

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~~<sup>twenty</sup> four (1224) 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.

**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.

**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.

### Request for Protected Health Information

This form may be used to grant release of a patient's protected health information by the health care provider for an employee or student for purposes other than treatment, payment or health care operations.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*Name of Employee, Student 18 or older, or Parent/Guardian* \_\_\_\_\_ *Name of Physician/Practice*  
to use and/or disclose my protected health information described below to \_\_\_\_\_  
*School District* \_\_\_\_\_

My protected health information will be used or disclosed upon request for the following purposes (name and explain each purpose): \_\_\_\_\_

This authorization for use and/or disclosure applies to the following information (please mark those that apply):

- Any and all records in the possession of the above-named physician or physician's practice, including mental health, HIV, and/or substance abuse records. (Please cross out any item you do not authorize to be released.)
- Records regarding treatment for the following condition or injury \_\_\_\_\_ on or about \_\_\_\_\_.
- Records covering the period of time \_\_\_\_\_ to \_\_\_\_\_.
- Other (Specify and include dates.) \_\_\_\_\_.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to above-named physician/practice. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that the above-named physician/practice may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws and regulations regarding the privacy of my protected health information. **NOTE:** Rediscovery of HIV information shall comply with KRS 214.181 and KRS 214.625, which impose additional limitations on release of such information.

This authorization expires on the following date or event: \_\_\_\_\_

I certify that I have received a copy of this authorization.

\_\_\_\_\_  
*Signature of Patient or Legally Recognized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Patient or Legally Recognized Representative*

\_\_\_\_\_  
*Legally Recognized Representative's Authority*

DRAFT ALL NEW LANGUAGE 6/27/23

PERSONNEL

03.12322 AP.2

**Family and Medical Leave Forms**

**PHYSICIAN'S MEDICAL RETURN TO WORK FORM**

This form must be completed by the Physician's office prior to returning to work.

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

**To: Human Resources Department**

Name of Patient: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

Are there any restrictions? (if yes, please list restrictions below):  Yes  No

List restrictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Phone Number of Physician: \_\_\_\_\_

Form may be faxed to:

Beth Cox  
Benefits Specialist, HR Department  
Phone: (859) 282-2142  
Fax: (859) 282-2935  
\_\_\_\_\_

PERSONNEL

03.12322 AP.2

(CONTINUED)

**Family and Medical Leave Forms**

**PHYSICIAN'S MATERNITY RETURN TO WORK FORM**

This form must be completed by the Physician's office prior to returning to work.

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

**To: Human Resources Department**

Name of Patient: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

Are there any restrictions? (if yes, please list restrictions below):  Yes  No

List restrictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Phone Number of Physician: \_\_\_\_\_

**Form may be faxed to:**

Beth Cox  
Benefits Specialist, HR Department  
Phone: (859) 282-2142  
Fax: (859) 282-2935

**Family and Medical Leave Forms**

**PHYSICIAN'S NOTIFICATION OF DELIVERY**

This form must be completed by your physician's office and returned to Human Resources  
within five (5) days of delivery.

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

**To: Human Resources Department**

Name of Physician's Office: \_\_\_\_\_

Physician's Office Phone Number: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Form may be faxed to:

Beth Cox  
Benefits Specialist, HR Department  
Phone: (859) 282-2142  
Fax: (859) 282-2935

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PERSONNEL

03.12322 AP.2

(CONTINUED)

**Family and Medical Leave Forms**

**INTENT TO ADOPT/FOSTER CERTIFICATION**

This form must be completed by the placement professional or agency and returned to Human Resources within **fifteen (15)** days of request.

This document confirms that \_\_\_\_\_ is working with  
(Employee Name)

regarding the adoption or placement in foster care of  
(Agency Name)

a son or daughter. The anticipated date of placement is \_\_\_\_\_.

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

(Agency Official Signature)

(Date)

Form may be faxed to:

Beth Cox  
Benefits Specialist, HR Department  
Phone: (859) 282-2142  
Fax: (859) 282-2935

Family and Medical Leave FormsADOPTION/FOSTER CARE PLACEMENT CERTIFICATION

This form must be completed by the placement professional or agency and returned to Human Resources within five (5) days of placement. The agency's placement documentation / certification can be submitted in lieu of this form.

Employee's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I hereby certify that an (adoption/foster care) placement was made to the above-named employee on \_\_\_\_\_ (date of placement)

Printed Name of Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Agency Official Signature: \_\_\_\_\_

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

Form may be faxed to:

Beth Cox  
Benefits Specialist, HR Department  
Phone: (859) 282-2142  
Fax: (859) 282-2935

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## PERSONNEL

Long Term Leave of Absence

(Six (6) or more days)

Please review FMLA guidelines on back side of this page before completing form.

**Part I: (Must be completed by employee) PLEASE PRINT NEATLY**

Name	Employee ID #
Phone No.	Hire Date:
Address	School/Location
City/State/Zip	Position

For FMLA Leave, Healthcare Provider Statement required:

Reason for <u>FMLA</u> leave (birth/adoption, foster care, personal illness/maternity, family member illness (parent, spouse, child), qualifying need due to military service):	
Estimated Delivery Date:	Actual Delivery Date:

For Non-FMLA Leave, attach documentation:

For Non-FMLA Leave (Educational leave, Military leave, other (explain))

List # of Paid Days you plan to use (complete appropriate card(s) &amp; submit to payroll):

Sick	Personal	Vacation	Donated	Sick Bank Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No

1 <sup>st</sup> Date of Unpaid:	Last Date of Unpaid:
For Office Use Only (Notify HR in writing of any changes, an updated dr. note is required to make changes)	
Amend Start Date:	Amend End Date:

**CERTIFIED EMPLOYEES**

Flex In-Service Credit Accumulated (at time of leave) \_\_\_\_\_ # of Hours

I request to return to my original position or, if this is the second year of my leave, to my original building or subject assignment, per BCEA Contract (signature required):

Employee Signature	Position
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I certify that I have read the FMLA information on the back of this form, and that all information on this application is true. I will abide by Board Policies (03.12322, 03.123, 03.22322, 03.223) and all state and federal regulations governing leave of absence. I also understand that my benefits, including health insurance, will be terminated at the end of 12 weeks. I also understand that my retirement service credit and annual salary/pay increases may be affected.

NOTE: You must notify Human Resources upon returning from your leave of absence or your pay and benefits may be impacted. You must submit a Dr.'s release in order to return to work.

Employee Signature	Date
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**Part II: (To be completed by Principal/Supervisor)**

I recommend \_\_\_\_\_ do not recommend \_\_\_\_\_ this unpaid leave be granted.

Substitute replacement needed:  Yes  No (Complete Sub Form)

Principal/Supervisor Signature	Date
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**Part III: (To be completed by Human Resources):**

Received by:	Date
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Submitted to Superintendent/Board: Yes No Meeting Date \_\_\_\_\_ Amend Meeting Date \_\_\_\_\_

The Boone County Schools provide equal educational/employment opportunities.

### Leave Request Form

Complete this form at least thirty (30) days prior to the start of your leave.  
A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days.

<b>Part I: Employee Information</b>				
<u>Name:</u>	<u>Employee #:</u>			
<u>Preferred Phone #:</u>	<u>District Email:</u> <small>(personal e-mail may not be used for privacy concerns)</small>			
<u>School/Location:</u>	<u>Position:</u>			
<u>Supervisor:</u>	<u>Do you currently carry our medical insurance?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Part II: Leave of Absence Information</b>				
<u>Anticipated Leave Start Date:</u>	<u>Anticipated Leave Return Date:</u>			
<u>I am requesting:</u> <input type="checkbox"/> <u>up to 12 weeks off per Category 1 or</u> <input type="checkbox"/> <u>the remainder of the year off per Category 2</u>				
<u>Select a Leave of Absence Reason:</u> (place a check next to requested type of leave)				
<b>CATEGORY 1 - FMLA Defined (up to 12 weeks)</b>				
<u>Sick Leave – serious health condition for self, birth/adoption</u>	<u>Applicable Board Policy</u> 03.1232/03.2232			
<u>Sick Leave – serious health condition for family member</u>	<u>Applicable Board Policy</u> 03.1232/03.2232			
<u>Sick Leave – to care for a covered service member</u>	<u>Applicable Board Policy</u> 03.1232/03.2232			
<u>Qualifying Exigency – military family leave</u>	<u>Applicable Board Policy</u> 03.12322/03.22322			
<b>CATEGORY 2 - Non-FMLA Defined (remainder of school year)</b>				
<u>Maternity/Paternity Leave – birth/adoption</u>	<u>Applicable Board Policy</u> 03.1233/03.2233			
<u>Extended Disability Leave</u>	<u>Applicable Board Policy</u> 03.1234/03.2234			
<u>Military/Disaster Services Leave</u>	<u>Applicable Board Policy</u> 03.1238/03.2238			
<b>Other</b>				
<u>Workers' Compensation</u>	<u>Applicable Board Policy</u> 03.1241/03.2241			
<u>Other</u>	<u>List Policy:</u>			
<u>Please fill in the type and number of days you will be using during your leave of absence.</u>				
<u>Sick</u>	<u>Donated Sick</u>	<u>Personal</u>	<u>Vacation</u>	<u>Unpaid</u>
<u>If you are a member of the sick bank, will you be applying for additional sick days?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT A MEMBER				
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Employees are required to use all paid leave days, if available, for all FMLA Defined Leave, except that the employee may request to reserve up to ten (10) days of sick leave, up to ten (10) days of vacation leave, and all available days of personal leave</li> <li>• Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 - Maternity/Paternity Leave, immediately following the birth or adoption of a child or children</li> </ul>				

**Leave Request Form****Part III: Long-Term Substitute Request (For Certified Employees Only)**

Requested Substitute's Name: (must be an active substitute in the District)

**Note:**

- "Long-Term Substitute Request Form" must be submitted to Human Resources if a long-term sub is needed
- A certified substitute must be used for absences of more than nineteen (19) consecutive days
- A certified substitute is someone that has a teaching certificate or SOE
- Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than nineteen (19) consecutive days) and are not eligible to fulfill a long-term absence

**Part IV: Employee Responsibilities (please read and initial each)**

	I will abide by all applicable board policies, state and federal regulations governing a leave of absence.
	I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's Benefits Team at 859-282-2374 for more information.
	I understand that I must notify Human Resources if the start date or end date of my leave changes.
	I must notify Human Resources prior to returning from a leave of absence to determine if/when I may return to work, and, if applicable, provide a return to work note from my doctor.
	It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.
	I am aware unpaid days may negatively affect my annual retirement service credit* and annual pay increases**. *Contact your retirement system for more information. ** If I do not work 140 days of my certified annual contract or half of my classified annual contract, I will not receive an annual step increase.
	In the event I am incapacitated or not of sound mind to communicate my leave of absence intentions with a member of the District, I proved the following individual permission to speak to, and provide information on my behalf with, Human Resources: Name of Individual: _____ Contact Phone #: _____ Relationship: _____

**Part V: Signature**

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

Printed Name: \_\_\_\_\_

**Part VI: District Approval/Denial (Office Use Only)**

Approved or Denied (List Denial Reason(s)): \_\_\_\_\_

Superintendent/designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part VII: HR/Benefits (Office Use Only)**

FMLA Start Date	FMLA End Date	Board Agenda Date
Amendment #1	Amendment #2	Amendment #3
Amendment #4	Amendment #5	Amendment #6

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**Long Term Leave of Absence****YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave per school year to "eligible" employees for certain family and medical reasons (days do not have to be consecutive). Employees are eligible if they have worked for a covered employer for at least one (1) year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

**REASONS FOR TAKING LEAVE**

Unpaid leave must be granted for any of the following reasons:

1. For the birth and care of an employee's newborn child , or for placement of a child with the employee for adoption or foster care;
2. To care for the employee's spouse, child or parent who has a serious health condition, as defined by federal law;
3. For an employee's own serious health condition, as defined by federal law, that makes the employee unable to perform the employee's job;
4. To address a qualifying exigency (need) defined by federal regulation in connection with a family member's (spouse, son, daughter, or parent) active duty or call to active duty in the Armed Forces/Reserves; and
5. To care for a covered service member or veteran (spouse, son, daughter, parent or next of kin) who has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

**ADVANCE NOTICE AND MEDICAL CERTIFICATION**

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."

An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

**JOB BENEFITS AND PROTECTION**

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan", as long as the employee pays premiums that are his/her responsibility.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

**Long Term Leave of Absence****UNLAWFUL ACTS BY EMPLOYERS**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA

**ENFORCEMENT**

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

An eligible employee may bring a civil action against any employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FOR ADDITIONAL INFORMATION**

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

**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			✓	
<b>Council member training required for Principal selection:</b>	<b>KRS 160.345</b>	<b>02.4244</b>			✓	
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		✓		

### 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			✓	
If District owns Aautomated 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	✓		✓	

**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			✓	

**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.

**Request for Protected Health Information**

See existing Procedure 03.111 AP.21 the form to use in requesting protected health information from health care providers.

**RELATED PROCEDURE:**

03.111 AP.21

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)

**NOTE:** If an AED is not immediately available, perform CPR until AED arrives on the scene.

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.

#### **PURPOSE OF PROCEDURE:**

To provide trained employees of the District with uniform guidelines to follow when responding to sudden cardiac arrest incidents and in intervening with an AED.

#### **DURING SCHOOL HOURS:**

1. Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others. Instead, the scene or environment around a victim must be safe prior to attempting to assist.
2. Determine responsiveness of victim.
3. Activate emergency system:
  - a) At any phone, dial 911.
  - b) Call main office and alert them to emergency and location of unconscious person.
  - c) The primary rescuer will assign an individual to retrieve the AED and meet responding volunteer(s) at emergency scene.
  - d) The office staff will assign someone to wait at the facility entry to direct Emergency Medical Services (EMS) to victim's location.
4. CPR-trained individuals will assess the emergency and, if needed, begin CPR until the AED has arrived:
  - a) Open airway.
  - b) Check for breathing – if not breathing, or if breathing is ineffective, give two (2) slow breaths. Observe universal precautions using gloves and ventilation mask, if available. If victim is breathing, place him/her in the recovery position, and monitor breathing closely.
  - c) Check for signs of circulation such as pulse and coughing, or movement.
  - d) If there are no signs of circulation, apply AED immediately. If AED is not immediately available, begin chest compressions and breathing (CPR) until AED arrives.

**Use of Automated External Defibrillators (AEDs)****DURING SCHOOL HOURS (CONTINUED)**

**NOTE:** If a rescuer is alone and the victim is a child under eight (8) years old or under 25 kg. (55 lbs.) and has no known cardiac condition, perform one (1) minute of infant/child CPR prior to activating the emergency response system and getting the AED.

5. Turn on the AED.
6. Apply electrode pads (according to diagram on back of electrode pads) to victim's bare chest:
  - a) Peel electrode pads, one at a time, from the backing or liner.
  - b) Shave or clip chest hair if it is so excessive it prevents a good seal between electrode pads and skin.
  - c) Wipe chest clean and dry if victim's chest is dirty or wet.
  - d) Press electrode pads firmly to skin.

**NOTE:** If victim is under eight (8) years old or under 25 kg (55 lbs.), remove pre-connected adult defibrillation electrodes, connect Infant/Child Reduced Energy Defibrillation Electrodes to the AED and proceed with steps a, b, c, and d. If pediatric pads are not available, cardiopulmonary resuscitation (CPR) has been tried for a minute, and the child is over one (1) year old, you may use regular adult pads. Do not delay treatment to determine precise age or weight of child. If in doubt, defibrillate with pre-connected defibrillation electrodes.

7. Stand clear of victim while machine evaluates victim's heart rhythm.
8. Refrain from using portable radios or cell phones within four (4) feet of victim while AED is evaluating heart rhythm.

**SHOCK ADVISED**

1. Clear area, making sure no one is touching the victim.
2. Push SHOCK button when prompted. (If the AED is a fully automatic unit, the shock occurs without rescuer interaction.)
3. Device will analyze the victim's heart rhythm and shock up to three (3) times.
4. After three (3) shocks device will prompt to check for pulse (or for breathing and movement) and, if absent, start CPR.
5. If pulse or signs of circulation such as normal breathing and movement are absent, perform CPR for one (1) minute.
6. Device will count down one (1) minute of CPR and will automatically evaluate victim's heart rhythm when CPR time is over.

**NO SHOCK ADVISED**

1. Device will prompt to check pulse (or breathing and movement) and if absent, start CPR.
2. If pulse or signs of circulation such as normal breathing and movement are present, perform CPR for one (1) minute.
3. If pulse or signs of circulation are present, check for normal breathing.
4. If victim is not breathing normally, give rescue breathing according to training.

**Use of Automated External Defibrillators (AEDs)****NO SHOCK ADVISED (CONTINUED)**

5. AED will automatically evaluate victim's heart rhythm after one (1) minute.
6. If victims regain signs of circulation, such as breathing or movement, place them on their side in the recovery position, and monitor their breathing closely.
7. Continue cycles of heart rhythm evaluations, shocks (if advised) and CPR until professional help arrives.
8. Victim must be transported to hospital.
9. Leave AED attached to victim until EMS arrives, and disconnect AED.
10. Turn over care of the victim to EMS personnel. Once they have arrived, follow the direction of EMS personnel for further actions.

**AFTER SCHOOL HOURS**

1. Athletic trainer-covered events:
  - a) Determine unresponsiveness
  - b) Activate emergency system:
    - At any phone, dial 911.
    - Alert athletic staff of emergency by sending a runner to inform the athletic trainer, athletic director or field/gym manager.
  - c) If present, the athletic trainer or designee will retrieve the AED.
  - d) If a CPR and/or AED trained individual is available, CPR and AED procedures should be initiated until EMS arrives.
  - e) Follow procedure outlined above. See During School Hours section starting with 4a.
2. Other school events (if AED is available)
  - a) Determine responsiveness.
  - b) Activate emergency system:
    - At any phone, dial 911.
    - Alert the supervising staff member of the emergency.
  - c) If CPR/AED trained, the supervising staff will retrieve the AED. CPR and AED procedures should be initiated until EMS arrives
  - d) Follow procedure outlined above. See School Hours section starting with 4a.

**AFTER USE**

1. A copy of AED use information will be sent within 24 hours (weekdays) of the emergency to:
  - a) Director of Comprehensive School Health Services
  - b) School Nurse
2. The responder will document the event using the District accident form and will forward a copy of completed form to the Director of Comprehensive School Health Services and School Nurse on the next business day.

**Use of Automated ~~Automatic~~ External Defibrillators (AEDs)****AFTER USE (CONTINUED)**

3. The AED will be wiped clean according to manufacturer guidelines.
4. Electrode pads must be replaced and reconnected to the device (electrode pads and CHARGE-PAK charging unit must be replaced in the LIFEPAK CR Plus AED).
5. Contents of the resuscitation kit must be replaced if used.
6. Critical Event Stress debriefing will be conducted by:
  - a) Director of Comprehensive School Health Services
  - b) School Nurse

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 Wwith 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 **Automatic External Defibrillators (AEDs)** for the District.

Should I have questions at any time while serving as an **Emergency Responder**/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.

**Emergency Responder**/Expected AED User's Signature

\_\_\_\_\_ Date

Superintendent/**D**esignee'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/Director of Comprehensive School Health Services within forty-eight (48) hours of AED use~~treatment~~

AED USER~~EMERGENCY RESPONDER~~: \_\_\_\_\_

LOCATION OF AED USE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

Staff Member       Student       Parent/Visitor

Condition of patient~~victim~~ 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:

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Were efforts terminated?  Yes     No      If yes, please explain why the efforts were terminated.

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Signature of AED User~~Emergency Responder~~

Date

### ZPass Opt-Out Form

The District has implemented a Bus Pass program that uses Zonar ZPass Student Ridership technology for students who ride District buses to and from school. ZPass utilizes a passive RFID badge attached to a student's backpack or lanyard which communicates with the ZPass scanner located on the bus. This system allows Transportation Services and parents (through the use of a Secure App) to know when and where each student enters and exits the bus on their assigned route. The District provides this service at no cost.

If you do not want your student(s) to participate in the electronic portion of the Bus Pass program, complete and return this form to your student's school or to the Transportation Services office, see address above. It is important to note that students who opt out of the electronic portion of the program still need to use their student identification card to get on a District school bus.

If you have questions about this form, the Bus Pass program or the capabilities of ZPass, please contact the Transportation Department at 859-384-5340.

Please note that you will need to complete an opt out form for each student. A new opt out form will need to be completed at the beginning of 3<sup>rd</sup> grade, 6<sup>th</sup> grade, and 9<sup>th</sup> grade transition years.

I, \_\_\_\_\_, as parent or legal guardian of the following student(s), do not want my child to participate in the ZPass program.

Name of Child \_\_\_\_\_

Name of School \_\_\_\_\_ Student ID Number \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Reason for Opting Out of the ZPass Program (optional)

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## SUPPORT SERVICES

07.13 AP.1

**Bidding of School Food Service Supplies****LIKE ITEMS IN EXCESS OF \$30,000~~40,000~~**

If the total amount of purchases for like items is \$30,000~~40,000~~ or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid annually (during the month of June) 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 School Food Service/School Nutrition Program Director or designee.
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 made available to potential bidders.
4. Bids shall be opened and tabulated by the Superintendent or Director of Purchasing.
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 or designee.

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.

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"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 Signature

Date

#### 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.

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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.

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#### PRINCIPAL'S DETERMINATION (USE ADDITIONAL SHEET IF NECESSARY.)

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Principal's Signature

Date

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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:

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Date appeal received at this level:

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

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- 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.

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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 Signature

Date

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:

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Board Chair's Signature

Date

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**Harassment/Discrimination/Harassing Communication Grievance Procedures**

A student or parent who believes he/she has been a victim of an act of harassment/discrimination/harassing communication or who has observed other students being victimized shall, as soon as reasonably practicable, inform his/her Principal, who shall provide a Student Harassment/Discrimination/Harassing Communication Grievance Form (See Student Harassment/Discrimination/Harassing Communications Form) for the student/parent to complete and then immediately notify the Superintendent and or the Title IX/Equity Coordinator, as appropriate. Complaints of harassment/discrimination, whether verbal or written, shall lead to a documented investigation and a written report.

Within twenty-four (24) hours of receiving a serious allegation of harassment/discrimination, the Principal or appropriate administrator shall attempt to notify parents of both student victims and student(s) who has been accused of harassment/discrimination/harassing communication.

Employees who observe prohibited behaviors or with whom students share a complaint shall notify the Principal or their immediate supervisor, who shall immediately forward information to the Superintendent.

The Superintendent/designee may take interim measures to protect complainants during the investigation.

**PROCEDURES**

The following procedures are to be followed in handling harassment/discrimination/harassing communication grievances by student or parent:

**Level 1** A student/parent shall present his or her written grievance to the student's Principal. The Principal shall investigate allegations of harassment/discrimination/harassing communication as soon as circumstances allow, but not later than three (3) days of submission of the original written grievance. The Principal shall discuss with the student/parent the nature of the grievance and any action that the Principal believes should be taken to resolve the concern of the student/parent. The principal shall provide a written response to the student/parent no later than ten (10) days after receipt of the student/parent's original written grievance. The principal forwards a copy of the grievance and response to the Superintendent and the Title IX/ Equity Coordinator.

**Level 2** If the student/parent wishes further review of his or her grievance, the original written grievance may be presented to the Title IX/Equity Coordinator. The Title IX/Equity Coordinator, or his/her designee, shall review previously presented information and administrative responses, and conduct any additional investigation deemed necessary. The Title IX/Equity Coordinator, or designee, shall provide a written response to the student/parent no later than ten (10) days after receipt of the student/parent's communication at Level 2.

A written report of all findings of the investigation shall be completed within thirty (30) calendar days, unless additional time is necessary due to the matter being investigated by a law enforcement or governmental agency.

**Harassment/Discrimination/Harassing Communication Grievance Procedures**

**Level 3** If the student/parent wishes further review of his or her grievance, the student/parent may appeal the written response of the Title IX Equity Coordinator to the Superintendent, no later than ten (10) days after receipt of the Title IX/Equity Coordinator's response from Level 2.

The Superintendent shall consider the original written grievance and the Title IX Equity Coordinator's response as the appeal and will provide the student/parent a written response within ten (10) days. The decision of the Superintendent shall be final.

**Notice to Individuals Complaining of Harassment/Discrimination**

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District's policy is attached for your information. Please be aware of the following provisions:

The District's Title IX/Equity Coordinator is \_\_\_\_\_ . If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

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*Address*

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*Telephone Number*

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District's investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District 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 District 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 District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District 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 District 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 District 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 of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District 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 District administrator.

**Notice to Individuals Complaining of Harassment/Discrimination**

The District 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 District 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 District administrator immediately. **If you are not satisfied with the District's 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**

## Student Harassment/Discrimination Harassing Communication Grievance Form

Mail or deliver this form to:

Level 1: The School Principal

Level 2: The Title IX/Equity Coordinator  
8330 US 742, Florence, KY 41042

Level 3: The Superintendent

8330 US 742, Florence, KY 41042

This form provides the opportunity for a student or parent to report alleged incidents of harassment/discrimination and to secure an equitable and prompt resolution.

### **STUDENT INFORMATION**

Telephone No(s): \_\_\_\_\_, \_\_\_\_\_

Name \_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_

Home Address \_\_\_\_\_ *Number & Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom/Classroom \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

### **TYPE OF HARASSMENT/DISCRIMINATION**

#### **PLEASE CHECK**

Racial     Sexual     Religious     National Origin     Disability     Other

#### **STATEMENT OF GRIEVANCE**

Identify the harassment/discrimination that you allege has occurred. Be complete and use full names/titles, dates, exact location(s), and specific occurrence(s) if appropriate.

Date(s) harassment/discrimination occurred.

Earliest: \_\_\_\_\_ Latest: \_\_\_\_\_

What results are you seeking by filing this complaint? (Use additional sheet(s) if necessary)

Have you filed this complaint with law enforcement or other governmental agency?  Yes  No  
If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **NOTE:**

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

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)

**Notice to Individuals Regarding Title IX Sexual Harassment/Discrimination**

This notice shall be provided to applicants for admission and employment, students, parents or legal guardians of students, employees, and all unions or professional organizations holding collective bargaining or professional agreements.

The District's Title IX Coordinator (TIXC) is \_\_\_\_\_

Address	City, State, Zip
---------	------------------

Email Address	Telephone Number
---------------	------------------

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC.

The District must prominently display the contact information required to be listed for the TIXC and Policies 03.113, 03.212 Equal Employment Opportunity, 09.13 Equal Educational Opportunity, 03.1621, 03.2621, 09.428111 Title IX Sexual Harassment and 09.428111 AP.11 Title IX Grievance Procedures on its website, if any, and in each handbook or catalog that it makes available to persons entitled to a notification listed above.

The District must ensure that the TIXC(s), Investigators, Decision Makers, and any person who facilitates an informal resolution process, receive training on the regulatory definition of sexual harassment; the scope of the District's educational program or activities; how to conduct an investigation; the grievance process (including informal resolutions and appeals); and impartial service, conflict of interest, and bias standards.

The District must make these training materials publicly available on its website, or if the District does not maintain a website the District must make these materials available upon request for inspection by members of the public.

**REFERENCES:**

Title IX of the Education Amendments of 1972 (20 USC § 1681, et seq.); 34 C.F.R. Part 106

**RELATED POLICIES:**

03.113; 03.1621; 03.212; 03.2621; 09.313; 09.428111

**RELATED PROCEDURES:**

03.1621; 03.2621; (all procedures)  
09.428111 (all procedures)

## **Title IX Sexual Harassment Grievance Procedures**

**THIS PROCEDURE APPLIES TO “TITLE IX SEXUAL HARASSMENT”  
UNDER POLICIES 03.1621, 03.2621, AND 09.428111.**

### **REPORTING**

1. School employees who have reason to believe that a student has been subjected to Title IX Sexual Harassment are required to promptly make a report to the Title IX Coordinator (TIXC).
2. Students, parents/legal guardians or other individuals who believe a student has been sexually harassed may make a report to the TIXC.
3. If the individual making the report is the alleged victim (“Complainant” as defined in the Title IX Sexual Harassment regulation), or if the Complainant is identified by the individual making the report, the TIXC will meet with the Complainant to discuss supportive measures that may be appropriate in the particular circumstances and explain the process for filing a formal complaint.
4. The District cannot provide an informal resolution process for resolving a report unless a formal complaint is filed.
5. The Superintendent/designee shall be informed of all reports and formal complaints of sexual harassment.

### **FORMAL COMPLAINT**

1. A Complainant and/or their parent/legal guardian may file a formal written complaint requesting investigation of alleged Title IX Sexual Harassment. The written complaint must include basic information concerning the allegation of sexual harassment (i.e., date, time, location, individual(s) who allegedly engaged in sexual harassment, description of allegation).  
Students who need assistance in preparing a formal written complaint, may consult with the TIXC.
2. In accordance with the Title IX regulations, the TIXC must dismiss a formal complaint under this Title IX procedure if:
  - a) the conduct alleged in the formal complaint does not constitute sexual harassment as defined under the Title IX regulations and the Title IX Sexual Harassment policy; or
  - b) the conduct alleged did not occur within the scope of the District’s education programs and activities, or
  - c) did not occur in the United States.
3. In accordance with the Title IX regulations, the TIXC may dismiss a formal complaint if:
  - a) a Complainant withdraws the formal complaint, or withdraws particular allegations within the complaint;
  - b) the Respondent is no longer employed by or enrolled in the District; or

## **Title IX Sexual Harassment Grievance Procedures**

### **FORMAL COMPLAINT (CONTINUED)**

- c) there are specific circumstances that prevent the District from gathering evidence sufficient to reach a determination regarding the formal complaint. However, if the conduct potentially violates other policies or laws, it may be addressed through other applicable Board policy/procedure.
- 4. If a formal complaint is dismissed under this Title IX procedure, the TIXC will promptly and simultaneously send written notices to the parties explaining the reasons. The parties have the opportunity to appeal dismissals as outlined below.
- 5. In certain circumstances, the TIXC may file a formal complaint even when the alleged victim chooses not to. Examples could include instances where the Respondent (person alleged to have engaged in sexual harassment) has been found responsible for previous sexual harassment; a safety threat within the District, or other alleged serious violations where pursuit of a complaint is warranted.
- 6. If the conduct alleged in a formal complaint potentially violates other laws or Board policies, the District may address the conduct under another applicable Board policy/procedure.

### **EMERGENCY REMOVAL/SUSPENSION**

The Superintendent may direct the removal of a student from education programs and activities on an emergency basis during the complaint procedure:

- 1. If there is a determination, following an individualized safety and risk analysis which may be performed as provided in District Policy 09.429 (Threat Assessment), that there is an immediate threat to the physical health or safety of an individual arising from the allegations of sexual harassment. Examples of such circumstances might include, but are not limited to, a continued threat of violence against a Complainant by a Respondent, or a Respondent's threat of self-harm due to the allegations.<sup>1</sup>
- 2. The Respondent and parent/legal guardian will be provided notice of the emergency removal, and will be provided an opportunity to challenge the decision either before or following the removal (this is an opportunity to be heard, not a hearing) utilizing the procedure applicable to student suspensions per Policy 09.434 Suspension.
- 3. Any such decision shall be made in compliance with any applicable disability laws, including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

## **Title IX Sexual Harassment Grievance Procedures**

### **EMPLOYEE SUSPENSION WITH PAY**

An employee may be suspended with pay during the complaint procedure as provided in Board policies.<sup>2</sup>

### **NOTICE TO PARTIES FOLLOWING A FORMAL COMPLAINT**

1. The TIXC will provide to the parties written notice of the formal complaint and allegations of sexual harassment potentially constituting Title IX Sexual Harassment. The notice shall include:
  - Notice regarding the complaint procedure and the availability of an informal resolution process;
  - Sufficient details known at the time (including identities of parties, if known; the conduct alleged; and the date and location of the alleged incident[s], if known), allowing sufficient time to prepare before any initial interview (not less than ten [10] calendar days);
  - A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination of responsibility will be made at the conclusion of the grievance process;
  - The parties may inspect and review evidence directly related to the allegations of Title IX Sexual Harassment;
  - Notice that the parties may each have an advisor of their choice (who may be an attorney);
  - Notice that knowingly making false statements or submitting false information in bad faith during the complaint process is prohibited and may result in disciplinary action;
  - Notice of the name of the investigator, with sufficient time (no less than three [3] calendar days) to raise concerns of conflict of interest or bias.
2. If additional allegations become known at a later time, notice of the additional allegations will be provided to the parties.
3. The TIXC will discuss supportive measures with each party and oversee implementation of such measures as appropriate.

### **INFORMAL RESOLUTION PROCESS**

After a formal complaint has been filed, and if the TIXC believes the circumstances are appropriate, the TIXC may offer the parties the opportunity to participate in an informal resolution process to resolve the complaint without completing the investigation and determination process. Informal resolutions cannot be used to resolve a formal complaint where a student is the Complainant and the Respondent is an employee.

## **Title IX Sexual Harassment Grievance Procedures**

### **INFORMAL RESOLUTION PROCESS (CONTINUED)**

Informal resolutions can take many forms, depending on the particular case. Examples include, but are not limited to, facilitated discussions between the parties; restorative justice; acknowledgment of responsibility by a Respondent; apologies; disciplinary actions against a Respondent or a requirement to engage in specific services; or supportive measures. Both parties must voluntarily agree in writing to participate in an informal resolution process, and either party can withdraw from the process at any time. The Superintendent/designee must agree to the terms of any informal resolution reached between the parties. If an informal resolution agreement is reached, it must be signed by both parties and the District. Any such signed agreement is final and binding according to its terms.

If an informal resolution process does not resolve the formal complaint, nothing from the informal resolution process may be considered as evidence in the subsequent investigation or determination. The parties will be advised that engagement in the informal resolution process is grounds for extension of the investigation timeline.

### **INVESTIGATION**

1. The complaint will be investigated by a trained internal or external individual designated by the Superintendent, who should consult with District legal counsel concerning the handling and investigation of the complaint.
2. The Investigator may consult with the TIXC as agreed during the investigation process.
3. If the complaint is against an employee of the District, rights conferred under an applicable collective bargaining agreement shall be applied, to the extent they do not conflict with the Title IX regulatory requirements.
4. The Investigator will:
  - a. Meet with each party after they have received appropriate notice of any meeting and its purpose, with sufficient time to prepare.
  - b. Allow parties to have their advisor at all meetings related to the complaint, although advisors may not speak on behalf of a party or interfere with the process.
  - c. Allow parties a reasonable opportunity to identify witnesses and submit favorable and unfavorable evidence.
  - d. Interview witnesses and conduct such other activities that will assist in ascertaining facts (site visits, review of documents, etc.).
  - e. Consider evidence that is relevant and directly related to the allegations in the formal complaint.
  - f. During the course of the investigation, provide both parties with an equal opportunity to inspect and review any evidence that is obtained in the investigation that is directly related to the allegations in the formal complaint (including evidence which the District does not intend to rely upon in reaching a determination of responsibility), and favorable and unfavorable evidence.

## **Title IX Sexual Harassment Grievance Procedures**

### **INVESTIGATION (CONTINUED)**

- g. Prior to completion of the investigation report, provide each party and advisor (if any) the evidence subject to inspection and review, and provide the parties with ten (10) calendar days to submit a written response. Access to such evidence may be provided via file sharing software that does not permit copying or downloading. The Investigator shall advise the parties that evidence is not to be publicly disseminated.
- h. Consider the parties' written responses to the evidence prior to completing the investigation report.
- i. Create an investigative report that fairly summarizes relevant evidence including the Investigator's recommendation on whether or not the evidence supports a finding that the Respondent engaged in conduct constituting Title IX Sexual Harassment. The Investigator shall send the report to the parties and advisors (if any) for their review and written responses which must be filed with the Investigator within ten (10) calendar days of their receipt of the report.
- j. After receipt of the parties' written responses (if any), forward the investigation report and party responses to the assigned Decision Maker. The Decision Maker shall immediately inform the parties of the date of his or her receipt of the report and of the deadline for submission of questions as provided below.
- k. The Investigator's report shall be non-binding on the Decision Maker.

5. The investigation shall be concluded within forty (40) calendar days from the date of the TIXC Notice to the Parties Following a Formal Complaint as referenced above, but reasonable extension of time for good cause shall be allowed.

### **DETERMINATION OF RESPONSIBILITY**

The Superintendent shall assign a trained Decision Maker to arrive at a determination of responsibility. The Decision Maker cannot be the Investigator, Informal Resolution Facilitator, or the TIXC.

1. The Decision Maker shall have authority to preside over the pre-decision process in a manner that allows the Complainant and Respondent an equal opportunity to participate, including setting reasonable equally applicable limits on the number of questions and excluding questions on relevancy grounds or that seek privileged or confidential medical treatment information. The Decision Maker shall provide the parties with the opportunity to submit written, relevant questions that the party wants asked of another party or witness within five (5) calendar days of when the Decision Maker received the investigation report and party responses.

The Decision Maker shall provide a written explanation to a party proposing questions if the Decision Maker excludes a question on grounds that it is not relevant.

## **Title IX Sexual Harassment Grievance Procedures**

### **DETERMINATION OF RESPONSIBILITY (CONTINUED)**

2. Each party shall be provided the opportunity to review the responses of another party and/or witness, and to ask limited written follow-up questions within five (5) calendar days of receiving the answers.
3. Each party will receive a copy of the responses to any follow-up questions.
4. The Decision Maker shall review the investigation report, the parties' responses and other relevant materials, applying the preponderance of the evidence standard ("more likely than not").
5. The Decision Maker shall issue a written determination, which shall include the following:
  - a) Identification of all the allegations potentially constituting Title IX Sexual Harassment;
  - b) A description of the procedural steps taken from receipt of the formal complaint through the determination;
  - c) A determination regarding responsibility as to each allegation and findings of fact supporting the determinations;
  - d) A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions to be imposed on the Respondent, and whether remedies designed to restore or preserve equal access to the District's programs and activities will be provided to the Complainant. In order to preserve confidentiality, remedies provided to the Complainant are not to be described in the determination report;
  - e) If applicable, a statement that disciplinary sanctions may require additional hearings or proceedings under separate law and policy: e.g. student expulsion; classified or certified employee public reprimand, suspension without pay, termination; or student alternative education program placement proceedings;
  - f) The District's appeal procedure and permissible bases for the parties to appeal the determination.
6. The written determination shall be provided to the parties simultaneously. The determination concerning responsibility becomes final either on the date that the District provides the parties with the written determination of the results of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which the appeal would no longer be considered timely.
7. The implementation of measures or sanctions shall be made subject to and in compliance with applicable disability laws included the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
8. The determination shall be issued with thirty (30) calendar days of the Decision Maker's receipt of the Investigator's report and recommendation, but reasonable extension of time for good cause shall be allowed.

## **Title IX Sexual Harassment Grievance Procedures**

### **REMEDIES, DISCIPLINE AND OTHER ACTIONS**

#### **Range of Remedies to Allow Equal Access to Complainant**

1. Remedies are measures used to ensure that the Complainant has equal access to the District's education programs and activities following the Decision Maker's determination. Such remedies may include supportive measures, and may include other appropriate measures, depending upon the determination and the needs of the Complainant. The TIXC is responsible for implementing remedies and providing needed assistance to the Complainant.

#### **2. Range of Disciplinary Sanctions (Students)**

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that students are responsible for one or more violations involving sexual harassment: In or out of school suspension; expulsion; assignment to alternative education programs; requirement to engage in education or counseling program; disqualification or modification of privileges to participate in sports or extracurricular programs; unilateral no-contact orders, school assignment alteration, or schedule changes; prohibitions or limitations on presence on school property or at school-related events; and other disciplinary sanctions and interventions set forth in the Code of Acceptable Behavior and Discipline.

#### **3. Range of Disciplinary Sanctions (Employees)**

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that employees are responsible for one or more violations involving sexual harassment: Requirement to engage in education or counseling program; unilateral no-contact orders, school assignment alteration; prohibitions or limitations on presence on school property or at school-related events; private reprimand; public reprimand; suspension without pay; termination.

### **APPEALS**

The Superintendent may serve as the Appellate Decision Maker and shall assign or arrange for the services of a trained Appellate Decision Maker if s/he does not serve in that role. The Appellate Decision Maker cannot be the Initial Decision Maker, Informal Resolution Facilitator, Investigator, or TIXC.

The Appellate Decision Maker shall have authority to preside over the appeal process in a manner that allows Complainant and Respondent an equal opportunity to participate, including setting reasonable page limits, enforcing timelines, and limiting review on the record to allowable grounds.

The parties (Complainant and Respondent) have the opportunity to appeal a responsibility determination and dismissals of formal complaints. Appeals will be considered only on the following grounds:

1. A procedural irregularity that affected the outcome;
2. New evidence that was not reasonably available as of the date of the determination regarding responsibility or dismissal of the formal complaint, that could affect the outcome; or

## **Title IX Sexual Harassment Grievance Procedures**

### **APPEALS (CONTINUED)**

3. The TIXC, Investigator, or Decision Maker had a conflict of interest or bias for or against Complainants or Respondents generally, or the individual Complainant or Respondent that affected the outcome.

### **APPEAL STEPS**

1. An appeal must be filed in writing within five (5) calendar days of the receipt of the determination decision. Appeals after that deadline will not be considered. The written appeal must state the grounds and arguments for reversal or modification of the determination.
2. Appeals must be filed with the Superintendent, who will submit the appeal to the Appellate Decision Maker or engage in further appellate steps if the Superintendent is the Appellate Decision Maker. Parties initiating an appeal or seeking reversal or modification of a responsibility determination must explain the impact of any asserted error on the outcome and, in the case of new evidence, are to explain why such evidence was not available, summarize the evidence and explain how the party contends such evidence would have affected the outcome.
3. The Appellate Decision Maker shall notify the other party in writing of the appeal and include copies of the document setting forth the grounds and arguments in support of the appeal. The other party shall have the option to file with the Appellate Decision Maker written arguments in response to the opposing party's appeal within five (5) calendar days of receipt of the appeal document. An untimely response will not be considered.
4. The Appellate Decision Maker shall conduct an impartial review of the appeal including consideration of arguments of the parties and the written record and may consult with District legal counsel in the decision-making process.
5. The Appellate Decision Maker shall issue a written decision describing the result of the appeal and rationale for the result and provide notice of the written decision simultaneously to the parties. The Decision may: affirm the determination, reverse the determination, or modify the determination in whole or in part.
6. The Title IX grievance determination of responsibility is final when there is no timely appeal or on the date when the Appellate Decision Maker sends his or her decision to the parties. A determination that conduct is not Title IX Sexual Harassment does not prevent the imposition of sanctions consistent with other law or policy where the conduct is determined to be in violation of such other law or policy.

### **RECORDS**

Records in connection with sexual harassment reports and the complaint process shall be maintained for a minimum of seven (7) years.

**Title IX Sexual Harassment Grievance Procedures****REFERENCES:**

<sup>1</sup>KRS 158.4410; KRS 158.150; KRS 158.153  
704 KAR 19:002  
Individuals with Disabilities Education Act  
Section 504 of the Rehabilitation Act  
The Americans with Disabilities Act

**RELATED POLICIES:**

<sup>2</sup>03.173; 03.27  
09.429; 09.434

**RELATED PROCEDURES:**

03.1621 AP.2; 03.2621 AP.2; 09.428111 (all procedures)

**Title IX Sexual Harassment Reporting Form**

COMPLAINANT	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL	GRADE	HOMEROOM/CLASSROOM	
EMPLOYEE'S WORK SITE			

**INFORMATION CONCERNING SEXUAL HARASSMENT**DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM LOCATION: \_\_\_\_\_INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:  
\_\_\_\_\_  
\_\_\_\_\_DESCRIPTION OF ALLEGATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT): \_\_\_\_\_

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.

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EXPLANATION: HB 538 AMENDS KRS 158.150 AND DEFINES THE PROCESS FOR EXPELLING OR EXTENDING EXPULSIONS OF STUDENTS, ENTERING INTO ALTERNATIVE PROGRAMS AND SETTINGS, AND SUSPENSION AS ADDRESSED IN POLICIES 09.431, 09.4341, AND 09.435. THIS PROCEDURE IS NO LONGER NEEDED.

FINANCIAL IMPLICATIONS: COST OF EDUCATING EXPELLED STUDENTS AND CONDUCTING HEARINGS

STUDENTS

09.435 AP.1

### Student Expulsions

#### **STUDENT HEARING**

The DPP, upon notification by the Principal that a student has been suspended for a Tier III Offense as outlined in the Student Code of Conduct, notifies the parent/guardian in writing of the time, date and location of the Tier III disciplinary hearing.

#### **EXPULSION NOTICE**

The Superintendent/designee, following the meeting of the Board to expel a student, shall notify the parent/guardian in writing of the decision of the Board and the effective dates of the expulsion.