explanation: The updated FBI CJIS Security Policy changes The training requirements from every TWENTY-four (24) months to every twelve (12) months.

Financial implications: More frequent training

# PERSONNEL $03.11 AP.2521

Criminal History Record Information

Purpose

The District may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in KRS 160.380 and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

Authority

The District has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to KRS 160.380.

Noncriminal Justice Agency Contact (NAC) & Local Agency Security Officer (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, District personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized District personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

Authorized Personnel

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The District will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

Training of Authorized Personnel

The District will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The District will ensure authorized users complete recertification of Security Awareness Training every twelve (12) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

# PERSONNEL $03.11 AP.2521

# (Continued)

Criminal History Record Information

Fingerprint Card Processing

The District requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government-issued photo identification prior to fingerprinting to verify their identity.

A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.

Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the “Reason for Fingerprinting” box.

Proper chain of custody procedures protecting the integrity of the covered person’s fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.

Communication

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The District will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The District will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

Physical Security

The District will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The District will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The District will control physical access to information system distribution and transmission lines within the physically secure location. The District will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The District will monitor physical access to the information system to detect and respond to physical security incidents. The District will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

# PERSONNEL $03.11 AP.2521

# (Continued)

Criminal History Record Information

Storage and Retention of CHRI

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

* CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
* CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
* CHRI results will be stored electronically the agency using proper security and encryption methods.
* If stored electronically, the District will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:

1. Network Configuration
2. Personally Owned Information Systems
3. Publicly Accessible Computers
4. System Use Notification
5. Identification/User ID
6. Authentication
7. Session Lock
8. Event Logging
9. Advance Authentication
10. Encryption
11. Dial-up Access
12. Mobile Devices
13. Personal Firewalls
14. Bluetooth Access
15. Wireless (802.11x) Access
16. Boundary Protection
17. Intrusion Detection Tools and Techniques
18. Malicious Code Protection
19. Spam and Spyware Protection
20. Security Alerts and Advisories
21. Patch Management
22. Voice over Internet Protocol (VoIP)
23. Partitioning and Virtualization
24. Cloud Computing

* Per KRS 61.878, CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

# PERSONNEL $03.11 AP.2521

# (Continued)

Criminal History Record Information

Media Transport

The District will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

Disposal of Media CHRI

The District will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School District Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the District shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The District shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

Misuse of CHRI

In the event of deliberate or unintentional misuse of CHRI, the District will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

EXPLANATION: SB 7 (EFFECTIVE NOW) AMENDS KRS 336.134 TO PROHIBIT DISTRICTS FROM DEDUCTING MONEY FROM EMPLOYEE PAYROLL FOR CERTAIN PURPOSES. DISTRICTS SHALL NO LONGER DEDUCT ANY AMOUNT FOR: “ANY DUES, FEES, ASSESSMENTS, OR OTHER CHARGES TO BE HELD FOR, TRANSFERRED TO, OR PAID OVER TO A LABOR ORGANIZATION; OR … POLITICAL ACTIVITIES.”

ALSO NOTE THAT SB 7 AMENDS KRS 161.158 TO REFLECT THE FOLLOWING:

“THE DISTRICT BOARD IS PROHIBITED FROM DEDUCTING MEMBERSHIP DUES OF AN EMPLOYEE ORGANIZATION, MEMBERSHIP ORGANIZATION, OR LABOR ORGANIZATION ~~[WITHOUT THE EXPRESS WRITTEN CONSENT OF THE EMPLOYEE. EXPRESS WRITTEN CONSENT OF THE EMPLOYEE MAY BE REVOKED IN WRITING BY THE EMPLOYEE AT ANY TIME]~~.”

FINANCIAL IMPLICATIONS: TIME SPENT REMOVING PAYROLL DEDUCTIONS

# PERSONNEL BA03.1211 AP.21

Employee Request for Optional Salary Deductions

**Enrollment** **form(s) for programs checked below must be submitted to the Central Office designee.**

Annually, employees shall complete and file this form with the Superintendent/designee by cafeteria planning timeline.

Employees who are hired after June 1 must complete this form within the first ten (10) working days.

The minimum number of payers (not number of contracts) required for each type of payroll deduction is fifteen (15).

I hereby authorize the following salary deduction(s) for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

Insurance Options

* Option \_\_\_\_\_\_\_\_\_\_ of the State family plan health insurance program(s)
* Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved life insurance program(s)
* Option \_\_\_\_\_\_\_\_\_\_ of the State life insurance program(s)
* Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved dental insurance program(s)
* Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved cancer insurance program(s)
* Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved income protection/disability program(s)

Optional Savings Programs

* Option \_\_\_\_\_\_\_\_\_ of the Board-approved tax sheltered annuity programs
* Board-approved credit union
* Option \_\_\_\_\_\_\_\_\_ of state-designated deferred compensation plans (401K/403(b)/457)
* State-designated Flexible Spending Account (FSA) plan
* State-designated Health Reimbursement Account (HRA) plan

# PERSONNEL BA03.1211 AP.21

Employee Request for Optional Salary Deductions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

EXPLANATION: HB 319 REMOVES THE REQUIREMENT THAT AN AFFIDAVIT BE SUBMITTED FOR SICK (INCLUDING EMERGENCY LEAVE USED FOR THIS PURPOSE) AND PERSONAL LEAVE AND REPLACES AFFIDAVIT WITH STATEMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL $03.123 AP.2

Leave Request Form and Statement

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

===========================================================================================

🞏 PERSONAL LEAVE: Requested under the terms of Policies 03.1231/03.2231. (see next page for required statement)

Date(s) of Personal leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

==================================================================================

🞏 SICK LEAVE: Requested under the terms of Policies 03.1232/03.2232. (see next page for statement that may be required)

Date(s) of sick leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

Check one: 🞏 Employee’s illness 🞏 Illness of family member\* 🞏 Mourning

Is sick leave being used for emergency leave purposes, pursuant to policy? 🞏 Yes 🞏 No

==================================================================================

🞏 MATERNITY/ADOPTION/CHILDREARING LEAVE: Requested 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: Requested under the terms of Policies 03.1237/03.2237.

Date(s) of jury leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Employee will Sign Over Court-Issued Jury Pay Check to district.

🞏 Employee will Reimburse District for any Jury Pay received.

==================================================================================

🞏 MILITARY/DISASTER SERVICES LEAVE: Requested under the terms of Policies 03.1238/03.2238.

Date(s) of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

==================================================================================

🞏 EMERGENCY LEAVE: Requested under the terms of Policies 03.1236/03.2236. (see next page for required statement)

Date(s) of emergency leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Bereavement 🞏 Disasters 🞏Court /Legal 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is sick leave being used for emergency leave purposes, pursuant to policy? 🞏 Yes 🞏 No

==================================================================================

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Superintendent/designee’s Signature Approving Leave as Requested Date***

# PERSONNEL $03.123 AP.2

# (Continued)

Leave Request Form and Statement

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

Leave Statement

(KRS 161.152, KRS 161.154, KRS 161.155)

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

🞏 - Sick leave based on personal illness Date(s): \_\_\_\_\_\_\_\_\_\_

🞏 - Sick leave to attend to an immediate family member\* who was ill Date(s): \_\_\_\_\_\_\_\_\_\_

🞏 - Sick leave to mourn the death of an immediate family member\* Date(s): \_\_\_\_\_\_\_\_\_\_

🞏 - Personal leave in compliance with and subject to qualifications set forth in Policy

03.1231/03.2231. This leave is personal in nature. Date(s): \_\_\_\_\_\_\_\_\_\_

🞏 - Emergency leave in compliance with and subject to conditions set forth in Policy

03.1236/03.2236

🞏 Bereavement 🞏 Disasters 🞏Court /Legal 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Employee’s Name (Print or Type)***

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

EXPLANATION: HB 331 AMENDS KRS 158.162 REGARDING TRAINING REQUIREMENTS FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS(AEDS)

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, TRAINING COSTS

EXPLANATION: SB 1 (2022) CHANGED THE PROCESS FOR HIRING THE PRINCIPAL FROM THE COUNCIL TO THE SUPERINTENDENT WITH CONSULTATION WITH THE COUNCIL AND REMOVED THE REQUIRED TRAINING ON INTERVIEWING TECHNIQUES.

FINANCIAL IMPLICATIONS: SAVINGS ON TRAINING COSTS

PERSONNEL $03.19 AP.23

**District Training Requirements**

**School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **Legal Citation** | **Related Policy** | **Employees or Others as designated** | | | **Date Completed** |
| **Certified** | **All** | **Designated** |  |
| District planning committee members. |  | 01.111 |  |  | ✓ |  |
| Board member training hours. | KRS 160.180; 702 KAR 1:115; 701 KAR 8:020 | 01.83 |  |  | ✓ |  |
| Superintendent training program to be completed within two (2) years of taking office. | KRS 160.350 | 02.12 |  |  | ✓ |  |
| Certified Evaluation Training. | KRS 156.557; 704 KAR 3:370 | 02.14/03.18 | ✓ |  | ✓ |  |
| Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management. |  | 02.3 |  |  | ✓ |  |
| 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. | KRS 158.4414 | 02.31 |  |  | ✓ |  |
|  |  |  |  |  |  |  |
| Council member training hours. | KRS 160.345 | 02.431 |  |  | ✓ |  |
| Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS) | KRS 160.380 | 03.11 AP.2521 |  |  | ✓ |  |
| 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 |  |  | ✓ |  |
| 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 |  | ✓ |  |  |

PERSONNEL $03.19 AP.23

(Continued)

**District Training Requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **Legal Citation** | **Related Policy** | **Employees or Others as designated** | | | **Date Completed** |
| **Certified** | **All** | **Designated** |  |
| Title IX Sexual Harassment | 34 C.F.R. § 106.45 | 03.1621/03.2621/09.428111 |  | ✓ |  |  |
| Teacher professional development/learning. | KRS 156.095 | 03.19 | ✓ |  |  |  |
| Active Shooter Situations. | KRS 156.095 | 03.19/03.29 |  |  | ✓ |  |
| 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 |  |  | ✓ |  |
| Orientation materials for volunteers. | KRS 161.048 | 03.6 |  |  | ✓ |  |
| Integrated Pest Management (7a) Certification. | 302 KAR 29:060 | 05.11 |  |  | ✓ |  |
| Training for designated personnel on use and management of equipment. |  | 05.4 |  |  | ✓ |  |
| Automated external defibrillators (AEDs), training on use of such. | KRS 158.162  KRS 311.667 | 03.1161/03.2241  05.4/09.311/09.224 |  |  | ✓ |  |
| 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. | KRS 158.4412 | 05.4 |  |  | ✓ |  |
| Fire drill procedure system. | KRS 158.162 | 05.41 |  | ✓ |  |  |
| Lockdown drill procedure system. | KRS 158.162  KRS 158.164 | 05.411 |  | ✓ |  |  |
| Severe Weather/Tornado drill procedure system. | KRS 158.162  KRS 158.163 | 05.42 |  | ✓ |  |  |
| Earthquake drill procedure system. | KRS 158.162  KRS 158.163 | 05.47 |  | ✓ |  |  |
| First Aid and Cardiopulmonary Resuscitation (CPR) Training. | 702 KAR 5:080 | 06.221 |  |  | ✓ |  |
| Annual in-service school bus driver training. | 702 KAR 5:030 | 06.23 |  |  | ✓ |  |
| Designated training for School Nutrition Program Directors and food service personnel. | 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 | ✓ |  | ✓ |  |

PERSONNEL $03.19 AP.23

(Continued)

**District Training Requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **Legal Citation** | **Related Policy** | **Employees or Others as designated** | | | **Date Completed** |
| **Certified** | **All** | **Designated** |  |
| 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 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 |  |  | ✓ |  |
| 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 |  |  | ✓ |  |
| Training for school personnel authorized to give medication. | KRS 158.838  KRS 156.502  702 KAR 1:160 | 09.22  09.224  09.2241 |  |  | ✓ |  |
| Training on employee reports of criminal activity. | KRS 158.148; KRS 158.154; KRS 158.155; KRS 158.156; KRS 620.030 | 09.2211 |  | ✓ |  |  |
| Personnel training on restraint and seclusion and positive behavioral supports. | 704 KAR 7:160 | 09.2212 |  | ✓ | ✓ |  |
| Personnel training child abuse and neglect prevention, recognition, and reporting. | KRS 156.095 | 09.227 | ✓ |  | ✓ |  |
| 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 |  |  | ✓ |  |

PERSONNEL $03.19 AP.23

(Continued)

**District Training Requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **Legal Citation** | **Related Policy** | **Employees or Others as designated** | | | **Date Completed** |
| **Certified** | **All** | **Designated** |  |
| 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 |  | ✓ |  |  |
| Training for Supervisors of Student Teachers. | 16 KAR 5:040 |  |  |  | ✓ |  |
| 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) |  | ✓ |  |  |  |
| 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 |  |  |  | ✓ |  |
| KDE shall provide technical assistance and training for multi-tiered system of supports upon District request. | KRS 158.305 |  |  |  | ✓ |  |

**This is not an exhaustive list – Consult OSHA/ADA and Board Policies for other training requirements.**

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

EXPLANATION: HB 32 AMENDS KRS 161.011 TO PERMIT HIRING OF CLASSIFIED PERSONNEL WITHOUT A HIGH SCHOOL DIPLOMA IF OPPORTUNITY TO OBTAIN A HIGH SCHOOL EQUIVALENCY DIPLOMA IS PROVIDED BY THE DISTRICT AND PERMITS CERTAIN GOVERNMENT ISSUED CERTIFICATIONS OR LICENSES TO SUBSTITUTE.

FINANCIAL IMPLICATIONS: POTENTIAL COSTS ASSOCIATED WITH ADMINISTERING THE EQUIVALENCY PROGRAM.

EXPLANATION: HB 13 AMENDS KRS 281A.175 RELATED TO THE PHYSICAL EXAM REQUIREMENT FOR SCHOOL BUS DRIVERS. IT CHANGES THE REQUIRED PHYSICAL EXAM FROM EVERY YEAR TO EVERY TWO (2) YEARS.

FINANCIAL IMPLICATIONS: LESS FREQUENT EXAMS COULD BE A COST SAVINGS.

# PERSONNEL $03.221 AP.22

‑ Classified Personnel ‑

Personnel Documents

Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Work Site \_\_\_\_\_\_\_\_\_\_\_

Requirements

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

* **HIGH SCHOOL DIPLOMA (or High School Equivalency Diploma for staff employed after 7/31/90.)** Licenses or credentials issued by a government entity that require specialized skill or training may also substitute for this requirement.
* **APPLICATION (including references, a list of states of former residence and dates of residency, and picture identification)**
* **CERTIFICATION (i.e., CDL for bus drivers) OR LICENSURE, WHERE APPLICABLE**
* **SIGNED CONTRACT (with letter of notification of employment)**
* **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
* **HEALTH CERTIFICATION:** Each regular or substitute employee must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test or a blood test for Mycobacterium tuberculosis (BAMT) as required by 702 KAR 1:160. This form is required every two (2) years for school bus drivers. Drug testing results are required each year. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
* **MEMBERSHIP APPLICATION TO THE COUNTY EMPLOYEES’ RETIREMENT SYSTEM:** Each regular full time classified employee must file a membership application with the County Employees’ Retirement System if they are not already a member or if they have previously withdrawn their account.

# PERSONNEL $03.221 AP.22

# (Continued)

Personnel Documents

Requirements (continued)

**🞏 TAX WITHHOLDING EXEMPTION CERTIFICATES**: Each employee is to complete a copy of Form K‑4 (State) and Form W‑4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)

**🞏 CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New classified employees must be fingerprinted at the Central Office.

🞏 **LETTER FROM CABINET FOR HEALTH AND FAMILY SERVICES:** Applicants (hired on or after April 4, 2018) must provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of child abuse or neglect on record.

* **DRIVING RECORDS CHECK FORM:** Required by state for all bus drivers and by the District, if applicable, for other classified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
* **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
* **COMMERCIAL DRIVER’S LICENSE:** Must be presented to the Superintendent’s designee by each regular or substitute bus driver employed by the District prior to assuming the duties of the position.
* **CAFETERIA BENEFIT PLAN APPLICATION, if applicable**: Must be completed by every full‑time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)
* **FOOD SAFETY TRAINING CERTIFICATE, if applicable**: Must be presented to the Superintendent’s designee by each regular or substitute food service employee of the School District prior to assuming the duties of the position, if required by the county/district Health Department.

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

EXPLANATION: HB 319 REMOVES THE REQUIREMENT THAT AN AFFIDAVIT BE SUBMITTED FOR SICK (INCLUDING EMERGENCY LEAVE USED FOR THIS PURPOSE) AND PERSONAL LEAVE AND REPLACES AFFIDAVIT WITH STATEMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL D03.223 AP.2

‑ Classified Personnel ‑

Leave Request Form and Statement

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

==================================================================================

🞏 SICK LEAVE: Requested under the terms of policies 03.1232/03.2232. (see next page for statement that may be required)

Date(s) of sick leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days:\_\_\_\_\_\_\_ Substitute Needed 🞏

Check one: 🞏 Employee’s illness 🞏 Illness of family member 🞏 Mourning

Is sick leave being used for emergency leave purposes, pursuant to policy? 🞏 Yes 🞏 No

==================================================================================

🞏 MATERNITY/ADOPTION/CHILDREARING LEAVE: Requested 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: Requested under the terms of policies 03.1237/03.2237.

Date(s) of jury leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Employee will Sign Over Court-Issued Jury Pay Check to district.

🞏 Employee will Reimburse District for any Jury Pay received.

==================================================================================

🞏 MILITARY/DISASTER SERVICES LEAVE: Requested under the terms of policies 03.1238/03.2238.

Date(s) of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

==================================================================================

🞏 EMERGENCY LEAVE: Requested under the terms of policies 03.1236/03.2236. (see next page for required statement)

Date(s) of emergency leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Bereavement 🞏 Disasters

🞏 Court appearances 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is sick leave being used for emergency leave purposes, pursuant to policy? 🞏 Yes 🞏 No

==================================================================================

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Superintendent/designee’s Signature Approving Leave as Requested Date***

# PERSONNEL D03.223 AP.2

# (Continued)

Leave Request Form and Statement

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

Leave Statement

(KRS 161.152, KRS 161.154, KRS 161.155)

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

🞏 - Sick leave based on personal illness Date(s): \_\_\_\_\_\_\_\_\_\_\_

🞏 - Sick leave to attend to an immediate family member\* who was ill Date(s): \_\_\_\_\_\_\_\_\_\_

🞏 - Sick leave to mourn the death of an immediate family member\* Date(s): \_\_\_\_\_\_\_\_\_\_

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

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

🞏 Bereavement 🞏 Disasters 🞏Court /Legal 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name (Print or Type)

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

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

# SCHOOL FACILITIES $05.4 AP.1

Use of Automated External Defibrillators (AEDs)

Each school’s emergency plan shall include procedures to be followed in case of a medical emergency, a written cardiac emergency response plan, and a diagram that clearly identifies the location of each AED. Procedures for the use and training of AEDs shall be included in the emergency response plan.

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

# SCHOOL FACILITIES $05.4 AP.23

Compliance with Automated External Defibrillator (AED) Requirements

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training: \_\_\_\_\_\_\_\_\_\_

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of AEDs for the District.

Should I have questions at any time while serving as an Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for this District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected AED User’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent/designee’s Signature Date

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

# SCHOOL FACILITIES $05.4 AP.231

Automated External Defibrillator (AED) Reporting Form

**Submit this form to Superintendent/designee within forty-eight (48) hours of AED use.**

**AED User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of AED Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_**

🞏 Staff Member 🞏 Student 🞏 Parent/Visitor

Condition upon arrival (check all that apply)

🞏 unconscious

🞏 not breathing

🞏 no pulse and/or shows signs of circulation such as normal breathing, coughing or

movement

**Number of Defibrillations: \_\_\_\_\_\_\_\_\_\_**

Please describe the incident from the beginning of the emergency until its conclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Were efforts terminated? 🞏 Yes 🞏 No If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of AED User Date

explanation: HB 331 amends KRS 158.162 to require The district to maintain a portable automated external defibrillator (AED) in every middle and high school building, and as funds become available, at school-sanctioned middle and high school athletic practices and competitions.

FINANCIAL implications: Costs of purchasing, maintaining aeds, copying and distributing plans, and personnel training costs

# SCHOOL FACILITIES $05.4 AP.232

Automated External Defibrillator Inspection Log

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Inspected/ In-Service | Inspected/Out- of-Service | Supt/Designee &Site /Supervisors Notified and Date | Missing/Faulty Equipment (list) | Initials of Inspector |
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EXPLANATION: HB 522 AMENDS KRS 45A.385 AND KRS 424.260 INCREASING THE AGGREGATE CONTRACT AMOUNT MAXIMUM FOR SMALL PURCHASE TO $40,000.

FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

# SUPPORT SERVICES W07.13 AP.1

Bidding of School Food Service Supplies

Like Items in Excess of $40,000

If the total amount of purchases for like items is $40,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid through or in accordance with a schedule determined by the local educational cooperative

Bid Specifications

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

Perishables

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

Emergency Purchases

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

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

Records Management

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

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

Related Procedure:

04.32 AP.1

EXPLANATION: SB 5 CREATES A NEW SECTION OF KRS 158 TO REQUIRE THE BOARD TO ADOPT A COMPLAINT RESOLUTION POLICY FOR PARENTS OR GUARDIANS ALLEGING THAT MATERIAL, A PROGRAM, OR AN EVENT THAT IS “HARMFUL TO MINORS” HAS BEEN PROVIDED OR IS CURRENTLY AVAILABLE TO THEIR STUDENT ENROLLED IN THE DISTRICT.

FINANCIAL IMPLICATIONS: TIME SPENT INVESTIGATING, RESPONDING TO APPEALS, COST OF NEWSPAPER ADVERTISEMENT REGARDING FINAL OUTCOME

# STUDENTS $08.23 AP.21

“Harmful to Minors” Complaint Resolution Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that material, a program, or an event that is “harmful to minors” has been provided or is currently available to the child of the parent or guardian.

**“Harmful to minors” is defined in KRS 158.192 and Policy 08.23**.

Complainant (Parent or Guardian)

Complainant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint(s)

A reasonably detailed description of the material, program, or event that is alleged to be “harmful to minors,” and how the material, program, or event is believed to be “harmful to minors.” (Use additional sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Complainant’s SignatureDate

Level one: School Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within seven (7) business days of receiving a written complaint, the Principal shall review the complaint and take reasonable steps to investigate the allegations in the complaint, including but not limited to reviewing the material, program, or event that is alleged to be “harmful to minors;”

Per **KRS 158.192**, the Principal shall determine whether:

* The material, program, or event that is the subject of the complaint is “harmful to minors;”
* Student access to material that is the subject of the complaint shall remain, be restricted, or be removed;
* A program or event that is the subject of the complaint shall be eligible for future participation by students in the school.

# STUDENTS $08.23 AP.21

# (Continued)

“Harmful to Minors” Complaint Resolution Process

Complaint(s) (continued)

Within ten (10) business days of receiving the complaint, unless another schedule is mutually agreed to by the parent or guardian and the Principal, the Principal shall confer with the parent or guardian and inform him or her whether the material, program, or event that is the subject of the complaint was determined to be “harmful to minors” and what the resolution will be.

Principal’s Determination (Use additional sheet if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Principal’s SignatureDate

A parent or guardian not having filed the appeal may request in writing access to the appealed materials, programs, or events for review and shall abide by the school's and District's policies and procedures when requesting and reviewing such information.

=====================================================================

Level Two: Appeal of the Principal’s Determination to the Board

Complainant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date appeal received at this level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent or guardian shall make any appeal within ten (10) days. The appeal shall:

* Be subject to full administrative and substantive review by Board and shall not be delegated;
* Include an opportunity for the parent or guardian to provide input during public comment at a Board meeting;
* Be completed within thirty (30) calendar days of receiving the written appeal unless another time frame is mutually agreed upon by the parent or guardian and the Board; and
* Be discussed and voted on during a meeting of the Board subject to the open records and open meeting requirements under KRS Chapter 61.

# STUDENTS $08.23 AP.21

# (Continued)

“Harmful to Minors” Complaint Resolution Process

Level Two: Appeal of the Principal’s Determination to the Board (continued)

(Use additional sheet if necessary.)

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Complainant’s SignatureDate

The Board's final disposition of the appeal shall be made in writing and shall state whether the material, program, or event was determined to be “harmful to minors” and whether student access to the material will remain, be restricted, or be removed and whether the program or event shall be eligible for future participation by students in the school.

Within fifteen (15) business days from the date of a final disposition, the title of the material or a description of the program or event submitted for appeal, whether the material, program, or event was determined to be “harmful to minors,” whether student access to the material will remain, be restricted, or be removed or whether the program or event shall be eligible for future participation by students in the school, and the vote cast by each individual Board member shall:

* Be published on the website of the Board where it shall remain available for review; and
* Be published in the newspaper with the largest circulation in the county.

Board’s Final Disposition (Use additional sheet if necessary.)

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Board Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vote:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vote:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board Chair’s SignatureDate

EXPLANATION: SB 145 AMENDS KRS 156.070 REMOVING THE STATUTORY ELIGIBILITY RESTRICTION FOR NONRESIDENT STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# STUDENTS $09.12 AP.21

Nonresident Student Transfer/Registration Form

Form to be used by NONRESIDENT students requesting admission.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ***Last First Middle Initial***

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present District and School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Grade \_\_\_\_\_\_\_

Requested School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Notice

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

I understand that, if approved, this assignment will be granted for only one (1) school year and that any special transportation needed is the responsibility of the parent/guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian’s Signature Date***

=====================================================================

**To Be Completed by Central Office Personnel**

Application 🞏 Approved 🞏 Disapproved Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian contacted 🞏 Yes 🞏 No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present School Contacted 🞏 Yes 🞏 No Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested School Contacted 🞏 Yes 🞏 No Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional recommendation, if required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Superintendent/designee’s Signature Date***

Legal: HB 538 Amends KRS 158.150 to INCLUDE behaviors that occur off school property if the INCIDENT is likely to SUBSTANTIALLY disrupt the educational process and options for removal of students.

FINANCIAL iMPLICATIONS: cOST OF EDUCATING EXPELLED STUDENTS and conducting hearings

# STUDENTS $09.425 AP.21

Record of Removal

An employee who removes a student, or causes a student to be removed, from a classroom setting or District transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal. Per KRS 158.150, a student who is removed from the same classroom three (3) times within a thirty (30) day period shall be considered “chronically disruptive” and may be suspended from school and no other basis for suspension shall be deemed necessary.

|  |
| --- |
| **Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (if known) \_\_\_\_\_ Date of Removal \_\_\_\_\_\_\_\_**  **Classroom/District vehicle from which the student was removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Site to which the student was removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employee who removed the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Cause(s) for Removal**

🞏 Disrupting the classroom environment and educational process or challenging the authority of a supervising adult.

🞏 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.*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 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.*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# STUDENTS $09.425 AP.21

# (Continued)

Record of Removal

**Witness(es) *(Use additional sheet(s) if necessary.)***

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***Name Note if student/employee/other (specify)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name Note if student/employee/other (specify)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

EXPLANATION: REVISIONS TO 704 KAR 19:002 REQUIRE THE DISTRICT TO DEVELOP PROCEDURES FOR MONITORING THE ALTERNATIVE EDUCATION PROGRAM.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# STUDENTS $09.4341 AP.11

Alternative Education

Monitoring

The District shall provide for:

1. Regular, periodic monitoring of the alternative education program; and
2. Selecting, implementing, and monitoring the impact of professional learning designed to meet the needs of the teachers and students served by the alternative education program.