specify) _____.

RELATED PROCEDURE:

09.12 AP.1

Review/Revised:

Notice of Suspension

Student's Name _____			
Last Name	First Name	Middle Initial	
Student's Address _____			
City	State	Zip Code	
Student's Age _____	Date of Birth _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

To: _____

Name of Parent/Guardian *Date*

STATEMENT OF REASONS FOR SUSPENSION: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for suspension. _____

Incident reported by: _____ on _____ at approximately ____ ☐ AM ☐ PM

Incident investigated by: _____ on _____ at approximately ____ ☐ AM ☐ PM

This student has a disability under ☐ Section 504 ☐ IDEA (Individuals with Disabilities Act).

School officials have determined that this offense ☐ does ☐ does not warrant a recommendation for expulsion.

SUSPENSION SHALL BE ASSIGNED AS FOLLOWS:

The suspension shall start on _____ ☐ AM ☐ PM

The suspension shall end on _____ ☐ AM ☐ PM

NOTE: If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next day school is in session. In the event a student acts in such a manner as to warrant expulsion, the Principal may suspend the student for up to the maximum number of days permitted by policy 09.434. In such cases, the Principal shall then request the Executive Director to institute expulsion proceedings and notify the parent/guardian within 24 hours of their child's suspension to be followed by this written notice. Should the Executive Director decide to pursue expulsion, s/he notify and collaborate with the sending district.

Signature of Principal/Designee *Date*

DUE PROCESS

Due process was afforded as evidenced by ☐ oral ☐ written notice of the charges. If the student denied the charges, s/he was given the opportunity to present his/her version and these comments ☐ are ☐ are not on file. The parent should call to schedule a conference that is a prerequisite to readmission.

Review/Revised:

Record of Student Arrest at School

This form shall be kept in the school office, and a duplicate copy shall be forwarded to the NKCES Office.

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 _____	
School _____	Grade _____	Teacher/Classroom _____	
Date of Arrest _____			

LAW ENFORCEMENT AGENCY: (Check one)

☐ City Police ☐ County Sheriff ☐ Kentucky State Police ☐ Other: _____

ARRESTING OFFICER: _____

NATURE OF THE OFFENSE CHARGED: _____

ISSUING AUTHORITY OF ARREST WARRANT: _____

PLACE OF CUSTODY: _____

PARENTS NOTIFIED BY: _____ at: _____ on _____
Employee Time Date

NOTE: If a student is an alleged victim of abuse or neglect, school officials shall follow directions provided by the investigating officer or Cabinet for Health and Family Services representative as to whether to contact a parent and shall provide the cabinet access to a child subject to an investigation without parental consent.

PARENT/GUARDIAN NOTIFIED: _____

Principal/Designee's Signature

Date

Review/Revised:

Reporting of Code Violations

Students wishing to report bullying or other violation of the Code of Acceptable Behavior and Discipline may report it to a classroom teacher, who shall take appropriate action as defined by the code. The teacher shall refer the report to the Principal/designee for further action when the report involves an offense that may warrant suspension or expulsion of a student, any felony offense, or a report that may be required by law, including reports to law enforcement.

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Executive Director/designee shall take measures needed to protect students from such retaliation.

Review/Revised:

Parent Notification of Code Violation_____
Date

Dear parent/guardian,

On _____, your child, _____
Date *Student's Name*was involved in a serious incident, which took place at _____.
Location

At this time, the following information has been reported to me concerning the incident:

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Please contact me directly if you have questions about this information. I can be reached at _____.
Telephone Number

Sincerely,

_____, Principal

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

FOR SCHOOL USE ONLY

If the code violation falls under the state definition of bullying, NKCES Procedure 09.422 AP.21 must be completed.

If the code violation falls under the state definition of bullying and must also be reported under KRS 158.154, KRS 158.155, or KRS 158.156, see Policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see Policy 09.42811 and related procedures.

Review/Revised:

10

Community Relations

10.11 AP.2	Request to Access Public Records
10.11 AP.21	Public Records Notice
10.2 AP.2	Citizen Complaint to the Board
10.5 AP.1	Visitors to the School
10.5 AP.21	Registrant Offender Request
10.5 AP.22	Request for Activity/Program Accommodation
10.5 AP.24	Website Accessibility Complaint and Grievance Form

Request to Access Public Records

To request access to NKCES records, other than student records not subject to release, use Procedure 01.6 AP.2/Request to Examine and/or Request Records.

Refer to Policy 09.14 and related procedures to determine access to student records.

Review/Revised:

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 Northern Kentucky Cooperative for Educational Services 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 NKCES 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 Executive Director, the NKCES official custodian of public records, at the following address:

Northern Kentucky Cooperative for Educational Services
5516 East Alexandria Pike
Cold Spring, KY 41076

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 NKCES 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 NKCES stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the NKCES. The contract shall state the fee required by the NKCES to produce copies to be used for a commercial purpose.

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

Review/Revised:

Citizen Complaint to the NKCES

The NKCES will consider complaints regarding Board actions and policy matters. All other complaints should be directed to the school administrative unit(s) in which the problem arises.

Complaint initiated by _____

Telephone _____ Street Address _____

City _____ State _____ ZIP Code _____

Complainant represents ☐ himself/herself ☐ organization, specify _____

What is your initial complaint? Use full names, dates, exact occurrences, if appropriate. Attach additional page(s) if necessary.

What result(s) are you seeking from this complaint? _____

Check the levels of school administrative units with whom you have discussed this complaint, as per Policy 10.2.

☐ Teacher ☐ Principal ☐ Executive Director/designee

What response have you received from these different administrative levels?

*What action are you requesting the Board to consider? _____

*The Board reserves the right to defer and redirect complaints that have not been explored to the appropriate administrative level(s).

Review/Revised:

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

FINANCIAL IMPLICATIONS: COSTS OF VISITOR BADGES

COMMUNITY RELATIONS

10.5 AP.1

Visitors to the Schools

REPORT TO FRONT OFFICE

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

CLASSROOM VISITATION

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

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

LUNCH WITH FAMILY MEMBER

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized NKCES 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 NKCES, no private therapy or service shall be provided to a student during the school day, within the NKCES School.

The following information/documentation is required by the NKCES before a private, outside therapist/service provider can observe its private client within a NKCES 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 the NKCES Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and

Visitors to the Schools**OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)**

- 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 NKCES 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.

Review/Revised:

Registrant Offender Request

- This form shall be used to document the Principal's response to a registrant offender request to come onto school grounds.
- If a registrant's child becomes ill or injured during the school day, the registrant shall arrange to pick up the child with the Principal prior to coming to the school. For all other situations, requests shall be made to the Principal prior to the date of an authorized visit.
- Requests will be considered only from registrants who are the parent/legal guardian of a student or the person designated by the parent/legal guardian to have access to the student.
- Individuals whose request is granted shall keep a copy of this completed form with them each time they come onto school grounds.

TO BE COMPLETED BY REGISTRANT

Full Name (first, middle, last)

Phone Number

Address

eMail Address

Date of Request

Requested Visit Date

Reason for request (check at least one):

- ☐ Confer with school staff concerning my child's academic, disciplinary or placement, including matters required by federal or state law
- ☐ Attend a school activity in which my child is participating
- ☐ Vote in a designated polling place on school grounds

PRINCIPAL'S RESPONSE

- ☐ Registrant is required to provide additional information as follows:
- ☐ Registrant must follow check-in and check-out requirements as follows:
- ☐ Registrant must be directly supervised while on school grounds by the following individual(s) designated by the Principal:
- ☐ Registrant is restricted to the following designated location(s) on school grounds:
- ☐ Registrant may only be on school grounds during the following time period:
- ☐ Request by registrant to be on school grounds is denied.

Principal's Signature

Date

The completed form shall be kept on file at school. A copy of this completed form shall be provided to the Executive Director/designee and to the registrant.

Review/Revised:

Request for Activity/Program Accommodation

TO BE COMPLETED BY REQUESTING INDIVIDUAL

Print Full Name (first, middle initial, last)

Phone Number

Address

*eMail Address*I am a ☐ student ☐ employee ☐ visitorIf you marked "student," does this request also apply to programs provided within the academic school day? ☐ Yes ☐ No

I request the following accommodation(s):

☐ Effective communication Type requested: _____

Activity

Location

Date☐ Event ticket sales/accessible seating

Activity

Location

Date☐ Companion seating requested

Activity

Location

Date☐ Use of power driven mobility device

Activity

Location

Date☐ Use of service animal* Check one: ☐ Service dog ☐ Miniature horse

Activity

Location

Date

*For animals accompanying students on the bus, during school, and/or on school trips, proof of vaccination(s) is required per KRS 258.015.

Signature

*Date***Please attach other information explaining the reason for this request, and submit this form to the NKCES Office as soon as possible and, except for service dogs, at least ten (10) days prior to the date of the activity.**

=====

FOR SCHOOL/NKCES USE

Date Received: _____

Date of Response: _____

Response: _____

NKCES/school employee who contacted applicant: _____

Review/Revised:

Website Accessibility Complaint and Grievance Form**DATE OF COMPLAINT/GRIEVANCE:** _____**COMPLAINANT NAME:** _____
(Please Print)**ADDRESS:** _____**EMAIL:** _____**PHONE:** _____**WEBSITE ADDRESS (OR LOCATION) OF ACCESSIBILITY PROBLEM:** _____**DESCRIPTION OF THE PROBLEM ENCOUNTERED:** _____**SOLUTION DESIRED:** _____**SIGNATURE:** _____

Thank you for bringing this matter to the NKCES' attention. You may be contacted if more information is needed to process your complaint/grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received.

The complaint or grievance will be investigated by the Executive Director/designee. The complainant shall be contacted no later than five (5) working days following the date the NKCES receives the information. The procedures to be followed are:

- An investigation of the complaint shall be completed within fifteen (15) working days. Extension of the time line may only be approved by the Executive Director.
- The investigator shall prepare a written report of the findings and conclusions within five (5) working days of the completion of the investigation.
- The investigator shall contact the complainant upon conclusion of the investigation to discuss the findings and conclusions and actions to be taken as a result of the investigation.

A record of each complaint and grievance shall be maintained at the NKCES office. The record shall include a copy of the complaint or grievance filed, report of findings from the investigation, and the disposition of the matter.

Review/Revised: