

Board of Education Regular Meeting

August 9, 2021 7:00 PM

District Board Office, Central Services
Building
14801 South 108 Street
Springfield, NE 68059-4925

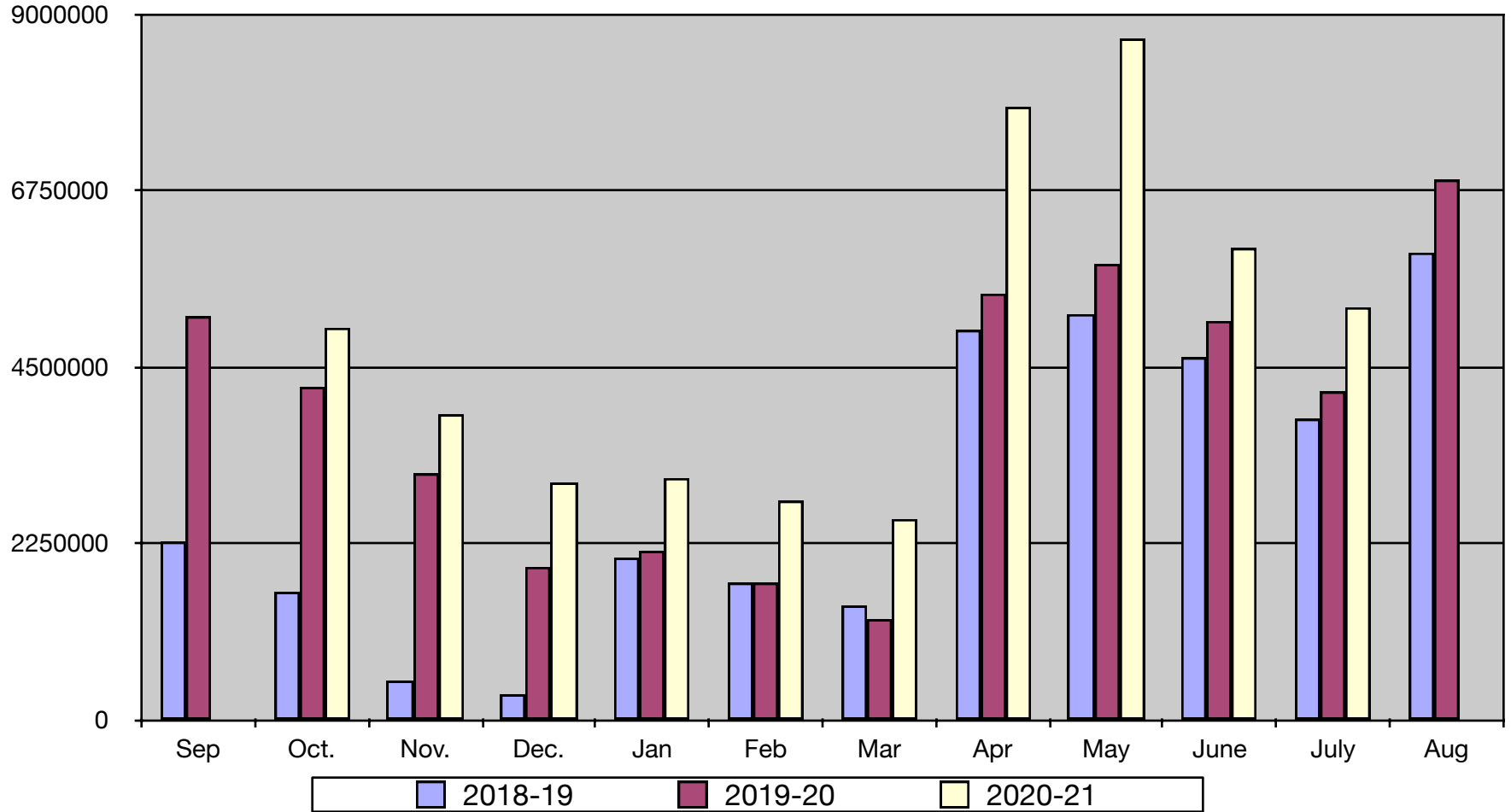
Agenda

- I. Site Committee Meeting
- II. Finance Committee Meeting
- III. Call to Order and Roll Call
- IV. Notice of Open Meetings Act - Posted
- V. Consent Agenda
 - V.A. Minutes of the Previous Month's Meetings
 - V.B. Treasurer's Report
 - V.C. Statement of Activity Fund Accounts
 - V.D. Recommendation for Bill Payment
- VI. Items From Patrons on Agenda Items
- VII. Old Business
 - VII.A. 2nd and Final Reading of Policies 1110, 1200, 3132, 4003, 4003a, 4003b, 4007 (Forms 2a, 3, 4, 5, 6, 7), 4025, 5002, 5401, 5401z, 6111, 6212, 6600, 8130.
 - VII.B. School Opening Plan for 2021-2022 School Year.
- VIII. New Business
 - VIII.A. Substitute Daily Rate of Pay
 - VIII.B. 1st Reading of Policy 1260- Animals at School
- IX. Items from Patrons on Items Not on Agenda
- X. Advance Planning
- XI. Adjourn

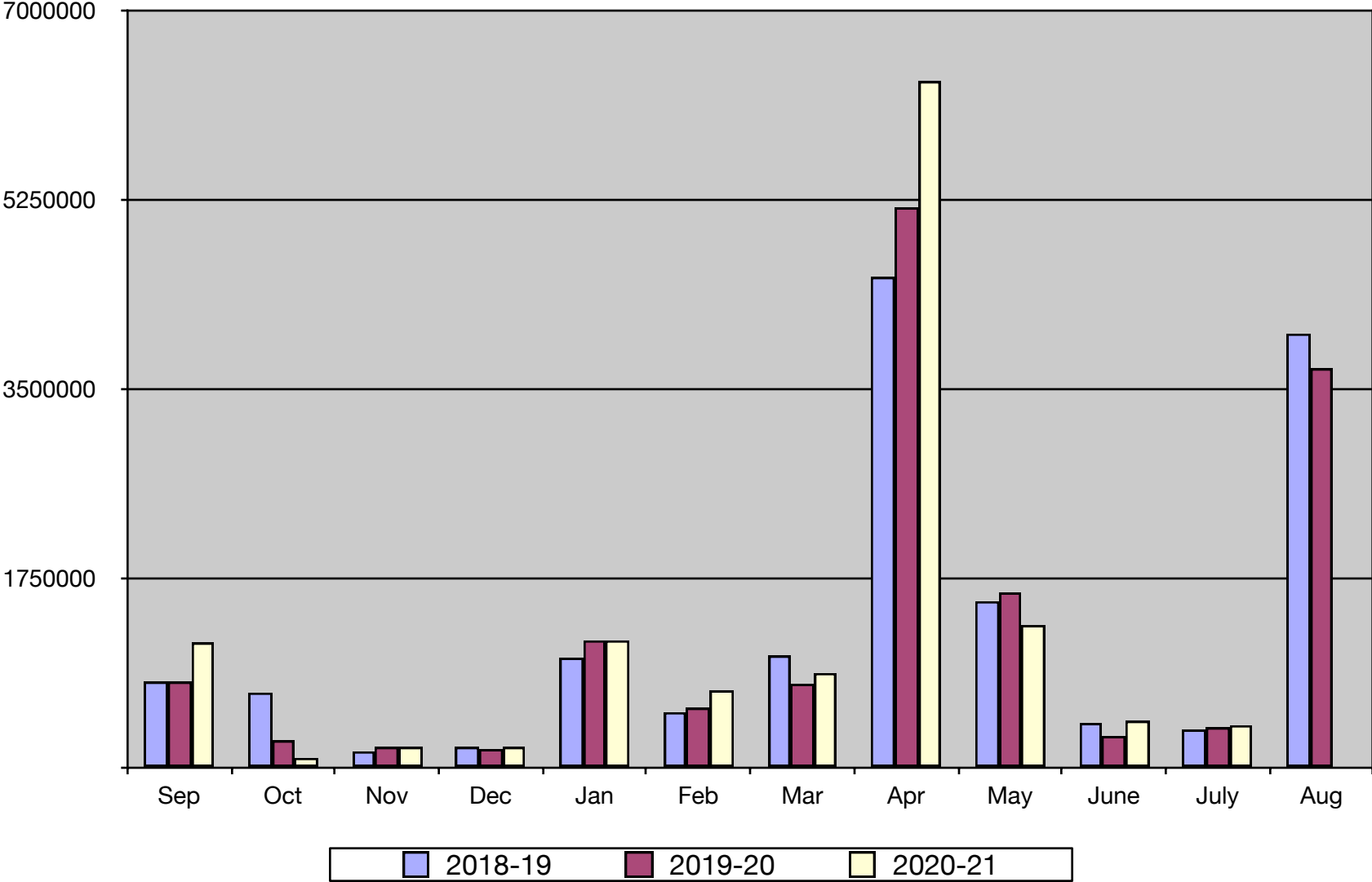
MONTHLY Summary Report- 2020-21

Fund	Budget 2020-21	Expenditures	Ending Balance	% spent
1100's-Instruction	\$9,040,727	\$7,798,987	\$ 1,241,740	86.27%
1150- Limited English	\$10,000	\$134	\$9,866	1.34%
1160- Poverty Programs	\$174,131	\$136,507	\$37,624	78.39%
1200's- SPED Instruction	\$1,545,122	\$1,431,092	\$114,030	92.62%
2120- Guidance Services	\$430,937	\$359,318	\$71,619	83.38%
2130- Health Services	\$218,702	\$194,723	\$23,979	89.04%
2140's- SPED Psychology/ Testing	\$137,747	\$115,656	\$22,091	83.96%
2151- SA Speech Services	\$262,064	\$222,377	\$39,687	84.86%
2152- Ages 3-5 Speech Services	\$94,089	\$45,493	\$48,596	48.35%
2153- Ages 0-2 Speech Services	\$56,224	\$44,588	\$11,636	79.30%
2161- School Aged OT Services	\$15,000	\$4,706	\$10,294	31.37%
2162- Ages 3-5 OT Services	\$15,000	\$6,331	\$8,669	42.21%
2163- Ages 0-2 OT Services	\$15,000	\$10,922	\$4,078	72.81%
2171- School Age PT Services	\$15,000	\$3,350		
2172- Ages 3-5 PT Services	\$15,000	\$1,005	\$13,995	6.70%
2173- Ages 0-2 PT Services	\$15,000	\$2,545	\$12,455	16.97%
2181- School Age Vision Services	\$15,000	\$9,508	\$5,492	63.39%
2190- Other Pupil Services	\$18,600	\$28,408	-\$9,808	152.73%
2210- Learning Improvement	\$257,305	\$267,014	-\$9,709	103.77%
2220- Libraries	\$280,317	\$243,849	\$36,468	86.99%
2310- Board of Education	\$35,000	\$40,404	-\$5,404	115.44%
2320- Executive Admin	\$342,230	\$339,436	\$2,794	99.18%
2330- Legal Services	\$25,000	\$14,357	\$10,643	57.43%
2410- Office of the Principal	\$1,060,854	\$1,032,301	\$28,553	97.31%
2510/20- Gen. Admin Business Services	\$579,450	\$483,204	\$96,246	83.39%
2560/80- Public Relations	\$109,556	\$104,872	\$4,684	95.72%
2610- Operation of Plant	\$1,003,210	\$863,512	\$139,698	86.07%
2620/30- Maintenance	\$435,965	\$507,772	-\$71,807	116.47%
2650- Vehicle Acquisition/ Maintenance	\$17,000	\$14,047	\$2,953	82.63%
2660/70- Security and Safety	\$74,500	\$72,721	\$1,779	97.61%
2720/90/91- Regular and LC Transportation	\$558,304	\$568,942	-\$10,638	101.91%
2712/92- SPED Transportation	\$283,000	\$133,653	\$149,347	47.23%
3135- High Ability	\$9,500	\$11,496	-\$1,996	121.01%
6200- Title I	\$66,551	\$90,232	-\$23,681	135.58%
6310- Title IIA	\$22,068	\$16,227	\$5,841	73.53%
6000- Title IV	\$10,000	\$0	\$10,000	0.00%
6406- IDEA Part B Pre-School	\$12,340	\$14,385	-\$2,045	116.57%
6408- IDEA Poverty Pre-School SPED	\$218,626	\$214,320	\$4,306	98.03%
6412- Non-public school funding	\$2,654	\$0	\$2,654	0.00%
6000- Summer School	\$40,809	\$22,713	\$18,096	55.66%
6996- ESSER COVID-19 Funding	\$51,571	\$75,171	-\$23,600	145.76%
7000- Short Term Borrowing	\$2,050,000	\$2,065,000	-\$15,000	100.73%
8000- Transfers	\$72,100	\$60,000	\$12,100	83.22%
Totals	\$19,711,253	\$17,671,278	\$2,039,975	89.65%
Spending Goal	\$ 19,100,000			92.52%

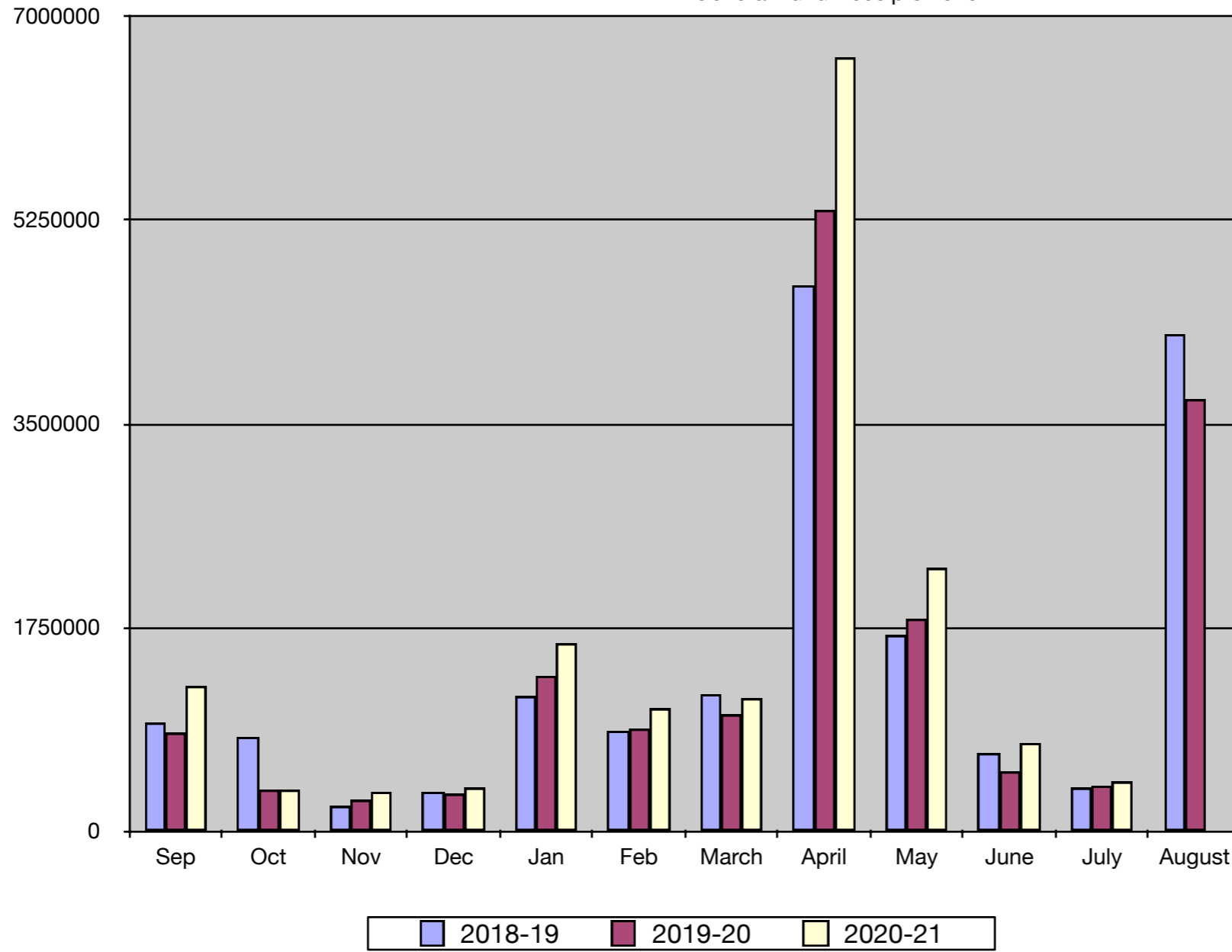
General Fund Balance 2020-21



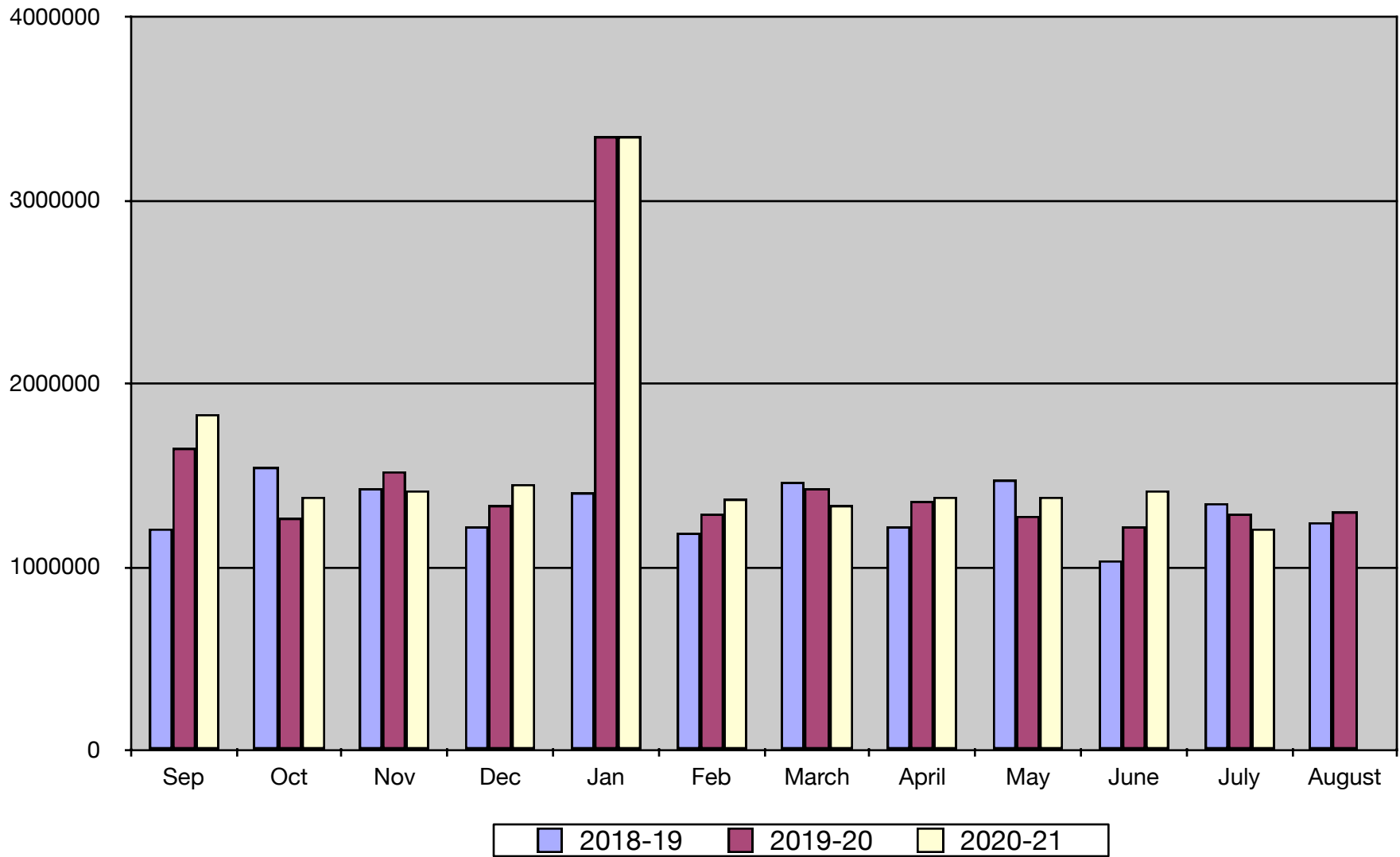
General Fund Tax Draws 2020-21



General Fund Receipts 2020-21



General Fund Expenses 2020-21





Finance Report August 2021

- Our cash balance for the General Fund is \$5,262,218.00. We should have plenty of cash to get through August where there will be another large tax draw. Cash reserves, with no tax note or short term borrowing from other funds, will be in the 40% range for cash reserves.
- Other funds are where they should be if you look at the cash comparisons report.
- Finalizing the 21-22 Budget this coming week. We will review it at our work session this month. Our tax hearing is scheduled for Sept. 13th. There is an anticipated drop in the tax levy.
- ESSER III Funds- Survey Results- Mental Health Support, Building Needs, and curriculum support were themes.

CASH COMPARISONS as of July, 2021

			2018-19	2019-20	2020-21
	April	General Fund	\$4,986,649.64	\$5,439,299.59	\$7,825,352.93
		Emp. Benefit Fund	\$ 174,887.17	\$ 175,138.59	\$ 175,247.30
		Building Fund	\$1,009,786.34	\$1,654,997.35	\$2,337,564.59
		School Lunch	\$ 149,290.96	\$ 164,730.51	\$ 231,067.98
		Bond Fund	\$ 256,354.46	\$ 266,371.63	\$ 400,167.97
		Depreciation Fund	\$ 37,537.91	\$ 72,626.86	\$ 72,670.27
		QCPUF	\$ 180,576.21	\$ 161,945.35	\$ 205,836.86
		April Total	\$6,795,082.69	\$7,935,109.88	\$11,247,907.90
	May	General Fund	\$5,189,232.22	\$5,814,162.64	\$8,690,026.76
		Emp. Benefit Fund	\$ 174,909.45	\$ 175,152.50	\$175,254.02
		Building Fund	\$1,400,583.44	\$1,909,071.50	\$2,647,644.26
		School Lunch	\$ 118,252.43	\$ 156,719.82	\$302,873.47
		Bond Fund	\$ 279,394.15	\$ 306,452.81	\$330,876.68
		Depreciation Fund	\$ 37,542.69	\$ 72,630.96	\$72,673.06
		QCPUF	\$ 193,165.44	\$ 177,624.81	\$251,034.58
		May Total	\$7,393,079.82	\$8,611,815.04	\$12,470,382.83
	June	General Fund	\$4,622,005.90	\$5,090,931.48	\$6,036,567.10
		Emp. Benefit Fund	\$ 174,929.58	\$ 175,167.86	\$ 175,261.94
		Building Fund	\$1,441,218.08	\$1,939,152.68	\$2,730,580.07
		School Lunch	\$ 130,648.09	\$ 156,392.80	\$ 255,203.70
		Bond Fund	\$ 286,406.80	\$ 300,676.84	\$ 384,471.73
		Bond Fund #2			\$6,293,031.72
		Depreciation Fund	\$ 37,547.01	\$ 72,637.33	\$ 72,676.35
		NPAIT			\$6,000,000.00
		QCPUF	\$ 199,700.64	\$ 168,297.22	\$217,478.14
		June Total	\$6,892,456.10	\$7,903,256.21	\$22,165,270.75
	July	General Fund	\$5,814,162.64	\$8,690,026.76	\$5,262,218.90
		Emp. Benefit Fund	\$ 175,152.50	\$175,254.02	\$175,269.14
		Building Fund	\$1,909,071.50	\$2,647,644.26	\$2,772,105.18
		School Lunch	\$ 156,719.82	\$302,873.47	\$281,993.46
		Bond Fund	\$ 306,452.81	\$330,876.68	\$404,701.27
		Bond Fund #2			\$4,518,752.24
		Depreciation Fund	\$ 72,630.96	\$72,673.06	\$72,679.34
		QCPUF	\$ 177,624.81	\$217,478.14	\$223,289.33
		July Total	\$8,611,815.04	\$12,436,826.39	\$13,711,008.86

Board of Education Regular Meeting

Monday, July 12, 2021 7:00 PM

The Policy Committee started at 6:00 p.m. Roseland, Wichman, Guenther, and Fisher were present. The first reading and discussion of multiple policy updates and new policies. The committee meeting adjourned at 6:30 p.m.

The Finance Committee started at 6:30 p.m. Swanson, Fisher, Guenther were present. Finance reports were reviewed by the committee. Discussion of the bills took place. The committee meeting adjourned at 6:50 p.m.

A meeting of the Board of Education of Springfield Platteview Community Schools in the County of Sarpy, in the State of Nebraska, was convened in open and public session at 7:00 p.m., Monday, July 12, 2021, at the District Board Office, Central Services Building. Present: Fisher, Osborn, Roseland, Wichman, Guenther, Swanson. Absent: None.

Notice of the meeting and committee meetings were given in advance thereof by posting in at least five public places as shown by the certificate of posting notice attached to these minutes. Notice of this meeting was simultaneously given to all members of the Board of Education, and a copy of their acknowledgment of receipt of notice and the agenda was communicated in the advance notice and in the notice to the Board of Education of this meeting. All proceedings hereafter shown were taken while the convened meeting was open to the attendance of the public. Statute 84-1407 to 84-1414 require that the Open Meetings Act be posted in the meeting room. President Roseland informed the board and the public that the Act is located on the west wall of the board room.

Action to approve the Consent Agenda as presented passed with a motion by Swanson and a second by Guenther. Vote: Yeas-Fisher, Guenther, Osborn, Rosland, Swanson, Wichman. Nays-None.

There were no items from patrons on agenda items.

Action to approve the elementary handbooks for 2021-2022 as presented. passed with a motion by Osborn and a second by Swanson. Vote: Yeas- Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays-None.

Action to approve the PCJH student handbook for the 2021-22 school year passed with a motion by Swanson and a second by Guenther. Vote: Yeas- Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays-None.

Action to approve the PHS student handbook for the 2021-22 school year passed with a motion by Swanson and a second by Wichman. Vote: Yeas- Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays-None

Action to approve Policy 5204 Grading System as presented passed with a motion by Guenther and a second by Wichman. Vote: Yeas-Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays-None.

Action to approve Second Reading of Policy 6300 as presented passed with a motion by Swanson and a second by Wichman. Vote: Yeas-Fisher, Guenther, Osborn, Roseland Swanson, Wichman. Nays-None.

There was no public comment and no changes to the Parent Involvement

The Board discussed the school district's Safe Return to In-Person Instruction and Continuity of Services Plan and ESSER III Funds.

The Board discussed the Temporary Construction Easement at Springfield

Elementary.

Dr. Saunders presented the Committee Report to the Board.

There were no items from patrons on items not on the agenda.

Board members reviewed their upcoming schedule of meetings, trainings, and conventions. Significant school calendar items were also discussed.

Action to adjourn the meeting at 8:26p.m. passed with a motion by Swanson and a second by Guenther. Vote: Yeas-Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays-None.

Board of Education Work Session
Monday, July 26, 2021 7:00 PM

A meeting of the Board of Education of Springfield Platteview Community Schools in the County of Sarpy, in the State of Nebraska, was convened in open and public session at 7:00 p.m., Monday, July 26, 2021, at the District Board Office, Central Services Building. Present: Fisher, Guenther, Osborn, Roseland, Wichman, Swanson. Absent: None.

Notice of the meeting was given in advance thereof by posting in at least five public places as shown by the certificate of posting notice attached to these minutes. Notice of this meeting was simultaneously given to all members of the Board of Education, and a copy of their acknowledgment of receipt of notice and the agenda was communicated in the advance notice and in the notice to the Board of Education of this meeting. All proceedings hereafter shown were taken while the convened meeting was open to the attendance of the public. Statute 84-1407 to 84-1414 require that the Open Meetings Act be posted in the meeting room. President Roseland informed the board and the public that the Act is located on the west wall of the board room.

District patron T. Schiebel addressed the Board regarding the pandemic plan and Board members thanked her for the comments.

The Board discussed the draft of the SPCS Pandemic Plan and construction update at PHS and Westmont Elementary.

Action to approve the adoption of the K-6 Social Studies Curriculum Materials as presented passed with a motion by Osborn and a second by Swanson. Vote: Yea, Fisher, Guenther, Osborn, Roseland, Swanson, Wichman. Nays: None

Board members reviewed their upcoming schedule of meetings, trainings, and conventions. Significant school calendar items were also discussed.

Meeting adjourned at 8:08pm. Motion by Swanson and a second by Fisher. Vote: Yeas: Fisher, Guenther, Osborn, Roseland, Wichman, Swanson. Nays: None.

SPRINGFIELD PLATTEVIEW COMMUNITY SCHOOLS

Treasurer's Report

For the month ended July 31, 2021

<u>General Fund Now Account</u>			
Bank Balance: Beginning of Reporting Period			\$ 397,092.94
Deposits:			
Springfield State Bank - Interest	\$ 23.43		
Transfer from Admin Revolving	\$ 0.00		
Transfers from Investment Account	\$ 1,211,377.76		
Transfers from Bond Fund	\$ 0.00		
Transfer from QCPUF	\$ 0.00		
Transfers from Lunch Fund Investment	\$ 4,032.49		
Transfers from Building #2 (Bond #2)	\$ 1,696,605.96		
Transfers from Building Fund Investment	\$ 1,150.00		
			\$ 2,913,189.64
			\$ 3,310,282.58
Disbursements			
			\$ 2,983,424.79
Bank Balance: End of Reporting Period			\$ 326,857.79
Outstanding Checks: End of Reporting Period			\$ 183,146.61
NOW Account Balance: End of Reporting Period			\$ 143,711.18
<u>General Fund Investment Account</u>			
Available Balance: Beginning of Reporting Period			\$ 5,911,905.97
Deposits:			
Springfield State Bank - Interest	\$ 234.36		
Sarpy County Treasurer - Local Taxes	\$ 238,873.49		
Sarpy- MVT	\$ 157,575.90		
State Aid	\$ 0.00		
SPED SA Reimb- State	\$ 0.00		
SPED Transportation Reimbursement	\$ 0.00		
Federal- IDEA SPED, Title, Perkins, HAL	\$ 0.00		
OPPD Tax	\$ 0.00		
County Fines/City Fees/ Liquor Licenses	\$ 1,408.24		
Summer School/ Preschool payments	\$ 125.00		
Refunds/ Reimbursements/ Payments	\$ 4,675.11		
iPad Fees and Insurance	\$ 1,875.00		
Other	\$ 10,214.76		
			\$ 414,981.86
			\$ 6,326,887.83
Disbursements			
Transfers to General Fund NOW	\$ 1,211,377.76		
Administrative Revolving	\$ 0.00		
Transfer to Depreciation	\$ 0.00		
Returned checks/ fees/ overpayment	\$ 0.00		
Bank and other Service Charges	\$ 160.25		
			\$ 1,211,538.01
Investment Account Balance: End of Reporting Period			\$ 5,115,349.82

<u>General Fund Administrative Revolving Account</u>		
Available Balance: Beginning of Reporting Period		\$ 3,973.80
Deposits:		
Transfers From General Fund Investment Acc't	\$ 0.00	
		\$ 0.00
		\$ 3,973.80
Disbursements		\$ 815.90
Bank Balance: End of Reporting Period		\$ 3,157.90
Outstanding Checks: End of Reporting Period		\$ 0.00
Admin. Revolving Account Balance: End of Reporting Period		\$ 3,157.90
General Fund Administrative Revolving Account		\$ 3,157.90
General Fund NOW Account		\$ 143,711.18
General Fund Investment Account		\$ 5,115,349.82
TOTAL GENERAL FUND BALANCE		\$ 5,262,218.90
<u>Employee Benefit Fund</u>		
Available Balance: Beginning of Reporting Period		\$ 175,261.94
Deposits:		
Springfield State Bank - Interest		\$ 7.20
Transfers From General Fund Investment Acc't		\$ 0.00
Bank Balance: End of Reporting Period		\$ 175,269.14
Certificate of Deposit		
Available Balance: End of Reporting Period		\$ 175,269.14
Disbursements		\$ 0.00
TOTAL EMPLOYEE BENEFIT BALANCE		\$ 175,269.14
<u>Special Building Fund #1 Account</u>		
Available Balance: Beginning of Reporting Period		\$ 2,730,580.07
Deposits:		
ERate Reimbursement for Fiber Project	\$ 0.00	
Springfield State Bank - Interest	\$ 113.47	
Sarpy County Treasurer - Local Taxes	\$ 42,561.64	\$ 42,675.11
		\$ 2,773,255.18
Disbursements	\$ 1,150.00	\$ 1,150.00
Available Balance: End of Reporting Period		\$ 2,772,105.18
TOTAL SPECIAL BUILDING FUND BALANCE		\$ 2,772,105.18
<u>School Lunch Investment Account</u>		
Available Balance: Beginning of Reporting Period		\$ 255,203.70
Deposits:		
Springfield State Bank - Interest	\$ 10.58	
Hot Lunches	\$ 245.05	
State/Federal Aid	\$ 30,238.62	

KidsCare Reimbursement/ Other	\$	348.00	\$	30,842.25
			\$	286,045.95
Disbursements				
Transfers to NOW	\$	4,032.49		
Transfer to Admin Revolving	\$	0.00		
Returned checks debit/fees	\$	20.00		
			\$	4,052.49
Available Balance: End of Reporting Period			\$	4,052.49
TOTAL SCHOOL LUNCH FUND BALANCE			\$	281,993.46
<u>Bond Fund #1 Investment Account</u>				
Available Balance: Beginning of Reporting Period			\$	384,471.73
Deposits:				
Springfield State Bank - Interest	\$	16.38		
Bond Interest Refund	\$	8,405.00		
Sarpy County Treasurer - Local Taxes	\$	11,808.16	\$	20,229.54
			\$	404,701.27
Disbursements			\$	0.00
Transfer to NOW			\$	0.00
Available Balance: End of Reporting Period			\$	404,701.27
TOTAL BOND FUND BALANCE			\$	404,701.27
<u>Building Fund #2 Investment Account (Series 2020 Bond)</u>				
Available Balance: Beginning of Reporting Period			\$	6,215,144.62
Deposits:				
Springfield State Bank - Interest	\$	213.58		
Bond Payments	\$	0.00	\$	213.58
			\$	6,215,358.20
Disbursements			\$	1,696,605.96
Transfer to NOW			\$	0.00
Available Balance: End of Reporting Period			\$	4,518,752.24
TOTAL BLDG. FUND #2 BALANCE (2020)			\$	4,518,752.24
<u>Depreciation Fund Account</u>				
Available Balance: Beginning of Reporting Period			\$	72,676.35
Deposits:				
Springfield State Bank - Interest	\$	2.99		
Transfers from General Fund	\$	0.00	\$	2.99
			\$	72,679.34
Disbursements				
Transfer to NOW	\$	0.00	\$	0.00
Available Balance: End of Reporting Period			\$	72,679.34

TOTAL DEPRECIATION FUND BALANCE			\$ 72,679.34
QCPUF Fund Account			
Available Balance: Beginning of Reporting Period			\$ 217,478.14
Deposits:			
Transfer from Bond Fund	\$ 0.00		
Springfield State Bank - Interest	\$ 9.11		
Local Real Estate Taxes	\$ 5,802.08		
			\$ 223,289.33
Disbursements			
Transfer to NOW	\$ 0.00		
			\$ 0.00
Available Balance: End of Reporting Period			\$ 223,289.33
TOTAL QCPUF FUND BALANCE			\$ 223,289.33



600 Main St.
Springfield, NE 68059-0325
(402) 253-2222

24 HOUR ACCESS 1-877-253-BANK
INTERNET BANKING www.springfieldstatebank.com

SPRINGFIELD PLATTEVIEW COMM
ADMINISTRATIVE REVOLVING ACCT
14801 S 108TH STREET
SPRINGFIELD NE 68059



Statement Date: 07/30/2021

Account No.: 4171468 Page: 1

REGULAR CHECKING ACCOUNT SUMMARY

Type: REG Status: Active

Category	Number	Amount
Balance Forward From 06/30/21		3,973.80
Debits	1	815.90
Ending Balance On 07/30/21		3,157.90
Average Balance (Collected)	3,565.85+	

Direct Inquiries About Electronic Entries To:
Phone: (402) 253-2222

STATEMENT PERIOD ACTIVITY

Date	Check/Description	Amount	Check/Description	Amount	Balance
07/16/21	5880	815.90			3,157.90

AVERAGE AND MINIMUM BALANCES

Average Ledger Balance :	3,565.85	Minimum Ledger Balance :	3,157.90
Average Collected Balance :	3,565.85	Minimum Collected Balance :	3,157.90
Average Available Balance :	3,565.85	Minimum Available Balance :	3,157.90

CHECKS AND OTHER DEBITS

* indicates a gap in the check numbers

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
07/16/21	5880	815.90						

OVERDRAFT FEE SUMMARY

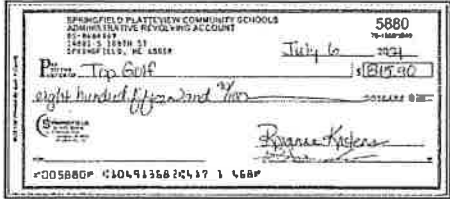
	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



SPRINGFIELD PLATTEVIEW COMM
 Account No. : 4171468
 Stmt. Date : 07/30/2021

Bank : 680
 Images : 1
 Page : 3

IMAGE STATEMENT



AMT: 815.90 SEQ: 80001290
 CK: 5880 DT: 07/16/21 ST: Paid



Springfield Platteview Community Schools

Bank Account Reconciliation Report (Bank Reconciliation)

Accounting Cycle: FY20-21; Bank: Springfield State Bank - ; Bank Account: 4171468 - Administrative Revolving (4); Statement Date: 07/30/2021;
 Include Unposted Transactions: No; Created On: 8/4/2021 10:30:54 AM

Last Reconciled	Beginning Balance	Statement Date	Ending Balance		
6/30/2021	\$3,973.80	07/30/2021	\$3,157.90		
Date	Source Document	Item Number	Description	Deposit	Withdrawal
7/6/2021	00055472	00055472	CHK #5880-TOP GOLF; Temp Transaction Number T0070246		\$815.90
Sub Total					\$815.90



600 Main St.
Springfield, NE 68059-0325

(402) 253-2222

24 HOUR ACCESS 1-877-253-BANK
INTERNET BANKING www.springfieldstatebank.com

SPRINGFIELD PLATTEVIEW COMM
STUDENT FEE ACCOUNT
14801 S 108TH ST
SPRINGFIELD NE 68059



Statement Date: 07/30/2021

Account No.: 4151129 Page: 1

REGULAR CHECKING ACCOUNT SUMMARY

Type : REG Status : Active

Category	Number	Amount
Balance Forward From 06/30/21		2,807.58
Debits		0.00
Ending Balance On 07/30/21		2,807.58
Average Balance (Collected)	2,807.58+	

Direct Inquiries About Electronic Entries To:
Phone: (402) 253-2222

AVERAGE AND MINIMUM BALANCES

Average Ledger Balance :	2,807.58	Minimum Ledger Balance :	2,807.58
Average Collected Balance :	2,807.58	Minimum Collected Balance :	2,807.58
Average Available Balance :	2,807.58	Minimum Available Balance :	2,807.58

OVERDRAFT FEE SUMMARY

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

This Statement Cycle Reflects 30 Days

FOR "A CYBERSECURITY GUIDE FOR CONSUMERS" GO TO
[HTTPS://WWW.FDIC.GOV/CONSUMERS/ASSISTANCE/PROTECTION/
BROCHURES/CYBERCUSTOMER.PDF](https://www.fdic.gov/consumers/assistance/protection/brochures/cybercustomer.pdf)

Bank Statement Reconciliation

Description

Adjustment Date

Adjustment Amount

Platteview High School

07/01/2021 through 07/31/2021

Checking

Bank Statement Reconciliation Summary

Statement Balance	\$ 193,338.68
- Outstanding checks	\$ 9,077.45
+ Outstanding Deposits	\$ 1,191.00
+ Outstanding Adjustments	\$ 0.00
- Outstanding Investment Transfers	\$ 0.00
Total	\$ 185,452.23
+ Investments	\$ 0.00
Book Balance	\$ 185,452.23



600 Main St.
Springfield, NE 68059-0325
(402) 253-2222

24 HOUR ACCESS 1-877-253-BANK
INTERNET BANKING www.springfieldstatebank.com

SPRINGFIELD PLATTEVIEW COMM
PLATTEVIEW ACTIVITY FUND
14801 S 108TH STREET
SPRINGFIELD NE 68059



Statement Date: 07/30/2021

Account No.: 104812 Page: 1

NOW CHECKING ACCOUNT SUMMARY

Type: **REG Status: Active

Category	Number	Amount
Balance Forward From 06/30/21		178,498.34
Deposits	5	33,495.06+
Debits	29	20,977.64
Automatic Withdrawals	1	40.75 ✓
Automatic Deposits	12	2,624.85+
Card Activity	3	268.09
Interest Added This Statement		6.91+
Ending Balance On 07/30/21		193,338.68
Annual Percentage Yield Earned	0.05%	
Interest Paid This Year	42.07	
Interest Paid Last Year	128.60	
Average Balance (Collected)	168,052.58+	

Direct Inquiries About Electronic Entries To:
Phone: (402) 253-2222

STATEMENT PERIOD ACTIVITY

Date	Check/Description	Amount	Check/Description	Amount	Balance
07/01/21	STRIPE TRANSFER			534.00+	179,032.34
07/01/21	49348	355.81			178,676.53
07/02/21	BANKCARD 1869 MTOT DISC			40.75	178,635.78
07/02/21	49352	1,561.80			177,073.98
07/06/21	49355	350.00			176,723.98
07/07/21	49368	700.00	49338	2,328.98	173,695.00
07/08/21	STRIPE TRANSFER			178.00+	173,873.00
07/08/21	MCD PUR USPS PO 3084150059 SPRINGFIELD NE			70.00	173,803.00
07/08/21	49370	43.65	49360	300.00	173,459.35
07/08/21	49357	369.63	49351	6,066.00	167,023.72
07/09/21	STRIPE TRANSFER			356.00+	167,379.72
07/09/21	49365	174.31	49362	182.04	167,023.37
07/09/21	49363	630.00	49371	1,047.50	165,345.87
07/12/21	49364	600.00			164,745.87
07/12/21	MCD CORR CR CANVA 03078-14519049 CAMDEN DE			119.40+	164,865.27
07/13/21	STRIPE TRANSFER			178.00+	165,043.27
07/13/21	49369	56.50	49372	546.00	164,440.77
07/14/21	49377	30.00	49367	49.87	164,360.90
07/14/21	49361	948.00			163,412.90

Continued

1/26/1

Adjustment Detail

Detail report. Sorted by Group ID; Filtered by Site.

From 07/01/2021 to 07/31/2021.

Group	Group Description					Amount
Activity ID	Activity Name	Site ID	Adj. Date	Description		
A Athletics						
100	Athletics	PHS	07/28/2021	MC chrg - CPR class cards	-\$ 72.80	
100	Athletics	PHS	07/31/2021	July Stripe Pymts: Adult activity tickets	\$ 1,429.00	
Group A Totals:					\$ 1,356.20	
B Activities						
280	Speech	PHS	07/30/2021	clear to 0 balances	\$ 8.07	
200	Activities	PHS	07/30/2021	clear to 0 balances	-\$ 178.58	
200	Activities	PHS	07/31/2021	July Stripe Pymts: Student activity tickets	\$ 1,073.00	
230	Color Guard	PHS	07/15/2021	CG tshirts deposit	\$ 218.00	
230	Color Guard	PHS	07/15/2021	Spring Conc. Payout to CG	\$ 452.10	
Group B Totals:					\$ 1,572.59	
C Classes						
340	Band	PHS	07/15/2021	CG tshirts deposit	-\$ 218.00	
340	Band	PHS	07/15/2021	Spring Conc. Payout to CG	-\$ 452.10	
Group C Totals:					-\$ 670.10	
D Clubs/Organizations						
425	Future Problem	PHS	07/30/2021	clear to 0 balances	\$ 74.51	
435	Lit Mag	PHS	07/30/2021	clear to 0 balances	\$ 96.00	
Group D Totals:					\$ 170.51	
F Fundraising						
625	Football	PHS	07/01/2021	Gatorade 9 Cases x \$21.21 per case	-\$ 190.89	
Group F Totals:					-\$ 190.89	
M Miscellaneous						
700	Alumni	PHS	07/30/2021	move balance to alumni	\$ 2,940.53	
750	Principal	PHS	07/31/2021	July Interest	\$ 6.91	
750	Principal	PHS	07/07/2021	MC chrg-postage-certified letters to parents	-\$ 70.00	
750	Principal	PHS	07/27/2021	MC chrg-Displays2go - sign holders for FB	-\$ 125.29	
750	Principal	PHS	07/12/2021	Refund from Canva - cancelled	\$ 119.40	
750	Principal	PHS	07/29/2021	Displays2go tax refund	\$ 3.45	
720	Concessions	PHS	07/01/2021	Gatorade 9 Cases x \$21.21 per case	\$ 190.89	
720	Concessions	PHS	07/02/2021	Shopkeep charge	-\$ 40.75	
Group M Totals:					\$ 3,025.14	
N Non-Active Accounts						
90014	Class of 2021	PHS	07/30/2021	move balance to alumni	-\$ 2,940.53	
Group N Totals:					-\$ 2,940.53	
Report Totals :					\$ 2,322.92	

Current Cash Balance

Sorted by Site ID, Group ID; Filtered by Site.
From 07/01/2021 to 07/31/2021.

Site ID Site Name
Group ID Group Name

			Beginning Cash	Receipts	Disbursements	Adjustments	Cash Balance
PHS	Platteview High School						
A	Athletics		10,503.23	17,859.85	474.18	1,356.20	29,245.10
B	Activities		13,068.06	4,375.10	8,424.75	1,572.59	10,591.00
C	Classes		47,023.69	1,168.50	1,285.46	-670.10	46,236.63
D	Clubs/Organizations		17,480.50	0.00	61.87	170.51	17,589.14
E	Education		6,263.67	2,781.76	0.00	0.00	9,045.43
F	Fundraising		42,536.43	7,172.40	5,322.32	-190.89	44,195.62
M	Miscellaneous		28,900.16	1,328.45	4,704.44	3,025.14	28,549.31
N	Non-Active Accounts		4,545.61	0.00	1,605.08	-2,940.53	0.00
	PHS	Totals:	170,321.35	34,686.06	21,878.10	2,322.92	185,452.23
		Report Totals:	170,321.35	34,686.06	21,878.10	2,322.92	185,452.23

Current Cash Balance

Sorted by Site ID, Group ID, Activity ID; Filtered by Site.
From 07/01/2021 to 07/31/2021.

Site ID Group ID	Site Name Group Name	Activity ID	Activity Name	Beginning Cash	Receipts	Disbursements	Adjustments	Cash Balance
PCJH	Platteview Central Jr High							
D	Clubs/Organizations							
		440	National Honor Society	246.34	0.00	0.00	0.00	246.34
		465	Student Council	351.23	0.00	0.00	0.00	351.23
		D Totals:		597.57	0.00	0.00	0.00	597.57
M	Miscellaneous							
		727	Destination Imagination	1,796.90	0.00	0.00	0.00	1,796.90
		745	Library	169.80	0.00	0.00	0.00	169.80
		750	Principal	4,112.66	0.00	0.00	0.46	4,113.12
		755	Parent Advisory Council	3,057.77	0.00	0.00	0.00	3,057.77
		765	Science In Motion	1,091.95	0.00	0.00	0.00	1,091.95
		M Totals:		10,229.08	0.00	0.00	0.46	10,229.54
		PCJH Activity Totals:		10,826.65	0.00	0.00	0.46	10,827.11

	Begin Balance	Transfers	Receipts	Disbursements	Adjustments	End Balance
PCJH Checking:			0.00	0.00		
PCJH Investment:						
PCJH Bank Balances:	10,826.65		0.00	0.00	0.46	10,827.11

Report Activity Totals:	10,826.65	0.00	0.00	0.46	10,827.11
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Daisy Johnson
8-2-21

Current Cash Balance

Sorted by Site ID, Group ID, Activity ID; Filtered by Site.
From 07/01/2021 to 07/31/2021.

Site ID Group ID	Site Name Group Name Activity ID Activity Name	Beginning Cash	Receipts	Disbursements	Adjustments	Cash Balance
WE	Westmont Elementary					
D	Clubs/Organizations					
	465 Student Council	67.36	0.00	0.00	0.00	67.36
	D Totals:	67.36	0.00	0.00	0.00	67.36
M	Miscellaneous					
	727 Destination Imagination	3,649.04	0.00	0.00	0.00	3,649.04
	745 Library	4,353.33	0.00	0.00	0.00	4,353.33
	750 Principal	3,159.79	0.00	0.00	0.00	3,159.79
	760 Pop	276.14	0.00	0.00	0.00	276.14
	M Totals:	11,438.30	0.00	0.00	0.00	11,438.30
	WE Activity Totals:	11,505.66	0.00	0.00	0.00	11,505.66

	Begin Balance	Transfers	Receipts	Disbursements	Adjustments	End Balance
WE Checking:			0.00	0.00		
WE Investment:						
WE Bank Balances:	11,505.66		0.00	0.00	0.00	11,505.66

Report Activity Totals:	11,505.66	0.00	0.00	0.00	11,505.66
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Melissa Nasty
8/3/2021

Current Cash Balance

Sorted by Site ID, Group ID, Activity ID; Filtered by Site.
From 07/01/2021 to 07/31/2021.

Site ID Group ID	Site Name Group Name Activity ID Activity Name	Beginning Cash	Receipts	Disbursements	Adjustments	Cash Balance
SE	Springfield Elementary					
D	Clubs/Organizations					
	465 Student Council	657.87	0.00	0.00	0.00	657.87
	D Totals:	657.87	0.00	0.00	0.00	657.87
M	Miscellaneous					
	727 Destination Imagination	5,088.93	0.00	0.00	0.00	5,088.93
	745 Library	1,683.22	0.00	0.00	0.00	1,683.22
	750 Principal	5,806.67	0.00	4,470.53	0.67	1,336.81
	760 Pop	164.50	0.00	0.00	0.00	164.50
	775 Walk-A-Thon	4,011.16	0.00	3,079.00	0.00	932.16
	M Totals:	16,754.48	0.00	7,549.53	0.67	9,205.62
	SE Activity Totals:	17,412.35	0.00	7,549.53	0.67	9,863.49

	Begin Balance	Transfers:	Receipts	Disbursements	Adjustments	End Balance
SE Checking:			0.00	7,549.53		
SE Investment:						
SE Bank Balances:	17,412.35		0.00	7,549.53	0.67	9,863.49

Report Activity Totals:	17,412.35	0.00	7,549.53	0.67	9,863.49
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Bank Statement Reconciliation

Description

Adjustment Date

Adjustment Amount

Springfield Elementary

07/01/2021 through 07/31/2021

Checking

Bank Statement Reconciliation Summary

Statement Balance	\$ 12,942.49
- Outstanding checks	\$ 3,079.00
+ Outstanding Deposits	\$ 0.00
+ Outstanding Adjustments	\$ 0.00
- Outstanding Investment Transfers	\$ 0.00
Total	\$ 9,863.49
+ Investments	\$ 0.00
Book Balance	\$ 9,863.49

Karla Joy Henega 8/2/2021



600 Main St.
Springfield, NE 68059-0325
(402) 253-2222

24 HOUR ACCESS 1-877-253-BANK
INTERNET BANKING www.springfieldstatebank.com

SPRINGFIELD PLATTEVIEW COMM
PLATTEVIEW EARLY EDUCATION CEN
ACTIVITY FUND
14801 S 108TH STREET
SPRINGFIELD NE 68059



Statement Date: 07/30/2021

Account No.: 3491217 Page: 1

REGULAR CHECKING ACCOUNT SUMMARY

Type : REG Status : Active

Category	Number	Amount
Balance Forward From 06/30/21		1,557.50
Debits		0.00
Ending Balance On 07/30/21		1,557.50
Average Balance (Collected)	1,557.50+	

Direct Inquiries About Electronic Entries To:
Phone: (402) 253-2222

AVERAGE AND MINIMUM BALANCES

Average Ledger Balance :	1,557.50	Minimum Ledger Balance :	1,557.50
Average Collected Balance :	1,557.50	Minimum Collected Balance :	1,557.50
Average Available Balance :	1,557.50	Minimum Available Balance :	1,557.50

OVERDRAFT FEE SUMMARY

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

This Statement Cycle Reflects 30 Days

FOR "A CYBERSECURITY GUIDE FOR CONSUMERS" GO TO
[HTTPS://WWW.FDIC.GOV/CONSUMERS/ASSISTANCE/PROTECTION/
BROCHURES/CYBERCUSTOMER.PDF](https://www.fdic.gov/consumers/assistance/protection/brochures/cybercustomer.pdf)



600 Main St.
Springfield, NE 68059-0325
(402) 253-2222

24 HOUR ACCESS 1-877-253-BANK
INTERNET BANKING www.springfieldstatebank.com

Statement Date: 07/30/2021

Account No.: 3491217 Page: 2

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Springfield Platteview Community Schools

Bills for Approval August 9, 2021

Payee	Account Code	Reason	Amount
5-Minute Kids	01-2-02151-610-002-11	5-MINUTE KIDS MANUAL	\$32.00
5-Minute Kids	01-2-02151-610-002-11	5-MINUTE VOCALIC R	\$24.00
5-Minute Kids	01-2-02151-610-002-11	COMPLETE SET-THERAPY BOOKS	\$111.00
AMAZON	01-2-01100-610-002-11	90 PCs Carpet Markers-Beles	\$15.99
AMAZON	01-2-01100-610-002-11	Folding Geometric Shapes-Moritz	\$23.98
AMAZON	01-2-01100-610-002-11	Newton's Cradle-Moritz	\$69.00
AMAZON	01-2-01100-610-004-12	25 morning meeting book-WE	\$459.50
AMAZON	01-2-01100-610-004-12	80 Morning Meeting Ideas-9 WE	\$184.80
AMAZON	01-2-01100-610-004-12	Adjustable Laptop Stands-WE	\$39.98
AMAZON	01-2-01100-610-004-12	S/H	\$31.92
AMAZON	01-2-01100-610-004-12	Superflex...A Superhero Social Thinking Curriculum-WE	\$76.00
AMAZON	01-2-01100-610-004-12	Zones of Regulation	\$518.00
AMAZON	01-2-01100-610-005-21	1600 Pipe cleaners-T. Thomas	\$21.99
AMAZON	01-2-01100-610-005-21	4 pack Copper Foil Tape-T. Thomas	\$21.96
AMAZON	01-2-01100-610-005-21	8 oz White disposable coffee foam cups-T. Thomas	\$15.98
AMAZON	01-2-01100-610-005-21	Avery Labels-D. Gray	\$27.07
AMAZON	01-2-01100-610-005-21	Creative Teaching Grammar Minutes 6th Gr Activity Workbook-D. Gray	\$17.99
AMAZON	01-2-01100-610-005-21	Dixie Cups-T. Thomas (PC)	\$11.09
AMAZON	01-2-01100-610-005-21	Lithium Button Battery-T. Thomas	\$19.99
AMAZON	01-2-01100-610-005-21	Magazine File Holder (12 pack)-D. Gray	\$17.89
AMAZON	01-2-01100-610-005-21	Tongue Depressors-T. Thomas	\$11.99
AMAZON	01-2-01100-610-005-21	U.S. Presidents Poster-Soneson	\$28.39
AMAZON	01-2-01100-610-005-21	Wall Globe Decal- D. Gray	\$24.98
AMAZON	01-2-01100-640-002-11	Lost and Found: Helping Behaviorally Challenging Students	\$776.30
AMAZON	01-2-01100-650-000-01	USB C Female to USB Male Adaptor	\$22.97
AMAZON	01-2-01200-610-005-21	24pcs Kids Mochi Squishy Toy Stress Reliever-L. Michelle	\$10.99
AMAZON	01-2-01200-610-005-21	3 Ring Binders (4)-L. Michelle	\$17.99
AMAZON	01-2-01200-610-005-21	64 Ct Crayons (2)-L. Michelle	\$11.48
AMAZON	01-2-01200-610-005-21	Colored Pencils-L. Michelle	\$6.23
AMAZON	01-2-01200-610-005-21	Crayola Fine Line Markers-L. Michelle	\$13.49
AMAZON	01-2-01200-610-005-21	Elmer's Extra Strength Glue Sticks-L. Michelle	\$9.90
AMAZON	01-2-01200-610-005-21	Expandable Breathing Ball Toy Sphere Stress Reliever Toy-L. Michelle	\$10.76
AMAZON	01-2-01200-610-005-21	Self Adhesive Dots/Glue Coins Tapes-L. Michelle	\$7.49
AMAZON	01-2-01200-610-005-21	Visual Timer-L. Michelle	\$18.99
AMAZON	01-2-01200-610-005-21	Weighted Lap Dog-L. Michelle	\$31.94
AMAZON	01-2-01200-610-005-21	Wood Clipboard-L. Michelle	\$8.90
AMAZON	01-2-02210-610-000-01	How Teachers Can Turn Data into Action-H. Zierott	\$46.31
AMAZON	01-2-02320-610-000-01	office desk chair-L.Richards	\$109.99
AMAZON	01-2-02410-610-001-22	HP color LaserJet Pro M454dn-PHS Office	\$428.90
AMAZON	01-2-02410-610-001-22	ViewSonic VA2759-SMH 27 in (2) PHS Office	\$378.26
AMAZON	01-2-02560-610-000-01	STM Dux, Ultra-protective Case-N. Baugh	\$59.95
B & D PITSTOP	01-2-02650-626-000-01	DIESEL	\$18.52
B & D PITSTOP	01-2-02650-626-000-01	FUEL GRAY TRUCK	\$138.60
B & D PITSTOP	01-2-02650-626-000-01	FUEL-CAR	\$20.00
B & D PITSTOP	01-2-02650-626-000-01	FUEL-STUDENT VAN	\$63.10
B & D PITSTOP	01-2-02650-626-000-01	FUEL-WHITE MAINT	\$159.40

Bestco Services	01-2-02630-350-000-01	Re-Stripe North Parking Lot	\$4,535.00
Bestco Services	01-2-02630-350-000-01	Re-Stripe/Stencil Drive Lane Markings Handicap Symbols/Access Ailses	\$5,990.00
Capital Business Systems, Inc. - Printer Lease	01-2-02510-443-000-01	COPIER LEASE	\$1,823.62
Capital Business Systems, Inc. - Printer Lease	01-2-02510-443-000-01	COPIER USAGE	\$5,491.72
Carreon, Anna C	01-2-01100-610-000-01	Math Club LC Grant	\$103.34
Case, Jacki	01-2-02510-531-000-01	Certified Mailings - PHS	\$35.00
CENTURY LINK	01-2-02510-530-000-01	Long Distance	\$98.53
CENTURY LINK	01-2-02510-530-000-01	TELEPHONE SERVICES	\$300.82
CHILDREN SUCCEED THERAPY, LLC	01-2-01291-610-000-10	My First School Book-45 My First book Set-15	\$421.69
CHILDREN SUCCEED THERAPY, LLC	01-2-02161-340-000-01	OT - Grades >5	\$33.50
CHILDREN SUCCEED THERAPY, LLC	01-2-02162-340-000-01	OT - Grade 3-5	\$134.00
CHILDREN SUCCEED THERAPY, LLC	01-2-02163-340-000-01	OT - Grade 0-2	\$536.00
CHILDREN SUCCEED THERAPY, LLC	01-2-02172-340-000-01	PT - Grade 3-5	\$234.50
Chuck Johnson Services	01-2-02620-420-000-01	Water Operator - Aug 2021	\$450.00
City Of Springfield	01-2-02610-410-002-11	Water/Sewer - SE	\$93.20
CMC Neptune	01-2-02410-643-001-22	Level #1-Neptune GameTime/One Station	\$1,800.00
CMC Neptune	01-2-02410-643-001-22	Neptune GameTime Initial Setup Fee	\$375.00
Construction Containers & Excavating, Inc.	01-2-02620-420-001-22	PHS - Construction Container 16 Yrd s/o	\$500.00
COX BUSINESS	01-2-02510-530-000-01	Telephone - PHS/PC - Jul 2021	\$604.02
CrisisGO	01-2-02410-643-001-22	CrisisGo Renewal & Roster	\$2,405.00
Culligan Us Filter	01-2-02410-340-001-22	PHS - Water Cooler Rental	\$13.00
Culligan Us Filter	01-2-02510-890-000-01	DO - Water Cooler Rental	\$29.00
Dietze Music House	01-2-01100-340-001-22	Band Instrument Repair - PHS	\$36.95
Educational Service Unit No. 10 (Cozad Center)	01-2-01200-610-002-11	Symbol Stix (Hobbs/Valach)	\$245.10
Educational Service Unit No. 10 (Cozad Center)	01-2-01200-610-005-21	Symbol Stix-L. Michelle	\$122.55
Educational Service Unit No. 10 (Cozad Center)	01-2-01200-610-005-21	News-2-You (Sloupe)	\$189.70
Educational Service Unit No. 10 (Cozad Center)	01-2-02151-610-002-11	Symbol Stix-McKay	\$122.55
Educational Service Unit No. 10 (Cozad Center)	01-2-02152-610-000-01	Symbol Stix-Wilson	\$122.55
Egan Supply Company	01-2-02620-610-004-12	DISP SJ TEAR N DRY BLK FOR ELECTRONIC ROLL TOWEL	\$795.54
Egan Supply Company	01-2-02620-610-004-12	S/H	\$4.00
Falch, Kelly A	01-2-01100-610-001-22	MINORITY REPORT MOVIE	\$14.99
Falch, Kelly A	01-2-01100-610-001-22	ROSENCRANTZ AND GULDENSTERN ARE DEAD MOVIE	\$12.99
Falch, Kelly A	01-2-01100-610-001-22	THE GREAT GATSBY MOVIE	\$14.99
Follett School Solutions, Inc.	01-2-02220-640-002-11	QUOTE #10530706	\$976.40
Grainger	01-2-02620-610-001-22	Supplies - PHS	\$107.07
Grainger	01-2-02620-610-004-12	DANGER SIGN	\$10.76
Grainger	01-2-02620-610-004-12	DANGER SIGN-WE CONSTRUCTION	\$11.13
Grainger	01-2-02620-610-004-12	REFLECTIVE FIRE RISER SIGN	\$15.60
Great Lake Sports	01-2-01100-610-002-11	.22 caliber crimps (blanks)	\$25.99
Great Lake Sports	01-2-01100-610-002-11	10" 125 gram Competition Flying Discs Set of 6	\$13.99
Great Lake Sports	01-2-01100-610-002-11	11" 175 gram Competition Flying Discs Set of 6	\$16.99
Great Lake Sports	01-2-01100-610-002-11	Shipping	\$75.35
Great Lake Sports	01-2-01100-610-002-11	Tachikara Official Volleyball	\$119.94
Great Lake Sports	01-2-01100-610-002-11	Junior Voit Soccer Ball	\$95.94
Great Lake Sports	01-2-01100-610-002-11	Mikasa Intermediate size 4 soccer ball	\$59.94
Great Lake Sports	01-2-01100-610-002-11	Mikasa Official size 5 soccer ball	\$65.94
Great Lake Sports	01-2-01100-610-002-11	One tone electronic whistle	\$18.99
Great Lake Sports	01-2-01100-610-002-11	Plastic bowling set with 5 lb. 3 finger rubber ball	\$99.99
Great Lake Sports	01-2-01100-610-002-11	Robic Stop watch timer (yellow)	\$53.98
Great Lake Sports	01-2-01100-610-002-11	12" Balloons package of 50	\$6.50
Great Lake Sports	01-2-01100-610-002-11	2" kickoff tee	\$6.50
Great Lake Sports	01-2-01100-610-002-11	2.5 lbs. rubber bowling ball	\$32.50

Great Lake Sports	01-2-01100-610-002-11	9" 95 gram Competition Flying Discs Set of 6	\$11.99
Great Lake Sports	01-2-01100-610-002-11	Field Marking Paint (White) 12 cans in a case	\$131.98
Great Lake Sports	01-2-01100-610-002-11	1" wide black gym floor tape, 60 yards	\$21.25
Great Plains Pest Services, Inc.	01-2-02620-420-000-01	Pest Control	\$150.00
Harris School Solutions	01-2-02510-643-000-01	APTAFUND 4.1-EXTENSION (6/1/21-11/30/21)	\$7,000.00
Heinemann	01-2-01100-640-000-01	Fountas/Benchmark 1 Gr K-2 3E	\$850.00
Heinemann	01-2-01100-640-000-01	Fountas/Benchmark 2 Gr 3-8 3E	\$850.00
Heinemann	01-2-01100-640-000-01	Shipping	\$170.00
Henry Schein Inc.	01-2-02130-610-001-22	TRUEPLUS GLUCOSE FRUIT PUNCH GEL	\$53.67
Henry Schein Inc.	01-2-02130-610-001-22	ADHESIVE SPRAY QDA 8OZ	\$30.57
Henry Schein Inc.	01-2-02130-610-001-22	ADULT PAD, DEFIBRILLATOR	\$70.59
Henry Schein Inc.	01-2-02130-610-001-22	BANDAGE 3" STRETCH ELASTIC CLIP CLOSURE	\$17.99
Henry Schein Inc.	01-2-02130-610-001-22	BANDAGE FABRIC COVERLET KNUCKLE	\$27.98
Henry Schein Inc.	01-2-02130-610-001-22	BANDAGE HYDROGEL 2ND SKIN 3"	\$35.89
Henry Schein Inc.	01-2-02130-610-001-22	BANDAGE PLASTIC STAT STRIP 4X3"	\$15.98
Henry Schein Inc.	01-2-02130-610-001-22	STETHESCOPE CLINICIAN HS ADULT 22"	\$6.99
Henry Schein Inc.	01-2-02130-610-001-22	STRAP STRETCHING 72" GREEN	\$45.58
Henry Schein Inc.	01-2-02130-610-001-22	THERAGUN MINI-MASSAGER	\$398.00
Henry Schein Inc.	01-2-02130-610-001-22	TIGER BALM RED EXTRA STRENGTH	\$6.99
Henry Schein Inc.	01-2-02130-610-001-22	TOOTHSAYER EMT SMART PRACTICE	\$18.69
Henry Schein Inc.	01-2-02130-610-001-22	TRIPLE ANTIBIOTIC OINTMENT PACKETS	\$11.30
Henry Schein Inc.	01-2-02130-610-001-22	PADDING CAST CLOSED CELL FOAM 1/2" THICK	\$30.49
Henry Schein Inc.	01-2-02130-610-001-22	SCISSORS 5.5 LISTER BANDAGE	\$32.45
Henry Schein Inc.	01-2-02130-610-001-22	SCRUB SURGICAL BETADINE	\$7.79
Henry Schein Inc.	01-2-02130-610-001-22	SPHYGMOMANOMETER ANEROID HS ADULT ARM	\$26.99
Henry Schein Inc.	01-2-02130-610-001-22	SPLINT EMT FLEX ALL 36"	\$15.38
Henry Schein Inc.	01-2-02130-610-001-22	SPRAY TAPING TUF SKIN	\$7.09
Henry Schein Inc.	01-2-02130-610-001-22	BANDAGE PRO STRIPS MESH 4X8"	\$17.99
Henry Schein Inc.	01-2-02130-610-001-22	BIOFREEZE COLORLESS ROLL ON	\$27.58
Henry Schein Inc.	01-2-02130-610-001-22	CLLIPPER FINGERNAIL DAWN MIST	\$2.79
Henry Schein Inc.	01-2-02130-610-001-22	HYDROGEN PEROXIDE SPRAY	\$44.90
Henry Schein Inc.	01-2-02130-610-001-22	LEADWIRE ELECTROTHERAPY	\$87.30
Henry Schein Inc.	01-2-02130-610-001-22	PAD HEEL AND LACE FOAM	\$26.19
Hillyard / Des Moines	01-2-02620-610-000-01	CLEAN ACTION II	\$102.88
Hillyard / Des Moines	01-2-02620-610-000-01	Shipping	\$40.00
Hillyard / Des Moines	01-2-02620-610-000-01	SPRAY CLEAN HD	\$266.88
Hisek, JoAnn M	01-2-01300-610-002-11	Enhancement Supplies - SE	\$237.41
Home Depot/GECF	01-2-02620-610-004-12	Maintenance Supplies (G. Gentile)	\$109.65
Hopp, Andrew S	01-2-01100-890-001-22	Math Department Luncheon (A. Hopp)	\$98.43
Houghton Mifflin	01-2-01100-640-002-11	JOURNEYS STUDENT EDITION GR 4	\$271.80
Houghton Mifflin	01-2-01100-640-002-11	JOURNEYS WRITE IN READERS	\$276.85
Houghton Mifflin	01-2-01100-640-002-11	Shipping	\$57.61
Houghton Mifflin	01-2-01100-640-004-12	JOURNEYS STUDENT EDITION GR 4	\$271.80
Houghton Mifflin	01-2-01100-640-004-12	JOURNEYS TEXTBOOKS	\$6,934.15
Houghton Mifflin	01-2-01100-640-004-12	Shipping	\$756.63
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-000-01	READ 180 Universal Stage B Blended Learning Handbook	\$475.00
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-000-01	Shipping	\$49.88
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-002-11	Shipping	\$1.36
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-004-12	2017 Journeys Teacher Edition Set Gr 2	\$304.65
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-004-12	Math Expressions Materials and Manipulatives Kit Gr 2	\$415.85
Houghton Mifflin Harcourt School Publishers	01-2-01100-640-004-12	Shipping	\$74.29
Howies Athletic Tape	01-2-02130-610-001-22	Pre Wrap 2.75" x 30 yd - Blue	\$42.50
Howies Athletic Tape	01-2-02130-610-001-22	Shipping	\$59.43
Howies Athletic Tape	01-2-02130-610-001-22	Athletic Tape - 1" x 15yd	\$55.00

Howies Athletic Tape	01-2-02130-610-001-22	Athletic Tape- 1.5"x15yd	\$660.00
Howies Athletic Tape	01-2-02130-610-001-22	Cloth Finger Tape .5" x10yd - White	\$66.00
Howies Athletic Tape	01-2-02130-610-001-22	Howies Ice Bag 10" x 18" - 1 MIL - 1600 bags/roll	\$65.00
Howies Athletic Tape	01-2-02130-610-001-22	Plastic Wrap 4" x 700ft Clear w Handle	\$54.00
HyVee Food & Drug Store	01-2-02210-610-000-01	PROF DEVELOPMENT MEETING (6/15/2021)	\$45.45
HyVee Food & Drug Store	01-2-02310-890-000-01	FLOWERS 6/15/2021	\$66.65
Ingram, Jane M	01-2-01300-610-002-11	Summer School Enrichment Supplies - SE	\$189.61
J.F. Ahern Co.	01-2-02620-350-005-21	Sprinkler Modification - PC	\$427.00
J.F. Ahern Co.	01-2-02630-350-005-21	Investigate issues w/ underground water supply	\$437.00
JODI KOHL	01-2-02560-340-000-01	PR Services - Jul 2021	\$1,328.70
Jones School Supply Co., Inc.	01-2-01100-610-004-12	Field Day Supplies - WE	\$189.00
JOURNEYED.COM, INC.	01-2-01100-643-000-01	Adobe K-12 License - PHS	\$500.00
JULIE FJELL DESIGNS	01-2-02410-890-005-21	Murals	\$1,450.00
KSB School Law, PC LLO	01-2-01200-810-000-01	EMAILS WITH SPED DIRECTOR	\$320.00
KSB School Law, PC LLO	01-2-02510-810-000-01	EMAILS WITH BUS MGR RE HOLIDAY QUESTION	\$56.00
Lakeshore Learning Materials	01-2-01100-610-002-11	17" Ball Seat-Green	\$119.94
Lakeshore Learning Materials	01-2-01100-610-002-11	Lakeshore Magnetic Teaching Clock	\$39.98
Lakeshore Learning Materials	01-2-01100-610-002-11	Set of 10 Write and Wipe Student Clocks (Michel)	\$38.97
Lakeshore Learning Materials	01-2-01100-610-002-11	Shipping	\$6.99
Lakeshore Learning Materials	01-2-01100-610-002-11	Under Construction Poster Pack	\$16.99
Learning A-Z	01-2-01100-643-004-12	Raz-Kids.com 4 classrooms-1 yr subscription	\$472.00
LEARNING FORWARD NE	01-2-02210-810-000-01	MEMBERSHIP RENEWAL-H. ZIEROTT	\$25.00
LEARNING WITHOUT TEARS	01-2-01100-640-000-01	LETTERS AND NUMBERS	\$862.50
LEARNING WITHOUT TEARS	01-2-01100-640-000-01	PRINTING POWER	\$46.00
LEARNING WITHOUT TEARS	01-2-01100-640-000-01	PRINTING POWER TEACHER GUIDE	\$35.90
LEARNING WITHOUT TEARS	01-2-01100-640-000-01	Shipping	\$94.44
Mahoney, Jeremy R	01-2-02580-610-000-01	CALENDLY SUBSCRIPTION REIMB	\$95.00
Mark's Plumbing Parts	01-2-02620-610-001-22	ELKAY EZH20 2 PIECE FOUNTAIN (BOTTLE FILLER)	\$1,609.22
Mark's Plumbing Parts	01-2-02620-610-001-22	ZURN ELECTRONICS MODULE-PHS SINK	\$356.03
Metropolitan Utilities Dist	01-2-02610-621-000-01	Natural Gas - DO	\$234.00
Metropolitan Utilities Dist	01-2-02610-621-000-03	Natural Gas - Storage Bldg	\$173.00
Metropolitan Utilities Dist	01-2-02610-621-001-22	Natural Gas - PHS	\$2,395.00
Metropolitan Utilities Dist	01-2-02610-621-002-11	Natural Gas - SE	\$358.00
Metropolitan Utilities Dist	01-2-02610-621-005-21	Natural Gas - PC	\$146.00
MIDWEST ALARM SERVICES	01-2-02670-350-004-12	WE-SERVICE CALL	\$280.00
NE Public Health Enviromental Laboratory	01-2-02620-420-000-01	Water Testing (1 Cloriform)	\$15.00
NE School Psychologist Assoc.	01-2-02141-810-000-01	Membership Renewal (S. Dill)	\$50.00
OMAHA PAVING COMPANY	01-2-02620-350-002-11	Parking Lot Overlay - SE	\$9,519.00
Omaha Public Power District	01-2-02610-621-000-02	Electricity - DO	\$708.56
Omaha Public Power District	01-2-02610-621-001-22	Electricity - PHS	\$14,088.51
Omaha Public Power District	01-2-02610-621-002-11	Electricity - SE	\$3,316.51
Omaha Public Power District	01-2-02610-621-004-12	Electricity - WE	\$3,962.42
ORKIN	01-2-02620-350-001-22	STANDARD SEMI-MONTHLY PEST CONTROL	\$218.00
Papillion Sanitation	01-2-02620-420-000-01	Trash Removal - DO	\$43.11
Papillion Sanitation	01-2-02620-420-001-22	Trash Removal - PHS	\$180.35
Papillion Sanitation	01-2-02620-420-002-11	Trash Removal - SE	\$190.52
Papillion Sanitation	01-2-02620-420-004-12	Trash Removal - WE	\$190.52
Papillion Sanitation	01-2-02620-420-005-21	Trash Removal - PC	\$180.35
PAR	01-2-02141-610-000-01	BRIEF 2 TEACHER FORMS (25)	\$93.00
PAR	01-2-02141-610-000-01	BRIEF 2 TEACHER SCORING SUMMARY/PROFILE FORMS (25)	\$40.00
PAR	01-2-02141-610-000-01	Shipping	\$10.64
PAR	01-2-02142-610-000-01	BRIEF-P INTRODUCTORY KIT	\$260.00
PAR	01-2-02142-610-000-01	Shipping	\$20.80

Pearson Assessments	01-2-02141-610-000-01	AUTISM SPECTRUM RATING SCALES KIT (ASRS)	\$495.00
Pearson Assessments	01-2-02141-610-000-01	Shipping	\$28.44
Pearson Assessments	01-2-02141-610-000-01	SSIS RATING SCALES-COMPUTER ENTRY FORMS TEACHER	\$73.75
Penske Truck Leasing Co.,L.P.	01-2-02620-340-000-01	Van Rental	\$225.50
PHS Activity Account	01-2-02510-531-000-01	Certified Mailings - PHS	\$70.00
Physicians Mutual	01-2-02510-610-000-01	Business Cards-Administration	\$75.00
Pitsco Education, LLC	01-2-01100-610-005-21	Shipping	\$6.00
Pitsco Education, LLC	01-2-01100-610-005-21	Straw Rocket Class Pack	\$56.00
POWER DISTRIBUTORS, LLC	01-2-01100-610-001-22	SUPPLIES	\$10.98
Prime Communications, Inc.	01-2-01100-320-000-01	WINDSX SOFTWARE KEY MONITORING FAILURE	\$115.00
Prime Communications, Inc.	01-2-02660-340-000-01	WESTMONT-TEMPORARY CAMERA SET-UP (VANDALISM)	\$1,320.00
Quill Corp	01-2-02410-610-001-22	Ink Cartridges - PHS	\$73.78
Quill Corp	01-2-02510-610-000-01	Xstmp (D. Mann)	\$26.19
Rainbow Glass And Supply	01-2-02620-420-001-22	labor to install and adjust doors	\$200.00
Rainbow Glass And Supply	01-2-02620-420-001-22	Labor to pull vinyl, correct cap bead and seal lg windows	\$200.00
Rainbow Glass And Supply	01-2-02620-420-001-22	Mill finish vinyl door sweeps-Weight Room	\$140.00
Rainbow Glass And Supply	01-2-02620-420-001-22	Sealant	\$60.00
Really Good Stuff,LLC	01-2-01100-610-004-12	Classroom Supplies (J. Jordening)	\$267.09
Rediker Software	01-2-02410-643-001-22	Subscription: Teacher Evaluator - PHS	\$550.00
Renaissance Learning	01-2-01100-610-005-21	ACCELERATED READER-3 YR SUB	\$7,952.81
Rosser Lawn Care, Inc.	01-2-02630-350-000-01	Lawn Services - Springfield Lot	\$150.00
Rosser Lawn Care, Inc.	01-2-02630-350-001-22	Lawn Services - PHS	\$2,860.00
Rosser Lawn Care, Inc.	01-2-02630-350-002-11	Lawn Services - SE	\$800.00
Rosser Lawn Care, Inc.	01-2-02630-350-004-12	Lawn Services - WE	\$920.00
Sarpy Co Chamber Of Comm	01-2-02560-810-000-01	2021 Member Directory & Chamber Guide Ad	\$375.00
Sarpy Co Chamber Of Comm	01-2-02560-890-000-01	ENHANCED DIRECTORY LISTING	\$299.00
Sarpy County Treasurer's Offi	01-2-02660-340-000-01	SRO Grant Jul-Sep 2021	\$12,827.45
Satellite Shelters, Inc.	01-2-02620-442-000-01	Portable Classroom Rental - SE	\$1,168.00
School Nurse Supply, Inc.	01-2-02130-610-000-01	Nursing Supplies - PHS	\$210.06
Sherwin-Williams Co. (The)	01-2-02620-610-000-01	Paint Supplies	\$769.15
SHRED-IT, USA	01-2-01100-890-005-21	Shredding Services	\$71.13
SHRED-IT, USA	01-2-02410-890-001-22	Shredding Services	\$142.26
Sorinex Exercise Equipment	01-2-01100-610-001-22	Safety Squat Bar w/Handles on Yoke	\$2,450.00
Sorinex Exercise Equipment	01-2-01100-610-001-22	Shipping	\$977.06
SPRINGFIELD ACE	01-2-02620-610-000-01	Coupler Lock	\$44.97
SPRINGFIELD ACE	01-2-02620-610-000-01	Power Grab HD Adhesive & Plug (D. Mann)	\$20.57
Student Transportation of America	01-2-02790-510-000-01	Fuel Escalator	\$20.59
Student Transportation of America	01-2-02790-510-000-01	Student Transportation - Activities	\$629.77
Student Transportation of America	01-2-02792-510-000-01	Summer School-SPED	\$4,871.10
Teacher Synergy, LLC	01-2-01100-610-005-21	ELA Daily Review 8th Grade Bundle Distance Learning Google Apps	\$40.00
Teacher Synergy, LLC	01-2-01100-610-005-21	Greek and Latin Roots Vocabulary, Sketch Notes Activities Distance Learning	\$9.99
Teacher Synergy, LLC	01-2-01200-610-005-21	8th Grade 8-Pre-Algebra Math Word Wall	\$8.50
Teacher Synergy, LLC	01-2-01200-610-005-21	Processing Fee	\$2.99
Union Bank & Trust Company	01-2-02510-810-000-01	ANNUAL ADMIN FEE (12/1/20-6/30/21 @ \$500/12*7MOS)	\$291.67
Union Bank & Trust Company	01-2-02510-810-000-01	WIRE TRANSFER FEE (2 @ \$12)	\$24.00
Unite Private Networks, LLC	01-2-01100-382-000-01	EWAN	\$3,542.42
Verizon Wireless	01-2-02510-530-000-01	Cellular Phones	\$281.98
Verizon Wireless	01-2-06996-530-000-01	Mobile Hotspots	\$165.22
Voyager Sopris Learning	01-2-01100-640-000-01	Shipping	\$43.90
Voyager Sopris Learning	01-2-01100-640-000-01	Step Up to Writing, Grades K-2 Classroom Kit, 4th ed (w teacher online resources)	\$439.00

Western Trailer Leasing, Inc.	01-2-02610-340-004-12	TRAILER RENTAL	\$200.00
Windstream	01-2-02510-530-000-01	Phone Service	\$441.31
ZIMCO	01-2-02630-610-000-01	Alligare Ecomazapry Salt Imazapry	\$97.00
ZIMCO	01-2-02630-610-000-01	Roundup Quick Pro	\$20.00
		SUBTOTAL	\$148,339.02

LUNCH ACCOUNT

Payee	Account Code	Reason	Amount
OPAA! FOOD MGT. OF NE, LLC.	06-2-03100-570-000-23	COMMODITY CREDIT	(\$906.21)
OPAA! FOOD MGT. OF NE, LLC.	06-2-03100-570-000-23	SUMMER BREAKFASTS	\$10,567.61
OPAA! FOOD MGT. OF NE, LLC.	06-2-03100-570-000-23	SUMMER LUNCHES	\$12,235.46
Wordware Incorporated	06-2-03100-610-000-23	Annual License Renewal-3 Users	\$3,977.60
		SUBTOTAL	\$25,874.46

BUILDING #2

Payee	Account Code	Reason	Amount
A.P.M. ARCHITECTURE, INC.	08-2-04300-340-000-02	Project 19036-SE A/E services	\$8,348.96
BOYD JONES CONSTRUCTION, CO.	08-2-04500-450-000-02	SE-BOND CONSTRUCTION	\$1,162,974.50
BOYD JONES CONSTRUCTION, CO.	08-2-04500-450-000-02	WE-BOND CONSTRUCTION SERVICES	\$637,736.94
Olsson	08-2-04500-450-000-02	SE SPECIAL INSPECTIONS/MATERIALS TESTING	\$4,784.75
Olsson	08-2-04500-450-000-02	WE PHASE II SPECIAL INSPECTIONS	\$1,550.50
		SUBTOTAL	\$1,815,395.65

BUILDING #1

Hayes Mechanical, LLC	08-2-02620-450-000-01	A/C UNIT ON WEST CONDENSER COIL-SE	\$3,226.63
Lamp, Rynearson & Associates, Inc.	08-2-02610-340-000-01	PROJECT 0119070.01-EROSION CONTROL MONITORING	\$154.67
Olsson	08-2-04700-450-000-01	Ventilation Design - #021-01663	\$575.00
Sustainable Supply	08-2-02620-733-000-01	MONSAM STAINLESS STEEL TOP DEEP SINGLE-BASIN 10" PORTABLE SINK	\$1,957.33
Sustainable Supply	08-2-02620-733-000-01	SHIPPING	\$200.00
		SUBTOTAL	\$6,113.63

ADMIN REVOLVING TRANSFER

Top Golf	01-2-02320-890-000-01	Administration Team Meeting	\$815.90
		SUBTOTAL	\$815.90
		TOTAL EXPENDITURES	\$1,996,538.66



P.O. BOX 1507, GRAND ISLAND, NE 68802-1507

Address Service Requested



ACCOUNT:
DOCUMENTS:

XXXXXX7773
0

PAGE: 1
07/30/2021



5429 1 AB 0.428 21



SARPY COUNTY SCHOOL DIST 0046
14801 S 108TH ST
SPRINGFIELD, NE 68059-4925

To best protect your account(s) from potential fraud, Five Points Bank has added daily transaction limits to your debit card(s). Debit cards will allow 15 point-of-sale transactions and 8 ATM withdrawals per day.

Business Checking ACCOUNT XXXXXX7773

AVG AVAILABLE BALANCE	21,642.42	LAST STATEMENT 06/30/21	21,642.42
AVERAGE BALANCE	21,642.42	CREDITS	.00
		DEBITS	.00
		THIS STATEMENT 07/30/21	21,642.42
- END OF STATEMENT -			

1-5PTS-DDAs-03 210731
001-001-005429 000203666

Community RelationsBulletin Boards, Display Case, and Posted Material

School bulletin boards, display cases, and posting areas are for the purposes of conveying information about school activities and programs to students, staff, and the visiting public as deemed appropriate by the respective principals; however, building principals may use their discretion on posting or displaying non-school related information which is not political or commercial in nature. No information, poster or other display may be posted on any school bulletin board, display case or other areas without the prior permission of the building principal. The building principal shall have the final determination as to whether any posting is political and/or commercial in nature, and there shall be no appeal process if the principal denies a request to post or display non-school related information.

Legal Reference: Neb. Rev. Stat. Sec. 79-526 Board Authority for Supervision and Control

Date of Adoption: [Insert Date]

Community RelationsPersonnel - All Employees and StudentsAnti-discriminationA. **Elimination of Discrimination.**

The policy of Springfield Platteview Community Schools is to not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, in admission or access to, or treatment with regard to employment or with regard to its programs and activities.

Springfield Platteview Community Schools and its staff shall comply with all state and federal laws prohibiting discrimination. The Board of Springfield Platteview Community Schools intends to take any necessary measures to assure compliance with such laws against any prohibited form of discrimination and directs its staff to take all actions necessary to meet this objective.

The Superintendent shall be the Coordinator for anti-discrimination laws (including Title VI, Title IX; the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the Rehabilitation Act of 1973 (Section 504)) and complaints or concerns involving discrimination or compliance with those laws should be addressed to said Coordinator.

B. **Preventing Harassment and Discrimination of Employees and Students.**

1. **Purpose:** Springfield Platteview Community Schools is committed to offering employment and educational opportunity to its employees and students based on ability and performance in a climate free of discrimination. Accordingly, unlawful discrimination or harassment of any kind by administrators, teachers, co-workers or other persons is prohibited. In addition, Springfield Platteview Community Schools will try to protect employees or students from reported discrimination or harassment by non-employees or others in the work place and educational environment.

For purposes of this policy, discrimination or harassment based on a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, is prohibited. The following are general definitions of what might constitute prohibited harassment.

- a. In general, ethnic or racial slurs or other verbal or physical conduct relating to a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, constitutes harassment when they unreasonably interfere with the person's work performance or create an intimidating work, instructional or educational environment.
- b. Age harassment has been defined by federal regulations as a form of age discrimination. It can consist of demeaning jokes, insults or intimidation based on a person's age.
- c. Sexual harassment has been defined by federal and state regulations as a form of sex discrimination. It can consist of unwelcome sexual advances, requests for sexual favors, or physical or verbal conduct of a sexual nature by supervisors or others in the work place, classroom or educational environment.

Sexual harassment may exist when:

- (a) Supervisors or managers make submission to such conduct either an explicit or implicit term and condition of employment (including hiring, compensation, promotion, or retention);
- (b) Submission to or rejection of such conduct is used by supervisors or managers as a basis for employment related decisions such as promotion, performance evaluation, pay adjustment, discipline, work assignment, etc.
- (c) The conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance or creating an intimidating, hostile, or offensive working, class room or educational environment.

Sexual harassment may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing", "practical jokes", jokes about gender-specific traits, foul or obscene language or gestures, displays of foul or obscene printed or visual material, and physical contact, such as patting, pinching or brushing against another's body.

2. **Procedures:**

- a. Employees or students should initially report all instances of discrimination or harassment to their immediate supervisor or teacher.

However, if the employee or student is uncomfortable in presenting the problem to the supervisor or teacher, or if the supervisor or teacher is the problem, the employee or student is encouraged to go to the next level of supervision.

- b. If the report is not satisfactorily resolved within ten calendar days, or if the discrimination or harassment continues, please report your complaint to the Superintendent of [Name] Public Schools.
- c. If a satisfactory arrangement cannot be obtained through the Superintendent, the complaint may be processed to the Board of Education.
- d. The person to whom the complaint is made is to thoroughly investigate the complaint and work with the person filing the complaint to seek an appropriate resolution so the discrimination or harassment can be remedied and put to an end.
- e. Complaints of discrimination or harassment will be treated with the utmost confidence, consistent with resolution of the problem.
- f. Based on the results of the investigation, appropriate corrective action, up to and including discharge of offending employees, etc., may be taken.
- g. Under no circumstances will a supervisor or a teacher or the Board threaten or retaliate against a person for alleging discrimination or harassment.

Legal Reference: Title VI, 42 U.S.C. Sec. 2000d, Title VII, 42 U.S.C. Sec. 2000e, Title IX; 20 U.S.C. Sec. 1681, and the Nebraska Fair Employment Practices Act, Neb. Rev. Stat. Sec. 48-1101 et seq.
Age Discrimination in Employment Act (ADEA), the Older Workers

Benefit Protection Act (OWBPA), 29 U.S.C. Sec. 621 et seq., and the Nebraska Age Discrimination in Employment Act, Neb. Rev. Stat. Sec. 48-1001 et seq.;

Americans with Disabilities Act (ADA), 42 U.S.C. Sec. 12101 et seq.

Section 504 of the Rehabilitation Act of 1973 (Section 504)

Pregnancy Discrimination Act, 42 U.S.C. Sec. 2000e(k)

Uniform Service Employment and Reemployment Rights Act (USERRA),
38 U.S.C. Sec. 4301 et seq.

Neb. Rev. Stat. Sec. 79-2,115, et seq

Date of Adoption: 8/9/2021

Business OperationsInternal Controls

The District will develop and maintain internal control procedures as required by law and in accordance with sound fiscal monitoring practices that will ensure appropriate oversight of state and federal funds. The following internal control procedures will be utilized for all federal grants:

Management requirements: The District will manage equipment (including replacement equipment), whether acquired in whole or in part under a federal award, until the District disposes of such equipment. The District will, as a minimum, meet the following requirements:

- 1) Maintain property records of the equipment (including equipment description, serial number or other identification number, source of funding, acquisition date, and the like);
- 2) Maintain a physical inventory procedure, with an inventory occurring at a minimum of every two years;
- 3) Implement a Control System procedure;
- 4) Continue to develop and implement adequate maintenance procedures for the equipment;
- 5) Continue to develop and implement sales procedures for the equipment; and
- 6) Continue to develop and implement disposition procedure for the equipment.

Legal Reference: 2 C.F.R. §§ 200.313 & 200.33.

Procurement: The District will use its own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that the procurements conform to applicable Federal law and the requirement standards imposed by law, including:

- 1) A procedure for micro-purchases (Under \$10,000);
- 2) A procedure for small purchases (between \$10,000 to \$250,000);
- 3) A procedure for sealed bids;
- 4) A procedure for competitive proposals; and
- 5) A procedure for noncompetitive bids.

Legal Reference: 2 C.F.R. §§ 200.317 through 200.326.

Cross-Reference: Policies 3130 & 3131.

Record Retention: Financial records, supporting documents, statistical records, and all other related records pertinent to a federal award will be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the federal awarding agency or pass-through entity in the case of a sub-recipient.

For all other records, the District will retain such records for the length of time as required by law.

Legal Reference: 2 C.F.R. § 200.333.

Suspension and Debarment: The District will not contract with any entity or individual who has been debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities. Before entering into a contract regarding a federal award, the District will verify that a vendor has not been debarred, suspended or otherwise excluded, and the District will maintain a copy of said verification.

Legal Reference: 2 C.F.R. § 200.213.

Financial Management: The District will maintain financial management systems to account for the federal funds, including records documenting compliance with federal statutes, regulations, and the terms and conditions of the federal award. These records will be sufficient to permit the District to prepare reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and the terms and conditions of the Federal award. The financial management system will provide for the following:

- 1) Identifying all of the federal awards received and expended and the federal programs under which they were received;
- 2) Ensuring that accurate, current, and complete disclosure of the financial results of each federal award or program are maintained in accordance with reporting requirements;
- 3) Identifying adequately the source and application of funds for federally-funded activities;
- 4) Ensuring effective controls over and accountability for all funds, property, and other assets;
- 5) Comparing actual expenditures with budget amounts for each federal award;
- 6) Ensuring payments of federal funds are made in accordance with applicable law, including 2 CFR § 200.305; and
- 7) Determining the allowability of costs in accordance with applicable law and the conditions of the federal award.

Legal Reference: 2 C.F.R. § 200.302.

Program Income: The District will consult with the federal awarding agency and refer to the applicable law and federal program terms and conditions to determine how to account for, deduct and otherwise handle income from federal programs.

Legal Reference: 2 C.F.R. § 200.307.

Cost Sharing or Matching: For all federal awards, any shared costs or matching funds and all contributions, including cash and third party in-kind contributions, must be accepted as part of the District's cost sharing or matching, when such contributions meet all of the following criteria:

- 1) Are verifiable from the District's records;
- 2) Are not included as contributions for any other Federal award;
- 3) Are necessary and reasonable for accomplishment of project or program objectives;
- 4) Are allowable under the applicable Cost Principles requirements;
- 5) Are not paid by the Federal Government under another Federal award, except where the federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs;
- 6) Are provided for in the approved budget when required by the federal awarding agency; and
- 7) Conform to other provisions of the law or terms and conditions of the federal award, as applicable.

Legal Reference: 2 C.F.R. § 200.306.

Compensation: Compensation for personal services includes all remuneration for services of employees rendered during the period of performance under the federal award, including, but not limited to wages, salaries, and fringe benefits. Costs of compensation may be allowable under federal law and the federal grant to the extent that they satisfy the following requirements:

- 1) Is reasonable for the services rendered; and
- 2) Conforms to the established written expectations of the District, as applied consistently to both Federal and non-Federal activities.

If the District intends to charge compensation to federal awards, such charges will be based on records that accurately reflect the work performed, and will:

- 1) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- 2) Be incorporated into the official records of the District;

- 3) Reasonably reflect the total activity for which the employee is compensated by the District, not exceeding 100% of compensated activities;
- 4) Encompass both federally-assisted and all other activities compensated by the District on an integrated basis, but may include the use of subsidiary records as defined in the District's written procedures;
- 5) Comply with the established accounting policies and practices of the District; and
- 6) Differentiate and account for the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.

Budget estimates will generally not be used to support charges to Federal awards but may be used for interim accounting purposes.

Legal Reference: 2 C.F.R. §§ 200.430 & 200.431.

Unexpected or Extraordinary Circumstances: For all federal awards, if the District does not currently have in place a sufficient policy that addresses extraordinary circumstances, such as those caused by COVID-19, the District may amend or create a policy at a later date in order to put emergency contingencies in place for federal and non-federal similarly situated employees. If the conditions exist for charges to be made to the federal grant, then charges may also be made to any non-federal sources that are used by the District in order to meet a matching requirement. The District will take other steps to comply with federal award requirements in the event of unexpected or extraordinary circumstances.

Legal Reference: 2 C.F.R. §§ 200, et seq.

Date of Adoption: [Insert Date]

Personnel - All Employees (& Students)Anti-discrimination, Anti-harassment, and Anti-retaliation**A. Elimination of Discrimination.**

The Springfield Platteview Community Schools hereby gives this statement of compliance and intends to comply with all state and federal laws prohibiting discrimination. This school district intends to take any necessary measures to assure compliance with such laws against any prohibited form of discrimination.

The Springfield Platteview Community Schools does not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Reasonable accommodations will be provided to employees with disabilities and to those who are pregnant, have given birth, or have a related medical condition, as required by law. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Students: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Employees and Others: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Complaints or concerns involving discrimination or needs for accommodation or access should be addressed to the appropriate Coordinator. For further information about anti-discrimination laws and regulations, or to file a complaint of discrimination with the Office of Civil Rights in the U.S. Department of Education (OCR), please contact the OCR at One Petticoat Lane, 1010 Walnut Street, 3rd Floor, Suite 320, Kansas City, Missouri 64106, (816) 268-0550 (voice), Fax (816) 268-0599, (800) 877-8339 (telecommunications device for the deaf), or ocr.kansascity@ed.gov.

B. Prohibited Harassment, Discrimination, and Retaliation of Employees, Students and Others.**1. Purpose:**

The Springfield Platteview Community Schools is committed to offering employment and educational opportunities to its employees and students in a climate free of discrimination. Accordingly, unlawful discrimination, harassment or retaliation of any kind by District employees, including, co-workers, non-employees (such as volunteers), third parties, and others is strictly prohibited and will not be tolerated.

Harassment is a form of discrimination and includes verbal, non-verbal, written, graphic, or physical conduct relating to a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, that is sufficiently serious to deny, interfere with, or limit a person's ability to participate in or benefit from an educational or work program or activity, including, but not limited to:

- a. Conduct that is sufficiently severe or pervasive to create an intimidating, hostile, or abusive educational or work environment, or
- b. Requiring an individual to endure the offensive conduct as a condition of continued employment or educational programs or activities, including the receipt of aids, benefits, and services.

Educational programs and activities include all academic, educational, extracurricular, athletic, and other programs of the school, whether those programs take place in a school's facilities, on a school bus, at a class or training program sponsored by the school at another location, or elsewhere.

Discriminatory harassment because of a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, may include, but is not limited to:

- a. Name-calling,
- b. Teasing or taunting,
- c. Insults, slurs, or derogatory names or remarks,
- d. Demeaning jokes,
- e. Inappropriate gestures,
- f. Graffiti or inappropriate written or electronic material,
- g. Visual displays, such as cartoons, posters, or electronic images,
- h. Threats or intimidating or hostile conduct,
- i. Physical acts of aggression, assault, or violence, or
- j. Criminal offenses

The following examples are additional or more specific examples of conduct that may constitute sexual harassment:

- a. Unwelcome sexual advances or propositions,
- b. Requests or pressure for sexual favors,
- c. Comments about an individual's body, sexual activity, or sexual attractiveness,

- d. Physical contact or touching of a sexual nature, including touching intimate body parts and inappropriate patting, pinching, rubbing, or brushing against another's body,
- e. Physical sexual acts of aggression, assault, or violence, including criminal offenses (such as rape, sexual assault or battery, and sexually motivated stalking), against a person's will or where a person is incapable of giving consent due to the victim's age, intellectual disability, or use of drugs or alcohol,
- f. Requiring sexual favors or contact in exchange for aids, benefits, or services, such as grades, awards, privileges, promotions, etc., or
- g. Gender-based harassment; acts of verbal, nonverbal, written, graphic, or physical conduct based on sex or sex-stereotyping, but not involving conduct of a sexual nature.

If the District knows or reasonably should know about possible harassment, including violence, the District will conduct a prompt, adequate, reliable, thorough, and impartial investigation to determine whether unlawful harassment occurred (see section entitled "Grievance Procedures," below), and take appropriate interim measures, if necessary. If the District determines that unlawful harassment occurred, the District will take prompt and effective action to eliminate the harassment, prevent its recurrence, and remedy its effects, if appropriate. If harassment or violence that occurs off school property creates a hostile environment at school, the District will follow this policy and grievance procedure, within the scope of its authority.

All District employees are expected to take prompt and appropriate actions to report and prevent discrimination, harassment, and retaliation by others. Employees who witness or become aware of possible discrimination, including harassment and retaliation, must immediately report the conduct to his or her supervisor or the compliance coordinator designated to handle complaints of discrimination (designated compliance coordinator).

2. Anti-retaliation:

The District prohibits retaliation, intimidation, threats, coercion, or discrimination against any person for opposing discrimination, including harassment, or for participating in the District's discrimination complaint process or making a complaint, testifying, assisting, or participating in any manner, in an investigation, proceeding, or hearing. Retaliation is a form of discrimination.

The District will take immediate steps to stop retaliation and prevent its recurrence against the alleged victim and any person associated with the alleged victim. These steps will include, but are not limited to, notifying students, employees, and others, that they are protected from retaliation, ensuring that they know how to report future complaints, and initiating follow-up contact with the complainant to determine if any additional acts of discrimination, harassment, or retaliation have occurred. If retaliation occurs, the

District will take prompt and strong responsive action, including possible discipline, including expulsion or termination, if applicable.

3. Grievance (or Complaint) Procedures:

Employees or students should initially report all instances of discrimination, harassment or retaliation to their immediate supervisor or teacher or to the compliance coordinator designated to handle complaints of discrimination. If the employee or student is uncomfortable in presenting the problem to the supervisor or teacher, or if the supervisor or teacher is the problem, the employee or student may report the alleged discrimination, harassment or retaliation to the designated coordinator, or in the case of students, to another staff person (such as a counselor or principal).

Other individuals may report alleged discrimination to the designated coordinator. If the designated coordinator is the person alleged to have committed the discriminatory act, then the complaint should be submitted to the Superintendent for assignment. A discrimination complaint form is attached to this grievance procedure and is available in the office of each District building, on the District's website, and from the designated coordinators.

Under no circumstances will a person filing a complaint or grievance involving discrimination be retaliated against for filing the complaint or grievance.

i. *Level 1 (Investigation and Findings):*

Once the District receives a grievance, complaint or report alleging discrimination, harassment, or retaliation, or becomes aware of possible discriminatory conduct, the District will conduct a prompt, adequate, reliable, thorough, and impartial investigation to determine whether unlawful harassment occurred. If necessary, the District will take immediate, interim action or measures to protect the alleged victim and prevent further potential discrimination, harassment, or retaliation during the pending investigation. The alleged victim will be notified of his or her options to avoid contact with the alleged harasser, such as changing a class or prohibiting the alleged harasser from having any contact with the alleged victim pending the result of the District's investigation. The District will minimize any burden on the alleged victim when taking interim measures to protect the alleged victim.

The District will promptly investigate all complaints of discrimination, even if an outside entity or law enforcement agency is investigating a complaint involving the same facts and allegations. The District will not wait for the conclusion or outcome of a criminal investigation or proceeding to begin an investigation required by this grievance procedure. If the allegation(s) involve possible criminal conduct, the District will notify the complainant of his or her right to file a criminal complaint, and District employees will not dissuade the complainant from filing a criminal complaint either during or after the District's investigation.

The District will aim to complete its investigation within **ten (10) working days** after receiving a complaint or report, unless extenuating circumstances exist. Extenuating circumstances may include the unavailability of witnesses due to illness or incapacitation, or additional time needed because of the complexity of the investigation, the need for outside experts to evaluate the evidence (such as forensic evidence), or multiple complainants or victims. If extenuating circumstances exist, the extended timeframe to complete the investigation will **not exceed ten (10) additional working days without the consent of the complainant, unless the alleged victim agrees to a longer timeline.** Periodic status updates will be given to the parties, when appropriate.

The District's investigation will include, but is not limited to:

- a. Providing the parties with the opportunity to present witnesses and provide evidence.
- b. An evaluation of all relevant information and documentation relating to the alleged discriminatory conduct.
- c. For allegations involving harassment, some of the factors the District will consider include: 1) the nature of the conduct and whether the conduct was unwelcome, 2) the surrounding circumstances, expectations, and relationships, 3) the degree to which the conduct affected one or more students' education, 4) the type, frequency, and duration of the conduct, 5) the identity of and relationship between the alleged harasser and the suspect or suspects of the harassment, 6) the number of individuals involved, 7) the age (and sex, if applicable) of the alleged harasser and the alleged victim(s) of the harassment, 8) the location of the incidents and the context in which they occurred, 9) the totality of the circumstances, and 10) other relevant evidence.
- d. A review of the evidence using a "preponderance of the evidence" standard (based on the evidence, is it more likely than not that discrimination, harassment, or retaliation occurred?)

The designated compliance coordinator (or designated investigator) will complete an investigative report, which will include:

- a. A summary of the facts,
- b. Findings regarding whether discrimination, harassment or other inappropriate conduct occurred, and
- c. If a finding is made that discrimination, harassment or other inappropriate conduct occurred, the recommended remedy or remedies necessary to eliminate such discrimination, harassment or other inappropriate conduct.

If someone other than the designated compliance coordinator conducted the investigation, the compliance coordinator will review, approve, and sign the investigative report. The District will ensure that prompt, appropriate, and effective remedies are provided if a

finding of discrimination, harassment, or retaliation is made. The District will maintain relevant documentation obtained during the investigation and documentation supportive of the findings and any subsequent determinations, including the investigative report, witness statements, interview summaries, and any transcripts or audio recordings, pertaining to the investigative and appeal proceedings.

The District will send concurrently to the parties written notification of the decision (findings and any remedy) regarding the complaint within **one (1) working day** after the investigation is completed. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Sec. 11232g; 34 C.F.R. Part 99, permits the District to disclose relevant information to a student who was discriminated against or harassed.

ii. Level 2 (Appeal to the Superintendent):

If a party is not satisfied with the findings or remedies (or both) set forth in the decision, he or she may file an appeal in writing with the Superintendent within **five (5) working days** after receiving the decision. The Superintendent will review the appeal and the investigative documentation and decision, conduct additional investigation, if necessary, and issue a written determination about the appeal **within ten (10) working days** after receiving the appeal. The party who filed the appeal will be sent the Superintendent's determination at the time it is issued, and a copy will be sent to the designated compliance coordinator. [If the Superintendent is the subject of the complaint, the party will file the appeal directly with the Board.]

iii. Level 3 (Appeal to the Board):

If the party is not satisfied with the Superintendent's determination, he or she may file an appeal in writing with the Board of Education **within five (5) working days** after receiving the Superintendent's determination. The Board of Education will review the appeal, the Superintendent's determination, the investigative documentation and decision, and allow the party to address the Board at a Board meeting to present his or her appeal. The party will be allowed to address the Board at the Board's next regularly scheduled Board meeting (unless the Board receives the appeal within one week of the next regularly scheduled Board meeting) or at a time and date agreed to by the Board, designated compliance officer and the party. The Board will issue a written determination about the appeal **within thirty (30) days** after the party addresses the Board. The party who filed the appeal will be sent the Board's determination at the time it is issued, and a copy will be sent to the designated compliance coordinator. The Board's determination, and any actions taken, will be final on behalf of the District.

4. Confidentiality:

The identity of the complainant will be kept confidential to the extent permitted by state and federal law. The District will notify the complainant of the anti-retaliation provisions of applicable laws and that the District will take steps to prevent retaliation and will take prompt and strong responsive actions if retaliation occurs.

If a complainant requests confidentiality or asks that the complaint not be pursued, the District will take all reasonable steps to investigate and respond to the complaint consistent with the request for confidentiality or the request not to pursue an investigation, as long as doing so does not prevent the District from responding effectively to the harassment and preventing harassment of other students. If a complainant insists that his or her name or other identifiable information not be disclosed to the alleged perpetrator, the District will inform the complainant that its ability to respond may be limited. Even if the District cannot take disciplinary action against the alleged harasser, the District will pursue other steps to limit the effects of the alleged harassment and prevent its recurrence, if warranted.

5. Training:

The District will ensure that relevant District employees are adequately trained so they understand and know how to identify acts of discrimination, harassment, and retaliation, and how to report it to appropriate District officials or employees.

In addition, the District shall ensure that employees designated to address or investigate discrimination, harassment, and retaliation, including designated compliance coordinators, receive training to promptly and effectively investigate and respond to complaints and reports of discrimination, and to know the District's grievance procedures and the applicable confidentiality requirements.

6. Designated Compliance Coordinators:

Designated compliance coordinators will be responsible for:

- a. Coordinating efforts to comply with anti-discrimination, anti-harassment, and anti-retaliation laws and regulations.
- b. Coordinating and implementing training for students and employees pertaining to anti-discrimination, anti-harassment and anti-retaliation laws and regulations, including the training areas listed above.
- c. Investigating complaints of discrimination (unless the coordinator designates other trained individuals to investigate).
- d. Monitoring substantiated complaints or reports of discrimination, as needed (and with the assistance of other District employees, if necessary), to ensure discrimination or harassment does not recur, and that retaliation conduct does not occur or recur.
- e. Overseeing discrimination complaints, including identifying and addressing any patterns or systemic problems, and reporting such patterns or systemic problems to the Superintendent and the Board of Education.
- f. Communicating regularly with the District's law enforcement unit investigating cases and providing current information to them pertaining to anti-discrimination, anti-harassment, and anti-retaliation standards and compliance requirements.

- g. Reviewing all evidence in harassment or violence cases brought before the District's disciplinary committee or administrator to determine whether the complainants are entitled to a remedy under anti-discrimination laws and regulations that was not available in the disciplinary process.
- h. Ensuring that investigations address whether other students or employees may have been subjected to discrimination, including harassment and retaliation.
- i. Determining whether District employees with knowledge of allegations of discrimination, including harassment and retaliation, failed to carry out their duties in reporting the allegations to the designated compliance coordinator and responding to the allegations.
- j. Recommending changes to this policy and grievance procedure.
- k. Performing other duties as assigned.

7. Preventive Measures:

The District will publish and widely distribute on an ongoing basis a notice of nondiscrimination (notice) in electronic and printed formats, including prominently displaying the notice on the District's website and posting the notice at each building in the District. The District also will designate an employee to coordinate compliance with anti-discrimination laws (see Designated Compliance Coordinator section, above, for further information on compliance coordinator), and widely publish and disseminate this grievance procedure, including prominently posting it on the District's website, at each building in the District, reprinting it in District publications, such as handbooks, and sending it electronically to members of the school community.

The District also may distribute specific harassment and violence materials (such as sexual violence), including a summary of the District's anti-discrimination, anti-harassment, and anti-retaliation policy and grievance procedure, and a list of victim resources, during events such as school assemblies and back to school nights, if recent incidents or allegations warrant additional education to the school community.

Legal Reference: Title VI, 42 U.S.C. Sec. 2000d, Title VII, 42 U.S.C. Sec. 2000e, Title IX; 20 U.S.C. Sec. 1681, and the Nebraska Fair Employment Practices Act, Neb. Rev. Stat. Sec. 48-1101 et seq.
Age Discrimination in Employment Act (ADEA), the Older Workers Benefit Protection Act (OWBPA), 29 U.S.C. Sec. 621 et seq., and the Nebraska Age Discrimination in Employment Act, Neb. Rev. Stat. Sec. 48-1001 et seq.;
Americans with Disabilities Act (ADA), 42 U.S.C. Sec. 12101 et seq.
Section 504 of the Rehabilitation Act of 1973 (Section 504)
Pregnancy Discrimination Act, 42 U.S.C. Sec. 2000e(k)
Uniform Service Employment and Reemployment Rights Act (USERRA), 38 U.S.C. Sec. 4301 et seq.
Neb. Rev. Stat. Sec. 79-2,115, et seq

Date of Adoption: 8/9/2021

Notice of Nondiscrimination

The Springfield Platteview Community School District does not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Students: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@springfieldplatteview.org)

Employees and Others: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@springfieldplatteview.org)

Complaints or concerns involving discrimination or needs for accommodation or access should be addressed to the appropriate Coordinator. For further information about anti-discrimination laws and regulations, or to file a complaint of discrimination with the OCR at One Petticoat Lane, 1010 Walnut Street, 3rd Floor, Suite 320, Kansas City, Missouri 64106, (816) 268-0550 (voice), Fax (816) 268-0599, (800) 877-8339 (telecommunications device for the deaf), or ocr.kansascity@ed.gov.

**Complaint Form
Discrimination, Harassment or Retaliation**

The Springfield Platteview Community School District does not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. This complaint form is to be used when a person has a complaint related to discrimination, harassment or retaliation on such bases in regard to employment or the programs and activities of the school district.

Refer to Board Policy 4003 and/or 5401 for the particulars of the complaint and grievance process. You may attach additional materials to this form if needed.

The applicable coordinator may be contacted if you have questions about filling out this complaint form:

Students: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spcsne.org)

Employees and Others: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spcsne.org)

Name: _____ Date: _____

(1) Description of the complaint: _____

(2) Names of any witnesses to the matter being complained about: _____

(3) Identify and attach any document supporting the complaint: _____

(4) Confidentiality: I ___ do ___ do not give consent to my identity being shared with the person(s) against whom I am complaining. If I do not give consent, I understand that the investigation may be hindered, but that the District will nonetheless investigate and take prompt and effective action to remediate the concerns I have raised, if appropriate.

(5) Relief requested (what I want done in response to this complaint):

The undersigned states: The facts in this complaint are true to the best of my knowledge, information and belief. I give permission for an investigation to be made into this complaint. I understand that the District will take steps to prevent me being retaliated against for filing this complaint, that I am to notify the District if any such retaliation occurs, and that the District will take prompt and strong responsive action if retaliation occurs.

Received by: _____ Signature: _____
Date: _____

**Notice of Eligibility & Rights and Responsibilities
under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage and Hour Division**



**DO NOT SEND TO THE DEPARTMENT OF LABOR.
PROVIDE TO EMPLOYEE.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

Date: _____ (mm/dd/yyyy)

From: _____ (Employer) To: _____ (Employee)

On _____ (mm/dd/yyyy), we learned that you need leave (beginning on) _____ (mm/dd/yyyy) for one of the following reasons: (Select as appropriate)

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- You are needed to care for your family member due to a serious health condition. Your family member is your:
 - Spouse
 - Parent
 - Child under age 18
 - Child 18 years or older and incapable of self-care because of a mental or physical disability
- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
 - Spouse
 - Parent
 - Child of any age
- You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 - Spouse
 - Parent
 - Child
 - Next of kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

- Eligible** for FMLA leave. (See Section II for any Additional Information Needed and Section III for information on your Rights and Responsibilities.)
- Not eligible** for FMLA leave because: (Only one reason need be checked)
 - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(months)
 - You have not met the FMLA's 1,250 hours of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(hours of service)

Employee Name: _____

- You are an airline flight crew employee and you have not met the special hours of service eligibility requirements for airline flight crew employees as of the first date of requested leave (i.e., worked or been paid for at least 60% of your applicable monthly guarantee, and worked or been paid for at least 504 duty hours.)
- You do not work at and/or report to a site with 50 or more employees within 75-miles as of the date of your request.

If you have any questions, please contact: _____ (Name of employer representative)
at _____ (Contact information).

SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as FMLA leave. Once we obtain any additional information specified below we will inform you, **within 5 business days**, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

(Select as appropriate)

- No additional information requested. If no additional information requested, go to Section III.
- We request that the leave be supported by a certification, as identified below.
 - Health Care Provider for the Employee
 - Health Care Provider for the Employee's Family
 - Member Qualifying Exigency
 - Serious Illness or Injury (Military Caregiver Leave)

Selected certification form is attached / not attached.

If requested, medical certification must be returned by _____ (mm/dd/yyyy) (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts.)

- We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including *in loco parentis* relationships (as explained on page one). The information requested must be returned to us by _____ (mm/dd/yyyy). You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.

- Other information needed (e.g. documentation for military family leave): _____

The information requested must be returned to us by _____ (mm/dd/yyyy).

If you have any questions, please contact: _____ (Name of employer representative)
at _____ (Contact information).

SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right

Employee Name: _____

under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as: (*Select as appropriate*)

- The calendar year (January 1st - December 31st)
- A fixed leave year based on _____
(*e.g., a fiscal year beginning on July 1 and ending on June 30*)
- The 12-month period measured forward from the date of your first FMLA leave usage.
- A “rolling” 12-month period measured backward from the date of any FMLA leave usage. (*Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.*)

If applicable, the single 12-month period for *Military Caregiver Leave* started on _____ (*mm/dd/yyyy*).

You (*are* / *are not*) **considered a key employee** as defined under the FMLA. Your FMLA leave cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial and grievous economic injury to us.

We (*have* / *have not*) determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. Additional information will be provided separately concerning your status as a key employee and restoration.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

You have a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not request it, the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA absence.

(*Check all that apply*)

- Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- You have requested to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- We are requiring you to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- Other:** (*e.g., short- or long-term disability, workers' compensation, state medical leave law, etc.*) _____
Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

The applicable conditions for use of paid leave include: _____.

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to _____
_____ available at: _____.

Employee Name: _____

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums. To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact _____ at _____.

You have a minimum grace period of (30-days or _____ *indicate longer period, if applicable*) in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following **unpaid** FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Part D: Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact _____ at _____.

Part E: Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

Part F: Other Requirements While on FMLA Leave

While on leave you (will be / will not be) required to furnish us with periodic reports of your status and intent to return to work every _____.

(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).

If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.

**DO NOT SEND TO THE DEPARTMENT OF LABOR.
PROVIDE TO EMPLOYEE.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form is optional, a fully completed Form WH-382 provides employees with the information required by 29 C.F.R. §§ 825.300(d), 825.301, and 825.305(c), which must be provided within five business days of the employer having enough information to determine whether the leave is for an FMLA-qualifying reason. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I - EMPLOYER

The employer is responsible in **all** circumstances for designating leave as FMLA-qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an FMLA-qualifying reason, an employer may not delay designating such leave as FMLA leave, and neither the employee nor the employer may decline FMLA protection for that leave.

Date: _____ (mm/dd/yyyy)

From: _____ (Employer) To: _____ (Employee)

On _____ (mm/dd/yyyy) we received your most recent information to support your need for leave due to:
(Select as appropriate)

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- The serious health condition of your spouse, child, or parent
- A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty with the Armed Forces
- A serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent, or next of kin (Military Caregiver Leave)

We have reviewed information related to your need for leave under the FMLA along with any supporting documentation provided and decided that your FMLA leave request is: (Select as appropriate)

- Approved.** All leave taken for this reason will be designated as FMLA leave. Go to Section III for more information.
- Not Approved:** (Select as appropriate)
 - The FMLA does not apply to your leave request.
 - As of the date the leave is to start, you do not have any FMLA leave available to use.
 - Other _____
- Additional information** is needed to determine if your leave request qualifies as FMLA leave. (Go to Section II for the specific information needed. If your FMLA leave request is approved and no additional information is needed, go to Section III.)

SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the FMLA. Once we obtain the additional information requested, we will inform you **within 5 business days** if your leave will or will not be designated as FMLA leave and count towards the amount of FMLA leave you have available. **Failure to provide the additional information as requested may result in a denial of your FMLA leave request.**

If you have any questions, please contact: _____ at _____
(Name of employer FMLA representative) (Contact information)

Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA applies to your leave request. (Select as applicable)

- The certification provided is incomplete and we are unable to determine whether the FMLA applies to your leave request. "Incomplete" means one or more of the applicable entries on the certification have not been completed.

Employee Name: _____

- The certification provided is insufficient to determine whether the FMLA applies to your leave request. “Insufficient” means the information provided is vague, unclear, ambiguous or non-responsive.

Specify the information needed to make the certification complete and/or sufficient: _____

You must provide the requested information no later than (provide at least 7 calendar days) _____ (mm/dd/yyyy), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Second and Third Opinions

- We request that you obtain a (second / third opinion) medical certification at our expense, and we will provide further details at a later time. Note: The employee or the employee’s family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.

SECTION III – FMLA LEAVE APPROVED

As explained in Section I, your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave and will count against the amount of FMLA leave you have available to use in the applicable 12-month period. The FMLA requires that you notify us as soon as practicable if the dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against the total **amount of FMLA leave** you have available to use in the applicable 12-month period: (Select as appropriate)

- Provided there is no change from your **anticipated FMLA leave schedule**, the following number of hours, days, or weeks will be counted against your leave entitlement: _____.
- Because the leave you will need will be **unscheduled**, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised: (check all that apply)

- Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- Based on your request, some or all of your available paid leave** (e.g., sick, vacation, PTO) **will be used during your FMLA leave.** Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- We are requiring you to use some or all of your available paid leave** (e.g., sick, vacation, PTO) **during your FMLA leave.** Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- Other:** _____ (e.g., Short- or long-term disability, workers’ compensation, state medical leave law, etc.) Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

Return-to-work requirements. To be restored to work after taking FMLA leave, you (will be / will not be) required to provide a certification from your health care provider (fitness-for-duty certification) that you are able to resume work. This request for a fitness-for-duty certification is *only* with regard to the particular serious health condition that caused your need for FMLA leave. **If such certification is not timely received, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position (is / is not) attached. If attached, the fitness-for-duty certification must address your ability to perform the essential job functions.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.

**Certification of Health Care Provider
for Employee's Serious Health Condition
under the Family and Medical Leave Act**

**U.S. Department of
Labor Wage and Hour
Division**



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

(4) Employee's job title: _____ Job description (is / is not) attached.
Employee's regular work schedule: _____
Statement of the employee's essential job functions: _____

(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care* or *continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Employee Name: _____

Health Care Provider's name: (Print) _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(2) Provide your **best estimate** of how long the condition lasted or will last: _____

(3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

Inpatient Care: The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____

Incapacity plus Treatment: (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (has been / is expected to be) incapacitated for *more than* three consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

The patient (was / will be) seen on the following date(s): _____

The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

Pregnancy: The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).

Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

Permanent or Long Term Conditions: (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

None of the above: If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

Employee Name: _____

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient (had / will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): _____

- (6) Due to the condition, the patient (was / will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) _____

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week) _____

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week)

- (8) Due to the condition, the patient (was / will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

- (9) Due to the condition, it (was / is / will be) medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Employee Name: _____

PART C: Essential Job Functions

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

(10) Due to the condition, the employee (was not able / is not able / will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
Inpatient Care
<ul style="list-style-type: none">• An overnight stay in a hospital, hospice, or residential medical care facility.• Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
Continuing Treatment by a Health Care Provider (any one or more of the following)
<u>Incapacity Plus Treatment:</u> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either: <ul style="list-style-type: none">○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<u>Pregnancy:</u> Any period of incapacity due to pregnancy or for prenatal care.
<u>Chronic Conditions:</u> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.
<u>Permanent or Long-term Conditions:</u> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer’s disease or the terminal stages of cancer.
<u>Conditions Requiring Multiple Treatments:</u> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the

**Certification of Health Care Provider for
Family Member's Serious Health Condition
Division under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage Hour**



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

- (1) Name of the family member for whom you will provide care: _____
- (2) Select the relationship of the family member to you. The family member is your:
- Spouse
 - Parent
 - Child, under age 18
 - Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

(3) Briefly describe the care you will provide to your family member: (Check all that apply)

- Assistance with basic medical, hygienic, nutritional, or safety needs Transportation
 Physical Care Psychological Comfort Other: _____

(4) Give your **best estimate** of the amount of leave needed to provide the care described: _____

(5) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I am able to work _____ (hours per day) _____ (days per week).

Employee Signature _____ Date _____ (mm/dd/yyyy)

SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the FMLA to care for your patient. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a family member with a serious health condition. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that *involves inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Health Care Provider's name: (Print) _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) Patient's Name: _____

(2) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition lasted or will last: _____

(4) For FMLA to apply, care of the patient must be medically necessary. Briefly describe the type of care needed by the patient (e.g., assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort).

Employee Name: _____

(5) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

Inpatient Care: The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____

Incapacity plus Treatment: (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (has been / is expected to be) incapacitated for *more than three* consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

The patient (was / will be) seen on the following date(s): _____

The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

Pregnancy: The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).

Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

Permanent or Long Term Conditions: (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

None of the above: If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

(6) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine if the benefits and protections of the FMLA apply.

(7) Due to the condition, the patient (had / will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): _____

(8) Due to the condition, the patient (was / will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) _____

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery _____ (e.g. 3 days/week)

Employee Name: _____

- (9) Due to the condition, the patient (was / will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date: _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

- (10) Due to the condition it, (was / is / will be) medically necessary for the employee to be absent from work to provide care for the patient on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)

Inpatient Care

- An overnight stay in a hospital, hospice, or residential medical care facility.
- Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

Continuing Treatment by a Health Care Provider (any one or more of the following)

Incapacity Plus Treatment: A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

Pregnancy: Any period of incapacity due to pregnancy or for prenatal care.

Chronic Conditions: Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.

Permanent or Long-term Conditions: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer’s disease or the terminal stages of cancer.

Conditions Requiring Multiple Treatments: Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Employee Name: _____
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

**Certification for Military Family Leave
for Qualifying Exigency
under the Family and Medical Leave Act**

**U.S. Department of
Labor Wage and Hour
Division**



**DO NOT SEND FORM TO THE DEPARTMENT OF
LABOR. RETURN THE COMPLETED FORM TO THE
EMPLOYER.**

OMB Control Number:
1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at http://www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the employer for the information necessary for a complete and sufficient qualifying exigency certification, which is set out at 29 C.F.R. § 825.309. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) This certification must be returned by _____ (mm/dd/yyyy).
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete all Parts of Section II and sign the form before returning it to your employer. The FMLA allows an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. **You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. § 825.313.

- (1) Provide the name of the military member on covered active duty or call to covered active duty status:

_____ *First Middle Last*

- (2) Select your relationship of the military member. The military member is your:

- Spouse Parent Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

PART A: COVERED ACTIVE DUTY STATUS

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

- (3) Provide the dates of the military member's covered active duty service: _____
- (4) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:
- A copy of the military member's covered active duty orders
 - Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
 - I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

PART B: APPROPRIATE FACTS

Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

- (5) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:
- Short notice deployment (*i.e.*, deployment within seven or fewer days of notice)
 - Military events and related activities (*e.g.*, *official ceremonies or events, or family support and assistance programs*):

 - Childcare related activities for the child of the military member (*e.g.*, *arranging for alternative childcare*):

Employee Name: _____

- Care for the military member's parent (e.g., admitting or transferring the parent to a new care facility):

 - Financial and legal arrangements related to the deployment (e.g., obtaining military identification cards)
 - Counseling related to the deployment (i.e., counseling provided by someone other than a health care provider)
 - Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
 - Post deployment activities (e.g., arrival ceremonies, or reintegration briefings and events): _____
 - Any other event that the employee and employer agree is a qualifying exigency: _____
- (6) Available written documentation supporting this request for leave is (attached / not attached / not available).

PART C: AMOUNT OF LEAVE NEEDED

Provide information concerning the amount of leave that will be needed. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

- (7) List the approximate date exigency started or will start: _____ (mm/dd/yyyy)
- (8) Provide your best estimate of how long the exigency lasted or will last:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)
- (9) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)
I am able to work _____
(e.g., 5 hours/day, up to 25 hours a week)
- (10) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Employee Name: _____

(11) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur: _____ times per
(day / week / month) and are likely to last approximately _____ (hours / days) per episode.

(12) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave** (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R & R leave:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

PART D: THIRD PARTY INFORMATION

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity / Organization: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Describe purpose of meeting: _____

Employee
Signature _____ Date _____ (mm/dd/yyyy)

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN FORM TO THE EMPLOYER.**

**Certification for Serious Injury or Illness of a
Labor Current Servicemember for Military Caregiver Leave under the Family and Medical Leave Act**

**U.S. Department of
Wage Hour Division**



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.

OMB Control Number: 1235-0003

RETURN TO THE PATIENT.

Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave to care for a covered servicemember with a serious illness or injury. The FMLA allows an employer to require an employee seeking FMLA leave for this purpose to submit a medical certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the health care provider for the information necessary for a complete and sufficient medical certification. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Recertifications are not allowed for FMLA leave to care for a covered servicemember. Where medical certification is requested by an employer, an employee may not be held liable for administrative delays in the issuance of military documents, despite the employee's diligent, good-faith efforts to obtain such documents.** An employer requiring an employee to submit a certification for leave to care for a covered servicemember **must** accept as sufficient certification invitational travel orders (ITOs) or invitational travel authorizations (ITAs) issued to any family member to join an injured or ill servicemember at the servicemember's bedside. An ITO or ITA is sufficient certification for the duration of time specified in the ITO or ITA.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) This certification must be returned by: _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE and/or CURRENT SERVICEMEMBER

Please complete all Parts of Section II before having the servicemember's health care provider complete Section III. The FMLA allows an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by your employer, your response is required to obtain or retain the benefit of FMLA-protected leave.

PART A: EMPLOYEE INFORMATION

(1) Name of the current servicemember for whom employee is requesting leave: _____

Employee Name: _____

(2) Select your relationship to the current servicemember. You are the current servicemember's:

- Spouse Parent Child Next of Kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for a covered servicemember who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a covered servicemember for whom the employee has assumed the obligations of a parent. No biological or legal relationship is necessary. "Next of kin" is the servicemember's nearest blood relative, other than the spouse, parent, son, or daughter, in the following order of priority:

(1) a blood relative as designated in writing by the servicemember for purposes of FMLA leave, (2) blood relatives granted legal custody of the servicemember, (3) brothers and sisters, (4) grandparents, (5) aunts and uncles, and (6) first cousins.

PART B: SERVICEMEMBER INFORMATION AND CARE TO BE PROVIDED TO THE SERVICEMEMBER

(3) The servicemember (is / is not) a current member of the Regular Armed Forces, the National Guard or Reserves. If yes, provide the servicemember's military branch, rank and unit currently assigned to: _____

(4) The servicemember (is / is not) assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients, such as a medical hold or warrior transition unit. If yes, provide the name of the medical treatment facility or unit: _____

(5) The servicemember (is / is not) on the Temporary Disability Retired List (TDRL).

(6) Briefly describe the care you will provide to the servicemember: *(Check all that apply)*

- Assistance with basic medical, hygienic, nutritional, or safety needs
 Psychological Comfort Physical Care
 Transportation Other: _____

(7) Give your **best estimate** of the amount of leave needed to provide the care described: _____

(8) If a reduced work schedule is necessary to provide the care described, give your **best estimate** of the reduced workschedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I am able to work: _____ (hours per day) _____ (days per week).

SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all Parts of this Section fully and completely, and sign the form below. The employee listed at Section I has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. Note: For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating. "Need for care" includes both physical and psychological care. It includes

Employee Name: _____
situations where, for example, due to his or her serious injury or illness, the servicemember is not able to care for his or her own basic medical, hygienic, or nutritional needs or safety, or needs transportation to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the servicemember who is receiving inpatient or home

Employee Name: _____

care. A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above.

PART A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: *(Print)* _____

Health Care Provider's business address: _____

Type of practice/Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Please select the type of FMLA health care provider you are:

- DOD health care provider
- VA health care provider
- DOD TRICARE network authorized private health care provider
- DOD non-network TRICARE authorized private health care provider
- Health care provider as defined in 29 C.F.R. § 825.125

PART B: MEDICAL INFORMATION

Please provide appropriate medical information of the patient as requested below. Limit your responses to the servicemember's condition for which the employee is seeking leave. If you are unable to make some of the military-related determinations contained below, you are permitted to rely upon determinations from an authorized DOD representative, such as a DOD recovery care coordinator. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. §1635.3(e).

(1) Patient's Name: _____

(2) List the approximate date condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition will last: _____

(4) The servicemember's injury or illness: *(Select as appropriate)*

- Was incurred in the line of duty on active duty.
- Existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty.
- None of the above.

(5) The servicemember (is / is not) undergoing medical treatment, recuperation, or therapy for this condition. If yes, briefly describe the medical treatment, recuperation or therapy: _____

Employee Name: _____

- (6) The current servicemember's medical condition is classified as: *(Select as appropriate)*
- (VSI) Very Seriously Ill/Injured** Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. *Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.*
 - (SI) Seriously Ill/Injured** Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. *Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.*
 - OTHER Ill/Injured** A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.
 - NONE OF THE ABOVE.** *Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under 29 C.F.R. § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.*

PART C: AMOUNT OF LEAVE NEEDED

For the medical condition checked in Part B, complete all that apply. Some questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (7) Due to the condition, the servicemember will need care for a **continuous period of time**, including any time for treatment and recovery. Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for this period of time.
- (8) Due to the condition, it is medically necessary for the servicemember to attend **planned medical treatment** appointments (scheduled medical visits). Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery _____ (e.g. 3 days/week)
- (9) Due to the condition, it is medically necessary for the servicemember to receive care on an **intermittent basis** (periodically), such as the care needed because of episodic flare-ups of the condition or assisting with the servicemember's recovery. Provide your **best estimate** of how often (frequency) and how long (the duration) the intermittent episodes will likely last.
- Over the next 6 months, intermittent care is estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Signature of Health Care Provider _____ **Date** _____ (mm/dd/yyyy)

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN IT TO THE PATIENT.

Personnel - All EmployeesProfessional Boundaries Between Employees and Students**Definitions:**

Grooming means building trust with a student and individuals close to the student in an effort to gain access to and time alone with the student, with the ultimate goal of engaging in sexual contact or sexual penetration with the student, regardless of when in the student's life the sexual contact or sexual penetration would take place;

Personal communication system means a device or software that provides for communication between two or more parties and is capable of receiving, displaying, or transmitting communication. Personal communication system includes, but is not limited to, a mobile or cellular telephone, an email service, or a social media platform;

School employee means a person nineteen years of age or older who is employed by a public, private, denominations, or parochial school approved or accredited by the State Department of Education. Neb. Rev. Stat. § 28-720. School employee also includes any person who is contracted with, or otherwise paid by the district and who has access to or interaction with students including all student teachers or interns.

Sexual contact has the same meaning as in section 28-318;

Sexual penetration has the same meaning as in section 28-318; and

Student teacher or intern has the same meaning as in section 79-875.

All employees are expected to observe and maintain professional boundaries between themselves and students. A violation of this policy or any violation of professional boundaries is misconduct and will likely result in disciplinary action.

In addition, a violation of employee and student boundaries is also a violation of standards of professional conduct which could result in the revocation of a certificated educator's certificate or permit. 92 Nebraska Administrative Code Chapter 27.

Such violations could also result in a referral to the Nebraska Department of Health and Human Services and law enforcement.

All employees are expected to observe and maintain professional boundaries between themselves and students. A violation of professional boundaries will be regarded as a form of misconduct and may result in disciplinary action.

Prohibited Activity:

Engaging in any relationship that involves sexual contact or sexual penetration with a student while the student attends the school where the employee works and for one year after the student graduates or otherwise ceases enrollment.

The following is a non-exclusive list of actions that will be regarded as a violation of the professional boundaries that all employees are expected to maintain with all students. In addition, repeatedly engaging in any of these activities or a combination of these activities are examples of grooming as defined in this policy.

1. Communication with students through any method not approved or not designated by the school district including social networking apps or websites and texting, or other instant messaging, one-on-one with any students.
2. Communication with students on any matters or subjects that do not pertain to school or school-related activities. School or school related activities include student homework, in class activities, school sponsored sports or clubs or any other school-sponsored activity.
3. Engaging in any kind of behavior or communication that could be reasonably construed as a sexual advance or respond in any positive manner to a student's sexual advance.
4. Being alone with a student anywhere where all doors to such room are closed.
5. Showing a student any inappropriate or sexually suggestive material that is not part of classroom lesson or curriculum known to appropriate school authorities.
6. Telling jokes with sexual themes or subject matter.
7. Invading a student's physical privacy. One example would be walking in on a student changing in a locker room or bathroom when the employee has no duty to be there.
8. Intruding on a student's personal physical space in any manner that makes a student uncomfortable.
9. Initiating unwanted physical contact.
10. Treating one student differently from other students either by providing privileges or failing to enforce school policy or other disciplinary action.
11. Discussing an educator's private personal matters with a student and inquiring about a student's private personal matters when no basis for concern about the student's health or safety.
12. Providing rides to a student in an employee's personal vehicle without the express written permission of a student's parent or guardian and permission from an

- administrator unless another school employee is in the vehicle.
13. Meeting with a student outside of school for any reason other than a school sponsored activity or event.
 14. Having a student in an employee's home without a student's parent or appropriate chaperone.
 15. Giving or receiving gifts to or from one student. A gift to a class or the same gift to a group of students is not prohibited.
 16. Consuming alcohol in the presence of any student when the student's parent or guardian is not present or consuming illegal drugs in the presence of students at any time.
 17. Providing alcohol or illegal or unauthorized drugs or medications to a student under any circumstances.
 18. Any other behavior with could exploit the unique position of trust and authority between a student and employee.

Exceptions to these prohibitions may include:

1. Communicating with your own child or another student with whom there is personal relationship that exists independent of that child being a student at the same school where the employee works such as when the student is a relative, neighbor or fellow member of a group or organization outside of the school or school sponsored setting when such communications pertain to such a group or organization.
2. An emergency or concern for that student's immediate health or safety.
3. A singular chance encounter at a public place provided the encounter provided there is no additional violation of this policy

Except in the case of a true emergency, or an unplanned chance encounter, employees must obtain permission in writing from his or her administrator prior to engaging in such communication.

Permissible methods to communicate with students outside of school:

The Superintendent or Superintendent's designee will circulate to staff the District-approved apps or social media sites that employees may use to communicate with student regarding educationally related topics.

In addition, employees may utilize:

1. Text messages that include at least one other adult and a student. The adult may either be the student's parent or guardian or another school employee.
2. Use of social media through a district approved social media account as a coach or supervisor of a school sponsored club or activity. However, even approved

social media communication must abide by the standards of professional conduct and must be professional in nature and in the best interest of the school district.

3. Use of the school district email system.

Allowing students to view an educator's social media postings is not a preferred method of communication. Educators are responsible for any social media postings that is viewed by students when such posting violates the standards of professional conduct.

Permissible ways to engage with students when the employee has concerns about the student's well-being:

1. Contact the guidance counselor and ensure the student's parent or guardian is aware of your concerns.
2. Contact the student's parents or guardian if the concern is not with the parent or guardian.
3. If you believe the student is in immediate danger, contact the Nebraska Department of Health and Human Services child abuse hotline or contact law enforcement.

Reporting Violations:

If any school employee violates this policy or has reason to believe another employee has violated this policy, the employee is required to make a report to the superintendent within 24 hours. The school employee also has an obligation to report to the Nebraska Health and Human Services and the Nebraska Department of Education.

The most serious violations shall be reported immediately. The Superintendent shall also ensure a report is made to the Nebraska Department of Education, the Nebraska child abuse and neglect hotline and law enforcement authorities as required by law and notify the school Board President. If the superintendent is the alleged violator or fails to take appropriate steps, the School Board President shall be notified by the school employee.

Students who feel his or her boundaries have been violated or know of another student whose boundaries have been violated may report to any school employee he or she is comfortable to confide in. That school employee will then have an obligation to report as identified above.

Reprisal or retaliation for good faith reports made by students or school employees is itself a

violation and is prohibited.

Records retention:

School employees are required to maintain copies of any communication exchanged with students via a personal communications system. Such copies must be maintained pursuant to district records retention policies and schedules. The records may be kept electronically or in hard copy or any format easily retrievable by the employee upon request. Any employee who is unable to produce copies of such communications for any reason will be in violation of this policy.

FERPA and Confidentiality:

School employees are encouraged to consult their school's policy on confidentiality of personally identifiable student information before posting any information regarding student or student activities online.

Legal Reference: Neb. Rev. Stat. Sec. 79-879

Date of Adoption: [Insert Date]

RELEASE FORM
(For Child Age 6 to Not Attend School)

The undersigned, being first duly sworn, states upon oath as follows:

I am the parent or guardian of _____ (Child's name). The Child's date of birth is _____. The Child has or will reach the age of six prior to January 1 of the current school year, but will not reach age seven prior to January 1 of the current school year.

I elect to not enroll the Child in an accredited school this school year and hereby affirm (check or initial appropriate exception for attendance):

_____ the Child is participating in an education program that the parent or guardian believes will prepare the child to enter grade one for the following school year; or

_____ the parent or guardian intends for the Child to participate in a school which has elected or will elect pursuant to law not to meet accreditation or approval requirements and the parent or guardian intends to provide the Commissioner of Education with a statement pursuant to section 79-1601(3) on or before the child's seventh birthday.

Dated this ____ day of _____, 20__.

Parent or Guardian

Disenroll to Attend Homeschool

I am the parent or guardian of _____ (Child's name).

I elect to disenroll the Child from an accredited school this school year and hereby affirm _that I intend for the Child to participate in a school which has elected or will elect pursuant to law not to meet accreditation or approval requirements (a homeschool) and will provide the Commissioner of Education with a statement confirming such homeschool status.

Parent or Guardian

Date

Students (& Employees)Anti-discrimination, Anti-harassment, and Anti-retaliation**A. Elimination of Discrimination.**

The Springfield Platteview Community School District hereby gives this statement of compliance and intends to comply with all state and federal laws prohibiting discrimination. This school district intends to take any necessary measures to assure compliance with such laws against any prohibited form of discrimination.

The Springfield Platteview Community School District does not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Students: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Employees and Others: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Complaints or concerns involving discrimination or needs for accommodation or access should be addressed to the appropriate Coordinator. For further information about anti-discrimination laws and regulations, or to file a complaint of discrimination with the Office for Civil Rights in the U.S. Department of Education (OCR), please contact OCR at One Petticoat Lane, 1010 Walnut Street, 3rd Floor, Suite 320, Kansas City, Missouri 64106, (816) 268-0550 (voice), Fax (816) 268-0599, (800) 877-8339 (telecommunications device for the deaf), or ocr.kansascity@ed.gov.

B. Prohibited Harassment, Discrimination, and Retaliation of Employees, Students and Others.**1. Purpose:**

The Springfield Platteview Community School District is committed to offering employment and educational opportunity to its employees and students in a climate free of discrimination. Accordingly, unlawful discrimination, harassment and retaliation of any kind by District employees, including, co-workers, non-employees (such as volunteers), third parties, and others is strictly prohibited and will not be tolerated.

Harassment is a form of discrimination and includes verbal, non-verbal, written, graphic, or physical conduct relating to a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin,

age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, that is sufficiently serious to deny, interfere with, or limit a person's ability to participate in or benefit from an educational or work program or activity, including, but not limited to:

- a. Conduct that is sufficiently severe or pervasive to create an intimidating, hostile, or abusive educational or work environment, or
- b. Requiring an individual to endure the offensive conduct as a condition of continued employment or educational programs or activities, including the receipt of aids, benefits, and services.

Educational programs and activities include all academic, educational, extracurricular, athletic, and other programs of the school, whether those programs take place in a school's facilities, on a school bus, at a class or training program sponsored by the school at another location, or elsewhere.

Discriminatory harassment because of a person's sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status, may include, but is not limited to:

- a. Name-calling,
- b. Teasing or taunting,
- c. Insults, slurs, or derogatory names or remarks,
- d. Demeaning jokes,
- e. Inappropriate gestures,
- f. Graffiti or inappropriate written or electronic material,
- g. Visual displays, such as cartoons, posters, or electronic images,
- h. Threats or intimidating or hostile conduct,
- i. Physical acts of aggression, assault, or violence, or
- j. Criminal offenses

The following examples are additional or more specific examples of conduct that may constitute sexual harassment:

- a. Unwelcome sexual advances or propositions,
- b. Requests or pressure for sexual favors,
- c. Comments about an individual's body, sexual activity, or sexual attractiveness,
- d. Physical contact or touching of a sexual nature, including touching intimate body parts and inappropriate patting, pinching, rubbing, or brushing against another's body,
- e. Physical sexual acts of aggression, assault, or violence, including criminal offenses (such as rape, sexual assault or battery, and sexually motivated stalking), against a person's will or where a person is incapable of giving

- consent due to the victim's age, intellectual disability, or use of drugs or alcohol,
- f. Requiring sexual favors or contact in exchange for aids, benefits, or services, such as grades, awards, privileges, promotions, etc., or
 - g. Gender-based harassment; acts of verbal, nonverbal, written, graphic, or physical conduct based on sex or sex-stereotyping, but not involving conduct of a sexual nature.

If the District knows or reasonably should know about possible harassment, including violence, the District will conduct a prompt, adequate, reliable, thorough, and impartial investigation to determine whether unlawful harassment occurred (see section entitled "Grievance Procedures," below), and take appropriate interim measures, if necessary. If the District determines that unlawful harassment occurred, the District will take prompt and effective action to eliminate the harassment, prevent its recurrence, and remedy its effects, if appropriate. If harassment or violence that occurs off school property creates a hostile environment at school, the District will follow this policy and grievance procedure, within the scope of its authority.

All District employees are expected to take prompt and appropriate actions to report and prevent discrimination, harassment, and retaliation by others. Employees who witness or become aware of possible discrimination, including harassment and retaliation, must immediately report the conduct to his or her supervisor or the compliance coordinator designated to handle complaints of discrimination (designated compliance coordinator).

2. Anti-retaliation:

The District prohibits retaliation, intimidation, threats, coercion, or discrimination against any person for opposing discrimination, including harassment, or for participating in the District's discrimination complaint process or making a complaint, testifying, assisting, or participating in any manner, in an investigation, proceeding, or hearing. Retaliation is a form of discrimination.

The District will take immediate steps to stop retaliation and prevent its recurrence against the alleged victim and any person associated with the alleged victim. These steps will include, but are not limited to, notifying students, employees, and others, that they are protected from retaliation, ensuring that they know how to report future complaints, and initiating follow-up contact with the complainant to determine if any additional acts of discrimination, harassment, or retaliation have occurred. If retaliation occurs, the District will take prompt and strong responsive action, including possible discipline, including expulsion or termination, if applicable.

3. Grievance (or Complaint) Procedures:

Employees or students should initially report all instances of discrimination, harassment or retaliation to their immediate supervisor or teacher or to the compliance coordinator designated to handle complaints of discrimination (designated coordinator). If the

employee or student is uncomfortable in presenting the problem to the supervisor or teacher, or if the supervisor or teacher is the problem, the employee or student may report the alleged discrimination, harassment or retaliation (“discrimination”) to the designated coordinator, or in the case of students, to another staff person (such as a counselor or principal).

Other individuals may report alleged discrimination to the designated coordinator. If the designated coordinator is the person alleged to have committed the discriminatory act, then the complaint should be submitted to the Superintendent for assignment. A discrimination complaint form is attached to this grievance procedure and is available in the office of each District building, on the District's website, and from the designated coordinators.

Under no circumstances will a person filing a complaint or grievance involving discrimination be retaliated against for filing the complaint or grievance.

i. *Level 1 (Investigation and Findings):*

Once the District receives a grievance, complaint or report alleging discrimination, harassment, or retaliation, or becomes aware of possible discriminatory conduct, the District will conduct a prompt, adequate, reliable, thorough, and impartial investigation to determine whether unlawful harassment occurred. If necessary, the District will take immediate, interim action or measures to protect the alleged victim and prevent further potential discrimination, harassment, or retaliation during the pending investigation. The alleged victim will be notified of his or her options to avoid contact with the alleged harasser, such as changing a class or prohibiting the alleged harasser from having any contact with the alleged victim pending the result of the District’s investigation. The District will minimize any burden on the alleged victim when taking interim measures to protect the alleged victim.

The District will promptly investigate all complaints of discrimination, even if an outside entity or law enforcement agency is investigating a complaint involving the same facts and allegations. The District will not wait for the conclusion or outcome of a criminal investigation or proceeding to begin an investigation required by this grievance procedure. If the allegation(s) involve possible criminal conduct, the District will notify the complainant of his or her right to file a criminal complaint, and District employees will not dissuade the complainant from filing a criminal complaint either during or after the District’s investigation.

The District will aim to complete its investigation within **ten (10) working days** after receiving a complaint or report, unless extenuating circumstances exist. Extenuating circumstances may include the unavailability of witnesses due to illness or incapacitation, or additional time needed because of the complexity of the investigation, the need for outside experts to evaluate the evidence (such as forensic evidence), or multiple complainants or victims. If extenuating circumstances exist, the extended timeframe to

complete the investigation will **not exceed ten (10) additional working days without the consent of the complainant, unless the alleged victim agrees to a longer timeline.** Periodic status updates will be given to the parties, when appropriate.

The District's investigation will include, but is not limited to:

- a. Providing the parties with the opportunity to present witnesses and provide evidence.
- b. An evaluation of all relevant information and documentation relating to the alleged discriminatory conduct.
- c. For allegations involving harassment, some of the factors the District will consider include: 1) the nature of the conduct and whether the conduct was unwelcome, 2) the surrounding circumstances, expectations, and relationships, 3) the degree to which the conduct affected one or more students' education, 4) the type, frequency, and duration of the conduct, 5) the identity of and relationship between the alleged harasser and the suspect or suspects of the harassment, 6) the number of individuals involved, 7) the age (and sex, if applicable) of the alleged harasser and the alleged victim(s) of the harassment, 8) the location of the incidents and the context in which they occurred, 9) the totality of the circumstances, and 10) other relevant evidence.
- d. A review of the evidence using a "preponderance of the evidence" standard (based on the evidence, is it more likely than not that discrimination, harassment, or retaliation occurred?)

The designated compliance coordinator (or designated investigator) will complete an investigative report, which will include:

- a. A summary of the facts,
- b. Findings regarding whether discrimination, harassment or other inappropriate conduct occurred, and
- c. If a finding is made that discrimination, harassment or other inappropriate conduct occurred, the recommended remedy or remedies necessary to eliminate discrimination, harassment or other inappropriate conduct.

If someone other than the designated compliance coordinator conducted the investigation, the compliance coordinator will review, approve, and sign the investigative report. The District will ensure that prompt, appropriate, and effective remedies are provided if a finding of discrimination, harassment, or retaliation is made. The District will maintain relevant documentation obtained during the investigation and documentation supportive of the findings and any subsequent determinations, including the investigative report, witness statements, interview summaries, and any transcripts or audio recordings, pertaining to the investigative and appeal proceedings.

The District will send concurrently to the parties written notification of the decision (findings and any remedy) regarding the complaint within **one (1) working day** after the

investigation is completed. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 11232g; 34 C.F.R. Part 99, permits the District to disclose relevant information to a student who was discriminated against or harassed.

ii. Level 2 (Appeal to the Superintendent):

If a party is not satisfied with the findings or remedies (or both) set forth in the decision, he or she may file an appeal in writing with the Superintendent within **five (5) working days** after receiving the decision. The Superintendent will review the appeal and the investigative documentation and decision, conduct additional investigation, if necessary, and issue a written determination about the appeal **within ten (10) working days** after receiving the appeal. The party who filed the appeal will be sent the Superintendent's determination at the time it is issued, and a copy will be sent to the designated compliance coordinator. [If the Superintendent is the subject of the complaint, the party will file the appeal directly with the Board.]

iii. Level 3 (Appeal to the Board):

If the party is not satisfied with the Superintendent's determination, he or she may file an appeal in writing with the Board of Education **within five (5) working days** after receiving the Superintendent's determination. The Board of Education will review the appeal, the Superintendent's determination, the investigative documentation and decision, and allow the party to address the Board at a Board meeting to present his or her appeal. The party will be allowed to address the Board at the Board's next regularly scheduled Board meeting (unless the Board receives the appeal within one week of the next regularly scheduled Board meeting) or at a time and date agreed to by the Board, designated compliance officer and the party. The Board will issue a written determination about the appeal **within thirty (30) days** after the party addresses the Board. The party who filed the appeal will be sent the Board's determination at the time it is issued, and a copy will be sent to the designated compliance coordinator. The Board's determination, and any actions taken, will be final on behalf of the District.

4. Confidentiality:

The identity of the complainant will be kept confidential to the extent permitted by state and federal law. The District will notify the complainant of the anti-retaliation provisions of applicable laws and that the District will take steps to prevent retaliation and will take prompt and strong responsive actions if retaliation occurs.

If a complainant requests confidentiality or asks that the complaint not be pursued, the District will take all reasonable steps to investigate and respond to the complaint consistent with the request for confidentiality or the request not to pursue an investigation, as long as doing so does not prevent the District from responding effectively to the harassment and preventing harassment of other students. If a complainant insists that his or her name or other identifiable information not be disclosed to the alleged perpetrator, the District will inform the complainant that its ability to respond may be limited. Even if the District cannot take disciplinary action against the

alleged harasser, the District will pursue other steps to limit the effects of the alleged harassment and prevent its recurrence, if warranted,

5. Training:

The District will ensure that relevant District employees, including but not limited to officials, administrators, teachers, substitute teachers, counselors, nurses and other health personnel, coaches, assistant coaches, paraprofessionals, aides, bus drivers, and school law enforcement officers, are adequately trained so they understand and know how to identify acts of discrimination, harassment, and retaliation, and how to report it to appropriate District officials or employees.

6. Designated Compliance Coordinators:

Designated compliance coordinators will be responsible for:

- a. Coordinating efforts to comply with anti-discrimination, anti-harassment, and anti-retaliation laws and regulations.
- b. Coordinating and implementing training for students and employees pertaining to anti-discrimination, anti-harassment and anti-retaliation laws and regulations, including the training areas listed above.
- c. Investigating complaints of discrimination (unless the coordinator designates other trained individuals to investigate).
- d. Monitoring substantiated complaints or reports of discrimination, as needed (and with the assistance of other District employees, if necessary), to ensure discrimination or harassment does not recur, and that retaliation conduct does not occur or recur.
- e. Overseeing discrimination complaints, including identifying and addressing any patterns or systemic problems, and reporting such patterns or systemic problems to the Superintendent and the Board of Education.
- f. Communicating regularly with the District's law enforcement unit investigating cases and providing current information to them pertaining to anti-discrimination, anti-harassment, and anti-retaliation standards and compliance requirements.
- g. Reviewing all evidence in harassment or violence cases brought before the District's disciplinary committee or administrator to determine whether the complainants are entitled to a remedy under anti-discrimination laws and regulations that was not available in the disciplinary process.
- h. Ensuring that investigations address whether other students or employees may have been subjected to discrimination, including harassment and retaliation.
- i. Determining whether District employees with knowledge of allegations of discrimination, including harassment and retaliation, failed to carry out their duties in reporting the allegations to the designated compliance coordinator and responding to the allegations.
- j. Recommending changes to this policy and grievance procedure.
- k. Performing other duties as assigned.

The designated compliance coordinators will not have other job responsibilities that may create a conflict of interest with their coordinator responsibilities.

7. Preventive Measures:

The District will publish and widely distribute on an ongoing basis a notice of nondiscrimination (notice) in electronic and printed formats, including prominently displaying the notice on the District's website and posting the notice at each building in the District. The District also will designate an employee to coordinate compliance with anti-discrimination laws (see Designated Compliance Coordinator section, above, for further information on compliance coordinator), and widely publish and disseminate this grievance procedure, including prominently posting it on the District's website, at each building in the District, reprinting it in District publications, such as handbooks, and sending it electronically to members of the school community. The District will provide training to employees and students at the beginning of each academic year in the areas (B.6.a-g) identified in the Training section, above.

The District also may distribute specific harassment and violence materials (such as sexual violence), including a summary of the District's anti-discrimination, anti-harassment, and anti-retaliation policy and grievance procedure, and a list of victim resources, during events such as school assemblies and back to school nights, if recent incidents or allegations warrant additional education to the school community.

Date of Adoption: 8/9/2021

**Complaint Form
Discrimination, Harassment or Retaliation**

The Springfield Platteview Community School District does not discriminate on the basis of sex, disability, race (including skin color, hair texture and protective hairstyles), color, religion, veteran status, national or ethnic origin, age, marital status, pregnancy, childbirth or related medical condition, sexual orientation or gender identity, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. This complaint form is to be used when a person has a complaint related to discrimination, harassment or retaliation on such bases in regard to employment or the programs and activities of the school district.

Refer to Board Policy 4003 and/or 5401 for the particulars of the complaint and grievance process. You may attach additional materials to this form if needed.

The applicable coordinator may be contacted if you have questions about filling out this complaint form:
Students: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Employees and Others: Jacci Lucas, Director of Student Services, 14801 S. 108th St., Springfield, NE 68059 (402)592-1300 (jlucas@spscne.org)

Name: _____ Date: _____

(1) Description of the complaint: _____

(2) Names of any witnesses to the matter being complained about: _____

(3) Identify and attach any document supporting the complaint: _____

(4) Confidentiality: I ___ do ___ do not give consent to my identity being shared with the person(s) against whom I am complaining. If I do not give consent, I understand that the investigation may be hindered, but that the District will nonetheless investigate and take prompt and effective action to remediate the concerns I have raised, if appropriate.

(5) Relief requested (what I want done in response to this complaint): _____

The undersigned states: The facts in this complaint are true to the best of my knowledge, information and belief. I give permission for an investigation to be made into this complaint. I understand that the District will take steps to prevent me being retaliated against for filing this complaint, that I am to notify the District if any such retaliation occurs, and that the District will take prompt and strong responsive action if retaliation occurs.

Received by: _____ Signature: _____
Date: _____

InstructionClassroom Environment

At all times, teachers are expected to organize, maintain and ensure that their classroom is in a safe, orderly and clean condition for student learning. Classrooms should be free from distractions (such as inappropriate or unprofessional posters or other displays) and other apparatus that may cause student health problems (such as essential oils and/or essential oil diffusers). Teachers who are uncertain as to whether their classroom meets this requirement are encouraged to consult with their building principal in a proactive manner.

Staff members may not hang posters, flags, banners or other displays in the classroom that are (1) unrelated to the curriculum and (2) may otherwise result in a disruption to the learning environment. Any staff member who is uncertain as to whether a particular display is permitted in the classroom should consult with their building principal in a proactive manner.

Date of Adoption: 8/9/2021

InstructionAssessments—Academic Content Standards

The Board of Education may vote to adopt the academic content standards recommended by the State Board of Education (“State Board”).

If the Board of Education does not affirmatively vote to adopt an academic content standard recommended by the State Board, then the Board of Education will adopt a standard equal to or excess in rigor of the standard recommended by the State Board.

The administration shall be responsible for implementing assessments on the state standards in accordance with the procedures established by the State Board and the Department of Education, including conducting assessments in the same subject areas and the same grade levels as established in the state standards, and the reporting of scores and sub-scores.

This policy does not supersede the existing standards adopted by the Board of Education except as set forth herein.

Legal Reference: Neb. Rev. Stat. Sections 79-760 to 79-760.05

Date of Adoption: [8/9/2021]

InstructionSpecial Education

Springfield Platteview Community Schools adopts this special education policy with the intent that the policy maintains the District's compliance with all applicable laws affecting special education services and programs. The Superintendent or designees shall develop regulations or procedures to implement these policies. Employees and contractors of the District are expected to comply with these policies and all regulations, guidelines and procedures related to this policy in all respects.

The District will abide by all state and federal laws relating to special education. The District's special education policy and regulations, guidelines and procedures related to this policy are to be interpreted so as to be in compliance with such laws. In the event of changes in law, the school administration shall be authorized to implement modifications of practice to comply with such changes (whether the changes impose more or less stringent procedural or substantive requirements) until such time as amended policies are adopted by the Board of Education. References herein to 92 NAC 51 citations are made to Rule 51 as in effect on the date of the adoption of these policies. In the event of renumbering or other revisions to Rule 51, the policy shall be interpreted and implemented consistent with such renumbering or revisions.

1. Free Appropriate Public Education

A free appropriate public education shall be made available to all children with disabilities residing in the District from date of diagnosis through the school year in which the student reaches 21 years of age, including children with disabilities who have been suspended or expelled.

Legal Reference: 92 NAC 51-004.01 through 004.03A and 007.07C2 through 007.07C6

2. Full Educational Opportunity Goal

The District shall take steps to ensure that its children with verified disabilities have available to them the variety of educational programs and services available to children without disabilities in the areas served by the District, including art, music, industrial arts, family consumer science education, and vocational education.

Legal Reference: 92 NAC 51-004.11A

3. Child Find

All children from birth to age twenty-one (21) with disabilities residing in the District, including children with disabilities who are homeless or are wards of the state or attending nonpublic schools, regardless of the severity of their disabilities, who are in need of special education and related services, will be identified, located and evaluated and a practical method shall be developed and implemented by the administration to determine which children with disabilities are currently receiving needed special education and related services. The District will publish

annual notice of any significant activity that is designed to identify, locate, or evaluate children to publicly notify parents. The District will screen and evaluate all children with suspected disabilities birth through age 21, and will implement practical methods to track which children are currently receiving special education and related services. The District will provide student referrals that are accompanied by documentation of scientific, research, or evidence-based academic and/or behavioral interventions that have been implemented as designed for the appropriate period of time to show effect or lack of effect that demonstrates the child is not making a sufficient rate of progress to meet age or state-approved, grade-level standards within a reasonable time frame. The District will provide sustained supervision to monitor the implementation of compliant practices for the Child Find Rule. The District will use supervision and monitoring data to identify schools and/or personnel that require technical assistance to support compliant practices in the area of Child Find, paying particular attention to the communities experiencing disproportionality in the schools. All District Child Find activities will be equitably available to all children regardless of race, ethnicity, language, location, transience, income level, and access to medical care.

Legal Reference: 92 NAC 51-006.01 through 006.01A2

4. Pre-Referral Interventions

For a school age student, a general education student assistance team (SAT) or a comparable problem solving team shall be used prior to referral for multidisciplinary team evaluation. The SAT or comparable problem solving team shall utilize and document problem solving and intervention strategies to assist the teacher in the provision of general education. If the student assistance team or comparable problem solving team feels that all viable alternatives have been explored, a referral for multidisciplinary evaluation shall be completed. A referral shall include information from the SAT or comparable problem solving team, meeting the requirements of 92 NAC 51-006.01B and a listing of the members of the SAT or comparable problem solving team.

Legal Reference: 92 NAC 51-006.01B

5. Individualized Education Program (IEP)

An individualized education program, or an individualized family service plan, is to be developed, reviewed, and revised for each child with a disability in accordance with 92 NAC 51-007.

Legal Reference: 92 NAC 51-007

6. Least Restrictive Environment

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are to be educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment will occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (the “Least Restrictive Environment Rules”).

The District will: (1) develop and implement written procedures for implementation of the LRE Rules; (2) provide high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the LRE Rules; (3) provide sustained supervision to monitor the implementation of compliant practices for the LRE Rules; (4) use the supervision and monitoring data to identify schools and/or personnel that require technical assistance to support compliant practices in the area of least restrictive environment, paying particular attention to the disproportionate group; (5) ensure that every Individualized Education Programs (IEP) team meaningfully considers various support systems and activities that could be used to assist students with disabilities (SWD) to be educated successfully in general education classes prior to the consideration of pullout special education services; (6) ensure that special education teachers provide support to general education teachers in a variety of ways including, but not limited to, consultation, implementation of accommodations or modifications, and co-teaching; (7) ensure that a continuum of alternative placements is available to meet the needs of children with disabilities, particularly those in the disproportionate group, for special education and related services; (8) ensure that, in determining the educational placement of a child with a disability, including a preschool child with a disability, each district ensures that the placement decision is made by a group of persons including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options. Particular attention is paid to the disproportionate group; (9) ensure that placement discussions are based upon a completed IEP developed by the IEP team, focused on individualized student needs; and (10) ensure that the IEP teams review the students' progress at least annually to determine appropriate placement and progress towards annual goals.

Legal Reference: 92 NAC 51-008.01

7. Procedural Safeguards

Children with disabilities and their parents shall be afforded the required procedural safeguards.

Legal Reference: 92 NAC 51-009.01 through 009.07; 009.10 through 009.12; 009.14, 006.07

8. Disciplinary Removal of Children with Disabilities

The District will (1) develop and implement written procedures for disciplining students with disabilities (the "Discipline Rules"); (2) provide high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the Discipline Rules; (3) provide sustained supervision to monitor the implementation of compliant practices for the Discipline Rules; (4) use supervision and monitoring data, disaggregated by race/ethnicity, to identify schools and/or personnel that require technical assistance to support compliant practices in the area of discipline (including but not limited to: de-escalation techniques, functional behavior assessment, behavior intervention planning, and manifestation determination procedures); (5) ensure that school personnel appropriately consider unique circumstances on a case-by-case basis when determining suspension of a child with a disability, and ensure that data shows that these considerations are equitably made by race/ethnicity; (6) notify parents on the day that the decision is made to make

a removal that constitutes a change in placement of a child with a disability because of violation of a code of child conduct, and send parents copies of the procedural safeguards; (7) provide educational services for students removed fewer than 10 days to enable the student to continue to participate in the general educational curriculum, although in another setting, and to progress toward meeting the goals set out in the Individualized Education Programs, with data showing that these services are equitably provided by race/ethnicity; (8) ensure that within 10 school days of any decision to change placement of a child with a disability because of a violation of a code of student conduct, the IEP Team will review all relevant information in the file to determine whether the conduct in question was caused by or had a direct and substantial relationship to the child's disability or the conduct was the direct result of the district's failure to implement the IEP, and that such determinations are made equitable by race/ethnicity; and (9) ensure that, if the IEP Team makes a determination that the conduct was a manifestation of the child's disability, then the IEP Team conducts a functional behavioral assessment, unless the District conducted a FBA before the behavior that resulted in the change of placement occurred, and implements a behavioral intervention plan.

Legal Reference: 92 NAC 51-016

9. Evaluation, Identification, and Reevaluation Procedures

Children with disabilities shall be evaluated, identified, and reevaluated in accordance with 92 NAC 51-006. The District will: (1) provide high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the Evaluation and Reevaluation Rule; (2) provide sustained supervision to monitor the implementation of compliant practices for the Evaluation and Reevaluation Rule; (3) use the supervision and monitoring data, disaggregated by race and ethnicity, to identify schools and/or personnel that require technical assistance to support compliant practices in the area of evaluation and reevaluation, as well as the appropriate technical assistance/professional development to any schools and/or personnel identified in such data; (4) conduct a reevaluation of each child with a disability at least once every 3 years, unless the parent and the District agree that a reevaluation is unnecessary; (5) use a variety of assessment tools and strategies to gather relevant academic, functional, and developmental information about the child, including information provided by the parents, and information related to enabling the child to be involved in and progress in the general education curriculum that may assist in determining: (i) Whether the child is a child with a disability, and (ii) The content of the child's individualized education program; (6) use more than one procedure to determine whether a child has a disability and the appropriate educational program for the child; (7) use technically sound instruments to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors; (8) select assessments and other evaluation materials in a manner that (i) does not discriminate on a racial or cultural basis, (ii) is provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer, (iii) has been validated for the specific purpose for which they are used, and (iv) are administered by trained and

knowledgeable personnel in accordance with any instructions provided by the producer of the assessments; and (9) provide high quality, sustained professional learning activities on the written procedures for appropriate District and school personnel to assist with the implementation of the Evaluation and Reevaluation Rule.

The District will respond to a request for an Independent Educational Evaluation without unnecessary delay. Locations of any evaluator shall be within a reasonable distance of the District. A reasonable distance means within 100 miles of the school building the child attends and within Nebraska. In the event this geographic area restriction would prevent a parent from obtaining an Independent Educational Evaluation, the location of the evaluator may be outside the specified geographic area but must be within Nebraska. The District will provide the parent(s) with a list of qualified agencies/evaluators within the geographic area. The evaluators are to have their rates approved by the Nebraska Department of Education to be authorized to conduct the evaluation.

Legal Reference: 92 NAC 51-006

10. Confidentiality of Personally Identifiable Information

The confidentiality of student records and information shall be maintained in accordance with law.

Legal Reference: 92 NAC 51-003.16, 003.20, 009.03 through 009.03M3

11. Transition of Children from Part C to Preschool Programs

Children participating in early intervention programs under Part C of the IDEA (early intervention services) and who will participate in preschool programs assisted under Part B of the IDEA (services for school-aged children) shall experience a smooth and effective transition to those preschool programs in a manner consistent with 92 NAC 52-008. The District will participate in transition planning conferences arranged by the designated lead agency.

Legal Reference: 92 NAC 52-008

12. Children in Nonpublic Schools

To the extent consistent with the number and location of children with disabilities in the District who are enrolled by their parents in nonpublic elementary and secondary schools in the District, provision will be made for the participation of those children in the programs assisted or carried out under Part B of the IDEA (services for school-aged children) by providing them with special education and related services.

Legal Reference: 92 NAC 51-012.08 and 015

13. Personnel Standards and Personnel Development

Personnel providing special education or related services to children with disabilities shall be appropriately and adequately prepared and trained in accordance with IDEA requirements and the District will take measurable steps to recruit, hire, train and retain personnel meeting the requirements of IDEA to provide such services.

Legal Reference: 92 NAC 51-010

14. Participation in and Reporting of State and District Wide Assessments

All children with disabilities shall be included in all general state and district wide assessment programs, including assessments described under section 612(a)(16)(A) of the IDEA with appropriate accommodations and alternate assessments where necessary and as indicated in their respective individualized education programs. The District will make available to the Nebraska Department of Education the information necessary to carry out its duties relating to the reporting of children with disabilities participation in assessments.

Legal Reference: 92 NAC 51-004.05

15. Suspension and Expulsion Rates

The District will examine data, including data disaggregated by race/ethnicity, gender, LEP status, and disability category, to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities.

Legal Reference: 92 NAC 51-004.06E

16. Access to Instructional Materials

As part of any printed instructional materials adoption process, procurement contract, or other practice or instrument used for purchase of printed instructional materials, the District will enter into a written contract with the publisher of the printed instructional materials to:

- A. Require the publisher to prepare and, on or before delivery of the print instructional materials, provide to the National Instructional Material Access Center, electronic files containing the contents of the printed instructional materials using the National Instructional Materials Accessibility Standard, or
- B. Purchase instructional materials from the publisher that are produced in, or may be rendered in specialized formats.

Legal Reference: 92 NAC 51-004.15

17. Over-Identification and Disproportionality

Procedures shall be in place to ensure that testing and evaluation materials and procedures utilized for the evaluation and placement of children with disabilities will be selected and administered so as not to be racially or culturally discriminatory. Such materials or procedures shall be provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so, and no single procedure shall be the sole criterion for determining an appropriate educational program for a child. All District special education provisions will be equitably available to all children regardless of race, ethnicity, language, location, transience, income level, and access to medical care.

Legal Reference: 92 NAC 51-006.02C

18. Prohibition on Mandatory Medication

Children shall not be required to obtain a prescription for a controlled substance as a condition of attending school, receiving an evaluation to determine whether a child has a disability or the nature and extent of special education and related services the child needs, or receiving special education services.

Legal Reference: 92 NAC 51-004.11D; 21 U.S.C. §812(c)

19. Transportation

Transportation will be provided for children with disabilities who are eligible for transportation and residents of the school district as required by law.

Legal Reference: 92 NAC 51-014.01 through 014.02

20. Surrogates

A surrogate will be appointed and other action taken to ensure the rights of children with a disability as required by law.

Legal Reference: 92 NAC 51-009.10

21. Early Intervention Services – Consent

When a parent refuses to provide consent under 92 NAC 52, a meeting will be held or offered to explain to the parents how their failure to consent affects the ability of their child to receive services under 92 NAC 52.

Legal Reference: 92 NAC 52

22. Eligibility Determinations

The District will (1) develop written procedures for implementation of the Eligibility Determination Rule; (2) provide high quality, sustained professional learning activities on the written procedures for appropriate district and school personnel to assist with the implementation of the Eligibility Determination Rule; (3) provide sustained supervision to monitor the implementation of compliant practices for the Eligibility Determination Rule; (4) use the supervision and monitoring data, disaggregated by race and ethnicity, to identify schools and/or personnel that require technical assistance to support compliant practices in the area of eligibility; (5) ensure Individualized Education Programs (IEPs) are developed for children with a determination made of having a disability that has: (a) an adverse effect on educational performance (academic, functional, and/or developmental) and (b) requires special education and related services; (6) ensure that an eligibility report, which documents the area of disability, is completed and placed in each child's special education folder, with the eligibility report providing statements for each component of the eligibility and be comprehensive enough to serve as the evaluation report when necessary; (7) ensure the completion of the administration of assessments and other measures that the Multidisciplinary Evaluation Team (a group of qualified professionals and the parents of the child) determine whether the child is a child with a disability and the educational needs of the child; (8) ensure appropriate consideration of the exclusionary factor for reading (a child is not to be determined to be a child with a disability if the primary

factor for that determination is a lack of appropriate instruction in reading, including the essential components of reading instruction as defined in section 1208(3) of ESEA); (9) ensure appropriate consideration of the exclusionary factor for math (a child must not be determined to be a child with a disability if the primary factor for that determination is a lack of appropriate instruction in math); (10) ensure appropriate consideration of the exclusionary factor for Limited English Proficiency (LEP) (a child will not be determined to be a child with a disability if the primary factor for that determination is limited English proficiency); and (11) ensure (1) evaluation data draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations as well as the information about the child's physical condition, social or cultural background, and adaptive behavior and (2) that information obtained from all these sources is documented and carefully considered.

Legal Reference: 92 NAC 51-006.04.

Legal Reference: 34 CFR Parts 300, 303 and 304
Neb. Rev. Stat. Sec. 79-1110 to 79-1167
92 NAC 51, 52 and 55

Date of Adoption: 8/9/2021

Internal Board Policies - OrganizationAnnual Organizational Meeting

- A. An organizational meeting of the Springfield Platteview Community School District Board of Education shall be held on or before the third Monday of January of each year for the purposes of seating any new members and electing officers.

The following are procedures for election of officers and other business to take place at the annual organizational meeting of the Board:

1. After new Board members are sworn in, the Board will elect from its members a President, Vice President, Secretary and Treasurer, and if it is determined by the Board of Education to be needed an ex officio secretary and treasurer and those elected will assume office at the organizational meeting.
 2. Upon call for nominations for each office by the Chair, nominations shall be made by written or oral ballot. Voting will be by oral or written ballot on all members nominated and repeated until a majority is achieved for a nominee. If a tie is not broken after five ballots, the Chair will determine the winner by the flip of a coin, followed by a vote ratifying such selection. The vote may be taken by secret ballot, but the total number of votes for each candidate shall be recorded in the minutes of the meeting.
 3. The President shall assume the chair immediately upon the President's election.
 4. The motions for the officer elections should read: Move that _____ be elected as _____ (name of office) to serve a term of one year, or until the person's successor is elected and qualified.
- B. The order of business for meeting shall be as follows:
1. Call to Order and Roll Call
 2. Oath of office for most recently elected
 3. Elections
 - a. President
 - b. Vice President
 - c. Treasurer

d. Secretary

4. Approval of committees, positions, and designations
 - a. Consider, discuss and take action to elect Secretary to the BOE
 - b. Consider, discuss and take action to select legal counsel
 - c. Consider, discuss and take action to elect Committees as determined by the BOE
 - d. Consider, discuss and take action to select Depository bank(s)
 - e. Consider, discuss and take action to select District newspaper(s) of record
5. Approval of current Board policies and regulations
6. Designate date for the annual review of BOE policies
7. Dissemination to each Board member of conflict of interest statutes
8. Adjournment

Date of Adoption: 8/9/2021

RESOLUTION

RESOLVED, that the official depository of school funds for this School District is hereby designated to be _____, and that the designation of any other institution as the depository of school funds is hereby withdrawn.

The above Resolution, having been read in its entirety, member _____ moved for its passage and adoption, and member _____ seconded the same. After discussion and roll call vote, the following members voted in favor of passage and adoption of the above Resolution: _____

The following members voted against the same: _____

The following members were absent or not voting: _____

The above Resolution, having been consented to and approved by a majority of the members of the School Board of this School District, was declared as passed and adopted by the President at a duly held and lawfully convened meeting in full compliance with the Nebraska open meetings law.

DATED this ____ day of _____, 20__.

[Name] Public Schools

BY: _____
President

Attest:

Secretary

Legal Reference: Neb. Rev. Stat. Sections 77-2350 and 77-2350.01

Date of Adoption: [Insert Date]



Springfield Platteview Community Schools Pandemic Plan & Protocols 2021-2022

As we approach the 2021-22 school year, we want to make you aware of the protocols we currently have in place to deliver on our school district’s mission in light of the Coronavirus Pandemic. With the help of community input and Health Department guidance, Springfield Platteview Community Schools has developed a plan to guide our safe return to school. We have prepared this plan, shared in detail below, with the help of many valuable resources. Thank you for your guidance and support!

While national and international data is taken into consideration, we largely build our plans based on current conditions in our community and schools. We continue to work collaboratively with the Sarpy/Cass County Health Department to develop procedures to maintain safe school operations. Protocols could be adjusted for a specific school building, program, classroom, or settings based on cases, contact tracing, and risk. We will continue to review and update this plan as necessary.

Any changes will be promptly communicated through email and shared on our website at: spcsne.org/Coronavirus-Updates.

We look forward to welcoming back all of our SPCS students to campus for the 2021-22 school year!

August 2021

Bussing	Masks are recommended on busses. We will have assigned seats to assist with contact tracing. As soon as guidance is available to school districts, we will share additional information. Our drivers, paraprofessionals, and passengers (students and staff) will follow the requirements of public health.
Cafeteria/ Meals	Social distancing in the cafeteria will be encouraged as much as possible. Assigned seating will take place. Prepackaged food will be used when available. Each school will manage lunch visitors.

Calendar	We will follow the board approved 2021-22 school calendar.
Classroom Materials and Sharing	Students and teachers will be asked to limit sharing of classroom materials, supplies, and personal property.
Cleaning	Cleaning protocols will include a focus on high touch areas and nightly disinfecting protocols.
Common Space Use	Common spaces may be used per typical building expectations.
Extracurricular Activities	NSAA guidelines will be followed for all extracurricular activities. Home teams will decide the protocols for their hosted events. Information provided on the PHS website.
Facility Usage by Outside Organizations	Facility use will go on per typical expectations.
Gatherings and Non-Essential Events	Activities will go on per typical expectations.
Hand Washing	Everyone will be encouraged to sanitize or wash their hands upon entering and/or exiting the building, classroom, and cafeteria. Hand sanitizer will be readily available. Time will be built into the schedule for hand washing.
Masks	Masks and face coverings are optional but recommended for all staff, students, and visitors if not fully vaccinated. The requirement for mask and face coverings may change if there is an identified high risk of spread within the community, school building, program, or classroom.
Medically Vulnerable Students and Staff	We will accommodate students with special healthcare needs and update the care plans accordingly to decrease the risk of exposure in schools.
Mental and Social Emotional Health	We will continue and promote wellness activities for students and staff and have resources available. We will continue to expand the social and emotional curriculum and resources. Resources will be available for students transitioning back to school

	from eLearning during the 2020-21 school year.
Pick Up and Drop Off	Pick up and drop off will follow typical building expectations.
Positive Cases and Response	We will work with health officials to share with parents the pandemic protocols and expectations. Parents should report any positive cases of students and family members to the Health Department and school.
Screening	<p>Parents will be asked to screen children daily at home for possible symptoms of COVID-19.</p> <p>Any of the following: sudden onset of cough, sudden onset of shortness of breath, or sudden loss of taste or smell.</p> <p>Or</p> <p>Two or more of the following symptoms: a fever of 100.4 or above, chills, muscle aches, headache, sore throat, nausea or vomiting, diarrhea, or fatigue.</p>
Travel	There are no travel bans unless new guidance is provided from the Health Department.
Ventilation	Ventilation will continue to focus on filtration and fresh air practices consistent with ASHRAE (American Society of Heating, Refrigerating, and Air-Conditioning Engineers) standards for current equipment.
Virus Status	The district will collaborate with the Health Department to analyze risk variables and determine what protocols will need to be in place.
Visitors at School	Visitors are expected to follow the school handbook, district policies, and current protocols in place. Each building will manage the number of visitors for individual events based on capacity and the ability to social distance.
Water Fountains	Water bottle fillers are available at each building.

If you have any questions or want more information about the SPCS Pandemic Plan, visit us at spcsne.org or email spcscommunications@spcsne.org.

School	2021-2022		Kick-in	
	Daily	Long-Term		
Bellevue	\$165.00	\$175.00	10 days	
Bennington	\$160.00	\$175.00	10 days	
Blair	\$135.00	\$155.00	10 days	
Elkhorn	\$160.00	\$170.00	10 days	
Fremont	\$165.00	\$201.97	10 days	
Gretna	\$150.00	\$160.00	10 days	
Millard	\$165.00	\$175.00	15 days	
OPS	\$185.00	\$195.00	10 days	
Papio LV	\$165.00	\$175.00	15 days	
Ralston	\$160.00	\$170.00	10 days	
Westside	\$160.00	\$170.00	10 days	
Arlington	\$150.00	\$165.00	10 days	
DC West	\$145.00	\$155.00	10 days	
Fort Calhoun	\$130.00	\$155.00	10 day	
Springfield	\$145.00	\$194.97	10 days	
Average	\$156.00	\$172.80		

**Policy:
Animals at Schools**

Animals are not allowed in school district buildings or on school district property without the written permission of the superintendent or his or her designee except as provided in this policy or as otherwise required by law.

Procedures:

I. USE OF ANIMALS FOR INSTRUCTIONAL PURPOSES

Animals that support a district program or curriculum or that are used for instructional purposes are allowed in school district buildings or on school district property with the written permission of the superintendent or building principal.

II. SERVICE ANIMALS

The school district does not permit discrimination against individuals with disabilities, including those who require the assistance of a service animal. An individual with a disability is permitted to be accompanied by his/her service animal on school property when required by law, subject to the conditions of this policy.

Service Animal. A "service animal" is a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Work or tasks **do not** include the crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship. The work or tasks performed by a service animal must be directly related to the handler's disability or necessary to mitigate a disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. **See also**, Miniature Horses below.

School District Inquiries. School officials **may** ask the owner or handler of an animal whether the animal is required because of a disability and what work or task the animal has been trained to do **unless** the answers to these inquiries are readily apparent. School officials **may not** ask about the nature or extent of a person's disability and may not require documentary proof of certification or licensing as a service animal.

Procedural Requirements. The following requirements must be satisfied *before* a service animal will be allowed in school buildings or on school grounds:

Request. A person who wants to be accompanied by his/her service animal must submit a written request form to a principal or superintendent. The request form is attached to this policy. These requests must be renewed each school year or whenever a different service animal will be used. When a request to be accompanied by a service animal is submitted by, or on behalf of, a student who has an Individualized Education Program (IEP) and/or a Section 504 Plan, then the request shall be promptly referred to the student's respective IEP Team and/or 504 Team for its consideration and/or input.

Health and Vaccination. The owner or handler must have proof of current licensure from the local licensing authority including proof of the service animal's current vaccinations and immunizations required by law.

Service animals will not be allowed in school buildings or other school property until the school has approved the request.

Control. A service animal must be under the control of its handler at all times. The service animal must have a harness, backpack, vest identifying the dog as a trained service dog, leash, or other tether. If the handler is unable to use a harness, backpack, vest, leash, or other tether, because of a disability or the use of a harness, backpack, vest, leash, or other tether would interfere with the service animal's safe, effective performance of work or tasks, the use of these items is not required. However, the service animal must be otherwise under the handler's control.

Exclusion or Removal from School. A service animal may be excluded from school property and buildings if a school administrator determines that:

- (1) A handler does not have control of the service animal;
- (2) The service animal is not housebroken;
- (3) The service animal presents a direct and immediate threat to others in the school; or
- (4) The animal's presence fundamentally alters the nature of the service, program, or activity.

The handler or the student's parent or guardian shall be required to remove the service animal from school premises immediately upon such a determination. If the service animal is removed, the individual with a

disability shall be provided with the opportunity to participate in the service, program, or activity without the service animal.

Allergic Reactions. If any student or school employee assigned to a classroom or mode of transportation in which a service animal is permitted suffers an allergic reaction to the service animal, the person having custody and control of the animal will be required to remove the animal to a different location designated by an administrator. The school will arrange a meeting between school personnel, the individual with the disability, and the parents or guardian(s) of the person with the disability if that person is a student to develop an alternate plan.

Supervision and Care of Service Animals. The owner or handler of a service animal is solely responsible for the supervision and care of the animal, including any feeding, exercising, and clean up while the animal is in a school building or on school property. The student's parent or guardian is responsible for providing for the supervision and the care of the animal in the event that his or her student is not able to do so. The school district is not responsible for providing any care, supervision, or assistance for a service animal.

Extra Charges. The owner or handler of a service animal will not be required to pay an admission fee or a charge for the animal to attend events for which a fee is charged.

Damage to School Property and Injuries. The owner or handler of a service animal is solely responsible and liable for any damage to school property or injury to personnel, students, or others caused by the animal.

Miniature Horses. Requests to permit the use of a miniature horse by an individual with a disability will be addressed on a case-by-case basis by considering the following factors:

- (1) The type, size, and weight of the miniature horse and whether the facility can accommodate these features;
- (2) Whether the handler has sufficient control of the miniature horse;
- (3) Whether the miniature horse is housebroken; and
- (4) Whether the miniature horse's presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.

All additional requirements outlined in this policy, which apply to service animals, shall apply to miniature horses.

Service Animal in Training. This policy shall also be applicable to service animals in training that are accompanied by a bona fide trainer.

Denial of Access and Grievance. If a school official denies a request for access of a service animal, the disabled individual or parent or guardian can file a written grievance with the school's Section 504 Coordinator.

III. THERAPY ANIMALS

The school district supports the use of therapy animals by teachers or other qualified school personnel ("Owner") for the benefit of its students subject to the conditions of this policy.

Therapy Animal. A "therapy animal" is an animal that has been individually trained and certified to work with its Owner to provide emotional support, well-being, comfort, or companionship to school district students. Therapy animals are not "service animals" as that term is used in the American with Disabilities Act. The animal must be well behaved and have a temperament that is suitable for interaction with students and others in a public school. Therapy animals are personal property of the Owner and are not owned by the school district.

Therapy Animal Standards and Procedures. The following requirements must be satisfied *before* a therapy animal will be allowed in school buildings or on school grounds:

Request. An Owner who wants to bring a therapy animal to school must submit a written request form to a principal or superintendent. The request form is attached to this policy. The request must be renewed each school year or whenever a different therapy animal will be used. When a request to bring a therapy animal to school is submitted by, or on behalf of, a student who has an Individualized Education Program (IEP) and/or a Section 504 Plan, then the request shall be promptly referred to the student's respective IEP Team and/or 504 Team for its consideration and/or input.

Training and Certification. The Owner must submit training and certification information requested by the Superintendent or his or her designee. Any certification required by the school district must remain current at all times.

Health and Vaccination. The therapy animal must be clean, well groomed, in good health, house broken, and immunized against diseases common to such animals. The Owner must submit proof of current required licensure from the local licensing authority and proof of the therapy animal's current vaccinations and immunizations from a licensed veterinarian, if applicable.

Control. A therapy animal must be under the control of the Owner at all times.

Identification. The therapy animal must have appropriate identification identifying it as a therapy animal.

No Disruption. The therapy animal must not disrupt the educational process by any of its behaviors.

Health and Safety. The therapy animal must not pose a health and safety risk to any student, employee, or other person at school.

Supervision and Care of Therapy Animals. The Owner is solely responsible for the supervision and care of the therapy animal, including any feeding, exercising, and clean up while the animal is in a school building or on school property. The school district is not responsible for providing any care, supervision, or assistance for a therapy animal.

Authorized Area(s). The Owner shall only allow the therapy animal to be in areas in school buildings or on school property that are authorized by school district administrators.

Insurance. The Owner must submit a copy of an insurance policy that provides liability coverage for the therapy animal while on school property.

Exclusion or Removal from School. A therapy animal may be excluded from school property and buildings if a school administrator determines that:

- (1) A handler does not have control of the therapy animal;
- (2) The therapy animal is not housebroken;
- (3) The therapy animal presents a direct and immediate threat to others in the school; or
- (4) The animal's presence otherwise interferes with the educational process.

The Owner shall be required to remove the therapy animal from school premises immediately upon such a determination.

Allergic Reactions. If any student or school employee assigned to a classroom in which a therapy animal is permitted suffers an allergic reaction to the therapy animal, the Owner of the animal will be required to remove the animal to a different location designated by an administrator.

Damages to School Property and Injuries. The Owner of a therapy animal is solely responsible and liable for any damage to school property or injury to personnel, students, or others caused by the therapy animal.

Other Therapy Animals. Therapy animals (1) owned by students, patrons, or other non-school employees or (2) owned by school employees for their own benefit will not be allowed on school grounds or school property except as otherwise required by law.

Adopted on: _____

Revised on: _____

Reviewed on: _____

SERVICE ANIMAL REQUEST FORM

Date

School Building

Name of Assisted Person: _____

Assisted person is Staff Student Other

Name of Animal Owner (if different than above): _____

Name of Animal Handler (if different than above): _____

Name of Animal: _____ Type of Animal: Dog Miniature Horse

If it is not readily apparent that the animal qualifies as a "service animal," please answer the following questions:

Is use of the animal required because of a disability? Yes No

What work or task has the service animal been trained to perform?

I have read and understand the school district's Animals Policy. I will abide by the terms of that Policy. I understand that if the service animal is out of control, not housebroken, presents a direct and immediate threat to others in the school, or fundamentally alters the nature of the service, program, or activity that cannot be eliminated by reasonable modifications, the school district may exclude or remove my service animal from its property.

I agree to be responsible for any damage to school property or injury to personnel, students, or others caused by the animal. I agree to indemnify, defend, and hold harmless the school district from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my service animal.

Owner Signature

Date

Parent/Guardian Signature

Date

Assisted Person's Signature

Date

Handler Signature

Date

Please attach the following documentation:

- **Proof of current licensure**
- **Proof of current vaccinations and immunizations from a licensed veterinarian (as required by state and local law)**

APPROVAL

School Official Signature

Date

Title: _____

Note: This form is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different service animal will be used.

THERAPY ANIMAL REQUEST FORM

Date

School Building

Employee/Owner

Type of Animal: _____

Name of Animal: _____

Is the animal certified? Yes No

Has the animal received any training or certification (such as AKC Canine Good Citizen)? Yes No

If yes, please provide details (attach any certifications or proof of training):

Is the animal current on all required immunizations and vaccinations?

Yes No

Does the animal have an ID that indicates it is a therapy animal?

Yes No

I have attached the following documentation:

- Proof of current licensure
- Proof of current vaccinations and immunizations from a licensed veterinarian
- Declaration page indicating adequate liability insurance coverage

I have read and understand the school district's Animal Policy. I will abide by the terms of that Policy. I understand that if the therapy animal is out of control, not housebroken, presents a threat to others in the school, or otherwise interferes with the educational process, the school district may exclude or remove my therapy animal from school district property.

I agree to be responsible for any damage to school property or injury to personnel, students, or others caused by the animal. I agree to indemnify, defend, and hold harmless the school district from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my therapy animal.

Owner Signature

Date

APPROVAL

School Official Signature

Date

Printed Name: _____

Title: _____

Note: This form is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different therapy animal will be used.



***Future Planning
August 9, 2021***

- 8/11/21 New Teachers Report
- 8/12/21 All Teachers report
- 8/17/21 All Classified Staff Report
- 8/18/21 1st Day of School
- 8/19/21 1st Day of Preschool
- 8/23/21 Board Work Session 7 PM
- 8/30/21 Budget Hearing 6 PM
- 9/13/21 Site Committee 6 PM
 Finance Committee 6:30 PM
 Tax Hearing 6:50 PM
 Regular Meeting 7 PM