

**INTERMEDIATE SCHOOL DISTRICT 917  
IN DAKOTA COUNTY**

**REGULAR SCHOOL BOARD MEETING**

**Tuesday, May 6, 2014**

**AGENDA:**

- I. **PREVIEW CAMPING CABINS - 4:45 TOUR ON EAST END - PAUL LANDWEHR**
- II. **Call to Order - Jill Lewis**
- III. **Conduct Pledge of Allegiance - Chair Lewis**
- IV. **Visitors opportunity to be heard - Chair Lewis**
- V. **Additions to the agenda - Chair Lewis**
- VI. **Good News Report - Directors**
- VII. **Consent Items - Chair Lewis**
  - A. Minutes, April 22, 2014, School Board Work Session - John Christiansen 2
  - B. Minutes, April 7, 2014 - Regular School Board Meeting - John Christiansen 3
  - C. Personnel Considerations - John Christiansen 6
- VIII. **Donations - Jill Lewis 10**
- IX. **Business Manager's Report - Nicolle Roush**
  - A. Review and Approve Payment of Bills 11
  - B. Review and Approve Wire Transfers 17
  - C. Review and Approve Investment Report 26
- X. **Reports**
  - A. Review and Approve Blood Borne Pathogens Control Plan - John Christiansen 27
  - B. Resolution Teachers' Appreciation Week - John Christiansen 58
- XI. **Policies**
  - A. Review Revised Policy 456, Substitute Instructor Pay Schedule, first reading - John Christiansen 60
- XII. **New Business**
  - A. Board Consideration of Approval of Contracts for Mental Health Services - John Christiansen 62
  - B. Review and Approve Secondary and Special Education Lead Teachers for 2014-2015 - Melissa Schaller/Eric VanBrocklin 95
  - C. 2014-2015 Budget Review - Nicolle Roush 98
- XIII. **Adjournment**

**SCHOOL BOARD CALENDAR INFORMATION SCHOOL BOARD CALENDAR INFORMATION**

- May 13, 2014, 6:00 PM, Student of Distinction
- May 30, 1:00 PM, Lakeville North High School Dash Graduation, 19600 Ipava Avenue West
- May 30, 11:00 AM, Cedar IDEA Graduation, 2140 Diffley Road, Eagan
- May 29, 12:30 PM, Alliance SUN and IDEA graduation, 14300 Biscayne Ave. W., Rosemount
- June 3, 2014 - 5:15 PM, School Board Meeting, 917 Board Room, DCTC
- June 4, 2014 - 1:00 PM, DCALS North Graduation, 150 E. Marie, West St. Paul
- June 4, 2014 - 7:00 PM, DCALS Graduation, DCTC Center Commons
- June 5, 12:30 PM, TESA Graduation, DCTC Center Commons
- June 5, 10:00 AM, Deaf/Hard of Hearing Preschool Graduation, Great Room, Early Learning Services Center, Diamondhead Education Center, 202 W. Burnsville Parkway

## INTERMEDIATE SCHOOL DISTRICT 917

A Board work session of the Intermediate School District 917 School Board was held on Tuesday, April 22, 2014, at 4:00 PM, in the 917 Board Room at Dakota County Technical College.

**Members Present:** Dick Bergstrom, Dan Cater, Deb Clark, Bob Erickson, Vanda Pressnall, Ron Hill, Melissa Sauser, Jill Lewis, and ex-officio member Superintendent John Christiansen.

**Members Absent:** Tom Ryerson

**Also Present:** Eric Van Brocklin, Melissa Schaller, and Nicolle Roush

Chair Jill Lewis called the meeting to order at 4:02 PM.

Nicolle Roush, Business Manager, reviewed the proposed 2014-2015 Budget and answered questions from the board.

Dan Cater joined the meeting at approximately 4:45 PM.

Bob Erickson left the meeting at approximately 4:55 PM.

Special Education Director Melissa Schaller reported on the Special Education Goals for 2013-2014.

Principal Eric Van Brocklin reported on DCALS Goals for 2013-2014.

Business Manager Nicolle Roush reported on business office goals for 2013-2014.

Supt. John Christiansen reported on District 917 goals for 2013-2014.

Motion by Dan Cater, seconded by Melissa Sauser, to adjourn the meeting. All in favor voted aye. Motion carried.

There being no further business, the meeting was adjourned at 5:35 PM.

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Clerk

## INTERMEDIATE SCHOOL DISTRICT 917

A School Board Meeting of the Intermediate School District 917 School Board was held on Monday, April 7, 2014, at the Juvenile Services Center, 1600 Highway 55 West, Hastings, MN.

**Members Present:** Dick Bergstrom, Tom Ryerson, Vanda Pressnall, Deb Clark, Dan Cater, Ron Hill, Jill Lewis, Bob Erickson, Melissa Sauser, and ex-officio member Superintendent John Christiansen.

**Members Absent:** None.

**Also Present:** Nicolle Roush, Eric Van Brocklin, Melissa Schaller, Valerie Dosland and Linda Berg

Prior to the Board Meeting, the members toured the Juvenile Services Center with Jennifer Hetland.

School Board Chair Jill Lewis called the meeting to order at 5:25 PM.

There were no visitors to be heard.

The good news reports were presented.

Valerie Dosland, Legislative Lobbyist for the Intermediates, reported to the Board on the legislative session.

1. Motion by Vanda Pressnall, seconded by Dan Cater, to approve the consent items, as presented. All present voted aye. Motion carried.
  - **Minutes:** February 4, 2014, Regular School Board Meeting
  - **Minutes: There are no meeting minutes for the March 4, 2014, Board meeting. The meeting was held but due to a lack of a quorum, no voting items were discussed.**
  - **Personnel: New Hires:** Troy Neumann, Classroom Assistant, effective February 25, 2014. Meghan Andryski, Classroom Assistant, effective February 24, 2014. Gabriel Leake, Classroom Assistant, effective February 18, 2014. Jacob Peterson, Classroom Assistant, effective February 10, 2014. Amanda Kuoppala, Classroom Assistant, effective March 31, 2014. Kasey Pena, Classroom Assistant, effective March 31, 2014. Kristine Wagner, Classroom Assistant, effective March 24, 2014. **Rehires:** Johnathan Harlin, Classroom Assistant, effective February 18, 2014. **Change in Status:** Lamin Dibba, Classroom Assistant, leave of absence effective February 24, 2014 through March 21, 2014. Nicole Hird, Health Associate, child care leave of absence beginning August 28, 2014, with a return date of September 15, 2014. Roxann Johnson, Special Education Teacher, continue at .8 FTE (148 days at 8 hours per day) effective August 25, 2014, for the 2014-2015 school year only. Sarah Johnson, Orientation and Mobility Specialist, continue at .6 FTE (111 days at 8 hours per day) effective August 25, 2014, for the 2014-2015 school year only. Betsy Koepke, School Psychologist, continue at .8 FTE (148 days at 8 hours per day) effective August 25, 2014, for the 2014-2015 school year only. Linda Lacher Goddard, Speech Language Pathologist, continue at .3 FTE (114 days at 4 hours per day) effective August 25, 2014, for the 2014-2015 school year only. Jonathon Mulville, English/Communications Teacher, leave of absence for the 2014-2015 school year beginning August 25, 2014 through June 5, 2015. Shelby Nutting-Veliz, School Social Worker, parental leave of absence effective September 2, 2014, with a return date of November 13, 2014. Shannon Rasmussen, Special Education Teacher, continue at .8 FTE (148 days at 8 hours per day) effective August 25, 2014, for the 2014-2015 school year only. Heather Stoesz, Speech Language Pathologist, continue at .8 FTE (148 days at 8 hours per

day) effective August 25, 2014, for the 2014-2015 school year only. Laura Tennesen, School Psychologist, continue at .95 FTE (149 days at 9.4 hours per day) effective August 25, 2014, for the 2014-2015 school year only. *Resignations & Terminations:* Kellie Schmidt, Classroom Assistant, effective February 24, 2014. Morgan Ashwell, Mental Health Practitioner, effective March 28, 2014. Kristen Pederson, Program Assistant, effective April 11, 2014. Jacob Peterson, Classroom Assistant, effective March 11, 2014. Alfred Spears, Program Assistant, effective March 21, 2014. Sheila Toni, Special Education Teacher, effective June 9, 2014. *Retirements:* Susan Landberg, Special Education Teacher, effective August 1, 2014.

2. Board Member Bob Erickson introduced the following resolution: Resolution to Accept Donations in the amount of approximately \$3,338.00. Donation of two printers, two PC's a laptop, mice, keyboards, keyboard tray, speakers, and a box of computer software for the Computer Repair, Networking and Video Game Design Program from Cindy Albrecht . Value \$500. Donation of \$838 to the ISD 917 Program for Learners who are Deaf or Hard of Hearing, from Ms. Courtney Sekevitch of Mendota Heights. Value \$838. Donation of curriculum software, assistive technology, and miscellaneous hardware from Cadan Assistive Technologies in Eagan for the 917 programs. Value \$500. Donation of \$1,500 to the TESA Program from the Dakota County Voiture 1457 of Rosemount. Value \$1,500. The motion for the adoption of the foregoing resolution was duly seconded by Dick Bergstrom and upon vote being taken thereon, the following voted in favor thereof: Dick Bergstrom, Dan Cater, Deb Clark, Bob Erickson, Jill Lewis, Ron Hill, Melissa Sauser, Tom Ryerson, Vanda Pressnall, and the following voted against the same: none. Whereupon said resolution was duly passed and adopted. (Addendum A.)
3. Motion by Ron Hill, seconded by Melissa Sauser, to approve the payment of bills from January 30, 2014, through April 3, 2014, the wire transfers, and the Investment Report for the months of January, 2014, February, and March, 2014, as presented by the Business Manager. All present voted aye. Motion carried.

Melissa Schaller introduced Pam Garrettson, Employee of the Winter Quarter. (Presented on March 4, 2014.)

Melissa Schaller introduced Karen Doenges, Teacher of the Winter Quarter. (Presented on March 4, 2014.)

Valerie Dosland, Legislative Lobbyist for the Intermediates, reported to the Board on the legislative session.

4. Motion by Tom Ryerson, seconded by Deb Clark, to approve the Temporary Employee Report as presented. (Addendum B.) All present voted aye. Motion carried.
5. Motion by Deb Clark, seconded by Dick Bergstrom, to approve the revised Policy 615, Wellness, final reading, as presented. (Addendum C.) All present voted aye. Motion carried.
6. Motion by Ron Hill, seconded by Melissa Sauser, to approve a budget increase of \$3,000 from the grants received from the MN Regional Low Incidence Project – Region 11 and to approve a budget increase in the amount of \$2,314.13 from the Education Minnesota Foundation. (Addendum D.) All present voted aye. Motion carried.

Superintendent Christiansen explained the Affordable Healthcare Act.

7. Motion by Bob Erickson, seconded by Tom Ryerson, to accept the Terms and Conditions of Employment for the Assistant Directors for their 2013-2015 contract; and to Agreement of Employment for Business Manager, Director of Special Education, Secondary Education Principal, and Technology Coordinator, as presented. (Addendum E.) All present voted aye. Motion carried.
8. Motion by Deb Clark, seconded by Ron Hill, to approve the recommendations for reduction in programs for DCALS, as presented. (Addendum F.) All present voted aye. Motion carried.
9. Board Member Ron Hill, introduced the following resolution and waived the reading: Resolution relating to the termination and nonrenewal of the teaching contracts of Robert Keech (.8), Stefanie Schmitz (.5), Kerri Wichern, Megan Purfeerst, Danielle Wolf, and Jill Larson, Probationary Teachers. The motion for the adoption of the foregoing resolution was duly seconded by Dan Cater, and upon vote being taken thereon, the following voted in favor there: Dick Bergstrom, Dan Cater, Melissa Sauser, Ron Hill, Bob Erickson, Deb Clark, Jill Lewis, Vanda Pressnall and Tom Ryerson, and voting against the same: none. Whereupon said resolution was declared duly passed and adopted. (Addendum G.)
10. Board Member Dick Bergstrom, introduced the following resolution and waived the reading: Resolution Proposing to Place James Eberhardt on Unrequested Leave of Absence. The motion for the adoption of the foregoing resolution was duly seconded by Dan Cater, and upon vote being taken thereon, the following voted in favor there: Dick Bergstrom, Dan Cater, Melissa Sauser, Ron Hill, Bob Erickson, Deb Clark, Jill Lewis, Vanda Pressnall and Tom Ryerson, and voting against the same: none. Whereupon said resolution was declared duly passed and adopted. (Addendum H.)
11. Motion by Vanda Pressnall, seconded by Ron Hill, to approve the ISD 917 Calendar for 2014-2015 as presented. (Addendum I.) All present voted aye. Motion carried.

Member District Updates were given.

12. Motion by Tom Ryerson, seconded by Dick Bergstrom, to adjourn the meeting. All present voted aye. Motion carried.

There being no further business the meeting adjourned at 6:32 P.M.

The next regular School Board Meeting will be Tuesday, May 6, 2014, in the 917 Board Room at Dakota County Technical College.

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Clerk

**SUMMARY OF PERSONNEL ITEMS RECOMMENDED  
FOR ACTION AT BOARD MEETING OF MAY 6, 2014**

**NEW HIRES:**

Courtney Olson, Classroom Assistant, effective April 22, 2014.

Adrienne Turzynski, Board Certified Behavior Analyst (BCBA), effective July 1, 2014.

**RE- HIRES:**

Aaron Olson, Long-Term Substitute Teacher-DCALS effective April 15, 2014, through June 5, 2014.

**CHANGE IN STATUS:**

Angelita Fleming, Speech Language Pathologist, continue at 185 days per year and 8 hours per day (1.0 FTE) effective August 25, 2014, for the 2014-2015 school year only.

Ann Hawkins, Long-Term Substitute Special Education Teacher effective April 16, 2014, through June 5, 2014 (from PA to LTS Teacher).

Karissa Martin, Classroom Assistant, Military Active Duty leave of absence effective May 31, 2014.

Katie Pinnt, Program Assistant, medical leave of absence beginning March 31, 2014, with a return date of May 19, 2014.

Joseph Sobottka, Cleaner, increase from 220 to 260 days per year effective July 1, 2014.

**RESIGNATIONS & TERMINATIONS:**

Amy O'Brien, Program Assistant, effective May 8, 2014.

Marissa Vossen, Classroom Assistant, effective April 25, 2014.

To Bd 5/6/14

**DISTRICT 917 CANDIDATE SUMMARY--EMPLOYMENT RECOMMENDATION**

DATE: April 22, 2014	Teaching Licenses Held:
NAME: Courtney Olson	
Position: Classroom Assistant	
College:    Secondary:    Special Education: x    District:	Recommended Salary : \$16.37 hourly
	Employment Date: April 21, 2014

**Education:**

	Institution	Graduated (yes or no)	Major	Degree/Diploma
High School	Northfield High	Yes	Generals	Diploma
Technical College				
College	University of MN	Yes	Communication Sciences and Disorder	BA
Other				

**Business/Industry Work Experience:**

Employer (most recent first)	From	To	Position/Responsibilities
District 112	9/2013	Current	Paraprofessional
LifeSpan of MN	6/2013	3/2014	Teacher Assistant
College Nannies and Tutors	10/2012	6/2013	Learning Center Manager

Total Years Business/Industry Work Experience 4+

**Teaching Experience:**

Employer (most recent first)	From	To	Position/Responsibilities

**Remarks:**

Courtney will be a classroom assistant in the TEA Program located in Apple Valley.

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**DISTRICT 917 CANDIDATE SUMMARY--EMPLOYMENT RECOMMENDATION**

DATE: April 23, 2014	Teaching Licenses Held:
NAME: Adrienne Turzynski	
Position: Board Certified Behavior Analyst	
College:    Secondary:    Special Education: x    District:	Recommended Salary : \$65,000
	Employment Date: 7/1/14

**Education:**

	Institution	Graduated (yes or no)	Major	Degree/ Diploma
High School	Wilber Clatonia High	Yes	Generals	Diploma
College	NE Wayne State	No	Pre-Occupational Therapy	46 credits
College	University of MN	Yes	Psychology	BA
	University of MN	Yes	Applied Behavior Analysis	MS
Other				

**Business/Industry Work Experience:**

Employer (most recent first)	From	To	Position/Responsibilities
The Lovaas Institute	6/2003	Current	Behavior Analyst
Families for Effective Autism Treatment	6/2001	6/2003	Behavior Analyst

Total Years Business/Industry Work Experience 13

**Teaching Experience:**

Employer (most recent first)	From	To	Position/Responsibilities

**Remarks:**

Adrienne will be a BCBA for the District, working districtwide.

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**ADDENDUM TO  
SUMMARY OF PERSONNEL ITEMS RECOMMENDED  
FOR ACTION AT BOARD MEETING OF MAY 6, 2014**

**CHANGE IN STATUS:**

Elizabeth Anderson, Classroom Assistant, leave of absence beginning August 28, 2014, through December 31, 2014.

**RESIGNATIONS & TERMINATIONS:**

Jeremy Chlan, Program Assistant, effective May 26, 2014.

# **Intermediate School District #917 School Board**

## **Resolution to Accept Donations**

Board member \_\_\_\_\_ introduced the following Resolution:

RESOLVED, that the School Board of Intermediate School District 917 accept the following donations, as indicated below, in the amount of \$3,078.66.

1. Donation of Nimbo tyke-sized reverse four-wheeled walker, value of \$183.33, from Rob Brick and Jolene Johnson-Brick of Farmington, to be used with multiple learners over the years to come at 917.
2. Donation of a wheelchair (\$1,433.33), Kaye reverse walkers (\$733.33), Nimbo reverse walker (\$183.33), small gait trainer (\$406.67) and pair of forearm crutches (\$138.67) from the Shriners Hospital for Children – Twin Cities, 2025 East River Parkway, Minneapolis, to be used with learners with physical needs served by ISD 917 physical therapists.

The motion for the adoption of the foregoing resolution was duly seconded by Member \_\_\_\_\_, and upon vote being taken thereon, the following voted in favor thereof:

And the following voted against the same: none.

Whereupon said resolution was declared duly passed and adopted.

Date Board Approved: May 6, 2014

CHECK REGISTER FOR BANK 01 - WELLS FARGO BANK  
DATE RANGE: 04/04/14 - 05/01/14

CHECK #	TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADDRS #	VENDOR NAME	CHECK STATUS
316375	S	\$2254.07	04/08/14	40018	0	S.E.P., LOCAL 4242	OUTSTANDING
316376	S	\$493.32	04/10/14	23725	1	ADVANCED IMAGING SOLUTIONS	OUTSTANDING
316377	S	\$36.57	04/10/14	22907	0	AMSAN BRISSMAN-KENNEDY	OUTSTANDING
316378	S	\$33.04	04/10/14	24042	0	BERGSTROM, RICHARD	OUTSTANDING
316379	S	\$80.38	04/10/14	16141	0	CARQUEST AUTO PARTS STORES	OUTSTANDING
316380	S	\$182.50	04/10/14	16244	0	CUB FOODS	OUTSTANDING
316381	S	\$76.25	04/10/14	14606	0	DAKOTA AWARDS	OUTSTANDING
316382	S	\$55.00	04/10/14	20448	3	DAKOTA COUNTY FINANCIAL SERVICES	OUTSTANDING
316383	S	\$452.69	04/10/14	21866	0	DAKOTA COUNTY TECH COLLEGE	OUTSTANDING
316384	S	\$67.00	04/10/14	18796	0	ESTR PUBLICATIONS	OUTSTANDING
316385	S	\$134.50	04/10/14	07278	0	FLAGHOUSE	OUTSTANDING
316386	S	\$318.08	04/10/14	40092	0	FLOCK HIES & ASSOCIATES INC.	OUTSTANDING
316387	S	\$960.24	04/10/14	03079	0	FRONTIER COMMUNICATIONS	OUTSTANDING
316388	S	\$122.21	04/10/14	22631	0	GOVCONNECTION	OUTSTANDING
316389	S	\$111.30	04/10/14	23821	0	HANDI MEDICAL SUPPLY	OUTSTANDING
316390	S	\$64.60	04/10/14	15500	7	IND SCH DIST 196 GRAPHICS DEPARTMENT	OUTSTANDING
316391	S	\$3840.00	04/10/14	21007	0	INT SCH DIST 287	OUTSTANDING
316392	S	\$115.42	04/10/14	23090	0	KNG INTERNATIONAL	OUTSTANDING
316393	S	\$575.80	04/10/14	21976	0	LEARNING ZONE EXPRESS	OUTSTANDING
316394	S	\$538.13	04/10/14	23917	1	MARCO INC	OUTSTANDING
316395	S	\$360.00	04/10/14	21993	0	MCIS	OUTSTANDING
316396	S	\$677.57	04/10/14	13407	0	MCKESSON MEDICAL	OUTSTANDING
316397	S	\$132.00	04/10/14	14116	0	MENARDS	OUTSTANDING
316398	S	\$157.50	04/10/14	24049	0	MORGAN ASHWELL	OUTSTANDING
316399	S	\$1023.14	04/10/14	23690	0	OUTDOOR IMAGES, INC	OUTSTANDING
316400	S	\$612.78	04/10/14	22779	0	PHONAK	OUTSTANDING
316401	S	\$910.40	04/10/14	23874	0	REINHART FOODSERVICE, LLC	OUTSTANDING
316402	S	\$15.36	04/10/14	29040	0	SAM'S CLUB	OUTSTANDING
316403	S	\$554.05	04/10/14	00735	0	SCHMITTY & SONS	OUTSTANDING
316404	S	\$149.00	04/10/14	23148	1	SEROTEK CORPORATION	OUTSTANDING
316405	S	\$3058.03	04/10/14	23942	0	TEACHERS ON CALL	OUTSTANDING
316406	S	\$3247.02	04/10/14	00643	0	TIES	OUTSTANDING
316407	S	\$1500.00	04/10/14	29359	0	US BANK	OUTSTANDING
316408	S	\$3981.57	04/10/14	19389	0	WELLS FARGO	OUTSTANDING
316409	S	\$1322.95	04/14/14	40022	0	AXA EQUITABLE LIFE INS CO	OUTSTANDING
316410	S	\$6179.11	04/14/14	40016	0	EDUCATION MINNESOTA, LOCAL 3904	OUTSTANDING
316411	S	\$4494.27	04/14/14	29026	0	EDUCATION MN ESI BILLING TRUST	OUTSTANDING
316412	S	\$4888.10	04/14/14	40060	0	FIDELITY INVSTMT TAX-EX SVC CO	OUTSTANDING
316413	S	\$1512.57	04/14/14	40021	0	ING LIFE INSURANCE	OUTSTANDING
316414	S	\$306.65	04/14/14	24027	0	MIDLAND CREDIT MANAGEMENT INC	OUTSTANDING
316415	S	\$335.77	04/14/14	22885	1	MN UNEMPLOYMENT INSURANCE	OUTSTANDING
316416	S	\$64.00	04/14/14	21651	0	NCPRS MINNESOTA	OUTSTANDING
316417	S	\$267.16	04/14/14	23901	0	OFFICE OF THE ATTORNEY GENERAL	OUTSTANDING
316418	S	\$149.44	04/14/14	29972	0	RELATED SERVICES NURSES ESP	OUTSTANDING
316419	S	\$2304.24	04/14/14	40018	0	S.E.P., LOCAL 4242	OUTSTANDING
316420	S	\$205.00	04/14/14	40012	0	UNITED WAY, GREATER TWIN CITIES	OUTSTANDING
316421	S	\$1295.43	04/14/14	40071	0	WADDELL & REED INC	OUTSTANDING
316422	S	\$344.50	04/16/14	23203	0	ACCELERATED TECHNOLOGIES	OUTSTANDING
316423	S	\$57.25	04/16/14	21937	0	AMBUTECH	OUTSTANDING
316424	S	\$23552.00	04/16/14	23997	1	AMERICAN COMPENSATION INSURANCE COMPANY	OUTSTANDING
316425	S	\$223.69	04/16/14	22997	0	AMSAN BRISSMAN-KENNEDY	OUTSTANDING
316426	S	\$698.00	04/16/14	19645	0	APPLE COMPUTER, INC	OUTSTANDING

Intermedate School Dist 917  
 CHECK REGISTER FOR BANK 01 - WELLS FARGO BANK  
 DATE RANGE: 04/04/14 - 05/01/14

CHECK #	TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADDRS #	VENDOR NAME	CHECK STATUS
316427	S	\$254.00	04/16/14	23139	0	ASCD	OUTSTANDING
316428	S	\$304.80	04/16/14	17169	0	BARNES & NOBLE	OUTSTANDING
316429	S	\$79.35	04/16/14	21170	1	BOYS TOWN PRESS	OUTSTANDING
316430	S	\$798.00	04/16/14	21623	0	CADAN COMPUTERS	OUTSTANDING
316431	S	\$150.00	04/16/14	21231	0	CPI	OUTSTANDING
316432	S	\$100.57	04/16/14	22238	1	DISCOUNT SCHOOL SUPPLY	OUTSTANDING
316433	S	\$178.86	04/16/14	22011	3	ECOLAB INC	OUTSTANDING
316434	S	\$6744.95	04/16/14	22631	0	GOVCONNECTION	OUTSTANDING
316435	S	\$23432.41	04/16/14	09592	0	IND SCH DIST 191	OUTSTANDING
316436	S	\$272.75	04/16/14	22975	0	INDEPENDENT LIVING AIDS, INC	OUTSTANDING
316437	S	\$3734.04	04/16/14	23297	0	INNOVATIVE OFFICE SOLUTIONS	OUTSTANDING
316438	S	\$87.90	04/16/14	23297	0	UNISSUED	UNISSUED
316439	S	\$398.40	04/16/14	10641	0	LINGUI SYSTEMS, INC	OUTSTANDING
316440	S	\$718.09	04/16/14	15309	0	MAYER-JOHNSON LLC	OUTSTANDING
316441	S	\$308.00	04/16/14	22885	1	MN UNEMPLOYMENT INSURANCE	OUTSTANDING
316442	S	\$1780.99	04/16/14	11469	0	MOUNT OLIVET CONFERENCE & RETREAT CENTER	OUTSTANDING
316443	S	\$617.96	04/16/14	22654	2	NCS PEARSON, INC	OUTSTANDING
316444	S	\$133.10	04/16/14	20568	1	OFFICE DEPOT	OUTSTANDING
316445	S	\$129.71	04/16/14	06806	1	PRO-ED	OUTSTANDING
316446	S	\$255.00	04/16/14	23003	0	REALLY GOOD STUFF	OUTSTANDING
316447	S	\$392.16	04/16/14	11070	0	RIFTON EQUIPMENT	OUTSTANDING
316448	S	\$62.45	04/16/14	15713	0	SOUTHPAW ENTERPRISES	OUTSTANDING
316449	S	\$10742.88	04/16/14	21191	0	SUPER DUPER SCHOOL CO	OUTSTANDING
316450	S	\$80.00	04/16/14	23942	0	TEACHERS ON CALL	OUTSTANDING
316451	S	\$3662.00	04/16/14	23595	0	THE MCDOWELL AGENCY, INC	OUTSTANDING
316452	S	\$7397.81	04/16/14	00643	0	TIES	OUTSTANDING
316453	S	\$68.50	04/16/14	23048	0	VORT CORPORATION	OUTSTANDING
316454	S	\$1853.96	04/24/14	23725	0	ADVANCED IMAGING SOLUTIONS	OUTSTANDING
316456	S	\$1615.10	04/24/14	23678	0	AMAZON.COM, LLC	OUTSTANDING
316457	S	\$5842.00	04/24/14	23678	0	UNISSUED	UNISSUED
316458	S	\$11639.70	04/24/14	19720	0	ANDERSON LADD INC	OUTSTANDING
316460	S	\$333.00	04/24/14	24040	0	APPLE VALLEY BUSINESS CENTER LTD	OUTSTANDING
316461	S	\$75.00	04/24/14	22724	0	BUG BUSTERS, INC	OUTSTANDING
316462	S	\$880.97	04/24/14	29070	1	CARVER-SCOTT CTIC	OUTSTANDING
316463	S	\$4762.56	04/24/14	19803	0	CENTERPOINT ENERGY	OUTSTANDING
316464	S	\$2654.06	04/24/14	22698	0	CLEAR CHOICE PROPERTIES LLC	OUTSTANDING
316466	S	\$16.44	04/24/14	16244	0	CORPORATE HEALTH SYSTEMS	OUTSTANDING
316467	S	\$21.63	04/24/14	20406	0	CUB FOODS	OUTSTANDING
316467	S	\$876.00	04/24/14	02866	0	CUB FOODS	OUTSTANDING
316468	S	\$291.00	04/24/14	19401	0	DAKOTA ELECTRIC ASSN	OUTSTANDING
316469	S	\$306.90	04/24/14	20307	1	DEX MEDIA EAST, INC.	OUTSTANDING
316470	S	\$626.95	04/24/14	23880	0	ENABLING DEVICES/TOYS FOR SPEC CHILD	OUTSTANDING
316471	S	\$27.90	04/24/14	23880	0	ESPECIAL NEEDS, LLC	OUTSTANDING
316472	S	\$986.31	04/24/14	03079	0	FLAGHOUSE	OUTSTANDING
316473	S	\$696.20	04/24/14	16702	0	FRONTIER COMMUNICATIONS	OUTSTANDING
316474	S	\$10125.20	04/24/14	19858	0	GODFREYS CUSTOM SIGNS	OUTSTANDING
316475	S	\$547.95	04/24/14	09592	0	IND SCH DIST # 196	OUTSTANDING
316476	S	\$1174.00	04/24/14	09592	0	IND SCH DIST 191	OUTSTANDING
316477	S	\$1020.12	04/24/14	23297	0	IND SCH DIST 191	OUTSTANDING
316478	S	\$248.13	04/24/14	21976	0	INNOVATIVE OFFICE SOLUTIONS	OUTSTANDING
						LEARNING ZONE EXPRESS	OUTSTANDING

CHECK REGISTER FOR BANK 01 - WELLS FARGO BANK  
 DATE RANGE: 04/04/14 - 05/01/14

CHECK #	TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADDRS #	VENDOR NAME	CHECK STATUS
316479	S	\$164.12	04/24/14	23917	1	MARCO INC	OUTSTANDING
316480	S	\$41.90	04/24/14	23996	0	MEDICAREBLUE RX	OUTSTANDING
316481	S	\$436.30	04/24/14	14116	0	MENARDS	OUTSTANDING
316482	S	\$224.92	04/24/14	22657	15	MN DEPT OF EDUCATION	OUTSTANDING
316483	S	\$1233.09	04/24/14	23258	0	MN ENERGY RESOURCES CORPORATION	OUTSTANDING
316484	S	\$1053.14	04/24/14	20868	0	OFFICE OF ENTERPRISE TECHNOLOGY	OUTSTANDING
316485	S	\$344.50	04/24/14	20624	0	ORIENTAL TRADING CO.	OUTSTANDING
316486	S	\$15.95	04/24/14	29216	0	OUILLETTE, RENAE	OUTSTANDING
316487	S	\$98.17	04/24/14	17629	1	PAPER DIRECT	OUTSTANDING
316488	S	\$65.95	04/24/14	06806	0	PRO-ED	OUTSTANDING
316489	S	\$1823.14	04/24/14	23874	0	REINHART FOODSERVICE, LLC	OUTSTANDING
316490	S	\$185.70	04/24/14	24046	0	SPECIAL NEEDS PRODUCTS	OUTSTANDING
316491	S	\$10706.47	04/24/14	23942	0	TEACHERS ON CALL	OUTSTANDING
316492	S	\$1464.00	04/24/14	23814	0	TRIG LIFE SERVICES	OUTSTANDING
316493	S	\$124.42	04/24/14	20999	3	VERIZON WIRELESS	OUTSTANDING
316494	S	\$6593.17	04/24/14	23898	0	WASHBURN CENTER FOR CHILDREN	OUTSTANDING
316495	S	\$173.80	04/24/14	02490	0	WESTERN PSYCHOLOGICAL SERVICES	OUTSTANDING
316496	S	\$881.64	04/28/14	40072	0	AFLAC	OUTSTANDING
316497	S	\$1322.95	04/28/14	40022	0	AXA EQUITABLE LIFE INS CO	OUTSTANDING
316498	S	\$6179.11	04/28/14	40016	0	EDUCATION MINNESOTA, LOCAL 3904	OUTSTANDING
316499	S	\$494.27	04/28/14	29026	0	EDUCATION MN ESI BILLING TRUST	OUTSTANDING
316500	S	\$888.10	04/28/14	40060	0	FIDELITY INVSTMT TAX-EX SVC CO	OUTSTANDING
316501	S	\$1512.57	04/28/14	40021	0	ING LIFE INSURANCE	OUTSTANDING
316502	S	\$306.65	04/28/14	24027	0	MIDLAND CREDIT MANAGEMENT INC	OUTSTANDING
316503	S	\$573.98	04/28/14	40017	0	O.P.E.I.U., LOCAL 12	OUTSTANDING
316504	S	\$267.16	04/28/14	23901	0	OFFICE OF THE ATTORNEY GENERAL	OUTSTANDING
316505	S	\$149.44	04/28/14	29972	0	RELATED SERVICES NURSES ESP	OUTSTANDING
316506	S	\$2258.24	04/28/14	40018	0	S.E.P., LOCAL 4242	OUTSTANDING
316507	S	\$205.00	04/28/14	40012	0	UNITED WAY, GREATER TWIN CITIES	OUTSTANDING
316508	S	\$1295.43	04/28/14	40071	0	WADDELL & REED INC	OUTSTANDING
316509	S	\$374.90	05/01/14	17397	0	409-PRAXAIR DISTRIBUTION INC	OUTSTANDING
316510	S	\$210.00	05/01/14	12615	0	ABLENET INC.	OUTSTANDING
316511	S	\$99.65	05/01/14	24051	0	AMBER HAVICAN	OUTSTANDING
316512	S	\$1794.67	05/01/14	22907	0	AMSAN BRISSMAN-KENNEDY	OUTSTANDING
316513	S	\$440.00	05/01/14	23616	0	BRIH DESIGN, LLC	OUTSTANDING
316514	S	\$236.57	05/01/14	21674	1	CENTURYLINK	OUTSTANDING
316515	S	\$16.53	05/01/14	21674	2	CENTURYLINK	OUTSTANDING
316516	S	\$1050.08	05/01/14	22891	1	CURTIS 1000 INC - SOUTHEAST	OUTSTANDING
316517	S	\$14120.21	05/01/14	40056	1	DAKOTA COUNTY SHERIFF	OUTSTANDING
316518	S	\$1173.87	05/01/14	03079	0	FRONTIER COMMUNICATIONS	OUTSTANDING
316519	S	\$719.50	05/01/14	28631	0	GOVCONNECTION	OUTSTANDING
316520	S	\$9.72	05/01/14	18863	0	INTEREUM	OUTSTANDING
316521	S	\$1800.00	05/01/14	23320	0	KAREN CASS FELLING, M.A., LP	OUTSTANDING
316522	S	\$14.32	05/01/14	13407	0	MCKESSON MEDICAL	OUTSTANDING
316523	S	\$311.85	05/01/14	23568	0	MEDI-CAR	OUTSTANDING
316524	S	\$76.00	05/01/14	22654	0	PEARSON ASSESSMENTS/NCS PEARSON	OUTSTANDING
316525	S	\$243.75	05/01/14	23915	0	PEDIATRIC HOME SERVICE	OUTSTANDING
316526	S	\$535.39	05/01/14	22779	0	PHONAK	OUTSTANDING
316527	S	\$232.97	05/01/14	21936	0	REMEDIA PUBLICATIONS	OUTSTANDING
316528	S	\$64.60	05/01/14	06824	0	RESEARCH PRESS CO, INC.	OUTSTANDING
316529	S	\$317.50	05/01/14	00735	0	SCHMITTY & SONS	OUTSTANDING
316530	S	\$788.82	05/01/14	15713	0	SOUTHPAW ENTERPRISES	OUTSTANDING

Intermedate School Dist 917  
 CHECK REGISTER FOR BANK 01 - WELLS FARGO BANK  
 DATE RANGE: 04/04/14 - 05/01/14

CHECK #	TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADDRS #	VENDOR NAME	CHECK STATUS
316531	S	\$181.95	05/01/14	23955	0	SUNBURST DIGITAL, INC	OUTSTANDING
316532	S	\$691.06	05/01/14	10981	0	TARGET BANK	OUTSTANDING
316533	S	\$8287.02	05/01/14	23942	0	TEACHERS ON CALL	OUTSTANDING
316534	S	\$68.70	05/01/14	24052	0	TERI REYNOLDS	OUTSTANDING
316535	S	\$214.90	05/01/14	23672	0	THE DECK AND DOOR COMPANY	OUTSTANDING
316536	S	\$17996.92	05/01/14	00643	0	TIES	OUTSTANDING
316537	S	\$312.05	05/01/14	23662	0	WESTONE	OUTSTANDING
706170	E	\$15.96	04/09/14	99999	9770	ALEXANDER, AMY DOREEN	OUTSTANDING
706171	E	\$224.56	04/09/14	99999	9874	ALLEN, ANN CATHERINE	OUTSTANDING
706172	E	\$25.20	04/09/14	99999	8686	BERG, LINDA JO	OUTSTANDING
706173	E	\$51.52	04/09/14	99999	10804	BORMANN, NATALIE	OUTSTANDING
706174	E	\$44.00	04/09/14	99999	3063	BRITTAIN, DONNA MAE	OUTSTANDING
706175	E	\$168.00	04/09/14	99999	8873	BUDACH, DON JAMES	OUTSTANDING
706176	E	\$49.28	04/09/14	99999	10762	BYER-RAJPUT, ANNE	OUTSTANDING
706177	E	\$24.08	04/09/14	99999	10762	BYER-RAJPUT, ANNE	OUTSTANDING
706178	E	\$34.72	04/09/14	99999	9301	CLARK, DEBORAH MAE	OUTSTANDING
706179	E	\$164.64	04/09/14	99999	9968	CRISSINGER, BRENDA	OUTSTANDING
706180	E	\$32.04	04/09/14	99999	7170	DIVELY, CYNTHIA GARWOOD	OUTSTANDING
706181	E	\$355.53	04/09/14	99999	8436	ELDRED, PATRICIA ANN	OUTSTANDING
706182	E	\$45.92	04/09/14	99999	10771	ERICKSON, ROBERT	OUTSTANDING
706183	E	\$72.80	04/09/14	99999	10442	FLEMING, ANGELITA	OUTSTANDING
706184	E	\$87.92	04/09/14	99999	9187	FRIEST, SUSAN NORMA	OUTSTANDING
706185	E	\$179.20	04/09/14	99999	9755	FRISQUE, SHERILYN FAYE	OUTSTANDING
706186	E	\$171.92	04/09/14	99999	9702	GARRETSON, PAMELA VICK	OUTSTANDING
706187	E	\$26.88	04/09/14	99999	10624	HILL, RON	OUTSTANDING
706188	E	\$675.92	04/09/14	99999	10796	JOHNSON, ROXANN RHYN	OUTSTANDING
706189	E	\$5.32	04/09/14	99999	10065	KEECH, ROBERT	OUTSTANDING
706190	E	\$12.88	04/09/14	99999	8842	KOEPE, BETSY	OUTSTANDING
706191	E	\$129.92	04/09/14	99999	9468	LANGENFELD, CORY LEE	OUTSTANDING
706192	E	\$46.93	04/09/14	99999	10781	LARSON, JILL E.	OUTSTANDING
706193	E	\$17.03	04/09/14	99999	10781	LARSON, JILL E.	OUTSTANDING
706194	E	\$16.80	04/09/14	99999	8287	LEWIS, JILL E.	OUTSTANDING
706195	E	\$126.56	04/09/14	99999	10055	NICKLEBY, JASON	OUTSTANDING
706196	E	\$129.36	04/09/14	99999	10521	NWOKEBUKU, PATIJO	OUTSTANDING
706197	E	\$161.84	04/09/14	99999	10626	PETERSON, MARY HELEN SUAVE	OUTSTANDING
706198	E	\$141.91	04/09/14	99999	10763	PFISTERER, EMILY	OUTSTANDING
706199	E	\$92.56	04/09/14	99999	4458	PIPER, DEBRA S.	OUTSTANDING
706200	E	\$20.72	04/09/14	99999	9177	PRESSNALL, VANDA JOY	OUTSTANDING
706201	E	\$446.32	04/09/14	99999	10462	PURFEERST, MEGAN	OUTSTANDING
706202	E	\$26.44	04/09/14	99999	10710	RABE, SARAH	OUTSTANDING
706203	E	\$4.48	04/09/14	99999	9914	RHEIN, KENT E.	OUTSTANDING
706204	E	\$20.16	04/09/14	99999	9549	RYERSON, DUANE THOMAS	OUTSTANDING
706205	E	\$30.24	04/09/14	99999	10770	SAUSER, MELISSA	OUTSTANDING
706206	E	\$107.80	04/09/14	99999	9915	SCHALLER, MELISSA	OUTSTANDING
706207	E	\$67.76	04/09/14	99999	10751	TUFTEE, SHANYN	OUTSTANDING
706208	E	\$17.36	04/09/14	99999	10455	WERNER, AMY	OUTSTANDING
706209	E	\$28.00	04/09/14	99999	2089	WERNER, BETH AILEEN	OUTSTANDING
706210	E	\$79.36	04/09/14	99999	10644	WOLF, DANIELLE	OUTSTANDING
706211	E	\$15.68	04/09/14	99999	10397	PEMELE, HOLLY	OUTSTANDING
706212	E	\$30.13	04/09/14	99999	9831	KURTEN, CAROL LEIGH	OUTSTANDING
706213	E	\$8.99	04/09/14	99999	9831	KURTEN, CAROL LEIGH	OUTSTANDING
706214	E	\$135.82	04/09/14	99999	9831	KURTEN, CAROL LEIGH	OUTSTANDING

CHECK #	CHECK # TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADRS #	VENDOR NAME	CHECK STATUS
706215	E	\$45.00	04/23/14	99999	8787	ASMUS, JOAN SCHAEFER	OUTSTANDING
706216	E	\$90.00	04/23/14	99999	8873	BUDACH, DON JAMES	OUTSTANDING
706217	E	\$90.00	04/23/14	99999	9679	CHRISTIANSEN, JOHN MAXWELL	OUTSTANDING
706218	E	\$90.00	04/23/14	99999	9702	GARRETSON, PAMELA VICK	OUTSTANDING
706219	E	\$90.00	04/23/14	99999	8341	HETLAND, JENNIFER AMY	OUTSTANDING
706220	E	\$90.00	04/23/14	99999	6145	KYLLO, KITRI LARSON	OUTSTANDING
706221	E	\$90.00	04/23/14	99999	9468	LANGENFELD, CORY LEE	OUTSTANDING
706222	E	\$90.00	04/23/14	99999	8628	ROUSH, NICOLLE KATHERI	OUTSTANDING
706223	E	\$90.00	04/23/14	99999	9915	SCHALLER, MELISSA	OUTSTANDING
706224	E	\$90.00	04/23/14	99999	10405	STOLL, DAVID L.	OUTSTANDING
706225	E	\$20.00	04/23/14	99999	9068	SWANEY, AMY LYNN	OUTSTANDING
706226	E	\$90.00	04/23/14	99999	10756	VAN BROCKLIN, ERIC	OUTSTANDING
706227	E	\$20.00	04/23/14	99999	9883	ZEHNDER, SCOTT MICHAEL	OUTSTANDING
706228	E	\$6.72	04/23/14	99999	9573	BEATTIE, JEAN	OUTSTANDING
706229	E	\$147.78	04/23/14	99999	8598	BIRTINEN, TRACY LEE	OUTSTANDING
706230	E	\$109.33	04/23/14	99999	8873	BUDACH, DON JAMES	OUTSTANDING
706231	E	\$38.53	04/23/14	99999	10517	COLLING, RHIANON	OUTSTANDING
706232	E	\$266.00	04/23/14	99999	9092	DEVENOW, PEARL SUSAN	OUTSTANDING
706233	E	\$33.60	04/23/14	99999	10628	EEBHRARDT, JAMES	OUTSTANDING
706234	E	\$331.09	04/23/14	99999	8341	HETLAND, JENNIFER AMY	OUTSTANDING
706235	E	\$226.24	04/23/14	99999	8341	HETLAND, JENNIFER AMY	OUTSTANDING
706236	E	\$265.00	04/23/14	99999	9496	IRELAND, KATHLEEN ELIZAB	OUTSTANDING
706237	E	\$461.28	04/23/14	99999	9496	IRELAND, KATHLEEN ELIZAB	OUTSTANDING
706238	E	\$16.53	04/23/14	99999	9831	KURTEN, CAROL LEIGH	OUTSTANDING
706239	E	\$162.40	04/23/14	99999	9468	LANGENFELD, CORY LEE	OUTSTANDING
706240	E	\$45.36	04/23/14	99999	9571	LARSEN, BETSY SUE	OUTSTANDING
706241	E	\$18.82	04/23/14	99999	10781	LARSON, JILL E.	OUTSTANDING
706242	E	\$25.54	04/23/14	99999	10781	LARSON, JILL E.	OUTSTANDING
706243	E	\$397.04	04/23/14	99999	3472	LENTSCH-MURRAY, ROSEMARY HELEN	OUTSTANDING
706244	E	\$148.40	04/23/14	99999	10593	MABERRY, SAYRAJAYNE	OUTSTANDING
706245	E	\$118.72	04/23/14	99999	9278	MAYES, ANN LOUISE	OUTSTANDING
706246	E	\$171.89	04/23/14	99999	9804	NORRING, JASON LEE	OUTSTANDING
706247	E	\$168.56	04/23/14	99999	9589	PETERSEN, JENNIFER MAE	OUTSTANDING
706248	E	\$132.16	04/23/14	99999	9094	TOLLEFSON, BRENDA KAY	OUTSTANDING
706249	E	\$16.48	04/23/14	99999	9482	VRLEZE, JANEL LYNN	OUTSTANDING
706250	E	\$381.36	04/23/14	99999	9192	WOOD, FRAN LOUISE	OUTSTANDING
706251	E	\$495.04	04/23/14	99999	7088	GREENFIELD, DONNA GAYLE	OUTSTANDING
706252	E	\$203.40	04/23/14	99999	10375	THOMAS, TAYLOR	OUTSTANDING
706253	E	\$91.84	04/23/14	99999	6232	WEILAND, MARY ELIZABETH	OUTSTANDING
92001127	W	\$5941.74	04/16/14	40027	0	AMERIPRISE FINANCIAL ADVISORS	OUTSTANDING
92001128	W	\$2114.51	04/16/14	28803	2	CITISTREETMN	OUTSTANDING
92001129	W	\$120.70	04/22/14	22698	0	CORPORATE HEALTH SYSTEMS	OUTSTANDING
92001130	W	\$3322.82	04/22/14	22698	0	CORPORATE HEALTH SYSTEMS	OUTSTANDING
92001131	W	\$2110.78	04/07/14	22698	0	CORPORATE HEALTH SYSTEMS	OUTSTANDING
92001132	W	\$1446.98	04/07/14	22698	0	CORPORATE HEALTH SYSTEMS	OUTSTANDING
92001133	W	\$24189.03	04/10/14	30132	0	DELTA DENTAL OF MINNESOTA	OUTSTANDING
92001134	W	\$30949.93	04/17/14	40006	0	EXECUTIVE DIRECTOR	OUTSTANDING
92001135	W	\$125.00	04/18/14	23952	0	FAMILY SUPPORT PAYMENT CENTER	OUTSTANDING
92001136	W	\$2352.74	04/16/14	40026	0	HORACE MANN LIFE INS	OUTSTANDING
92001137	W	\$137947.44	04/16/14	40037	0	INTERNAL REVENUE SERVICE	OUTSTANDING
92001138	W	\$217.80	04/16/14	21704	0	MN CHILD SUPPORT PAYMENT CENTER	OUTSTANDING
92001139	W	\$235.00	04/16/14	40058	0	MN DEPT OF REVENUE (C)	OUTSTANDING

CHECK #	TYPE	CHECK AMT	CHECK DATE	VENDOR #	ADDRS #	VENDOR NAME	CHECK STATUS
92001140	W	\$21669.89	04/16/14	40003	0	MN DEPT OF REVENUE	OUTSTANDING
92001141	W	\$382503.60	04/15/14	40001	0	PAYROLL ACCT #3805704197	OUTSTANDING
92001142	W	\$52736.22	04/17/14	40005	0	STATE TREASURER, TRA	OUTSTANDING
92001143	W	\$8457.13	04/16/14	23474	0	THE BANCORP BANK	OUTSTANDING
92001144	W	\$7400.11	04/16/14	40033	0	VARIABLE ANNUITY LIFE INS CO	OUTSTANDING
TOTAL # OF ISSUED CHECKS:			263	TOTAL AMOUNT		979738.18	
TOTAL # OF VOIDED CHECKS:			0	TOTAL AMOUNT		0.00	
TOTAL # OF UNISSUED CHECKS:			2				



ECOPY

Date: April 22, 2014

To: FOR EFT INPUT


From: Becky Edson  
Payroll Clerk

Subject: Flex Plan ACH Transfer for Medical Reimbursement and Dependent Care Accounts for 2013

Transferred From Wells Fargo Bank Account Number xxxxxx2167 \$120.70  
Corporate Health Systems Inc Vendor # 22698

Charge to:	Amount	
10-215-39	\$120.70	
10-215-40	\$0.00	
Total	\$120.70	proof \$0.00

cc: Payroll Insurance Payment File  
Date Bank Account to be debited 4/22/2014 \$120.70

Authorized Signature  Date 4-22-14

COPIES


Date: April 22, 2014  
To: FOR EFT INPUT  
From: Becky Edson  
Payroll Clerk

Subject: Flex Plan ACH Transfer for Medical Reimbursement and Dependent Care Accounts for 2014

Transferred From Wells Fargo Bank Account Number xxxxxx2167 \$3,322.82  
Corporate Health Systems Inc Vendor # 22698

Charge to:	Amount	
10-215-39	\$1,744.08	
10-215-40	\$1,578.74	
Total	\$3,322.82	proof \$0.00

cc: Payroll Insurance Payment File  
Date Bank Account to be debited 4/22/2014 \$3,322.82

Authorized Signature  Date 4-22-14

ECOPY

Date: April 22, 2014

To: Accoutns Payable

From: Becky Edson  
Payroll Clerk

Invoice nbr: 31849802  
Date: 4/11/2014  
Member ID: 803601310

Subject: RX - Trexler

Issue a Check in the amount of \$ 41.90

Payable to:  
Medicare Blue RX  
(May 2014)

Vendor #

Charge to:


Amount

20-005-420-000-221-220

\$41.90

Total

\$41.90 proof \$0.00

Authorized Signature 

Date 4-22-14

TO: Nicolle Roush DATE: 04/10/2014  
 Business Manager

FROM: Becky Edson  
 Payroll/Fringe Benefits Technician

SUBJECT: EFT for pay period ending April 15, 2014

Ameriprise Financial Services, Inc. Vendor #40027	\$ 5,941.74
PERA Vendor #40006	\$ 30,949.93
Horace Mann Vendor #40026	\$ 2,352.74
TRA Vendor #40005	\$ 52,736.22
VALIC (Variable Annuity Life) Vendor #40033	\$ 7,400.11
Minnesota Dept. of Revenue Vendor # 40003	\$ 21,669.89
Internal Revenue Service Vendor Nbr 40037	\$ 137,947.44
Payroll Acct #XXXXXX4197 Vendor #40001	\$ 382,503.60
Bancorp Vendor # 23474	\$ 8,457.13
CITISTREETMN (MSRS) Vendor # 28803-2	\$ 2,114.51
MN Child Support Division Vendor #21704	\$ 217.80
MO Child Support Enforcement Division Vendor #23952	\$ 125.00
MN Dept of Revenue - Garnishment Vendor #40058	\$ 235.00

**Total Electronic Funds Transfer was made in the amount of \$ \$ 652,651.11**

Authorized Signature Nicolle Roush Date 4-16-14

Intermediate School District 917  
1300 E. 145<sup>th</sup> Street  
Rosemount, MN 55068

---

Re: Sales Tax Wire Transfer

Date: 4.14.14

This memo serves as authorization for the wire transfer of funds for payment of sales tax in the amount of \$ 580.00, from Wells Fargo Bank Account No. 3805702167.



Nicolle Roush, Business Manager

Date: April 3, 2014

To: FOR EFT INPUT


From: Becky Edson  
Payroll Clerk

Subject: Flex Plan ACH Transfer for Medical Reimbursement and Dependent Care Accounts for 2013

Transferred From Wells Fargo Bank Account Number xxxxxx2167 \$1,446.98  
Corporate Health Systems Inc Vendor # 22698

Charge to:	Amount	
10-215-39	\$846.98	
10-215-40	\$600.00	
Total	\$1,446.98	proof \$0.00

cc: Payroll Insurance Payment File  
Date Bank Account to be debited 4/7/2014 \$1,446.98

Authorized Signature  Date 4-3-14

COPY

Date: April 29, 2014

To: Accountns Payable

From: Becky Edson  
Payroll Clerk

Invoice nbr: 0034576048  
Date: 5/1/2014  
Group # 586196

Subject: Group Insurance Premium for May 2014  
(Employer's Costs and Employees' Withholdings)

Wire Funds Transfer was made in the amount of \$ 256,650.74

Payable to:  
Medica

Vendor # 21088

Charge to:

Amount

01-215-30

\$32,497.56

02-215-30

\$213,890.38

10-215-30

\$10,262.80


20-215.30

\$0.00

Total

\$256,650.74 proof \$0.00

Authorized Signature



Date

4-29-14

COPY

Date: April 29, 2014

To: Accounts Payable

From: Becky Edson  
Payroll Clerk

Subject: Group Insurance Premium for May 2014  
(Employer's Costs and Employees' Withholdings)

Wire Funds to Kansas City Life Insurance Co \$7,215.69

Payable to:  
Kansas City Life Ins Co

Vendor #

Charge to:

Amount

01-215-32	\$533.78
02-215-32	\$4,234.73
10-215-32	\$249.76
01-215-33	\$290.56
02-215-33	\$1,787.10
10-215-33	\$119.76

Total

\$7,215.69 proof \$0.00

cc: Payroll Insurance Payment File

Authorized Signature



Date

4-29-14

**INTERMEDIATE SCHOOL DISTRICT 917  
SCHOOL BOARD REPORT OF  
CONSOLIDATED INVESTMENTS (GENERAL & BUILDING)  
APRIL 2014**


ACCOUNT NAME	ACCT NO	BEGINNING BALANCE	PURCHASES CREDITS	SALES TRANSFERS	INVESTMENT FEES	INTEREST EARNED	ENDING BALANCE	YEAR TO DATE INTEREST EARNED
1 MSDLAF + MAX	01	2,663,919.26	0.00	1,650,000.00	0.00	63.08	1,013,982.34	871.99
2 MSDLAF	01	267.67	0.00	0.00	0.00	0.00	267.67	0.01
MSDLAF FIXED (CD's, Term, Comm)	01	992,000.00	0.00	0.00	0.00	0.00	992,000.00	*1895.66
		<b>*Interest Maturity 5/27/14</b>						
3 WELLS FARGO SAVINGS ACCT	01	4,399,996.95	0.00	0.00	0.00	216.99	4,400,213.94	713.94
4 WELLS FARGO PORTFOLIO	01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>		<b>8,056,183.88</b>	<b>0.00</b>	<b>1,650,000.00</b>	<b>0.00</b>	<b>280.07</b>	<b>6,406,463.95</b>	<b>1,585.94</b>

**EXPLANATION:** Lines 1 through 4 above are School District Investments complying with the requirements of Minnesota Statutes 118.01, 471.56 and 475.66. Lines 1 through 2 represent portfolios of investments made with Minnesota School Liquid Assets Fund plus (MSDLAF+) and are explained along with line 4 below.

1. MSDMAX is MSDLAF'S "Max Portfolio" and includes pooled investments plus banker's acceptances, commercial paper, repurchase agreements and US Government obligations.
2. MSDLAF is MSDLAF'S primary clearing "Money Market" fund. All fixed rate investments (FRI) clear through this account as do maturities, interest, and fees.
3. WELLS FARGO is a Savings Account.
4. WELLS FARGO PORTFOLIO includes pooled investments plus banker's acceptances, commercial paper, repurchase agreements and US Government obligations

NOTE: April 2014 Average MSDLAF Liquid Rate was .02% and the MSDLAF+MAX Average Rate was .04%. The MSDLAF CD Average Rate was .45%. The Average Wells Fargo Savings Rate was .06%.

NR:vjw



# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Board Approved May 7, 2013

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## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INTERMEDIATE SCHOOL DISTRICT 917**

### **A. EXPOSURE CONTROL PLAN – OVERVIEW**

Most school personnel can reasonably anticipate exposure to blood or other potentially infectious material during their day-to-day work duties. In general, school employees incur a very low risk of exposure to bloody fluids due to the nature of casual contact with individuals in the school environment. However, some employees, especially special education employees, should take extra caution when working with special needs children. Many of these students are more vulnerable to injury, likely to have extraordinary medical needs, be more dependent on adults for personal care, be more involved in risky behaviors, be self injurious and easily agitated and/or combative. It is imperative that all school employees understand the danger of exposure to blood-borne pathogens and ways to minimize their risk.

An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious body fluid that occurs during the performance of an employee's duties or tasks. Work practice controls are used to reduce the risk to the worker by minimizing or eliminating employee exposure incidents to blood-borne pathogens. The bloodborne pathogen (BBP) exposure control plan is the District's written policy for determination of exposure and implementation of procedures relating to control of infectious disease hazards. It is reviewed regularly by the BBP Exposure Control sub-committee and Health, Safety and Wellness committee. Intermediate School District 917's BBP Exposure Control Plan includes the following components:

- A. Exposure Control Plan Overview/Policy
- B. Program Administration
- C. Definitions
- D. Exposure Determination in the School Setting
- E. Engineering and Work Practice Controls
  - 1. Universal Precautions
  - 2. Hand washing
  - 3. Sharps handling
  - 4. Sharps containers
  - 5. Body fluid clean up
  - 6. Self management
  - 7. First Aid and Health Care
  - 8. Eating, Drinking and Smoking
- F. Personal Protective Equipment & Work Practice
- G. Housekeeping
- H. Hepatitis B Vaccine & Post Exposure
- I. Exposure Incident, Evaluation & Follow Up
- J. Information and Training
- K. Record Keeping

- L. Evaluation and Review of Exposure Control Plan
- M. Appendix
  1. OSHA (Occupational Safety and Health Act) Standard 29 CFR 1910.1030
  2. Assessment Tool
  3. Employee Instructions on Obtaining Hepatitis B Immunizations

## **POLICY**

Intermediate School District 917 is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens (BBPs) in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood-borne Pathogens."

## **B. PROGRAM ADMINISTRATION**

The Blood-borne Pathogen Exposure Control Committee, a sub-committee of the Health, Safety and Wellness Committee, will be appointed annually and will be responsible for the implementation of the ECP. They will maintain, review, update and monitor compliance with the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures.

Supervisors are responsible for exposure control in their work areas. All supervisors work directly with the exposure control committee members and their employees to ensure that proper exposure control procedures are followed.

Committee members are responsible for the overall management and support of the ECP, including post exposure incidents.

The Exposure Control Committee will be responsible for training, documentation of training, maintenance of records and, when requested, making the training records available to OSHA representatives. They will also maintain records of Hepatitis B vaccination program and declination forms. Written copies of this ECP will be made available to all employees and, as requested, to OSHA representatives.

## **C. DEFINITIONS**

Blood: Human blood, human blood components and products made from human blood.

Other Potentially Infectious Materials (OPIM): The following human body fluids are to be considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, synovial (joints) fluid, peritoneal (abdominal) fluid, amniotic (pregnancy) fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. OPIMs also include any unfixed tissue or organ other than intact skin from a human (living or dead).

Blood Borne Pathogens: Pathogenic microorganisms that are present in human blood and body fluids

that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C, Human Immunodeficiency (HIV), malaria, syphilis, and tuberculosis.

Personal Protective Equipment (PPE) and Supplies: Specialized clothing or equipment worn by an employee for protection against a hazard.

Contaminated: The presence or reasonably anticipated presence of blood or other potentially infectious human body fluids on an item or surface.

Decontamination: The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on surfaces or objects to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use or disposal.

Engineering controls: Means a control that isolates or removes the blood borne pathogen hazard from the workplace.

Parental: Piercing mucous membranes or skin barriers through such events as needle sticks, human bites, cuts and abrasions.

Universal Precautions: An approach to infection control where all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other blood-borne pathogens.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious material that results from the performance of an employee's duties. An exposure incident includes a human bite.

Occupational Exposure: Means reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Regulated Waste: Means liquid, semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes other potentially infectious materials.

SESIP: Sharps with engineered sharps injury protection, defined as a non-needle sharp or needle device used for withdrawing body fluids, or administering medications or other fluids, with a built-in safety feature that reduces the risk of exposure.

Needle-less systems: means a device that does not use needles for the collection or withdrawal of body fluids, the administration of medication or fluids, any other procedure involving the potential for occupational exposure to blood borne pathogens due to injuries from contaminated sharps.

#### **D. EXPOSURE ASSESSMENT/ DETERMINATION**

When an employee is hired or an employee changes jobs within the District, the following assessment process takes place to ensure that they are assessed, and if necessary, trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and the procedures he/she will perform are evaluated by the classification and tasks list which are identified in the ECP.
2. If the employee is transferring from one job to another within the District, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.
3. Based on the assessment, the employees occupational exposure risk will be identified and documented. And necessary training will follow.

Those employees who are determined to have occupational exposure risk to blood or other potentially infectious materials (OPIM) **MUST COMPLY** with the procedures and work practices outlined in this Exposure Control Plan (ECP).

**Classification 1:** Employees who provide first aid or healthcare as a primary component of their position are potentially exposed to blood or other potentially infectious material (OPIM). It is recommended that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. All employees in this job classification are covered under this regulation.

- Health Service Employees
- Nurses

**Classification 2:** Employees who provide first aid, healthcare or are required to clean up blood or other potentially infectious material (OPIM) as an auxiliary component of their position are potentially exposed to blood or other potentially infectious material (OPIM). It is recommended that employees in this classification receive a pre-exposure vaccination and comply with all components of the regulation. Identify specific employees in this job classification and the tasks they perform where potential exposure to blood or OPIM occurs. Also included are employees who have potential for other occupational exposure to bloodborne pathogens such as blood/OPIM contact with mucous membranes (eyes, nose, mouth) or blood/OPIM contact with skin or the piercing of mucous membranes of the skin barrier through such events as needle sticks, bites, cuts, abrasions, etc.

Employees identified under Classification 2 are fully covered under the Blood Borne Pathogen Standard.

Any other employee who reasonably expects exposure to blood or other potentially infectious materials should contact Human Resources immediately.

#### **E. ENGINEERING & WORK PRACTICES CONTROLS**

Work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following work practices shall be followed:

- Wear disposable gloves. Do not reuse disposable gloves and wash your hands with soap and water after removing gloves. If utility gloves are used, decontaminate them appropriately by washing with detergent and water and disinfecting according to procedure.
- Wear safety goggles if there is potential for contaminants splashing in the eyes.
- Wear a mask if there is potential for contaminants splashing in the mouth or nose.
- If your skin is not covered, wear additional protective clothing.
- Use an absorbent material as a barrier between you and the blood source.
- In the event you become exposed to any blood or OPIM, wash the area with soap and water or flush mucous membranes immediately and report it to the Nurse and/or appropriate Supervisor so an evaluation can be made and professional medical attention can be provided.

### UNIVERSAL PRECAUTIONS

Universal precautions will be observed in the school district to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Any employee encountering blood or other body fluids is to treat them as being infectious, and use necessary personal protection and work practice controls listed in this section.

- Assume everyone is infected with HIV, Hepatitis B or other blood borne pathogens.
- Avoid skin exposure to body fluids.
- Use a barrier to keep fluids from contact with your skin (i.e. gloves, masks, aprons, sleeves).
- Be careful with sharps and dispose of sharps such as needles, lancets or contaminated broken glass in a puncture-resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or OPIM. Use disposable equipment whenever possible.
- Dispose of items soiled with potentially infected fluids in leak-proof bags or containers.
- Wash hands thoroughly for 15-20 seconds, minimum, with soap and water.
- Clean up spills of potentially infected fluids with soap and water and disinfect spill area

### HAND WASHING

Hand-washing facilities (running water, liquid soap, single use towels or air dryers) are readily accessible to all employees. In the event hand-washing facilities are not immediately available, antiseptic hand cleaner will be provided. Hand and/or skin will be washed with soap and water as soon as possible.

Hand washing is the first line of defense against infectious disease and is one of the universal precautions. Proper hand washing procedures include the use of warm water and soap, hands should be wetted and soap applied to hands and wrists, scrubbing between fingers and using a nailbrush for finger nails, wash a minimum of 15 seconds. Air dry or single use towels should be used to dry hands.

### SHARPS HANDLING

- The Blood-borne Pathogen Exposure Control Committee will maintain a sharps injury log and related documentation.

- The Blood-borne Pathogen Exposure Control Committee will annually review the need for safer needle devices as they become available and involve the employees (non-managerial) in identifying and choosing the devices.
- Intermediate School District 917, except in extraordinary circumstances, does not provide needles for student or staff use. The designation of an extraordinary circumstance will be determined by a Licensed School Nurse with approval of their supervisor. Students needing injections/blood testing will provide their own supplies to do their own testing/injections. Students with limitations that prevent them from self-administration may be provided assistance by district staff after appropriate staff training.
- Sharps will not be removed or recapped unless it is demonstrated that an alternative is not feasible (i.e. EpiPens) and approval from the Licensed School Nurse Lead is obtained. Needles and other contaminated sharps will not be bent, recapped or removed. Shearing or breaking of the contaminated needles is absolutely prohibited. As soon as possible after use, contaminated sharps should be placed in appropriate marked storage/disposal containers.
- Mechanical devices such as tongs or dust pan and broom will be available to pick up contaminated sharps to avoid any direct contact. Contaminated glass will not be picked up by hand. Appropriate gloves as provided by the employer should be used when handling any contaminated sharps.

#### SHARPS CONTAINERS

- Sharps containers are provided in the health office at each school.
- Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken unless it is demonstrated that an alternative is not feasible.
- Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. Containers are easily accessible and located in each health office. The containers are maintained upright throughout use and replaced when full and at the end of the school year.
- Licensed School Nurse will be responsible for sharps disposal.
- When sharps containers are filled, the Licensed School Nurse will be contacted for final disposal.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- All facility containers for reusable sharps are puncture-resistant, labeled with a biohazard label and are leak-proof.
- All full sharps containers are taken to a local health care facility for disposal.

#### BODY FLUID CLEAN UP

Body fluid clean up is to be performed as soon as possible. In the event a custodian is not available, body fluid clean up supplies are available to employees for clean up use.

- Use gloves. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
- Use disposable towels and other absorbent materials to absorb spill.
- Clean spill area with soap and water or approved cleaning agent. Immediately utilize proper Environmental Protection Agency (EPA) registered disinfectant.

- Clean, followed by disinfect any contaminated object/items using approved solutions as already described.
- Dispose of waste in proper container.
- Discard contaminated items that cannot be cleaned into a lined container.
- If object is to be placed in mouth, e.g. mouth guard for football players, use applicable disinfectant and follow manufacturer's disinfectant directions
- Dispose of contaminated cleaning material in a lined container.

### SELF MANAGEMENT

The principle of self management is that the person whose blood or other body fluids are exposed should themselves, where possible, manage treat, clean and dispose of the contaminated materials, to avoid contact and exposure to other parties involved in cleanup, treatment or help.

### FIRST AID/HEALTHCARE

- Use gloves or other personal protective equipment.
- Use paper toweling or other absorbent material to wipe injury, if appropriate, allow person to rinse injury with running water.
- Place soiled materials into a lined waste container and direct person to perform as much of these procedures as possible.
- Soiled clothing should be removed and placed into a plastic bag for laundering, if feasible.
- Assist in cleaning affected area: use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.
- Wash hands thoroughly.

Note: If you do not have access to personal protective equipment (PPE) or exposure control kits, assist the injured person on self-care for him/herself where feasible. Place a barrier between yourself and the injury if you need to provide assistance.

- Mouth Pipetting and Suctioning of Blood or OPIM is prohibited by employees.

### EATING, DRINKING, SMOKING

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or handle contact lenses. Food and beverages shall not be stored in close proximity to where blood or OPIM may be present.

## **F. PERSONAL PROTECTIVE EQUIPMENT AND WORK PRACTICES**

All personal protective equipment used in District 917 will be provided without cost to employees. Personal protective equipment (PPE) will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does

not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. District 917 will ensure that employees use appropriate PPE through proper training and procurement. Under rare and extraordinary circumstances, an employee may decline to use PPE; these cases will be investigated and documented. We will repair, replace, clean and dispose of PPE at no costs to the employee. Hypoallergenic gloves and or cleansers shall be provided to employees that may be allergic/sensitive to materials normally provided.

PPE includes, but is not limited to:

GLOVES- used for first aid, cleanup, handling of the sharps, and when in contact with any blood or OPIM.

Disposable or single use gloves

If possible, before putting on gloves, wash your hands. After you have put gloves on, check for proper fit and punctures. Pull snug to ensure a good fit. To remove gloves, they shall be rolled down or pulled from the wrist to the fingers so that the glove is inside out. This minimizes contamination. Disposable gloves shall be placed in lined container and never reused.

Utility gloves

Can be used for blood clean up. They must be inspected prior to each use and discarded if their integrity is compromised. They must be cleaned and disinfected after use.

FACE SHIELD/ MASK- may be use during serious accident or clean up to prevent the splashing of fluids to the mucous membranes including nose, mouth and eyes.

CPR MASKS/MOUTHPIECES used for resuscitation may be used to avoid direct contact with blood or saliva during resuscitation.

OTHER- AS APPROPRIATE for example

Disposable gowns/lab coats, shoe covering generally may be used to prevent potential contamination, in case of an accident is advisable where the potential for blood splashing exists or contamination from handling materials.

**G. HOUSEKEEPING**

Clean and sanitary conditions shall be maintained at the work site.

- All contaminated equipment, environmental and work surfaces, will be cleaned and disinfected after contact with blood or OPIM as already noted under "Body Fluid Clean Up".
- Broken glass which may be contaminated will not be picked up directly with the hands. Tongs, forceps or a brush and dust pan will be used and the material disposed of in a sharps container. After contact with blood or OPIM this equipment will be cleaned and disinfected in "Body Fluid Clean Up".
- In the event that clothing or other washable materials are contaminated with blood or OPIM, the following conditions are applicable:
- Gloves are used throughout the handling process

- Contaminated laundry is handled as little as possible and bagged immediately. If laundered at District 917, appropriate cleaning and disinfection process will be utilized.
- Regulated Waste-

Few items in a school setting are deemed regulated waste. If a material is saturated to the point of dripping or would release fluid if compressed, then it would be considered regulated waste. All other contaminated items (gauze, Band-Aids, facial tissues) should be placed in a trash container designated for materials not meeting the definition of regulated waste.

Regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent fluid leaks during handling, storage and transport.

Waste will be labeled or color coded and closed prior to removal. Disposal is done according to federal, state and local regulations. When possible, if 911 is called, the regulated waste will be sent with the ambulance.

#### **H. HEPATITIS B VACCINE AND POST-EXPOSURE AND FOLLOW UP**

Intermediate District 917 shall make available the Hepatitis B vaccine and vaccination series to all identified employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Intermediate District 917 shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis, are:

- a) Made available at no cost to the employee;
- b) Made available to the employee at a reasonable time and place;
- c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional;
- d) Provided according to the recommendations of the U.S. Public Health Service; and
- e) Hepatitis B vaccine titer will be provided at no cost to Classification 1 Employees who receive their Hepatitis B vaccines after February 2000 and with ongoing exposure to blood and injuries from sharps. Titer needs to be drawn within two months after completion of the three vaccination series to be accurate.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available to all identified employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

Employees who decline the Hepatitis B vaccination are requested to sign a declination statement.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

## **I. EXPOSURE INCIDENTS**

### **Intermediate District 917 Bloodborne Incident Procedure:**

All exposure incidents shall be reported to a school nurse, or health designee.

Appropriate incident reports for BBP post exposure incidents will be completed by the employee and school nurse. The school nurse will advise the employee to seek a medical evaluation and follow-up with their own personal healthcare provider within 24 hours. The incident report and a return to work form is to be taken by the employee to their own personal healthcare provider. The employee will receive extensive counseling and necessary follow-up by their personal healthcare provider. Records will be maintained at the clinic site.

If a student is involved as the source person, either the student or the student's parent (if student is under age 18) will be contacted to have the source tested for HIV and Hepatitis B serological status. A consent form will also be requested.

A copy of the incident report is to be retained in a confidential file in the office of the employee designated to handle the Worker's Compensation Program.

### **Post Exposure Evaluation and Follow-up**

The exposed employee shall immediately receive a confidential medical evaluation and follow-up done by their personal healthcare provider, including at least the following elements:

- a) Provision for a Hepatitis B Vaccination.
- b) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- c) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- d) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Intermediate District 917 shall establish that legally required consent cannot be obtained.
- e) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need

- f) not be repeated.
- f) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collections and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- b) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

#### **Healthcare Professional's Written Opinion**

Within 15 days of the completion of the evaluation, Intermediate School District 917 shall obtain a copy of the evaluating healthcare professional's written opinion for post-exposure follow-up. This information provided to the employer shall be limited to the following information:

- a) Whether Hepatitis B vaccination is indicated.
- b) Whether Hepatitis B vaccination was given.
- c) A statement that the employee has been informed of the results of the evaluation.
- d) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other information shall remain confidential and not be included in the written report to the employer.

#### **J. INFORMATION AND TRAINING**

Intermediate District 917 shall ensure that training is provided at the time of initial assignment to task where occupational exposure may occur, and that it shall be repeated annually.

Training will be interactive and cover the following:

- a) An explanation of the standard and how to get a copy.
- b) A discussion of the epidemiology and symptoms of bloodborne disease.
- c) An explanation of the modes of transmission of bloodborne pathogen.
- d) An explanation of the District 917 Bloodborne Pathogen Exposure Control Plan and a method of obtaining a copy.

- e) The recognition of tasks that may involve exposure.
- f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- g) Information on the use of gloves.
- h) Information of the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- i) Information on the appropriate action and persons to contact in an emergency involving blood or other potentially infectious materials.
- j) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k) Information on the evaluation and follow-up required after an employee exposure incident.
- l) An explanation of the signs and labels.

## **K. RECORDKEEPING**

### Medical Records

The employer shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

This record shall include:

- a) The name and social security number of the employee.
- b) A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations.
- c) The employer's copy of the healthcare professional's written opinion.
- d) A copy of information provided to the healthcare professional. This information cannot be released without written consent of the employee as required by OSHA regulations or by law.

The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

### Training Records

Intermediate District 917 is responsible for maintaining the following training records. These records will be kept by the Blood-borne Pathogen Exposure Control Committee and maintained in the District Office. Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a) The dates of the training session.
- b) An outline describing the material presented.
- c) The names and qualifications of persons conducting the training.
- d) The names and job titles of all persons completing the training sessions.

### Transfer of Records

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three-month period.

### Sharps Injury Log

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- a) The type and brand of device involved in the incident.
- b) The department or work area where the exposure incident occurred, and,
- c) An explanation of how the incident occurred.

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

### Availability

A copy of this plan and the current OSHA standard will be available for review in the District Personnel Office, and the Health Office at Alliance Education Center and Dakota County Technical College. Also, each Special Education Assistant Director has a copy. The OSHA standard for bloodborne pathogens is also available at [www.osha.gov](http://www.osha.gov).

All employee records shall be made available to the employee, employee's representatives, the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health, or designated representative, upon request.

## **L. EVALUATION AND REVIEW OF EXPOSURE CONTROL PLAN**

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- a) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, if that technology is appropriate to tasks/procedures performed in Intermediate School District 917.
- b) Include documentation of annual consideration and implementation

of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure from tasks/procedures performed in ISD 917.

- c) Non-managerial employees directly responsible for tasks/procedures that create a potential exposure for injuries from contaminated sharps shall be solicited for input. The input shall be utilized in the identification, evaluation and selection of effective engineering work practice controls and will be documented in the exposure control plan.

#### **M. Appendix**

- OSHA Standard
- BBP Exposure Self Assessment & Response Process
- BBP 1: Health Services/Nursing Report of Employee's Exposure to Blood or other Potentially Infectious Materials (OPIMs)
- BBP 2: Exposed Employee Declination of Medical Evaluation
- BBP 3: Transmittal Letter to Healthcare Professional
- BBP 4: Exposed Employee's Consent/Declination for Blood Testing
- BBP 5: Source Individual Consent/Declination for Blood Testing
- BBP 6: Healthcare Professional Written Opinion
- BBP 7: Cleaning and Disinfection Procedures for Blood and Body Fluids

Board Approved May 6, 2008  
Board Approved May 5, 2009  
Board Approved May 4, 2010  
Board Approved May 1, 2012  
Board Approved May 7, 2013



## **Section 2: Additional Post-Exposure Instructions and Response Actions**

Intermediate School District 917 (ISD 917) employees who experience a work-related exposure to blood or any other potentially infectious agent (OPIM) are encouraged to seek medical care immediately. Exposed employees are allowed to seek a medical evaluation through a provider of their choice, at no cost to the employee.

Additionally, ISD 917 has identified Apple Valley Medical Clinic as an optional, primary provider for post-exposure health care services.

Contact Information:

Apple Valley Medical Clinic  
14655 Galaxie Avenue  
Apple Valley, MN 55124  
952-432-6161

The purpose of medical care is to discuss the event with a qualified health care professional and obtain baseline blood antibody levels for Hepatitis B and HIV (Human Immunovirus). Based on the health care provider's recommendation, the exposed employee and source individual may be given an opportunity to accept or decline having their blood drawn and tested, or drawn and held for future testing. In addition, the exposed employee could be offered and provided with a hepatitis vaccine and/or gamma globulin to prevent development of hepatitis or medication to deter disease development, if deemed necessary.

General Instructions:

1. Review and work through the "BBP Exposure Self-Assessment & Response Process" form with the assistance of your Assistant Director/District 917 Health Services. The process continues only if you have experienced an "exposure." (Indicated by one or more YES answers on page 1 of the BBP Exposure Self-Assessment & Response Process form.)
2. Complete the "Health Services/Nursing Report of Employee's Exposure to Blood or OPIMs" form (BBP1) with your LSN and send the form to LSN. This should be done as soon after the incident as possible, but in every case it must be done within 24 hours of the incident.

**NOTE:**

- If you choose not to seek a medical evaluation, complete the "Exposed Employee Declination of Medical Evaluation" form (BBP2) with the assistance of your Health Services LSN. Send the original to LSN and keep a copy of the form for your records.
  - If you choose not to seek a medical evaluation and have signed the form, you may stop at this point in the process.
3. Complete the "Transmittal Letter to Healthcare Professional" form (BBP3) with the assistance of you LSN. Take this form to the medical care provider of your choice. Give the form directly to the doctor or nurse and ask that they process the form, as indicated.
  4. Complete the "Exposed Individual- Consent/Declination for Testing" (BBP4) with the assistance of your Assistant Director or LSN *or take to clinic to complete.*
  5. Complete the "Source Individual - Consent/Declination for Blood Testing" (BBP5) with the assistance of your Assistant Director or LSN *or take to clinic to complete.* The source individual may go to his/her own medical provider to provide a blood sample for testing and follow up care. *The consent form should go with the source individual and be given to the medical provider administering the test and treatment. If a minor child is involved or you are unable to get the adult source individual to sign this form, involve the Assistant Director or the Special Education Director.*

6. Obtain medical care within 24 hours. You may go to your usual health care provider or health clinic for this exam. **Take this booklet with you.**
  - Give the medical provider a copy of the “Health Care Professional Written Opinion” form (BBP 6) to complete, as appropriate. *The provider is asked to send the completed form back to the district.*
7. Provide copies of all event-related documents to LSN. Communicate with your supervisor regarding job restrictions, return-to-work date or other appropriate information.

### Section 3: Summary of Bloodborne Pathogens Post Exposure Program

#### *Forms and Routing Directions*

- All forms will ultimately be submitted to designated LSN.
  - Take the forms indicated below to your health care provider/physician with the enclosed copy of the OSHA regulation-29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens. (Please note: all forms are located on web site: Post Exposure to Blood Borne Pathogen in addition to being in this packet)
  - Health Care Provider/physician: Send Copies of the completed forms:
    1. BBP3: Transmittal Letter to Healthcare Professional
    2. BBP4: Exposed Employee’s Consent/Declination for Blood Testing
    3. BBP5: Source Individual consent/Declination for Blood Testing
    4. BBP6: Healthcare Professional Written Opinion
- To Health Services 917 LSN at Alliance Education Center, Attention, either:
- Joan Asmus
- Complete form BBP2: Exposed Employee Declination of Medical Evaluation *ONLY if* the employee does not warrant medical attention. Forward to Health Services, Attention (above).

Form #	Page #	Routing		Form Title
		Take with you to health care provider	Send to Health Services/917 LSN	
A/I	*	copy	copy	Accident injury report
First Report of Injury	*	copy	original	First Report of Injury Privacy Statement
BBP1		copy	original	Health Services/Nursing Report of Employee’s Exposure to Blood or Other Potentially Infectious Materials (OPIMs)
BBP2		copy	original	Exposed Employee Declination of Medical Evaluation
BBP3		original	original	Transmittal Letter to Healthcare Professional
BBP4		original	copy	Exposed Employee’s Consent/Declination for Blood Testing
BBP5		original	copy	Source Individual consent/Declination for Blood Testing
BBP6		original	original	Healthcare Professional Written Opinion
BBP7		Not applicable	Not applicable	Cleaning and Disinfection

				Procedures for Blood and Body Fluids
--	--	--	--	--------------------------------------

\* See Workmans compensation forms available through  
[http://www.isd917.k12.mn.us/Workers\\_Compensation\\_Forms.html](http://www.isd917.k12.mn.us/Workers_Compensation_Forms.html)

- Employee Report of Accident Injury
- First Report of Injury
- Privacy Statement

**Section 4: BBP Exposure Self-Assessment & Response Process**

Employee Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

**\*\*\* ATTENTION INJURED EMPLOYEE \*\*\***

**Please follow the steps listed below:**

1. Seek immediate first aid from health service LSN/health service designee. Call 917 Licensed School Nurse.
2. Answer the following questions to determine if the incident you’ve been involved in should be considered an “exposure” to bloodborne pathogens or other potentially infectious materials (OPIMs). Any YES answer means an “exposure” has occurred. Initial your answers. Make sure to ask for clarification if you’re not sure of any answer!
3. **Questions: Did the contact with blood OR other potentially infectious materials (OPIMs) include any of the following:**

<b>Initials</b>	<b>Yes</b>	<b>No</b>
Blood or OPIMs in your eyes, nose or mouth?		
Blood or OPIMs in contact with your broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite?		
Penetration of your skin by a blood or OPIM contaminated sharp (needle, lancet, glass, teeth, etc.)?		

4. If you answered **NO to All** of the questions above, *an exposure did not occur* and medical attention for exposure to blood or OPIMs is not required. Other medical attention may still be appropriate. You may stop here and give this form to your supervisor, with appropriate incident or injury report, as applicable. Please ask for help if you’re not sure what to do next.
5. If you answered YES to any of the above questions, do the following:
  - Report the incident to your supervisor immediately.
  - Complete a Health Services/Nursing Report of Employee Exposure to Blood” (Form BBP1) with your LSN. Send the form as soon as possible (within 24 hrs.) to LSN.
  - You are encouraged to obtain medical care within 24 hours of the exposure. Take all forms indicated in the routing directions on page 4 of this booklet (or bring the entire packet if you’re not sure.)
  - Call your physician to notify them that you will be coming in for medical care right away (or as very soon as possible.) Ask the clinic for travel directions.
  - If you choose to decline medical services at this time, you must sign the Exposed Employee Declination of Medical Services (Form BBP2), found on page 7 of this booklet. Send the signed form to LSN and keep a copy for your records.
  - Ensure all documentation related to the event is given to 917 LSN.

**Form BBP1: Health Services/Nursing Report of Employee's Exposure to Blood or OPIMs**

Employee Name: _____ Birth Date: _____ Job Title: _____ Work Location: _____ Work Phone: _____
<b>Incident Report</b>
Date of Exposure: _____ Time of Exposure _____ A.M. _____ P.M. Location/Building: _____ Room # (or location) _____ Describe what happened: _____ _____ _____
Was a needle, lancet, glass or other sharp object involved? _____ Yes _____ No Type of body fluid involved: <input type="checkbox"/> Blood <input type="checkbox"/> Other body fluid (name) _____ What part of employee's body was involved: <input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Cut less than 24 hours old

The following information was obtained to assist in a medical evaluation of the incident:

1. Severity of exposure:
  - Percutaneous (skin piercing): Depth of injury: \_\_\_\_\_  
 Was source fluid present at site of injury?      Yes      No
  - Mucous Membranes: Area Affected: \_\_\_\_\_ Length of time of exposure \_\_\_\_\_
  - Non-Intact Skin: Condition of Skin:    Fresh Cut (>24 hrs.)    Dermatitis    Chapped  
 Other: \_\_\_\_\_
2. Was personal protective equipment utilized: (if so, what type, e.g. gloves, face shield, etc.) \_\_\_\_\_      Yes      No
3. Was the integrity of the personal protective equipment compromised? (e.g. gloves pierced)      Yes      No
4. Was clothing contaminated? Did appropriate disposal/laundrying procedures occur?      Yes      No
5. Did hand washing and/or flushing of mucous membrane occur as soon as possible?      Yes      No
6. Employee has been referred to a healthcare professional for medical evaluation and follow-up.      Yes      No

Name and location of Professional Clinic: \_\_\_\_\_

<b>Source Information (Person whose blood contacted employee)</b>
Name: _____ Student: _____ Staff: _____ Other: _____

It was explained to the employee that he/she was involved in an incident that could place him/her at risk for HBV (Hepatitis B Virus) or HIV (Human Immunodeficiency Virus).

The employee was informed of his/her rights to obtain post-exposure medical care including and examination and blood testing for HBV and HIV. The employee was also offered the opportunity to have a blood sample drawn and preserved for 90 days in the event that he/she might choose to have that sample tested.

It was explained to the employee that this examination may be obtained at no cost to the employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Licensed School Nurse or Assistant Director)  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Employee)

CC: Assistant Director of Special Education and Director of Special Education

**Form BBP2: Post Exposure: Exposed Employee Declination of Medical Evaluation**

The exposed employee must complete this form if she /he chooses not to receive medical care for a work-related exposure involving blood involving blood or OPIMs.

**Employee Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Date of Exposure:** \_\_\_\_\_ **School and Program Area:** \_\_\_\_\_

I understand that I have been involved in a workplace encounter with blood or body fluids that may place me at risk for HBV (Hepatitis B virus that causes liver disease) or HIV (Human Immunodeficiency Virus- the virus which causes AIDS).

I have been given the opportunity for a post-exposure follow up examination. Including testing of my blood for HBV and HIV.

I understand that I may have this examination through the physician/health care provider of my choice or at:

Apple Valley Medical Clinic  
14655 Galaxie Avenue  
Apple Valley, MN 55124  
952-432-6161

Medical services will provided at no cost to me for work related incidents involving exposure to blood or other potentially infectious material. I understand that I am eligible for this examination even if I have been previously vaccinated against HBV.

I have been offered the opportunity to have a sample of my blood drawn and preserved for 90 days in the event that I might choose to have that sample tested at some point within 90 days.

Understanding the written information above, I decline any post exposure medical evaluation, blood sampling, blood testing, or follow-up examination at this time.

\_\_\_\_\_  
**Employee signature**

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

\_\_\_\_\_  
**Witness**

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

**BBP3 Post Exposure Transmittal Letter to Healthcare Professional**

Today’s Date: \_\_\_\_\_ Date of Exposure Incident: \_\_\_\_\_

Exposed Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The identified employee has been exposed to blood or other potentially infectious body fluids, and requires a medical evaluation, as determined in OSHA Regulation 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

To assist in conduction the medical evaluation, we have attached the following information and forms:

- Copy of the OSHA standard 29CFR 1910.1030
- Health Services/ Nursing Report of Employee’s Exposure to Blood or OPIM’s (BBP 1)
- Exposed Individual – Consent/Declination for Blood Testing (BBP4)  
(Results to be transmitted directly)
- Source Individual – Consent/Declination for Blood Testing (BBP 5)  
(Results to be transmitted directly)
- Healthcare Professional Written Opinion Form (BBP6)

We request that you complete a confidential medical evaluation for the employee, including all appropriate treatments, counseling and evaluation of illnesses.

Your written opinion must be provided to Intermediate School District 917, including the limited information requested on the attached form (BBP 6). *All other medical information is maintained by your facility.* You may utilize the attached form BBP 6 or an alternative form that contains the required information.

Please return the written opinion within 12 days for timely distribution to the employee, ATTENTION HEALTH SERVICES/NURSE.

Thank you for your assistance. Should you have any questions, please contact the employer’s representative at the location listed below.

Sincerely,

\_\_\_\_\_

Joan Asmus, Licensed School Nurse, Lead

Alliance Education Center  
14300 Biscayne Ave.  
Rosemount, MN 55068  
Main Office 651-423-8100  
Fax 651-423-8120

## Form BBP4 Exposed Individual Consent or Declination for Blood Testing

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Form BBP 4 asks for permission to test the exposed individual's blood. The exposed individual may have their blood drawn and tested by a medical provider of their choice or at Apple Valley Medical Clinic. Forms BBP 3 (Transmittal Letter) and BBP 6 (Health Care Professional Written Opinion) should go with the exposed individual and be given to the medical provider administering the test.

If the exposed individual declines to sign permission to have their blood tested, send form BBP 5 to District Health Services/Nursing incomplete. The district will review and assist in obtaining permission, as appropriate.

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (Hepatitis B and HIV) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide the appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the Hepatitis B Virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infections.

**Please read the following and, if you consent, sign and date the form.** Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

1. I authorize and consent to testing of a sample of my blood for the following: (check only one)
  - Human Immunodeficiency Virus (HIV)
  - Hepatitis B Virus (HBV)
  - Both the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV)
  - Other: \_\_\_\_\_ (please indicate)
2. I understand that a positive HIV test does not necessarily mean a person has AIDS; testing can assist healthcare personnel in medical management and infectious disease control of the virus.
3. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
4. I understand that HIV/HBV testing is not always 100% accurate and that results may be "false negative" (negative results when the virus is actually present) or "false positive" (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.
5. I understand the results of the test will be confidential and will not be disclosed unless necessary for ISD # 917 to comply with the provisions of OSHA's Bloodborne Pathogen Regulation (29 CFR 1910.1030). If you are a source individual, disclosure will be made to the exposed employee and their healthcare professional.

6. I understand I can personally make arrangements to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.
7. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give informed consent/declination.

<b>Section 1</b>	
Name _____ (Print Name/Other Legally Responsible Person)	Witness _____ (Print Name/Witness)
_____ Signature	_____ Signature

<b>Section 2</b>		
I HAVE READ ALL INFORMATION CONTAINED ON THIS FORM, HAVE ASKED QUESTIONS WHERE ADDITIONAL INFORMATION WAS NECESSARY AND FULLY UNDERSTAND THE ISSUES INVOLVED IN THIS MATTER.		
I REFUSE TO HAVE MY BLOOD DRAWN AND TESTED AT THIS TIME OR DRAWN AND STORED FOR UP TO 90 DAYS FOR POSSIBLE FUTURE TESTING, UPON MY WRITTEN CONSENT.		
_____ Signature	_____ Date	_____ Time

**Form BBP5 Source Individual Consent or Declination for Blood Testing**

Name of Source Individual: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Form BBP 5 asks for permission to have your blood sampled and tested for HBV and HIV. The exposed individual may have their blood drawn and tested by a medical provider of their choice or at Apple Valley Medical Clinic. Forms BBP 3 (Transmittal Letter) and BBP 6 (Health Care Professional Written Opinion) should go with the exposed individual and be given to the medical provider administering the test.

If the source individual declines to sign permission to have their blood tested, send form BBP 5 to District Health Services/Nursing. The district will review and assist in obtaining permission, as appropriate.

On the above date, an exposure incident as defined by the Federal and Minnesota State Bloodborne Pathogen Regulations occurred involving an employee performing his/her duties.

The regulation requires that a sample of blood be drawn as soon as possible from the source of the exposure and the exposed employee to determine if any infectious diseases (Hepatitis B and HIV) are present.

We are requesting to have your blood drawn and tested for HBV and HIV in order to provide the appropriate medical direction. If you are a minor, consent to have your blood drawn and tested must be given by your parent or guardian. You are not legally required to consent to having your blood drawn and tested. In the event that you decline to have your blood drawn and tested, however, we will not be able to determine whether you have been infected by either the Hepatitis B Virus (HBV) or the human immunodeficiency virus (HIV) or advise or counsel you on appropriate steps to take as a result of such infections.

**Please read the following and, if you consent, sign and date the form.** Directions will be provided on the location for the test and the cost, if not covered, will be paid by the district. You will be provided with the test results as soon as possible.

If you know you are infected with HBV or HIV and can provide medical records or documentation, no blood test is necessary.

- 8. I authorize and consent to testing of a sample of my blood for the following: (check only one)
  - Human Immunodeficiency Virus (HIV)
  - Hepatitis B Virus (HBV)
  - Both the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV)
  - Other: \_\_\_\_\_ (please indicate)
  
- 9. I understand that a positive HIV test does not necessarily mean a person has AIDS;testing can assist healthcare personnel in medical management and infectious disease control of the virus.
  
- 10. I understand that I should rely on my physician for information regarding the nature and purpose of the HIV/HBV test and the meaning and significance of the result of the test.
  
- 11. I understand that HIV/HBV testing is not always 100% accurate and that results may be “false negative” (negative results when the virus is actually present) or “false positive” (positive results when the virus is not present). If a positive result is obtained, additional tests will be done to attempt to confirm the test results.
  
- 12. I understand the results of the test will be confidential and will not be disclosed unless necessary for ISD # 917 to comply with the provisions of OSHA’s Bloodborne Pathogen Regulation (29 CFR 1910.1030). If

you are a source individual, disclosure will be made to the exposed employee and their healthcare professional.

- 13. I understand I can personally make arrangements to have my blood drawn, as authorized, or that arrangements will be made for me, with the assistance of district personnel or other designated parties.
- 14. I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have been given an opportunity to ask questions about the test and I believe that I have sufficient information to give informed consent/declination.

<b>Section 1</b>			
Name _____		Witness _____	
(Print Name/Other Legally Responsible Person)		(Print Name/Witness)	
Signature _____		Signature _____	
Date _____	Time _____	Date _____	Time _____

<b>Section 2</b>		
I HAVE READ ALL INFORMATION CONTAINED ON THIS FORM, HAVE ASKED QUESTIONS WHERE ADDITIONAL INFORMATION WAS NECESSARY AND FULLY UNDERSTAND THE ISSUES INVOLVED IN THIS MATTER.		
I REFUSE TO HAVE MY BLOOD DRAWN AND TESTED AT THIS TIME OR DRAWN AND STORED FOR UP TO 90 DAYS FOR POSSIBLE FUTURE TESTING, UPON MY WRITTEN CONSENT.		
Signature _____	Date _____	Time _____

**BBP6: Healthcare Professional Written Opinion**

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

Exposed Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above individual received a medical evaluation on \_\_\_\_\_ (date):

- For an occupational exposure to blood or other potentially infectious material
- As source individual involved in a potential BBP exposure incident

The Intermediate School District #917 provided the required information necessary for the evaluation. Please indicate the following:

- Hepatitis B vaccine was provided
- Hepatitis B vaccine was not provided

Notes: \_\_\_\_\_  
\_\_\_\_\_

- The above individual was informed as to the results of the evaluation
- The individual was informed about medical conditions resulting from the exposure that may require further evaluation or treatment.

Notes: \_\_\_\_\_  
\_\_\_\_\_

- All other medical information is maintained at the healthcare professional's facility

Please forward this form or similar form to the attention of Health Services/Nurse:

- Joan Asmus LSN

Alliance Education Center  
14300 Biscayne Ave.  
Rosemount, MN 55068  
651-423-8100 Fax 651-423-8120

Date sent to ISD 917: \_\_\_\_\_

\_\_\_\_\_  
(Clinic Name and Phone Number)

\_\_\_\_\_  
( Print Name of Health Care Professional)

\_\_\_\_\_  
(Signature of Health Care Professional)

\_\_\_\_\_  
(Signature of Parent/Guardian, if applicable)

## **BBP7: Cleaning & Disinfecting Procedures for Blood and Body Fluids**

### **Materials Needed**

- \_\_\_\_\_ “Caution Wet Floor” or “Do Not Enter” signs, as needed
- \_\_\_\_\_ Disposable vinyl or nitrile gloves.
- \_\_\_\_\_ Disposable cloth or paper towels or absorbent granules or disposable cardboard pieces.
- \_\_\_\_\_ Pail containing soap & water (or spray bottle of general cleaner).
- \_\_\_\_\_ Pail (or spray bottle) of rinse water.
- \_\_\_\_\_ EPA approved disinfectant (tuberculocidal disinfectant) or Lysol Brand II <sup>TM</sup> Spray Disinfectant (MUST use for all body fluid clean up involving possible blood)

#### **1. PROTECT YOURSELF AND THE AREA**

- Secure the area with “Wet Floor” or “Do Not Enter” signs.
- Put on the disposable gloves.

#### **2. REMOVE BODY FLUIDS SAFELY**

- Soak up liquids with absorbent, disposable towels.
- If there is a large volume, use absorbing granules. Pick up debris with cardboard pieces.
- For carpet, vacuum granular remains if necessary.
- Place debris and disposable materials used in plastic bag.

#### **3. CLEAN AND DISINFECT THE AREA**

- **CLEAN** the area with soap and water or general cleaning agent. Use disposable towels.
- **RINSE WITH CLEAR WATER**. Use disposable towels.
- **APPLY DISINFECTANT \*\* and allow to air dry (at least 10 minutes)**.
- **CARPET** Use the same process as above. Extra agitation, cleaning agent, and water may be necessary. Repeat wash until blood or body fluids are gone. Rinse and apply disinfectant. Allow to air dry.

#### **\*\*AN APPROPRIATE DISINFECTANT IS:**

- EPA APPROVED (Environmental Protection Agency Approved as “sterilant”) or
- Tuberculocidal (lists on the bottle that it is capable of killing tuberculosis) or Lysol Spray Disinfectant
- Bleach & Water Solution

To prepare bleach solution, mix 2 teaspoonfuls bleach to one quart water.

**BLEACH SOLUTION MUST BE MIXED DAILY.**

**DO NOT MIX BLEACH WITH ANY OTHER CHEMICALS OR PRODUCTS.**

**LABEL BLEACH SOLUTIONS AND KEEP OUT OF REACH OF CHILDREN.**

#### **4. FINISHING**

Clean and disinfect any mops, brooms, brushes, dust pans, etc. used in the cleaning process. Remove your gloves and dispose of in plastic trash bag and seal. Discard in regular trash.

**WASH YOUR HANDS COMPLETELY.**

TO: Intermediate School District 917 Teaching Staff  
FROM: John Christiansen  
DATE: May 5, 2014  
RE: Letter of Appreciation

Last Wednesday at our Staff Recognition Event, we had a great turn out of staff to celebrate staff for their years of service, special professional recognitions and to say thank you to our retirees. This letter is to also add my personal recognition and thanks to all of our teaching staff for your dedication and service to public education in general and to Intermediate School District 917 in particular.

The week of May 5-9, has been designated "Teacher Appreciation Week" and the School Board, the administration and our member districts want you to know we appreciate your efforts and performance every week.

I have been in public education since 1972, and I have known many wonderful educators and observed many outstanding educational programs. I am continually impressed with the quality of our licensed staff and the programs we offer at ISD 917. Intermediate School District 917 programs are viewed by everyone concerned as being of exceptionally high quality.

Thank you for everything that you do for the students enrolled in Intermediate School District 917 programs. Attached is the resolution that will be approved by the School Board at their meeting on Tuesday, May 6, 2014.

JC:ljb

Attachment

# Intermediate School District #917 School Board

## RESOLUTION

Board member \_\_\_\_\_ introduced the following Resolution:

WHEREAS, Intermediate School District #917 provides educational services to member and non-member districts throughout Dakota County and beyond, and

WHEREAS, the quality of these educational opportunities offered by Intermediate School District #917 are unquestionably high, and

WHEREAS, Intermediate School District #917 students have demonstrated a high degree of success as a result of their participation in Intermediate School District #917 programs, and

WHEREAS, the success of Intermediate School District #917 programs and student achievement can be directly attributed to the talents and efforts of our licensed educators, and

WHEREAS, the week of May 5-9, 2014, has been designated as “Teacher Appreciation Week,”

NOW, THEREFORE, BE IT RESOLVED, by the School Board of Intermediate School District #917 and on behalf of the participating school districts, parents and students as follows:

**That the School Board of Intermediate School District #917 formally recognizes the outstanding efforts and performance of its licensed staff and thanks these talented professionals for their service and dedication to the students of this intermediate district.**

The motion for the adoption of the foregoing resolution was duly seconded by Member - \_\_\_\_\_ and upon vote being taken thereon, the following voted in favor thereof:

and the following voted against the same: none.

Whereupon said resolution was declared duly passed and adopted.

Enacted by the School Board of Intermediate School District #917 this 6th day of May, two thousand and fourteen.

_____	_____
_____	_____
_____	_____
_____	_____

## 400 PERSONNEL

### 456 SUBSTITUTE INSTRUCTOR PAY SCHEDULE

~~The hourly salary will be determined by the director or principal based on the needs of the district.~~

~~NOTE: Long term substitutes may be paid an hourly rate or they may be placed on the salary schedule. Long term substitutes may also be eligible for fringe benefits.~~

#### ~~I. Internal Substitute Instructor~~

~~District 917 instructors assigned by their director/assistant director/principal to teach beyond their normal student contact hours shall be paid the substitute hourly rate for additional student contact hours.~~

#### ~~II. Summer School Substitute Instructor Pay~~

~~Summer school substitute instructors shall be paid the same rate per hour as regular summer school instructors. That rate shall be the rate stated in the applicable Teacher Master Agreement.~~

#### I. Definition

**A daily substitute teacher is a person hired to replace an absent teacher on a daily basis to cover the teacher's regular assignment for that day pursuant to the direction of the building principal or assigned supervisor.**

**A long-term substitute teacher is a person hired to replace an absent teacher on a long-term basis to cover the teacher's regular assignment performing all duties of the absent teacher pursuant to the direction of the building principal or assigned supervisor. In accordance with Minn. Stat. section 179.03, a licensed long-term substitute shall be considered a long-term substitute when they are in the same position for 31 days or more.**

#### II. Compensation

**Daily substitute teachers shall be paid an established hourly rate consistent with the portion of the day actually worked or governed by the payment policies of a contracted service.**

**Long-term substitute teachers will be paid as determined by the agreed upon placement on the teacher salary schedule.**

**The Board of Education shall annually approve the daily substitute hourly rate prior to the beginning of each school year.**

**III. Benefits**

**Regular daily and long-term teacher substitutes are not entitled to insurance benefits granted to regular or part-time district teachers. Long-term substitute teachers are eligible for pro-rated leave benefits.**

**IV. Internal Substitute Instructor**

**District 917 teachers assigned by their principal/supervisor to teach beyond their normal student contact hours shall be paid their hourly rate pro rata to the employee's contract for the additional student contact time.**

**V. Summer School Substitute Instructor Pay**

**Summer school substitute instructors shall be paid the daily substitute teacher rate. District 917 contracted teachers who substitute during summer school sessions shall be paid their hourly rate pro rata to the employee's contract.**

Board Approved 12/20/94  
Revised 9/19/95  
Revised 1/20/98  
Revised: May 1, 2007  
Revised \_\_\_\_\_

TO: Board Members  
FROM: John Christiansen  
DATE: May 1, 2014  
RE: TEA Program Mental Health Staff Contracts for 2014-2015

The TEA program mental health services is staffed by one mental health professional coordinator, one mental health professional, and five mental health practitioners (there is currently two vacancies). These positions do not require a board of teaching license but do require a department of health and human service's license. The employment of these positions are on stand alone one-year contracts. The terms and conditions are bench marked to our other groups of employees but do not have the more complex lay off language, steps and lanes, leaves, etc. or union contracts.

These positions contribute to PERA and are provided benefits of health, dental, LTD, and life insurance. The contracts we are asking your consideration to approve are the same language as last years with a 2.5% salary increase (no step or lane structure) and a 5.8% increase in the district health insurance contribution from July 1, 2014, to June 30, 2015. The total package increase for the group is 3.5%. (See attached.)

The recommended contract approvals are:

Jennifer Peterson – Mental Health Professional Coordinator  
Ann Hasching – Mental Health Practitioner  
Rhianon Colling – Mental Health Practitioner  
Ann Byer-Rajput, Psychologist  
Erin Stevens, Mental Health Practitioner  
Patricia Arneson, Mental Health Professional

JC:ljb

Attachments

**INTERMEDIATE SCHOOL DISTRICT 917**

**COMPENSATION INFORMATION/TERMS AND CONDITIONS OF  
EMPLOYMENT FOR LICENSED PSYCHOLOGIST**

**July 1, 2014 – June 30, 2015**

**FOR**

**Anne Byer-Rajput**

APPROVED BY THE SCHOOL BOARD

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## **MENTAL HEALTH PRACTITIONER AGREEMENT**

The School Board of Intermediate District 917, Rosemount, Minnesota (School District) enters into this agreement with Anne Byer-Rajput, who agrees to serve in the public schools of said district in the position of Licensed Psychologist, beginning July 1, 2014. The agreement calls for 195 work days to be scheduled with the Director of Special Education. This contract will continue through the week of June 30, 2015, or until otherwise amended.

### **ARTICLE I DEFINITION OF ELIGIBLE EMPLOYEES**

These terms and conditions of employment as provided herein, cover those employees of Intermediate School District 917 who are employed as a Mental Health Practitioner.

### **ARTICLE II LEAVES OF ABSENCE**

Section 1. PTO Leave: Personal Time Off (PTO) is defined as absence used for illness, bereavement, adoption, religious holidays, personal use and paid child care leave. Personal Time Off does not include such absences as jury duty (Section 3), FMLA and unpaid child care leave.

Subd. 1. All full time employees as defined in Article I shall be credited with thirteen (13) days of Personal Time Off (PTO) per contract. The credit shall be made at the beginning of each school year. Part-time and job share employees shall accrue PTO days on a pro-rata basis. If an employee leaves the district having used more PTO days than he/she earned, the District shall reduce the employee's final paycheck for any unearned PTO days on a pro-rata basis.

Subd. 2. At the end of each contract unused PTO days will accrue as sick days without limit.

Subd. 3. The first three (3) days used for illness each contract will be deducted from that year's PTO days. Subsequent days used for illness will be deducted from an employee's accrued sick leave balance unless the employee wishes to have them taken from the current year's PTO days. An employee may use PTO days and accumulated sick leave for illness of the employee, and the employee's child under 18. For purposes of this subdivision, "child" includes stepchild, biological, adopted and foster child. The employee may also use PTO days and accumulated sick leave not to exceed twenty (20) days per 12 month period for illness of or injury to the employee's adult child, spouse, sibling, parent, grandparent or stepparent. In extenuating circumstances, an employee may make an additional request for use of Accumulated Sick Leave to the Superintendent/designee.

Subd. 4. After three (3) consecutive days of absence due to illness, or when there is probable cause to support the belief that an employee is misrepresenting the use of leave for illness, the District may require an employee to furnish a medical certificate from the attending physician indicating such absence was due to illness or disability. The district may require certification by the attending physician stating that the employee is in good health and able to resume the employee's duties upon return. In the event that a medical certification will be required, the employee will be so advised.

Subd. 5. When current PTO days and any accrued sick leave days have been exhausted, the Superintendent/designee shall be authorized to grant an extended leave of absence without pay as per Policy 410 – Family and Medical Leave (FMLA). In addition to other leaves and benefits provided for in this contract, employees may take leaves under the provisions of all applicable state and federal laws, including the Family and Medical Leave Act. FMLA leaves shall run concurrently with any of the other leaves provided for in this contract. Nothing in this contract shall be interpreted to diminish any benefit provided for in law, including those provided in the FMLA.

Subd. 6. To use PTO days without giving a reason for the absence, the employee must give at least a three (3) day notice and receive preapproval from their program administrator. For reasons of illness or bereavement, a three-day notice is not required. In the situation of a request for use of PTO with less than a three (3) day notice, an explanation of why a three (3) day notice was not possible and the reason for the absence is required. For reasons other than illness or bereavement, employees must receive pre-approval from their program administrator.

Subd. 7. PTO shall be granted in one hour increments when no substitute is needed. If a substitute is needed, PTO shall be granted in ½ day or four-hour increments. PTO days typically shall not be granted for the day preceding or the day following holidays, vacation periods and the first ten (10) duty days and the last ten (10) duty days of the school year except for reasons of illness or bereavement. PTO days shall not be granted during parent conference days or inservice days except for reasons of illness or bereavement. PTO requests may be denied on a particular day if other employees at the educational site have already been granted PTO leave which would be disruptive to the functioning of the particular program.

Subd. 8. No more than three (3) consecutive PTO days may be granted except for childbirth, adoption, absence due to extended illness and bereavement.

Subd. 9. An employee who is entitled to PTO leave pay, or has accumulated sick leave, who is then receiving Worker's Compensation, may not be paid PTO leave pay in an amount greater than the difference between such Worker's Compensation and the employee's basic salary. Under such circumstances, only that fraction of a PTO leave day not covered by Worker's Compensation insurance shall be deducted from accrued leave.

Subd.10. Upon termination of an employee's employment for any reason, all PTO days and accumulated sick leave shall be immediately and automatically cancelled. If the employee is rehired within one year, the previously accumulated sick leave shall be reinstated.

## Section 2. Parental Leave

Subd. 1. An employee shall be afforded a parental leave of absence of no more than twelve (12) months in duration, according to the procedures as outlined in this section, to one parent of a newborn child or an adopted child, provided such parent is caring for the child on a full-time basis.

Subd. 2. The superintendent, after consultation with the employee, shall notify the employee in writing of the effective beginning date of such leave and its duration.

Subd. 3. The beginning date and duration of such leaves may be adjusted by mutual agreement between the superintendent and the employee.

Subd. 4. An employee returning from a parental leave shall be reemployed in a position for which the employee is qualified provided that the employee returns on the date as provided in the leave of absence.

Subd. 5. Failure of the employee to return pursuant to the date determined in this section shall constitute grounds for termination in the school district.

Subd. 6. A parental leave of absence granted pursuant to this section shall be a leave without pay.

### Section 3. Maternity/Adoption Leave

Subd. 1. The start of a physical disability absence for pregnancy, delivery, and recovery from childbirth shall be determined by the employee's physician. The end of the physical disability absence for childbirth shall be determined by the employee's physician at the time of the child's birth.

Subd. 2. A pregnant employee shall notify the superintendent in writing, not later than the end of the sixth month of pregnancy, and, also at such time provide a physician's statement indicating the estimated date of delivery of the child. The employee shall submit a written request to the superintendent for the use of PTO and/or accumulated paid sick leave, including commencement date and return date. The time periods provided herein can be modified by the employee's physician.

Subd. 3. An employee's maternity absence may encompass school holidays and/or school vacations. Holidays and/or vacations that fall during the period of disability do not cause the disability period to be extended. These days would not be deducted from the PTO or sick leave.

Subd. 4. Subd. 2 and 3 of this section (Section 3) shall also apply to one parent for the adoption of a child in compliance with the Family Medical Leave Act.

Section 4. Jury Duty Leave: An employee summoned for jury duty shall receive the employee's regular salary but shall remit to the school district any jury duty fees received. The employee shall retain any expenses or mileage allowances paid by the court.

### Section 5. General Leave:

Subd. 1. Employees in the school district may apply for an unpaid leave of absence, subject to the provisions of this section. The granting of such leave shall be at the sole discretion of the school board.

Subd. 2. Such leave may be granted by the school board for extended illness of the employee, extended illness of the employee's family, additional education, or other reasons acceptable to the school board.

Subd. 3. An employee on general leave of absence shall provide notice to the school district in writing no later than April 1 of the employee's intention concerning return to employment at the end of the general leave.

See also Board Policy 464 for additional unpaid leave provisions.

Section 6. Insurance Application: An employee on unpaid leave under this Article is eligible to continue to participate in group insurance programs if permitted under the insurance policy provisions, but shall pay the entire premium for leave not covered under the Family Medical Leave Act for such programs as the employee wishes to retain. It is the responsibility of the employee to make arrangements with the school business office to pay to the school district the monthly premium amounts in advance and on such date as determined by the school district. The right to continue participation in such group insurance programs, however, shall discontinue upon termination of employment, except as otherwise provided by law.

Section 7. Accrued Benefits: An employee on unpaid leave under this Article shall retain such number of leave days, experience credit for pay purposes, and other accrued benefits, if any, at the time the employee went on leave for use upon said employee's return. No additional leave, experience credit for pay purposes, or other benefits shall accrue for the period of time that an employee is on leave.

Section 8. Eligibility: Leave benefits as outlined in this Article shall apply only to employees regularly employed at least 185 days per year and at least forty (40) hours per week. Employees regularly employed for a lesser period of time, but at least an average of fourteen (14) hours per week and 65 days per year, shall be entitled to leave benefits on a pro rata basis. Employees employed less than an average of fourteen (14) hours per week and 65 days per year, shall not be eligible for the benefits of this Article.

### **ARTICLE III 403B MATCHING CONTRIBUTION**

#### Section 1. Eligibility

To be eligible for contribution under this Article, an employee must have completed three years of service and thus will be eligible for contribution in the employee's fourth year of service. Further, to be eligible for this contribution, an employee must be regularly employed at least 185 days during the contract year, and such benefits shall not apply to employees employed for a lesser time or substitute employees.

#### Section 2. Contribution

The School District will match eligible employee contributions up to a maximum as listed in the following schedule, according to year of service.

<u>Year of Service</u>	<u>Contribution</u>
4-5	\$300
6-9	\$350
10 – 14	\$400
15 – 19	\$450
20+	\$550

Section 3. Authorization

A salary reduction authorization agreement must be completed by the eligible employee by October 1 and each year thereafter for the employee to participate in the 403B matching contribution plan.

Section 4. Unpaid Leaves

Employees on unpaid leaves may not participate in the matching program while on leave.

Section 5. Matching Requirement

The School District's contribution, in any event, shall not exceed the employee's matching contribution within the limitations of this Article.

**ARTICLE IV  
INSURANCE BENEFITS**

Section 1. Health and Hospitalization Insurance

Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$575 per month for individual coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 3.

Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$1380 per month for family coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 4.

Subd. 3: Individual High Deductible Coverage

- (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district's health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings account ("HSA") of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the "Flex Choice Plan"). The total

monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$575.

- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district's health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.
- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the plan. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee's HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

Subd. 4: Family High Deductible Coverage

- (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district's health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings account ("HSA") of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the "Flex Choice Plan"). The total monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$1380.
- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district's health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.

- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee enrolled in the family high deductible coverage. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee's HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

## Section 2. Group Income Protection

The School District will pay each month 100 percent of the premium for income protection insurance for each eligible employee. The income protection plan shall include the following:

- a. Benefits begin after ninety (90) calendar days of total disability.
- b. The monthly income benefit shall be 66-2/3 percent of basic monthly earnings (exclusive of any additional compensation from this district or any other source).

## Section 3. Life Insurance

The School District will pay each month all of the life insurance premium for an \$80,000 term life insurance policy for each eligible employee.

## Section 4. Dental Insurance

### Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$56 per month toward the cost of the premium for individual coverage for each eligible employee employed by the School District who qualifies for and is enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

### Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$124 per month toward the cost of the premium for family coverage for each eligible employee employed by the School District who qualifies for and is enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

Section 5. Professional Liability Insurance

The School District provides the insurance coverage for professional liability for the Mental Health Practitioner employees.

**ARTICLE V  
OTHER BENEFITS**

Section 1: Mileage

Employees required to use their personal vehicle in the performance of employment responsibilities shall be reimbursed for such travel pursuant to School District policy.

**ARTICLE VI  
RENEWAL AND TERMINATION OF CONTRACT**

Section 1: Renewal

This contract is for a term of one year, and unless otherwise required by Minn. Stat. section 122A.40 for employees required to be licensed by the Minnesota Board of Teaching, the Employee shall have no right to continued employment beyond the term of this contract. The parties shall provide notice to the other by April 1 that they intend to renew the contract, and any new terms of the contract will be negotiated between the parties prior to the commencement of the new contract. If the Employer does not provide notice of renewal, the failure to provide notice of non-renewal shall not provide any basis for continuing rights to employment.

Section 2: Termination

During the term of this contract, either party may terminate the contract by 30 days' written notice to the other party. Upon termination, the parties will have no further obligation to the other.

**ARTICLE VII  
SALARIES**

Section 1.

Employee shall receive a salary of \$71,750 annually for the duration of this contract.

\_\_\_\_\_  
School Board Chair

\_\_\_\_\_  
Anne Byer-Rajput

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
School Board Clerk

Dated: \_\_\_\_\_

**INTERMEDIATE SCHOOL DISTRICT 917**

**COMPENSATION INFORMATION/TERMS AND CONDITIONS OF  
EMPLOYMENT FOR MENTAL HEALTH PRACTITIONER**

**August 25, 2014 – June 5, 2015**

**FOR**

**Ann Haschig**

APPROVED BY THE SCHOOL BOARD

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## **MENTAL HEALTH PRACTITIONER AGREEMENT**

The School Board of Intermediate District 917, Rosemount, Minnesota (School District) enters into this agreement with Ann Haschig, who agrees to serve in the public schools of said district in the position of Mental Health Practitioner, beginning August 25, 2014. The agreement calls for 185 work days to be scheduled with the Assistant Director for the Therapeutic Education Alternative. This contract will continue through June 5, 2015, or until otherwise amended.

### **ARTICLE I DEFINITION OF ELIGIBLE EMPLOYEES**

These terms and conditions of employment as provided herein, cover those employees of Intermediate School District 917 who are employed as a Mental Health Practitioner.

### **ARTICLE II LEAVES OF ABSENCE**

Section 1. PTO Leave: Personal Time Off (PTO) is defined as absence used for illness, bereavement, adoption, religious holidays, personal use and paid child care leave. Personal Time Off does not include such absences as jury duty (Section 3), FMLA and unpaid child care leave.

Subd. 1. All full time employees as defined in Article I shall be credited with thirteen (13) days of Personal Time Off (PTO) per contract. The credit shall be made at the beginning of each school year. Part-time and job share employees shall accrue PTO days on a pro-rata basis. If an employee leaves the district having used more PTO days than he/she earned, the District shall reduce the employee's final paycheck for any unearned PTO days on a pro-rata basis.

Subd. 2. At the end of each contract unused PTO days will accrue as sick days without limit.

Subd. 3. The first three (3) days used for illness each contract will be deducted from that year's PTO days. Subsequent days used for illness will be deducted from an employee's accrued sick leave balance unless the employee wishes to have them taken from the current year's PTO days. An employee may use PTO days and accumulated sick leave for illness of the employee, and the employee's child under 18. For purposes of this subdivision, "child" includes stepchild, biological, adopted and foster child. The employee may also use PTO days and accumulated sick leave not to exceed twenty (20) days per 12 month period for illness of or injury to the employee's adult child, spouse, sibling, parent, grandparent or stepparent. In extenuating circumstances, an employee may make an additional request for use of Accumulated Sick Leave to the Superintendent/designee.

Subd. 4. After three (3) consecutive days of absence due to illness, or when there is probable cause to support the belief that an employee is misrepresenting the use of leave for illness, the District may require an employee to furnish a medical certificate from the attending physician indicating such absence was due to illness or disability. The district may require certification by the attending physician stating that the employee is in good health and able to resume the employee's duties upon return. In the event that a medical certification will be required, the employee will be so advised.

Subd. 5. When current PTO days and any accrued sick leave days have been exhausted, the Superintendent/designee shall be authorized to grant an extended leave of absence without pay as per Policy 410 – Family and Medical Leave (FMLA). In addition to other leaves and benefits provided for in this contract, employees may take leaves under the provisions of all applicable state and federal laws, including the Family and Medical Leave Act. FMLA leaves shall run concurrently with any of the other leaves provided for in this contract. Nothing in this contract shall be interpreted to diminish any benefit provided for in law, including those provided in the FMLA.

Subd. 6. To use PTO days without giving a reason for the absence, the employee must give at least a three (3) day notice and receive preapproval from their program administrator. For reasons of illness or bereavement, a three-day notice is not required. In the situation of a request for use of PTO with less than a three (3) day notice, an explanation of why a three (3) day notice was not possible and the reason for the absence is required. For reasons other than illness or bereavement, employees must receive pre-approval from their program administrator.

Subd. 7. PTO shall be granted in one hour increments when no substitute is needed. If a substitute is needed, PTO shall be granted in ½ day or four-hour increments. PTO days typically shall not be granted for the day preceding or the day following holidays, vacation periods and the first ten (10) duty days and the last ten (10) duty days of the school year except for reasons of illness or bereavement. PTO days shall not be granted during parent conference days or inservice days except for reasons of illness or bereavement. PTO requests may be denied on a particular day if other employees at the educational site have already been granted PTO leave which would be disruptive to the functioning of the particular program.

Subd. 8. No more than three (3) consecutive PTO days may be granted except for childbirth, adoption, absence due to extended illness and bereavement.

Subd. 9. An employee who is entitled to PTO leave pay, or has accumulated sick leave, who is then receiving Worker's Compensation, may not be paid PTO leave pay in an amount greater than the difference between such Worker's Compensation and the employee's basic salary. Under such circumstances, only that fraction of a PTO leave day not covered by Worker's Compensation insurance shall be deducted from accrued leave.

Subd.10. Upon termination of an employee's employment for any reason, all PTO days and accumulated sick leave shall be immediately and automatically cancelled. If the employee is rehired within one year, the previously accumulated sick leave shall be reinstated.

## Section 2. Parental Leave

Subd. 1. An employee shall be afforded a parental leave of absence of no more than twelve (12) months in duration, according to the procedures as outlined in this section, to one parent of a newborn child or an adopted child, provided such parent is caring for the child on a full-time basis.

Subd. 2. The superintendent, after consultation with the employee, shall notify the employee in writing of the effective beginning date of such leave and its duration.

Subd. 3. The beginning date and duration of such leaves may be adjusted by mutual agreement between the superintendent and the employee.

Subd. 4. An employee returning from a parental leave shall be reemployed in a position for which the employee is qualified provided that the employee returns on the date as provided in the leave of absence.

Subd. 5. Failure of the employee to return pursuant to the date determined in this section shall constitute grounds for termination in the school district.

Subd. 6. A parental leave of absence granted pursuant to this section shall be a leave without pay.

### Section 3. Maternity/Adoption Leave

Subd. 1. The start of a physical disability absence for pregnancy, delivery, and recovery from childbirth shall be determined by the employee's physician. The end of the physical disability absence for childbirth shall be determined by the employee's physician at the time of the child's birth.

Subd. 2. A pregnant employee shall notify the superintendent in writing, not later than the end of the sixth month of pregnancy, and, also at such time provide a physician's statement indicating the estimated date of delivery of the child. The employee shall submit a written request to the superintendent for the use of PTO and/or accumulated paid sick leave, including commencement date and return date. The time periods provided herein can be modified by the employee's physician.

Subd. 3. An employee's maternity absence may encompass school holidays and/or school vacations. Holidays and/or vacations that fall during the period of disability do not cause the disability period to be extended. These days would not be deducted from the PTO or sick leave.

Subd. 4. Subd. 2 and 3 of this section (Section 3) shall also apply to one parent for the adoption of a child in compliance with the Family Medical Leave Act.

Section 4. Jury Duty Leave: An employee summoned for jury duty shall receive the employee's regular salary but shall remit to the school district any jury duty fees received. The employee shall retain any expenses or mileage allowances paid by the court.

### Section 5. General Leave:

Subd. 1. Employees in the school district may apply for an unpaid leave of absence, subject to the provisions of this section. The granting of such leave shall be at the sole discretion of the school board.

Subd. 2. Such leave may be granted by the school board for extended illness of the employee, extended illness of the employee's family, additional education, or other reasons acceptable to the school board.

Subd. 3. An employee on general leave of absence shall provide notice to the school district in writing no later than April 1 of the employee's intention concerning return to employment at the end of the general leave.

See also Board Policy 464 for additional unpaid leave provisions.

Section 6. Insurance Application: An employee on unpaid leave under this Article is eligible to continue to participate in group insurance programs if permitted under the insurance policy provisions, but shall pay the entire premium for leave not covered under the Family Medical Leave Act for such programs as the employee wishes to retain. It is the responsibility of the employee to make arrangements with the school business office to pay to the school district the monthly premium amounts in advance and on such date as determined by the school district. The right to continue participation in such group insurance programs, however, shall discontinue upon termination of employment, except as otherwise provided by law.

Section 7. Accrued Benefits: An employee on unpaid leave under this Article shall retain such number of leave days, experience credit for pay purposes, and other accrued benefits, if any, at the time the employee went on leave for use upon said employee's return. No additional leave, experience credit for pay purposes, or other benefits shall accrue for the period of time that an employee is on leave.

Section 8. Eligibility: Leave benefits as outlined in this Article shall apply only to employees regularly employed at least 185 days per year and at least forty (40) hours per week. Employees regularly employed for a lesser period of time, but at least an average of fourteen (14) hours per week and 65 days per year, shall be entitled to leave benefits on a pro rata basis. Employees employed less than an average of fourteen (14) hours per week and 65 days per year, shall not be eligible for the benefits of this Article.

**ARTICLE III  
403B MATCHING CONTRIBUTION**

Section 1. Eligibility

To be eligible for contribution under this Article, an employee must have completed three years of service and thus will be eligible for contribution in the employee's fourth year of service. Further, to be eligible for this contribution, an employee must be regularly employed at least 185 days during the contract year, and such benefits shall not apply to employees employed for a lesser time or substitute employees.

Section 2. Contribution

The School District will match eligible employee contributions up to a maximum as listed in the following schedule, according to year of service.

<u>Year of Service</u>	<u>Contribution</u>
4-5	\$300
6-9	\$350
10 – 14	\$400
15 – 19	\$450
20+	\$550

### Section 3. Authorization

A salary reduction authorization agreement must be completed by the eligible employee by October 1 and each year thereafter for the employee to participate in the 403B matching contribution plan.

### Section 4. Unpaid Leaves

Employees on unpaid leaves may not participate in the matching program while on leave.

### Section 5. Matching Requirement

The School District's contribution, in any event, shall not exceed the employee's matching contribution within the limitations of this Article.

## **ARTICLE IV INSURANCE BENEFITS**

### Section 1. Health and Hospitalization Insurance

#### Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$575 per month for individual coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 3.

#### Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$1380 per month for family coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 4.

#### Subd. 3: Individual High Deductible Coverage

- (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district's health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings account ("HSA") of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the "Flex Choice Plan"). The total

monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$575.

- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district's health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.
- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the plan. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee's HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

Subd. 4: Family High Deductible Coverage

- (a) (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district's health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings account ("HSA") of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the "Flex Choice Plan"). The total monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$1380.
- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district's health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.

- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee enrolled in the family high deductible coverage. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee's HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

### Section 2. Group Income Protection

The School District will pay each month 100 percent of the premium for income protection insurance for each eligible employee. The income protection plan shall include the following:

- a. Benefits begin after ninety (90) calendar days of total disability.
- b. The monthly income benefit shall be 66-2/3 percent of basic monthly earnings (exclusive of any additional compensation from this district or any other source).

### Section 3. Life Insurance

The School District will pay each month all of the life insurance premium for an \$80,000 term life insurance policy for each eligible employee.

### Section 4. Dental Insurance

#### Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$56 per month toward the cost of the premium for individual coverage for each eligible employee employed by the School District who qualifies for and is enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

#### Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$124 per month toward the cost of the premium for family coverage for each eligible employee employed by the School District who qualifies for and is enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

Section 5. Professional Liability Insurance

The School District provides the insurance coverage for professional liability for the Mental Health Practitioner employees.

**ARTICLE V  
OTHER BENEFITS**

Section 1: Mileage

Employees required to use their personal vehicle in the performance of employment responsibilities shall be reimbursed for such travel pursuant to School District policy.

**ARTICLE VI  
RENEWAL AND TERMINATION OF CONTRACT**

Section 1: Renewal

This contract is for a term of one year, and unless otherwise required by Minn. Stat. section 122A.40 for employees required to be licensed by the Minnesota Board of Teaching, the Employee shall have no right to continued employment beyond the term of this contract. The parties shall provide notice to the other by April 1 that they intend to renew the contract, and any new terms of the contract will be negotiated between the parties prior to the commencement of the new contract. If the Employer does not provide notice of renewal, the failure to provide notice of non-renewal shall not provide any basis for continuing rights to employment.

Section 2: Termination

During the term of this contract, either party may terminate the contract by 30 days' written notice to the other party. Upon termination, the parties will have no further obligation to the other.

**ARTICLE VII  
SEVERANCE/RETIREMENT**

Section 1. Eligibility:

Full-time employees who have completed at least fifteen (15) years of continuous service with the School District, and who are at least fifty-five (55) years of age, shall be eligible for severance pay pursuant to the provisions of this Article upon submission of a written resignation accepted by the School Board. Severance pay shall not be granted to any employee who is discharged for cause by the School District. This Article shall apply only to employees who retire after the execution of this contract and shall not be retroactive to any employee who retired prior to said execution date.

Section 2. Amount of Severance:

Eligible employees, upon retirement, shall receive as severance pay unused sick leave days, not to exceed thirty-five (35) days. The amount of severance payment under this

Article shall be reduced by the amount of the School District matching 403B contributions made under Article IV, Section 2.

Section 3. Method of Pay-out:

- A. Subject to the limitations listed below, the school district will contribute an amount equal to the value of the employee's severance pay directly into the School Board approved 403b vendor account. The retiree will not receive any direct payment from the school district for the severance pay.
- B. The school district's annual contribution into the School Board approved 403b vendor account must not exceed the IRS contribution limit. If the amount calculated in A exceeds the available limits in the year of separation, the excess amount will be paid out in cash and not be tax sheltered.
- C. The school district contribution(s) (into the approved 403b vendor account) will be made according to the same timeline as was provided for the direct payment of the severance pay.
- D. The school district will make the severance pay contributions to the School Board approved 403b vendor. For purposes of calculating the maximum deferral limit, the school district will provide the retiree or approved vendor with contribution information for the previous twelve (12) months of employment. The vendor agrees to calculate the maximum deferral limit.

Section 4. Notice:

To be eligible for the benefits of this section, unless waived by the School District, an employee must notify the School District not less than ninety (90) calendar days prior to the proposed retirement date.

**ARTICLE VIII  
SALARIES**

Section 1.

Employee shall receive a salary of \$41,615 annually for the duration of this contract.

\_\_\_\_\_  
School Board Chair

\_\_\_\_\_  
Ann Haschig

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
School Board Clerk

Dated: \_\_\_\_\_

**INTERMEDIATE SCHOOL DISTRICT 917**

**COMPENSATION INFORMATION/TERMS AND CONDITIONS OF  
EMPLOYMENT FOR MENTAL HEALTH PROFESSIONAL COORDINATOR**

**July 1, 2014 – June 30, 2015**

**FOR**

**Jennifer Petersen**

APPROVED BY THE SCHOOL BOARD

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## MENTAL HEALTH PROFESSIONAL COODINATOR AGREEMENT

The School Board of Intermediate District 917, Rosemount, Minnesota (School District) enters into this agreement with Jennifer Petersen, who agrees to serve in the public schools of said district in the position of Mental Health Professional Coordinator, beginning July 1, 2014. The agreement calls for 185 work days to be scheduled with the Assistant Director for the Therapeutic Education Alternative. This contract will continue through the week of June 30, 2015, or until otherwise amended.

### ARTICLE I DEFINITION OF ELIGIBLE EMPLOYEES

These terms and conditions of employment as provided herein, cover those employees of Intermediate School District 917 who are employed as a Mental Health Professional.

### ARTICLE II LEAVES OF ABSENCE

Section 1. PTO Leave: Personal Time Off (PTO) is defined as absence used for illness, bereavement, adoption, religious holidays, personal use and paid child care leave. Personal Time Off does not include such absences as jury duty (Section 3), FMLA and unpaid child care leave.

Subd. 1. All full time employees as defined in Article I shall be credited with thirteen (13) days of Personal Time Off (PTO) per contract. The credit shall be made at the beginning of each school year. Part-time and job share employees shall accrue PTO days on a pro-rata basis. If an employee leaves the district having used more PTO days than he/she earned, the District shall reduce the employee's final paycheck for any unearned PTO days on a pro-rata basis.

Subd. 2. At the end of each contract unused PTO days will accrue as sick days without limit.

Subd. 3. The first three (3) days used for illness each contract will be deducted from that year's PTO days. Subsequent days used for illness will be deducted from an employee's accrued sick leave balance unless the employee wishes to have them taken from the current year's PTO days. An employee may use PTO days and accumulated sick leave for illness of the employee, and the employee's child under 18. For purposes of this subdivision, "child" includes stepchild, biological, adopted and foster child. The employee may also use PTO days and accumulated sick leave not to exceed twenty (20) days per 12 month period for illness of or injury to the employee's adult child, spouse, sibling, parent, grandparent or stepparent. In extenuating circumstances, an employee may make an additional request for use of Accumulated Sick Leave to the Superintendent/designee.

Subd. 4. After three (3) consecutive days of absence due to illness, or when there is probable cause to support the belief that an employee is misrepresenting the use of leave for illness, the District may require an employee to furnish a medical certificate from the attending physician indicating such absence was due to illness or disability. The district may require certification by the attending physician stating that the employee is in good health and able to resume the employee's duties upon return. In the event that a medical certification will be required, the employee will be so advised.

Subd. 5. When current PTO days and any accrued sick leave days have been exhausted, the Superintendent/designee shall be authorized to grant an extended leave of absence without pay as per Policy 410 – Family and Medical Leave (FMLA). In addition to other leaves and benefits provided for in this contract, employees may take leaves under the provisions of all applicable state and federal laws, including the Family and Medical Leave Act. FMLA leaves shall run concurrently with any of the other leaves provided for in this contract. Nothing in this contract shall be interpreted to diminish any benefit provided for in law, including those provided in the FMLA.

Subd. 6. To use PTO days without giving a reason for the absence, the employee must give at least a three (3) day notice and receive preapproval from their program administrator. For reasons of illness or bereavement, a three-day notice is not required. In the situation of a request for use of PTO with less than a three (3) day notice, an explanation of why a three (3) day notice was not possible and the reason for the absence is required. For reasons other than illness or bereavement, employees must receive pre-approval from their program administrator.

Subd. 7. PTO shall be granted in one hour increments when no substitute is needed. If a substitute is needed, PTO shall be granted in ½ day or four-hour increments. PTO days typically shall not be granted for the day preceding or the day following holidays, vacation periods and the first ten (10) duty days and the last ten (10) duty days of the school year except for reasons of illness or bereavement. PTO days shall not be granted during parent conference days or inservice days except for reasons of illness or bereavement. PTO requests may be denied on a particular day if other employees at the educational site have already been granted PTO leave which would be disruptive to the functioning of the particular program.

Subd. 8. No more than three (3) consecutive PTO days may be granted except for childbirth, adoption, absence due to extended illness and bereavement.

Subd. 9. An employee who is entitled to PTO leave pay, or has accumulated sick leave, who is then receiving Worker's Compensation, may not be paid PTO leave pay in an amount greater than the difference between such Worker's Compensation and the employee's basic salary. Under such circumstances, only that fraction of a PTO leave day not covered by Worker's Compensation insurance shall be deducted from accrued leave.

Subd.10. Upon termination of an employee's employment for any reason, all PTO days and accumulated sick leave shall be immediately and automatically cancelled. If the employee is rehired within one year, the previously accumulated sick leave shall be reinstated.

## Section 2. Parental Leave

Subd. 1. An employee shall be afforded a parental leave of absence of no more than twelve (12) months in duration, according to the procedures as outlined in this section, to one parent of a newborn child or an adopted child, provided such parent is caring for the child on a full-time basis.

Subd. 2. The superintendent, after consultation with the employee, shall notify the employee in writing of the effective beginning date of such leave and its duration.

Subd. 3. The beginning date and duration of such leaves may be adjusted by mutual agreement between the superintendent and the employee.

Subd. 4. An employee returning from a parental leave shall be reemployed in a position for which the employee is qualified provided that the employee returns on the date as provided in the leave of absence.

Subd. 5. Failure of the employee to return pursuant to the date determined in this section shall constitute grounds for termination in the school district.

Subd. 6. A parental leave of absence granted pursuant to this section shall be a leave without pay.

### Section 3. Maternity/Adoption Leave

Subd. 1. The start of a physical disability absence for pregnancy, delivery, and recovery from childbirth shall be determined by the employee's physician. The end of the physical disability absence for childbirth shall be determined by the employee's physician at the time of the child's birth.

Subd. 2. A pregnant employee shall notify the superintendent in writing, not later than the end of the sixth month of pregnancy, and, also at such time provide a physician's statement indicating the estimated date of delivery of the child. The employee shall submit a written request to the superintendent for the use of PTO and/or accumulated paid sick leave, including commencement date and return date. The time periods provided herein can be modified by the employee's physician.

Subd. 3. An employee's maternity absence may encompass school holidays and/or school vacations. Holidays and/or vacations that fall during the period of disability do not cause the disability period to be extended. These days would not be deducted from the PTO or sick leave.

Subd. 4. Subd. 2 and 3 of this section (Section 3) shall also apply to one parent for the adoption of a child in compliance with the Family Medical Leave Act.

Section 4. Jury Duty Leave: An employee summoned for jury duty shall receive the employee's regular salary but shall remit to the school district any jury duty fees received. The employee shall retain any expenses or mileage allowances paid by the court.

### Section 5. General Leave:

Subd. 1. Employees in the school district may apply for an unpaid leave of absence, subject to the provisions of this section. The granting of such leave shall be at the sole discretion of the school board.

Subd. 2. Such leave may be granted by the school board for extended illness of the employee, extended illness of the employee's family, additional education, or other reasons acceptable to the school board.

Subd. 3. An employee on general leave of absence shall provide notice to the school district in writing no later than April 1 of the employee's intention concerning return to employment at the end of the general leave.

See also Board Policy 464 for additional unpaid leave provisions.

Section 6. Insurance Application: An employee on unpaid leave under this Article is eligible to continue to participate in group insurance programs if permitted under the insurance policy provisions, but shall pay the entire premium for leave not covered under the Family Medical Leave Act for such programs as the employee wishes to retain. It is the responsibility of the employee to make arrangements with the school business office to pay to the school district the monthly premium amounts in advance and on such date as determined by the school district. The right to continue participation in such group insurance programs, however, shall discontinue upon termination of employment, except as otherwise provided by law.

Section 7. Accrued Benefits: An employee on unpaid leave under this Article shall retain such number of leave days, experience credit for pay purposes, and other accrued benefits, if any, at the time the employee went on leave for use upon said employee's return. No additional leave, experience credit for pay purposes, or other benefits shall accrue for the period of time that an employee is on leave.

Section 8. Eligibility: Leave benefits as outlined in this Article shall apply only to employees regularly employed at least 185 days per year and at least forty (40) hours per week. Employees regularly employed for a lesser period of time, but at least an average of fourteen (14) hours per week and 65 days per year, shall be entitled to leave benefits on a pro rata basis. Employees employed less than an average of fourteen (14) hours per week and 65 days per year, shall not be eligible for the benefits of this Article.

### **ARTICLE III 403B MATCHING CONTRIBUTION**

#### Section 1. Eligibility

To be eligible for contribution under this Article, an employee must have completed three years of service and thus will be eligible for contribution in the employee's fourth year of service. Further, to be eligible for this contribution, an employee must be regularly employed at least 185 days during the contract year, and such benefits shall not apply to employees employed for a lesser time or substitute employees.

#### Section 2. Contribution

The School District will match eligible employee contributions up to a maximum as listed in the following schedule, according to year of service.

<u>Year of Service</u>	<u>Contribution</u>
4-5	\$400
6-9	\$700
10 – 14	\$900
15 – 19	\$1100
20+	\$1300

Section 3. Authorization

A salary reduction authorization agreement must be completed by the eligible employee by October 1 and each year thereafter for the employee to participate in the 403B matching contribution plan.

Section 4. Unpaid Leaves

Employees on unpaid leaves may not participate in the matching program while on leave.

Section 5. Matching Requirement

The School District's contribution, in any event, shall not exceed the employee's matching contribution within the limitations of this Article.

**ARTICLE IV  
INSURANCE BENEFITS**

Section 1. Health and Hospitalization Insurance

Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$575 per month for individual coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 3.

Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$1380 per month for family coverage of each eligible employee employed by the School District who qualifies for and is enrolled in the School District group health and hospitalization plan. The cost of the premium not contributed by the School District shall be borne by the employee and paid by payroll deduction. This subdivision shall not apply to those eligible employees who select coverage under the high deductible health plan described in Subdivision 4.

Subd. 3: Individual High Deductible Coverage

- (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district's health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings

account (“HSA”) of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the “Flex Choice Plan”). The total monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$575.

- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district’s health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.
- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the plan. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee’s HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

Subd. 4: Family High Deductible Coverage

- (a) Eligible employees shall have the option of enrolling in a high deductible coverage option of the school district’s health and hospitalization plan. The high deductible coverage shall be a qualified high deductible health plan within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended from time to time. Each eligible employee enrolled in the high deductible coverage shall be eligible for a contribution to a health savings account (“HSA”) of such employee in accordance with the Intermediate School District No. 917 Flex Choice Plan (the “Flex Choice Plan”). The total monthly contribution by the school district toward the cost of the premium of the high deductible coverage, the HSA contribution, and the HSA administrative fees attributable to such eligible employee shall not exceed \$1380.
- (b) The school district shall contribute toward the cost of the premium for each eligible employee employed by the school district who qualifies for and is enrolled in individual coverage under the high deductible coverage option of the school district’s health and hospitalization plan a monthly amount equal to the total monthly contribution identified in subsection (a) minus the

monthly HSA contribution identified in subsection (c) and the monthly HSA administrative fees.

- (c) The school district shall contribute an amount equal to one-half of the applicable deductible to the HSA of each eligible employee enrolled in the family high deductible coverage. Such contributions shall be made monthly on a pro rata basis. Such employees shall also be eligible, through the Flex Choice Plan, to make pre-tax contributions to the HSA via salary reduction. The school district shall select the vendor of the HSA to which such contributions shall be made. Once deposited in an employee's HSA, such contributions, whether made by the school district or via salary reduction, shall not be subject to restriction by the school district and the employee may access and/or transfer such funds to a different HSA to the fullest extent permitted by law. Such employees also shall be eligible to participate in a Limited Scope Health Care Reimbursement Plan through the Flex Choice Plan, which shall allow reimbursement of medical expenses to the fullest extent permitted by law for an individual receiving contributions to an HSA.

## Section 2. Group Income Protection

The School District will pay each month 100 percent of the premium for income protection insurance for each eligible employee. The income protection plan shall include the following:

- a. Benefits begin after ninety (90) calendar days of total disability.
- b. The monthly income benefit shall be 66-2/3 percent of basic monthly earnings (exclusive of any additional compensation from this district or any other source).

## Section 3. Life Insurance

The School District will pay each month all of the life insurance premium for an \$80,000 term life insurance policy for each eligible employee.

## Section 4. Dental Insurance

### Subd. 1: Individual Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$56 per month toward the cost of the premium for individual coverage for each eligible employee employed by the School District who qualifies for and is enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

### Subd. 2: Family Coverage

Effective July 1, 2014, the School District shall contribute a sum not to exceed \$124 per month toward the cost of the premium for family coverage for each eligible employee employed by the School District who qualifies for and is

enrolled in the School District's dental insurance plan. Additional cost of the premium, if any, shall be borne by the employee and paid by payroll deduction.

Section 5: Professional Liability Insurance

The School District provides the insurance coverage for professional liability for the Mental Health Professional employees.

**ARTICLE V  
OTHER BENEFITS**

Section 1: Mileage

Employees required to use their personal vehicle in the performance of employment responsibilities shall be reimbursed for such travel pursuant to School District policy.

**ARTICLE VI  
RENEWAL AND TERMINATION OF CONTRACT**

Section 1: Renewal

This contract is for a term of one year, and unless otherwise required by Minn. Stat. section 122A.40 for employees required to be licensed by the Minnesota Board of Teaching, the Employee shall have the right at the end of the term of this contract to return to an assignment with the School District as a licensed social worker and will be credited with a year of seniority for each year of service as a Mental Health Professional Coordinator. The parties shall provide notice to the other by April 1 that they intend to renew the contract, and any new terms of the contract will be negotiated between the parties prior to the commencement of the new contract.

**ARTICLE VII  
SEVERANCE/RETIREMENT**

Section 1. Eligibility:

Full-time employees who have completed at least fifteen (15) years of continuous service with the School District, and who are at least fifty-five (55) years of age, shall be eligible for severance pay pursuant to the provisions of this Article upon submission of a written resignation accepted by the School Board. Severance pay shall not be granted to any employee who is discharged for cause by the School District. This Article shall apply only to employees who retire after the execution of this contract and shall not be retroactive to any employee who retired prior to said execution date.

Section 2. Amount of Severance:

Eligible employees, upon retirement, shall receive as severance pay unused sick leave days, not to exceed thirty-five (35) days. The amount of severance payment under this Article shall be reduced by the amount of the School District matching 403B contributions made under Article IV, Section 2.

Section 3. Method of Pay-out:

- A. Subject to the limitations listed below, the school district will contribute an amount equal to the value of the employee's severance pay directly into the School Board approved 403b vendor account. The retiree will not receive any direct payment from the school district for the severance pay.
- B. The school district's annual contribution into the School Board approved 403b vendor account must not exceed the IRS contribution limit. If the amount calculated in A exceeds the available limits in the year of separation, the excess amount will be paid out in cash and not be tax sheltered.
- C. The school district contribution(s) (into the approved 403b vendor account) will be made according to the same timeline as was provided for the direct payment of the severance pay.
- D. The school district will make the severance pay contributions to the School Board approved 403b vendor. For purposes of calculating the maximum deferral limit, the school district will provide the retiree or approved vendor with contribution information for the previous twelve (12) months of employment. The vendor agrees to calculate the maximum deferral limit.

Section 4. Notice:

To be eligible for the benefits of this section, unless waived by the School District, an employee must notify the School District not less than ninety (90) calendar days prior to the proposed retirement date.

**ARTICLE VIII  
SALARIES**

Section 1.

Employee shall receive a salary of \$72,826 annually for the duration of this contract. Non-work day training shall be compensated at the hourly or daily prorate rate of this contract.

\_\_\_\_\_  
School Board Chair

\_\_\_\_\_  
Jennifer Petersen

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

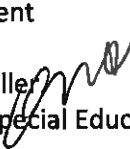
\_\_\_\_\_  
School Board Clerk

Dated: \_\_\_\_\_



*Special Education Services*

To: John Christiansen  
Superintendent

From: Melissa Schaller   
Director of Special Education

Re: 2014-2015 Special Education Lead Teacher Assignments

Date: April 8, 2014

The position of lead teacher provides assistance to the staff and to the administration in a variety of ways including:

- Being available to staff in the absence of the assistant director
- Completing intake meetings
- Monitoring due process
- Attending team meetings as an administrative designee
- Serving as a mentor
- Assisting in crisis management
- Developing curriculum and supporting equipment needs

Based on review of interested applicants, I am recommending that the following individuals be appointed as lead teachers for the 2014-2015 school year:

Name	Program
Brenda Tollefson	DASH/PACES/TESA and Related Services
Lori Klein	Visually Impaired
Amy Swaney	IDEA/SUN/TEA – Satellites
Meghan Dobson	IDEA/SUN – AEC
Dawn Epps	JSC, Anthony Louis, Options and Curriculum

These assignments are subject to an annual appointment by the school board.



# **Dakota County Area Learning School North**

**Home of Career & Technical Education**

Intermediate School District 917 is an Equal Opportunity Educator and Employer

DCALS North Office • 651.332.5570 • Fax 651.332.5572

Eric Van Brocklin, Principal

**TO: John Christiansen, Supt.**  
**FROM: Eric Van Brocklin, Principal**  
**RE: Lead Teacher positions**  
**DATE: May 5, 2014**

I am writing to respectfully recommend the following staff members for the lead teacher positions for the 2014-2015 school year.

<u>Name</u>	<u>Comment</u>
Dale Engman	Dakota County Area Learning School (Tech)
Erin Mahnke	Dakota County Area Learning School (DCALS)
Don Williams	Dakota County Area Learning School (North)

**EVB**

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*150 Marie Avenue • West St. Paul, Minnesota 55118 • [www.isd917.k12.mn.us](http://www.isd917.k12.mn.us)*

To: ISD 917 School Board Members  
John Christiansen, Superintendent

From: Nicolle Roush, Business Manager

Date: May 6, 2014

Re: FY15 Budget up-dates since the April 22, 2014 presentation

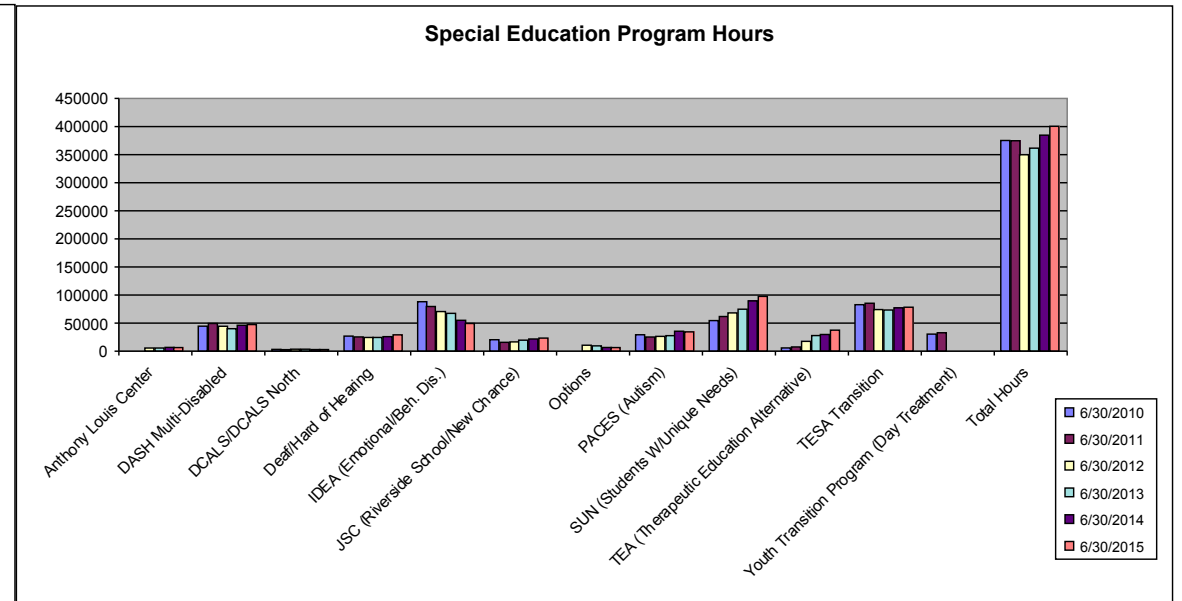
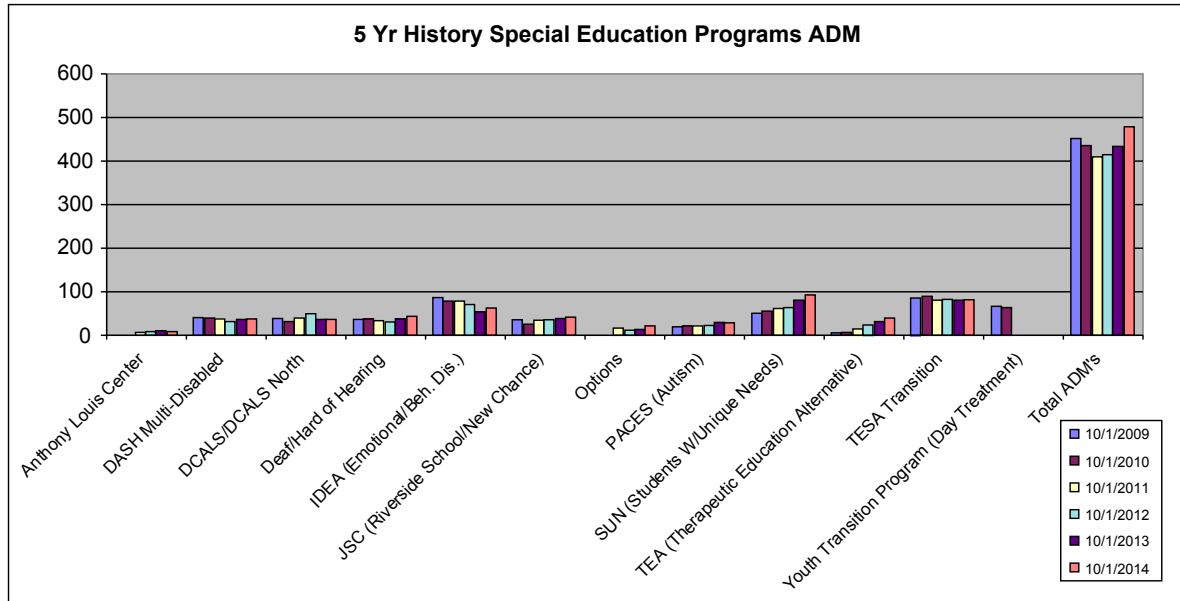
**Information:**

- As requested during the April 22, 2014, board work session, I am enclosing a 5 year history of student ADM's and billable hours for Special Education, Secondary Vocational and Dakota Alternative Learning Centers (see attached spreadsheets).
- As of today, both the house and senate finance proposals include language excluding Intermediates from receiving the local option revenue of \$424 per ADM. FY15 draft budget initially included this when figuring estimated revenues for our DCALS programs. If this change is approved, it will result in an additional reduction in revenues in the amount of (\$103,000) in the DCALS programs resulting in a loss of (\$137,800) instead of (\$34,800).
- ISD 917 is having discussions with Life Span and ISD 191 to determine if they would like us to provide educational services as we had in previous years called the Youth Transition Program. If this happens, we will need to adjust revenue and expenditures to accommodate the start up of this additional program.
- ISD 917 is still trying to finalize the Health and Safety levy as we are waiting on quotes from vendors on radon and water testing along with defibrillators. In addition, we are waiting for a final proposal from RTW on our Workers Compensation renewal. At this point these are all the changes I have that will be reflected at the June board meeting.

Intermediate School District 917  
Special Education Programs

Special Education/ Reg. Ed. ADM's	10/1/2009	10/1/2010	10/1/2011	10/1/2012	10/1/2013	ADM Proj. 10/1/2014	Special Education/Reg. Ed. Billable Hours	6/30/2010	6/30/2011	6/30/2012	Est. 6/30/2013	Est. 6/30/2014	Est. 6/30/2015
Anthony Louis Center	0	0	5	7	9	7	Anthony Louis Center	0	0	4334.5	4439	5543	5251.1
DASH Multi-Disabled	39	38	36	30	35	36	DASH Multi-Disabled	43323	48203	43192	38822	44843.4	46161
DCALS/DCALS North	37	30	38	48	35	35	DCALS/DCALS North	2066	1470	2264	2339	1721.7	1721.7
Deaf/Hard of Hearing	35	36	32	29	36	42	Deaf/Hard of Hearing	25565	24252	23278	23245	24601.2	27926
IDEA (Emotional/Beh. Dis.)	85	77	77	69	52	61	IDEA (Emotional/Beh. Dis.)	86815	78344	69401	66204	53711.4	48095
JSC (Riverside School/New Chance)	34	24	33	34	37	40	JSC (Riverside School/New Chance)	19209	14589.65	15311.85	18441.22	20410.9	22150.6
Options	0	0	15	10	12	20	Options	0	0	9471.5	8276.5	5428.2	5187.5
PACES (Autism)	18	20	20	21	28	27	PACES (Autism)	28055	24038	25119	26453	34365.2	33138
SUN (Students W/Unique Needs)	49	54	60	62	79	91	SUN (Students W/Unique Needs)	53304	60553	66880	73525	88259.9	96372
TEA (Therapeutic Education Alternative)	4	5	13	22	30	38	TEA (Therapeutic Education Alternative)	4645	6306	16367	26549	28567.9	36184
TESA Transition	84	88	79	81	79	80	TESA Transition	81637	84084	72880	72009	75944	76984
Youth Transition Program (Day Treatment)	65	62	0	0	0	0	Youth Transition Program (Day Treatment)	29238	31631	0	0	0	0
<b>Total ADM's</b>	<b>450</b>	<b>434</b>	<b>408</b>	<b>413</b>	<b>432</b>	<b>477</b>	<b>Total Hours</b>	<b>373857</b>	<b>373471</b>	<b>348499</b>	<b>360303</b>	<b>383397</b>	<b>399171</b>

Note: These Hours do not include one to one services which are included in the boards budget report

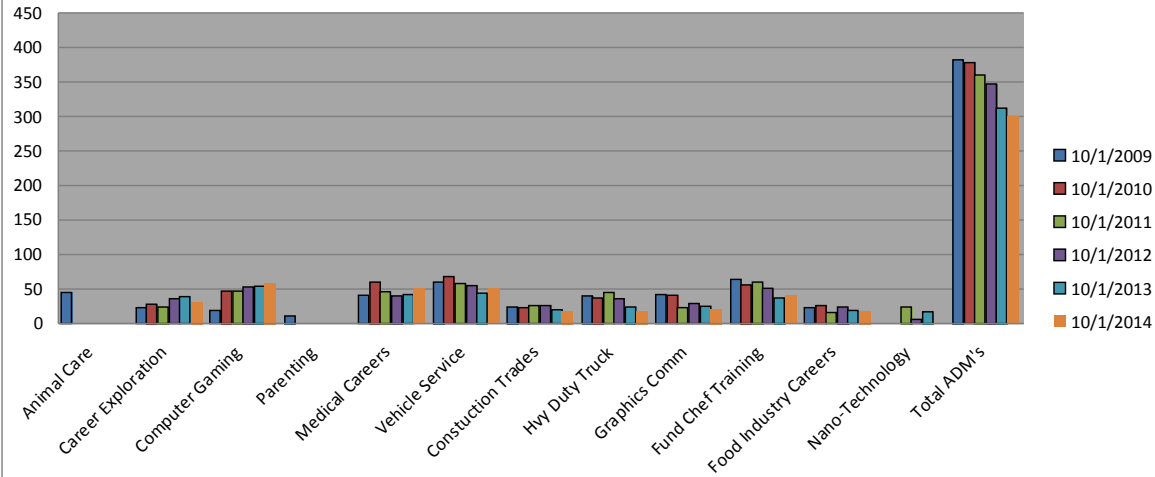


**Secondary Programs**

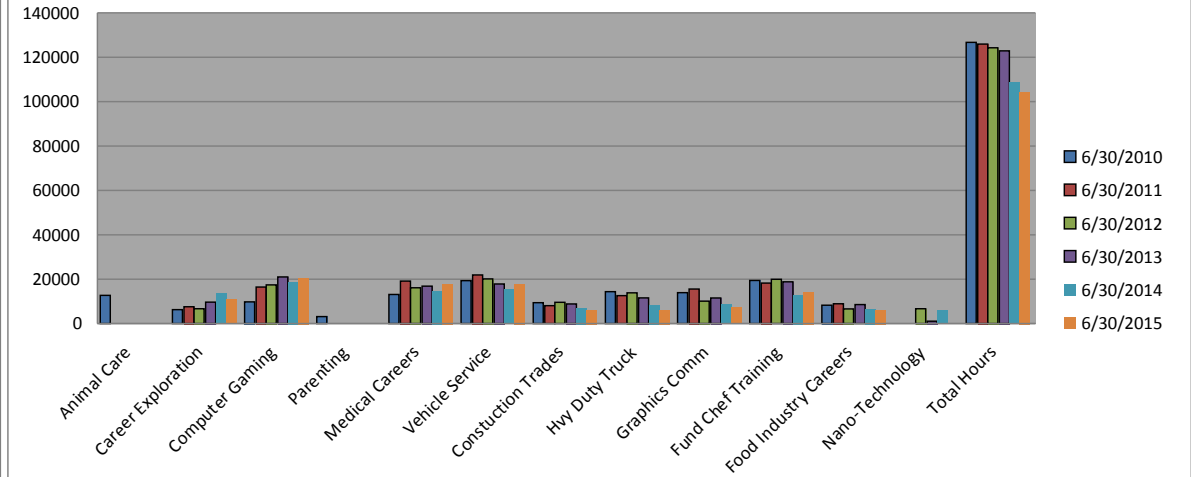
**Secondary Vocational Program ADM's**

	Secondary Vocational Program ADM's					ADM Proj.	Secondary Vocational Billable Hours					Est.	Est.
	10/1/2009	10/1/2010	10/1/2011	10/1/2012	10/1/2013	10/1/2014	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	
<b>Animal Care</b>	44	0	0	0	0	0	<b>Animal Care</b>	12404	0	0	0		
<b>Career Exploration</b>	22	27	23	35	38	30	<b>Career Exploration</b>	5966	7258	6360	9332	13224	10440
<b>Computer Gaming</b>	18	46	46	52	53	58	<b>Computer Gaming</b>	9480	16152	17104	20694	18444	20184
<b>Parenting</b>	10	0	0	0	0	0	<b>Parenting</b>	2842	0	0	0	0	0
<b>Medical Careers</b>	40	59	45	39	41	50	<b>Medical Careers</b>	12818	18812	15806	16528	14268	17400
<b>Vehicle Service</b>	59	67	57	54	43	50	<b>Vehicle Service</b>	19042	21586	19814	17512	14964	17400
<b>Constuction Trades</b>	23	22	25	25	19	17	<b>Constuction Trades</b>	9100	7740	9262	8512	6612	5916
<b>Hvy Duty Truck</b>	39	36	44	35	23	17	<b>Hvy Duty Truck</b>	14046	12288	13518	11264	8004	5916
<b>Graphics Comm</b>	41	40	22	28	24	20	<b>Graphics Comm</b>	13620	15248	9770	11220	8352	6960
<b>Fund Chef Training</b>	63	55	59	50	36	40	<b>Fund Chef Training</b>	19106	17924	19640	18482	12528	13920
<b>Food Industry Careers</b>	22	25	15	23	18	17	<b>Food Industry Careers</b>	7956	8616	6306	8256	6264	5916
<b>Nano-Technology</b>	0	0	23	5	16	0	<b>Nano-Technology</b>	0	0	6366	742	5568	0
<b>Total ADM's</b>	<b>381</b>	<b>377</b>	<b>359</b>	<b>346</b>	<b>311</b>	<b>299</b>	<b>Total Hours</b>	<b>126380</b>	<b>125624</b>	<b>123946</b>	<b>122542</b>	<b>108228</b>	<b>104052</b>

**Secondary Vocational Program ADM's**



**Secondary Vocational Program Hours**



**ALC Program ADM's**

	10/1/2009	10/1/2010	10/1/2011	10/1/2012	10/1/2013	10/1/2014
<b>DCALS</b>	214	186	201	206	187	
<b>DCALS/North</b>	53	53	60	64	66	
<b>Total ADM's</b>	<b>267</b>	<b>239</b>	<b>261</b>	<b>270</b>	<b>253</b>	<b>0</b>

**ALC Billable Hours**

	6/30/2010	6/30/2011	6/30/2012	6/30/2013	Est. 6/30/2014	Est. 6/30/2015
<b>DCALS</b>	181426	178202	195411	151667	160776	156600
<b>DCALS/North</b>	52935	46330	21951	52538	56898	54288
<b>Total Hours</b>	<b>234361</b>	<b>224532</b>	<b>217362</b>	<b>204205</b>	<b>217674</b>	<b>210888</b>

