

**2015 -
2016**

**Reynonda Lynn Laster-
Branch Global Nurse Leaders
Academy**

**PERSONNEL, FINANCIAL, and
OPERATIONS POLICY MANUAL**



Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

Table of Contents

Business Policy Manual

- 1.1 About the Business Policy Manual
- 1.2 Changes and Updates

Central Office & Campus Information

- 2.1 About Reynonda Lynn Laster-Branch Global Nurse Leaders Academy
- 2.2 Mission Statement
- 2.3 Campus Directory
- 2.4 Central Office Directory
- 2.5 Board Member Directory
- 2.6 Organizational Chart

3.0 Administrative Policies

- 3.1 At Will Employment
- 3.2 Equal Employment Opportunity
- 3.3 Sexual and Other Unlawful Harassment
- 3.4 Prohibited Conduct
- 3.5 Immigration Law Compliance
- 3.6 Criminal Investigation
- 3.7 Personnel Files
- 3.8 Standards of Conduct
- 3.9 Confidential Information

4.0 Personnel & Employment

- 4.1 Employee Definitions
- 4.2 Substitutes
- 4.3 Documentation
- 4.4 Orientation
- 4.5 Termination

5.0 Attendance

- 5.1 Attendance Policy
- 5.2 Sick & Personal Leave
- 5.3 Vacations
- 5.4 Holiday Policy
- 5.5 Spring/Winter Policy
- 5.6 Funeral Leave
- 5.7 Jury Duty
- 5.8 Emergency Closings & Severe Weather

6.0 Leave of Absence

- 6.1 Family and Medical Leave
- 6.2 Military Leave Policy

7.0 Short & Long Term Disability

- 7.1 Short-Term Disability
- 7.2 Long-Term Disability

8.0 Employee Benefits

- 8.1 403(b)
- 8.2 COBRA
- 8.3 Medical Insurance
- 8.4 Pension
- 8.5 Workers Compensation

9.0 Reimbursements

- 9.1 Tuition Reimbursement Policy
- 9.2 Travel Expense Reimbursement

10.0 Payroll Procedure

- 10.1 Payroll & Pay Periods
- 10.2 Hours of Work
- 10.3 Overtime
- 10.4 Performance Reviews
- 10.5 Performance Bonuses
- 10.6 Payroll Adjustments
- 10.7 Degree Earned Salary Adjustments

Personnel, Financial, and Operations Manual

Dream It. Believe It. Action It. Succeed It.

2015 - 2016

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

11.0 Separation & Disciplinary Policies

- 11.1 Job Abandonment
- 11.2 Resignation
- 11.3 Termination
- 11.4 Termination Process
- 11.5 Problem Resolution
- 11.6 Discipline
- 11.7 Corrective Action

12.0 Fiscal & Business Management

- 12.1 System Purpose
- 12.2 Authorized Signatures for Expenditures
- 12.3 Indebtedness
- 12.4 Inventory & Property Records
- 12.5 Collecting & Securing School Funds
- 12.6 Purchasing
- 12.7 Check Request & Petty Cash
- 12.8 Fundraising

13.0 Financial Reports & Oversight

- 13.1 Director Reporting
- 13.2 Designated Fund Reporting
- 13.3 Financial Reporting
- 13.4 Auditing

14.0 Computer & Technology Controls

- 14.1 Technology Acceptable Use Policy
- 14.2 Opportunities & Risks of Technology Use
- 14.3 Privileges of User
- 14.4 Definition of Acceptable Use
- 14.5 Right to Monitor Policy
- 14.6 Penalties for Improper Use
- 14.7 Computer & Technology Controls

15.0 Internal Controls Policy & Procedure

- 15.1 Cash
- 15.2 Disbursements
- 15.3 Reconciliation
- 15.4 Petty Cash
- 15.5 Revenues
- 15.6 Receivables
- 15.7 Donated Materials or Services
- 15.8 Expenditures and Accounts Payable
- 15.9 Payroll and Related Liabilities
- 15.10 Property & Equipment
- 15.11 Debt & Other Liabilities
- 15.12 Local School Boards

16.0 Facilities

- 16.1 Utilization of Physical Resources & Facilities
- 16.2 Crisis Guide
- 16.3 Crisis Response/Press & Media Relations
- 16.4 Emergency Closing of Schools
- 16.5 Emergency Preparedness Kits

17.0 Students & Student Records

- 17.1 Multicultural Education Policy
- 17.2 Enrollment & Transfer of Students
- 17.3 Lottery Procedures
- 17.4 Minimum Graduation Requirements
- 17.5 Student Records Maintenance Policy
- 17.6 Student Information Management Systems
- 17.7 Report Card Distribution

Appendix A

- A. OSHA Blood Borne Pathogens Exposure Plan
- B. Mandated Reporters of Child Abuse and Neglect

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

1.0 Business Policy Manual

1.1 About the Business Policy Manual

The Business Policy Manual of the Reynonda Lynn Laster-Branch Global Nurse Leaders Academy (RLLB GNLA) Corporation serves as one of the highest forms of rules and regulations. All policies have been issued and deemed effective by the Business Policy Committee and the President of RLLB GNLA. This manual should be used when handling business, administrative and safety related issues. Each of the listed policies will supersede any rules or procedures that are created within a particular campus or facility.

Distribution of the RLLB GNLA Business Policy Manual will be as follows:

- One hard copy will be distributed to each campus and facility. This copy of the manual should be accessible to every employee.
- An electronic copy of the Business Policy Manual will also be accessible via the www.gnlaschools.com Intranet.

1.2 Changes and Updates

The Business Policy Committee and the President of RLLB GNLA is responsible for any additions or corrections to the Business Policy Manual. Additional suggestions or corrections should be forwarded to those parties. In the case of corrections or addendums being made to this manual, a new copy will be distributed to each campus and made available online on the Intranet upon approval.

2.0 Reynonda Lynn Laster-Branch Global Nurse Leaders Academy Central Office & Campus Information

2.1 About RLLB GNLA

RLLB GNLA is a non-profit public charter school with a focus on the pre-nurse as student. Co-founded by Reynonda Lynn Laster-Branch, RN, MSN (deceased) and Edna Hudson, RN, MSN Ed, this vision has been in the making for 11 years and has finally come to fruition. We are committed to:

- Excellence in High School and Nursing Education
- The student as a “Global” being
- Academic Standards that are Attainable by every Student
- Dedicated Faculty, Staff, Parents, and Community

Our schools are public charter schools, and offer open admission to all children.

Contact Information

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy Central Offices are located at:
9224 Burleigh Street
Milwaukee, WI 53222
Telephone: (847)-332-4077
Web address: www.gnlaschools.com

2.2 RLLB GNLA Mission Statement

“To prepare 100% students for high school graduation and college acceptance into a BSN program where critical thinking and clinical reasoning fosters and clearly articulates the vision of the safe practicing nurse.”

2.3 Campus Directory

Campus Name	Address	Telephone	Fax
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Global Nurse Leaders Academy 9660 West Appleton Avenue, Milwaukee WI (847) 332-4077

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

2.4 Office Directory - TBA

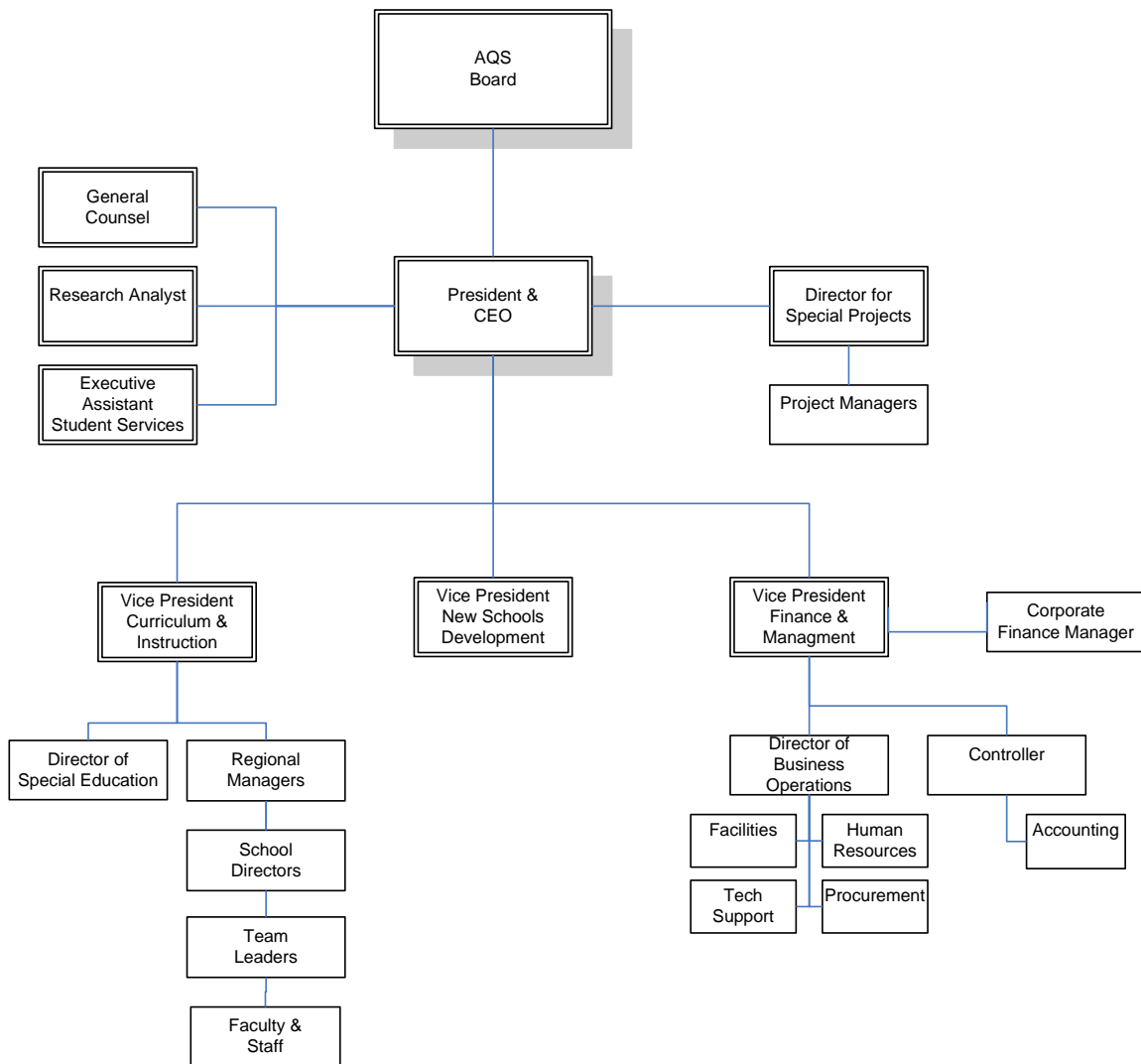
Name	Job Title
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Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

2.5 Board Member Directory

Name	City, State of Residence & Job Title
Edna Hudson	Milwaukee, WI & Business Owner and Nurse
Wanda Hudson	Germantown, WI & Business Owner and Nurse
Corey Robinson	Oak Creek, WI & Pharmacy Analyst
Elaine Kinzey	Milwaukee, WI & Administrative Assistant
James Branch	Oak Park, IL & Social Worker
Jacqueline Branch	Chicago, IL & Human Resources
Julian Grace	Indianapolis, IN & TV Reporter & Journalist

2.6 RLLB GNLA Organizational Chart – In progress...



Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

3.0 Administrative Policies

3.1 At Will Employment

RLLB GNLA does not offer tenured or guaranteed employment. Except as RLLB GNLA has otherwise expressly agreed in writing, employment is at will and may be terminated by RLLB GNLA at any time, subject to the individual employment agreement. There is no reasonable expectancy of employment without having received a Letter of Appointment.

3.2 Equal Employment Opportunity

RLLB GNLA is committed to providing equal employment opportunities to all individuals without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, or any other characteristic protected by law.

RLLB GNLA will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. An employee with a disability for which reasonable accommodation is needed should contact their campus Director or immediate supervisor to discuss possible accommodations.

Employees with questions or concerns about any type of discrimination in the work place are encouraged to bring these issues to the attention of their Corporate Safety Officer. Employees can raise legitimate concerns and make good faith reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including discharge.

3.3 Sexual and Other Unlawful Harassment

RLLB GNLA is committed to providing a work and learning environment in which all individuals are treated with respect and dignity. Each employee and student has the right to work and learn in an environment that is free of discrimination, including sexual harassment. No person should be required to endure sexual harassment by supervisors, peers, (which includes student-on-student sexual harassment), faculty members, educational support staff, independent contractors or vendors.

No one should work or learn in a hostile environment as a condition of employment or pursuit of academic excellence. Furthermore, this policy applies to all phases of employment, and academic status, including, but not limited to recruitment, testing, hiring, upgrading, promotions or demotions, transfers, layoffs, terminations, suspensions, expulsions, rates of pay, benefits and selection for training.

RLLB GNLA recognizes that the elimination of sexual harassment in the workplace and attendance centers will create a better work and learning environment for employees and improve working and academic relationships for all employees and students. It is the policy of RLLB GNLA to prohibit sexual harassment in the workplace, in all attendance centers, and in connection with all extra-curricular, athletic, and other programs sponsored by the school whether occurring at the school or at another location. Sexual harassment is a violation of the law and will not be tolerated. Employees and students who engage in sexual harassment will be subject to discipline, up to and including discharge or expulsion.

3.4 Prohibited Conduct

As used in this policy, sexual harassment means any unwelcome sexual advance or request for sexual favors or conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, participation in an education program or activity or receipt of RLLB GNLA services; or when submission to or rejection of such conduct by an individual is used as the basis of any employment, educational or service decision affecting the individual; or when such conduct has the purpose or effect of substantially interfering with the work performance of an employee, a student's ability to participate in or benefit from an education program or activity or creating an

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

intimidating, hostile or offensive work or learning environment. Furthermore, gender-based harassment, which may include acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex, but not involving conduct of a sexual nature, may constitute a form of sex discrimination.

There is a broad range of conduct by supervisors, co-workers, faculty, educational support staff, students and third parties, which can, in certain circumstances, be considered sexual harassment.

This includes, but is not limited to, sexually suggestive or offensive remarks, sexually suggestive pictures, sexually suggestive gesturing, verbal harassment or abuse of a sexual nature, subtle or direct propositions for sexual favors, and touching, patting, or pinching. Sexual harassment may be directed against a particular person or persons, or a group. Sexual harassment also can result from words or conduct by employees or students toward members of the public.

Voluntary social relationships between RLLB GNLA employees are not prohibited by this policy. However, the existence of a romantic relationship between administrators or supervisors, and vendors or subordinates, has the inherent danger of coercion, or at least has the appearance of impropriety. Therefore, any administrator or supervisor who has such a relationship with another RLLB GNLA employee over whom he or she has any supervisory authority or with a vendor or contractor over whom he or she has authority to approve or suggest approval of a contract, shall report this fact to his or her supervisor. The supervisor or administrator who receives such information shall discreetly seek confirmation from the subordinate, vendor or contractor, that the relationship is both welcomed and consensual.

Voluntary social relationships between students, that are consistent with the Discipline Code, are not prohibited by this policy. This policy, however, expressly prohibits sexual conduct between school employees or third parties.

Any supervisor or administrator who is aware of or should be aware of sexually harassing conduct by another employee or a student, whether or not anyone complains about such harassment, but fails to report that conduct as required in this policy, may be subject to discipline. Any employee or student who believes that he or she has been subjected to or has knowledge of a sexual harassing or offensive work or learning environment or other sexual harassment, shall report the incident in writing to their immediate supervisor or the campus Director. The Safety Officer will investigate the charge and inform the Director of Human Resources of the charge within 24 hours.

If the person against whom the claim is made is the supervisor or Director, the employee shall inform the President or Vice President directly. The person who is charging the Supervisor or Director of the harassment may submit their written charge directly to the Safety Officer and Director of Human Resources in a timely and confidential manner.

Retaliation against any person for having made a good faith complaint or report of sexual harassment, or participating or aiding in an investigation of sexual harassment, is strictly prohibited. Any person who believes that he or she has been subjected to retaliation should bring the retaliatory conduct to the attention of his/her supervisor. If the supervisor is the source of the alleged harassment, the charge shall be reported directly to the RLLB GNLA President or Vice President. Retaliation will be considered a serious act of misconduct subject to appropriate discipline up to and including discharge or expulsion. Any employee or student whose allegations are found to be both false and brought with malicious intent will be subject to disciplinary action.

3.5 Immigration Law Compliance

RLLB GNLA does not hire anyone that is not a citizen of the United States, or is not authorized to work in the U.S under the Immigration Reform and Control Act of 1986. As a condition of employment, all new and past employees must show valid proof that they are eligible to work in the United States.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

3.6 Criminal Investigations

All employees must pass a background check as prescribed by law.

3.7 Personnel Files

All personnel files shall consist of completed forms as indicated on the Employee File Checklist form. All information shall be forwarded to the Human Resources office.

Any information that pertains to the employee (i.e., emails, verbal warnings, etc.) shall also be forwarded to the Human Resources office.

All documented action reports shall be placed in the employee's file.

All employees have the right to view the contents of their file at any time, but may not alter or remove any part. All documents remain the property of RLLB GNLA. All employee files must be complete prior to the beginning of his/her first work day.

3.8 Standards of Conduct

All employees of RLLB GNLA are expected to maintain standards of professional, personal, and business ethics consistent with the responsibility we have of educating and providing an example for the youth of our community.

Dress Code: Neat and Professional appearance, males employees must wear ties and dress shoes. Central office has a more business casual dress code.

Shoe Policy: No flip flops, dressier sandals/heels are acceptable.

3.9 Confidential Information

RLLB GNLA requires that employees not disclose student, employee, and other information held to be confidential by RLLB GNLA or by State or Federal law.

4.0 Personnel & Employment

4.1 Definition of a Full Time, Part Time and a Temporary Employee

Campus **Full Time** Faculty hours are 7:40a.m. to 4:00p.m. Hours may vary from campus to campus based upon individual campus needs. Central Office **Full Time** Staff hours are 8:00a.m. to 5:00p.m.

Part Time staff or faculty, are those individuals working less than full time hours as indicated above. Other staff will have varying work times, as directed by their supervisor.

Temporary staffs are individuals utilized on a very short term, non-permanent basis for substitutes or special projects.

4.2 Substitutes

All substitutes are subject to the same requirements for personnel files as other employees. Pay rates are set for each substitute based on experience. Substitutes are paid based on the hourly payroll schedule.

4.3 Documentation

Each personnel file should contain the following documentation:

- application
- resume
- tax forms
- fingerprinting/background check form
- benefits applications/waivers (health, dental, vision, life and 403B)

Personnel, Financial, and Operations Manual

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2015 - 2016

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- copy of current teacher certification
- two forms of identification
- signed copy of Handbook receipt
- official transcripts from their highest degree applicable.

4.4 Orientation

Upon hiring, all new Wisconsin employees must call the Human Resources Dept at (847) 332 - 4077 to schedule an appointment to come to the Burleigh Central office at 9224 Burleigh Street, Milwaukee, WI 53222. Employees are required to submit the following information for their employee files:

- application
- resume
- tax forms
- fingerprinting/background check form
- benefits applications/waivers (health, dental, vision, life and 403B)
- copy of current teacher certification
- two forms of identification
- signed copy of Handbook receipt
- official transcripts from their highest degree applicable.

Additional forms may also be requested for completion of the employee file.

Out of State Orientation Policy-(Campuses outside of WI)

Upon hiring, all new employees must contact their school office to schedule an appointment to complete all required paperwork. Employees are required to submit all information for their employee files as follows: application, resume, tax forms, fingerprinting/background check receipt, Benefits applications/waivers (health, dental vision, life and 403B), copy of current teacher certification, two forms of identification, signed copy of Handbook receipt, and official transcripts from their highest degree if applicable. Additional forms may also be requested for completion of the employee file.

4.5 Termination

When an employee terminates his/her employment with RLLB GNLA voluntarily or involuntarily, the following checklist is to be completed by the Director:

- **Employee Action Report – complete and send to HR immediately.**
- Books and materials assigned to the employee accounted for.
- Supplies assigned to the employee accounted for.
- Electronic equipment including computers, printers, and projectors accounted for.
- Directors should conduct an exit interview. Final pay may be presented by the Director at the Exit interview.

Upon terminations, all school-based personnel files are to be forwarded to the Burleigh Central office.

5.0 Attendance

5.1 Attendance & Punctuality

Punctuality and regular attendance are important to the smooth operation of RLLB GNLA schools. If you are consistently late or excessively absent, student progress will be affected and an unfair burden is placed on your co-workers. Therefore, unless your absence is permitted or excused under RLLB GNLA's, sick or other policies, you are responsible for being at work and arriving on time. If you are going to be absent or late, it is your responsibility to call your Director or supervisor as soon as possible. If you are absent for more than two days, you must notify your supervisor each day that you are absent. An employee who is absent for reasons other than those permitted or excused by RLLB GNLA's holiday, vacation, or leave

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

policies, or who repeatedly fails to provide notice as required, will be subject to appropriate disciplinary action, up to and including discharge.

5.2 Sick & Personal Leave

I. Sick Leave

Eligible employees earn six (6) paid sick leave days for the full academic year. For new employees, sick days for the first year are pro-rated as follows:

Employment Beginning:	Eligible Sick Days
July – September	6 days
October– December	4 days
January – March	2 days
April – June	0 days

The following guidelines are designed for the proper use of sick leave:

- If you are going to be absent from work you must phone your campus Director/Supervisor/Designee or have someone call for you by 6:00a.m. or as early as possible. This procedure allows your Director/Supervisor/Designee to rearrange work schedules in your absence. The employee must call each day he/she intends not to report to work.
- If you foresee the need to take sick leave (e.g., for non-emergency surgery or for a doctor's appointment), tell your supervisor as soon as possible so that plans can be made to cover your absence.
- In case of an extended absence, you should consult the RLLB GNLA Corporate office and your insurance plan booklet to see whether you are eligible for short-term or long-term disability leave.
- Sick leave unused at the end of the year may be carried over into the next year, to a maximum of 60 days.
- Employees will not be paid for unused sick leave when their employment ends.
- Employees who take sick leave the day before or after an official holiday, must present evidence of their illness upon their return to work.

If you are eligible for sick leave, you may use the leave to care for your sick or injured children on the same terms that apply to use for your own illnesses or injuries.

II. Personal Leave

Eligible employees are given two (2) personal days for the full academic year. These two (2) days are subject to prior approval by the campus Director/Supervisor and do not accumulate year to year. Personal leave days taken the day before or after a holiday may result in a salary reduction for missed days.

For new employees, personal days for the first year are pro-rated as follows:

Employment Beginning	Eligible Personal Days
July – November	2 days
December – March	1 day
April – June	No days

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

Unused sick days can carry over to each year; however, sick days hold no cash value. Unused personal days do not carry over from one year to the next; however, they can be applied toward retirement/pension for credit. The maximum amount of days that can be applied is 100. Sick and personal days will be tracked on each employee's payroll check.

- After 1-3 years of service-an employee earns (2) personal days
- After 4 years of service-an employee earns (3) personal days
- After 8 years of service-an employee earns (4) personal days

5.3 Vacations

Eligible employees (Head Quarters staff, Clerical/Administrative staff and Custodians/Maintenance) may qualify for two (2) weeks' vacation after one complete year of service. A written request must be submitted to the campus Director or location Supervisor and forwarded to HR for the employee's file and payroll tracking. The campus Director or Supervisor must approve all vacation time prior to the scheduled leave. The employee will be credited with 10 days that can be used with the advance approval of his or her campus Director or Supervisor. All earned vacation time must be used by your anniversary date of hire, no rollovers.

5.4 Holiday Policy

Employees are required to be at work the last work day before and first work day after a holiday unless prior approval for time-off has been obtained by your campus Director. Any employee absent without Director approval will not be paid for the holiday.

5.5 Spring/Winter Break Policy

Employees are required to be a work the last work day before the break and the first work day after the break unless approval for time off has been obtained from your campus Director. Any employee absent without Director approval will not be paid for the holiday.

5.6 Funeral Leave

When a death occurs in an employee's immediate family, an employee may take up to five (5) days with pay in order to attend the funeral or make funeral arrangements. In unusual circumstances, additional time off may be granted, with or without pay, at the discretion of RLLB GNLA. For purposes of the funeral leave policy, "immediate family" means an employee's spouse or child, as well as a parent, grandparent, brother, or sister of the employee or the employee's spouse. Employee may take 1 day off to attend a funeral of a close non-family friend, but must use a personal or vacation day to do so.

5.7 Jury Duty

Employees summoned for jury duty or officially summoned by a state court or federal court as a witness will be allowed the necessary time off from work to perform this civic responsibility. Upon return to work, employees must submit documentation to campus Director to verify completion of service. The Director shall forward the documentation to the Director of Human Resources. Failure to provide such documentation may result in nonpayment.

5.8 Emergency Closings & Severe Weather

From time-to-time it may become necessary to close school or to dismiss early due to severe weather or other unforeseen emergencies. Each campus will have an emergency plan for notifying staff ahead of time of closings due to weather. Staff members are not required to report should schools be closed due to a weather emergency. In the case of other unforeseen emergencies, the campus Director will issue oral or written procedures appropriate to the situation.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

6.0 Leave of Absence

6.1 Family and Medical Leave

- Employees may take unpaid leave per the terms of the Family and Medical Leave Act (FMLA) of 1993.
- Employees must be employed by RLLB GNLA a minimum of 12 consecutive months or more to be eligible
- Employees are required to schedule an appointment with the Director of Human Resources regarding benefits.

Note:

**** Any employee while receiving FMLA, Short-Term Disability, Long-Term Disability, or Worker's Compensation will be considered an inactive employee and are not eligible to receive Holiday or Spring/Winter Break compensation. An employee may also be held personally responsible for additional payment of insurance benefits.***

6.2 Military Leave Policy

RLLB GNLA is committed to protecting the job rights of employees absent on military leave. In accordance with federal and state law, it is the company's policy that no employee or prospective employee will be subjected to any form of discrimination on the basis of that person's membership in or obligation to perform service for any of the Uniformed Services of the United States. Specifically, no person will be denied employment, reemployment, promotion, or other benefit of employment on the basis of such membership. Furthermore, no person will be subjected to retaliation or adverse employment action because such person has exercised his or her rights under this policy.

Short-Term Military Leave

In addition to the rights and benefits provided to employees taking Extended Military Leave (as described in this policy), eligible employees who must be absent from their job for a period of not more than ten (10) working days each year in order to participate in temporary military duty are entitled to as many as ten (10) days paid military leave. All benefits will continue during an employee's temporary military leave.

Extended Military Leave

Employees directed to participate in extended military duties in the U.S. Armed Forces that exceed ten (10) working days will be placed on an unpaid military leave of absence status for a period of as long as five (5) years.

Procedures for All Military Leave

The employee will provide his or her immediate supervisor with written notice that the employee will be engaging in military services. Employees are requested to provide such notice as soon as they have knowledge of upcoming military service. Employees on short term or extended military leave may, at their option, use any or all accrued paid vacation or personal leave during their absence.

When the employee intends to return to work, he or she must make notification of reinstatement to Human Resources within the application period set for below. If the employee does not return to work, the supervisor must notify Human Resources so that appropriate action may be taken.

Military Leave Benefits

If an employee is absent from work due to military service, benefits will continue as follows:

If the employee has military orders for over 31 days, the employee and covered dependents will be offered a "Cobra like" health coverage for up to 18 months at 102% of the overall (both employer and employee) premium rate.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- (1) Beginning after the first 31 days of military leave, group health insurance coverage for an employee and/or an employee's covered dependents will run concurrently with applicable health insurance coverage under COBRA.
- (2) The group term life/AD&D insurance provided by the company will be suspended the day the employee becomes active military.
- (3) The group long-term disability insurance provided by RLLB GNLA will be suspended the day the employee becomes active military.
- (4) Employees do not accrue vacation, personal leave, or sick leave while on military leave of absence status.
- (5) Voluntary supplemental life/AD&D insurance will suspend the day the employee becomes active military. Converting to an individual policy will continue voluntary dependent life insurance coverage. To exercise this conversion option, dependents must submit a written application and the first premium payment within 31 days immediately following the suspension of coverage.

Application for Reinstatement

An employee who has engaged in military service must, in order to be entitled to the reinstatement rights set forth above, submit an application for reinstatement according to the following schedule:

- (1) If service is less than 31 days (or for the purpose of taking an examination to determine fitness for service) the employee must report for reinstatement at the beginning of the first full regularly scheduled working period on the first calendar day following completion of service and the expiration of eight hours rest and after a time for safe transportation back to the employee's residence.
- (2) If service is for 31 days or more but less than 180 days - the employee must submit an application for reinstatement with Human Resources no later than 14 days following the completion of service.
- (3) If service is 181 days or over- the employee must submit an application for reinstatement with Human Resources no later than 90 days following the completion of service.
- (4) If the employee is hospitalized or convalescing from a service-connected injury- the employee must submit an application for reinstatement with Human Resources no later than two years following completion of service.

Exceptions to Reemployment

In addition to the employee's failure to apply for reemployment in a timely manner, an employee is not entitled to reinstatement as described above if any of the following conditions exist:

- (1) The Company's circumstances have so changed as to make reemployment impossible or unreasonable.
- (2) The employee's employment prior to the military service was for a non-recurrent period and there was no reasonable expectation that the employment would have continued indefinitely or for a significant period.
- (3) The employee did not receive an honorable discharge from military service.

General Benefits upon Reinstatement

Employees reinstated following military leave will receive seniority and other benefits determined by seniority that the employee had at the beginning of the military leave, plus any additional seniority and benefits the employee would have attained, with reasonable certainty, had the individual remained continuously employed. In addition, an employee's time spent on active military duty will be counted toward their eligibility for FMLA leave once they return to their job at RLLB GNLA.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

7.0 Short & Long Term Disability

7.1 Short-Term Disability

All eligible full-time employees working at least twenty (20) hours per week may choose to participate in the Short-Term Disability (STD) plan.

“Disability” or “Disabled” means that, due to sickness, pregnancy or accidental injury, you:

- (1) are receiving Appropriate Care and Treatment from a Doctor on a continuing basis; and
- (2) are unable to earn more than 80% of your Pre-disability Earnings at your Own Occupation for any employer in your Local Economy.

The Short-Term Disability benefit replaces 60% of your gross monthly earnings, less income you may receive from other sources (such as Social Security, Workers’ Compensation, etc.). The maximum weekly benefit is \$600.

Benefits are payable following an elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait after being disabled before you are eligible to receive a benefit. Elimination periods are as follows:

- ◆ Accidental injury: 14 days
- ◆ Sickness and Pregnancy: 14 days after the child’s birth

Benefits continue for as long as you are disabled up to a maximum duration of twelve (12) weeks. No benefits are payable for a disabling injury or sickness which happens in the course of any work performed by you for wage or profit, or for which you are eligible to receive benefits under any Workers’ Compensation or any similar law.

Disability is excluded from coverage if due to: war, insurrection, or rebellion; active participation in a riot; intentionally self-inflicted injuries or attempted suicide; or the commission of a felony.

Short-term Disability is paid by a 3rd party (the insurance carrier). Employees do not earn “ “ pay while on STD. Employees are required to schedule an appointment with the Director of Human Resources regarding benefits.

Note:

** Any employee while receiving FMLA, Short-Term Disability, Long-Term Disability, or Worker’s Compensation will be considered an inactive employee and are not eligible to receive Holiday or Spring/Winter Break compensation. An employee may also be held personally responsible for additional payment of insurance benefits.*

Procedures for Short-Term Disability

Submission of Claims

After notifying “ “ of a pregnancy or other disability, you will be advised to call or e-mail the insurance broker representative at Pierce Benefits. Pierce Benefits will forward you the Employee Statement and Attending Physician’s Statement via e-mail or fax. You will be responsible for completion of the Employee Statement and getting the Attending Physician’s Statement to your doctor for completion. Upon completion of both of these forms, you will send forms back to the broker representative who will in turn report the incident to the insurance carrier.

It normally takes the insurance carrier 10-14 business days to post this information in their system. The broker representative will follow-up with the insurance carrier in fifteen (15) business days to confirm receipt and posting, and see if there are any outstanding issues required by the Case Manager assigned to

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

your claim. After the required policy waiting period, your estimated claim check will be sent by the insurance carrier.

7.2 Long-Term Disability

All eligible employees working at least twenty (20) hours per week may choose to participate in the Long-Term Disability (LTD) plan.

“Disability” and “Disabled” mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:

- ◆ Prevented from performing at least one of the material duties of your regular occupation during the first 2 years of disability and after 2 years are unable to perform all of the material duties of any gainful occupation; and
- ◆ During the first 2 years of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 2 years are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.

Long Term Disability benefit is equivalent to 60% of your before tax monthly earnings, less income you may receive from other sources (such as Social Security, Workers’ Compensation, etc.). The maximum monthly benefit is \$6,000.

Benefits begin following a 90-day elimination period and continue as long as you are disabled, up to age 65. Disabilities beginning at age 62 or after are subject to reducing benefit duration based on the table below.

Disability Beginning at Age	Maximum Duration of LTD Benefit
61 or less	To age 65
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

If you become disabled and can work part-time (but not full-time) you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

If you are participating in a plan approved Vocational Rehabilitation Program, you may be eligible to receive the Rehabilitation Incentive, which provides a 5% increase in the monthly benefit.

***Subject to the discretion of the insurance company**

Plan Limitations and Exclusions: The plan does not cover pre-existing conditions, unless your disability begins after you have been covered under the plan for twelve (12) months. A pre-existing condition is defined as an injury or sickness for which you received medical treatment, advice or consultation, care or

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

services including diagnostic measures, had drugs or medicines prescribed or taken in the three (3) months prior to the day you become insured under the policy.

The plan also has limited benefits for Mental Disorders, Alcohol, Drug and Substance Abuse in addition to other General Exclusions. Contact your Director of Human Resources for further details regarding the plan.

This plan does not cover any disability which results from or is caused by or contributed to: war, insurrection, or rebellion; active participation in a riot; intentionally self-inflicted injuries or attempted suicide; or committing a felony.

Note:

** Any employee while receiving FMLA, Short-Term Disability, Long-Term Disability, or Worker's Compensation will be considered an inactive employee and are not eligible to receive Holiday or Spring/Winter Break compensation. An employee may also be held personally responsible for additional payment of insurance benefits.*

Submission of Claims

After notifying RLLB GNLA of a pregnancy or other disability, you will be advised to call or e-mail the insurance broker representative at Pierce Benefits. Pierce Benefits will forward you the Employee Statement and Attending Physician's Statement via e-mail or fax. You will be responsible for completion of the Employee Statement and getting the Attending Physician's Statement to your doctor for completion. Upon completion of both of these forms, you will send back to the broker representative who will in turn report the incident to the insurance carrier. It normally takes the insurance carrier 10-14 business days to post this information in their system. The broker representative will follow-up with the insurance carrier in fifteen (15) business days to confirm receipt and posting, and see if there are any outstanding issues required by the Case Manager assigned to your claim. After the required policy waiting period, your claim checks will be sent by the insurance carrier on a weekly basis.

Note:

** Employees are required to schedule an appointment with the Director of Human Resources regarding benefits.*

** In the case of pregnancy, you must notify the broker representative of the baby's birth immediately in order to activate the claim.*

8.0 Employee Benefits

RLLB GNLA is a not-for-profit corporation which has contractual agreements with various boards, foundations and school districts. Funds from these entities are generally forthcoming, but are not guaranteed. Therefore, RLLB GNLA's ability to provide these benefits is dependent on the availability of such funding.

The benefits offered to employees are contingent on funds available and may be discontinued or modified should such funding be eliminated or diminished. Each year RLLB GNLA will distribute to its employees a "Benefits" memorandum outlining the benefit program.

The following is a list of benefits that RLLB GNLA makes available to Eligible Employees. The descriptions in this handbook are a summary only. The separate plan documents explain each benefit in more detail and the language of the plans' documents controls the various plans. Benefits may be modified, added or terminated at any time by the insurance company or benefit provider, per the terms of the plan, or by RLLB GNLA, at its discretion.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

8.1 403(b)

All eligible employees will be automatically enrolled into this program at the base rate of 3% of the gross salary after 30 days of employment.

Individual employees **MUST** submit a signed waiver to the Director of Human Resources to discontinue participation in the program.

8.2 COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health coverage under the Company's health plan, should the employee lose his or her eligibility (e.g., upon termination). Under COBRA, the employee pays the full cost of coverage at the Company's group rate. Details of COBRA coverage and how to apply for it will be provided by RLLB GNLA at the time eligibility is lost.

8.3 Medical Insurance

All new full-time employees are eligible to participate in the medical and dental insurance plans on the 1st day of the month following two (2) months of employment. RLLB GNLA will pay 70% of the cost of the single rate for the individual employee and 50% of the employee/spouse, employee/child(ren), and family coverage rates.

Current employees wanting to join or make changes must do so during the open enrollment period, **August of each year, different circumstances may apply.**

8.4 Pension (Wisconsin) – In progress...

Eligibility

An eligible contributor is:

Exceptions are:

Eligible employees are responsible for notifying the Director of Human Resources upon completion of certification and renewal of expired certification. A copy of the certification must be sent to the Director of Human Resources. Any eligible employee who fails to notify RLLB GNLA of certification will be responsible for making past contributions to the Chicago Teachers Pension Fund.

RLLB GNLA provides the following benefit to eligible certified employees:

Consecutive Years of Employment at " "	RLLB GNLA Contribution
Year 1-3	
Year 4-8	
Year 8+	

*****The RLLB GNLA contribution benefit may be reviewed, altered, or discontinued at any time.*****

8.5 Worker's Compensation

“ “ requires that all employees report job-related accidents or injuries to a supervisor immediately. A full report must be submitted to the Corporate Finance Manager's office within twenty-four (24) hours of injury. Failure to report an injury, regardless of how minor, could result in a delay with the employee's

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

claim. All workers' compensation claims will be paid directly to employees, and employees are expected to return to work immediately upon release by their doctor.

Note:

** Any employee while receiving FMLA, Short-Term Disability, Long-Term Disability, or Worker's Compensation will be considered an inactive employee and are not eligible to receive Holiday or Spring/Winter Break compensation. An employee may also be held personally responsible for additional payment of insurance benefits.*

** Employees are required to schedule an appointment with the Director of Human Resources regarding benefits.*

9.0 Reimbursements

9.1 Tuition Reimbursement

RLLB GNLA is committed to promoting the professional development and career growth of all its employees. The support the organization gives, for university level tuition reimbursement, is based on three fundamental considerations:

1. Do current funding levels allow for support for tuition reimbursement requests?
2. Does the employee's pursuit of a given degree promise to enhance the quality of the person's work at RLLB GNLA?
3. Is support of an employee's request for tuition reimbursement a long-term investment for enhancing the quality of the RLLB GNLA overall operation?

All employee requests for tuition reimbursement will be evaluated on the basis of the above three considerations. Approval for tuition reimbursement must meet all three standards. In adhering to the three stated criteria for approval, priority approval will be given in this order to:

1. Certified teachers who are pursuing a Master's degree in a field of education deemed appropriate for the goals and mission of RLLB GNLA, and have been employed by RLLB GNLA for at least one year. The applicants must have demonstrated, through positive evaluation, that they possess the potential to be successful members of the teaching profession.
2. Administrators, who have been with RLLB GNLA for at least one year and have demonstrated through positive evaluations that they possess the potential to be successful leaders in the RLLB GNLA organization. The degree the applicant seeks must be in a field deemed appropriate for the goals and mission of RLLB GNLA.
3. Non-certified personnel who seek teacher certification.
4. Support staff who seeks to attain a Bachelor's degree.

All employees who receive tuition reimbursement from RLLB GNLA have a reciprocal obligation to the organization which has supported their pursuit of a university degree financially. If the individual in receipt of tuition reimbursement continues to be employed by RLLB GNLA for two years after the completion of courses taken, the employee will have no financial obligation to RLLB GNLA.

An individual who voluntarily leaves RLLB GNLA prior to the two year time period must reimburse RLLB GNLA for the full amount of tuition support. In all cases of employees owing RLLB GNLA tuition reimbursement payback, the total amount will be deducted from the individual's remaining paychecks. To be reimbursed for eligible tuition expenses, prior to taking the class an employee must complete the following steps:

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- (1) gain permission from the campus Director/Supervisor for a specific course
- (2) fill out the appropriate form and have it approved by the Director of Human Resources

Upon successfully completing the course, with a grade not less than a “B”, a Check Request must be submitted with (1) a copy of the approved Tuition Reimbursement form, (2) the original paid invoice with Itemized fees, and (3) the original grade report. Tuition will be reimbursed at a percentage of the actual cost of one (1) course up to a maximum amount each semester (**twice per year**) as follows:

Consecutive Years of Employment at “ ”	Reimbursement Amount
Year 1-3	50% up to \$800
Year 4-8	60% up to \$1,200
Year 8+	70% up to \$1,500

The tuition reimbursement program may be reviewed, altered, or discontinued at any time.

9.2 Travel Expense Reimbursement

Travel expenses to business locations other than your normal school or office are reimbursable as listed below. Reimbursement requests should be submitted monthly by the 10th day of the following month using the Check Request Form.

Commuting miles:

Travel from your home to your base or home school or office is considered commuting. No mileage, tolls or other travel expense reimbursement is allowed for regular commuting even if the distance is greater than the 25 miles commuting rules as described below.

“ “ required business travel to locations other than your base or home school or office will be reimbursed based on the following:

The first 25 miles of your commute to any business location is considered commuting. This applies to both commuting to and from your first and last business location. Reimbursement for miles traveled from your residence to a daily assignment, when you do not begin your day at your home school or office will be reimbursed as follows:

Mileage above commuting miles and mid-day travel between schools and offices will be reimbursed at the standard IRS rate in effect.

Example:

Distance from residence to assignment (one way) = 35 miles
Reduction for commuting miles (one way) = 25 miles
Reimbursable miles = 10 miles

Required Documentation:

The Mileage Reimbursement Request form must be completed in full and signed by the employee requesting reimbursement.

MapQuest reports must be attached for each location to validate business mileage claimed.

Tolls, parking and other travel expenses incurred as a result of RLLB GNLA required business travel to an alternative business location will be reimbursed if supporting original receipts and documents are attached to the reimbursement form for amounts claimed.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

Travel & Conferences:

We will operate on the following points regarding all requests for conference attendance and for reimbursements of travel expenses:

1. Directors should recommend for approval individuals to attend only those conferences that are directly related to the individual's teaching or administrative responsibilities. Persons returning from those conferences should write a brief synopsis of the sessions attended, and an evaluation of the benefits or lack of such benefits derived from the conference. This report should be sent to the Burleigh Corporate office for insertion into the employee's personnel file.
2. Approval for conference attendance will only be granted for individual teachers who have been with RLLB GNLA for at least one previous academic year. Teachers new to RLLB GNLA or new to the teaching profession will not be approved for conference attendance until they are employed by RLLB GNLA for a second year.
3. Teacher aide requests for conference attendance will not be approved. Requests for professional development for support staff must be approved by the RLLB GNLA central office.
4. Approval for any conference attendance will be given in the individual school budget contains available and adequate funds to pay for the attendance.
5. Individuals attending approved conferences should know that our office will give no monetary advances to cover expenses of the trip or conference. Individuals attending the conference must pay for all expenses on their own, save all expenditure receipts, and submit the proper reimbursement form to the RLLB GNLA central office. Only then will reimbursements be made to the employee who has attended the conference.
6. Driving to conferences will be reimbursed at the current IRS rate, based on mileage calculations; see example in under commuting miles. All mileage calculations must be shown with the supporting MapQuest reports attached to the reimbursement request. Individuals will not be reimbursed for mileage that exceeds 600 miles round trip.
7. RLLB GNLA will not reimburse an individual for excess hotel, meals, mileage, or other expenses, if an individual chooses to attend conference sites at dates earlier than required for their attendance or chooses to extend their time beyond the conclusion of the conference.
8. Approval for reimbursement for hotel rates will vary by geographic location of the meeting. Unless prior approval is given, no hotel rates will be approved exceeding \$150.00 per night.
9. Individuals attending conferences will be allotted a maximum reimbursement of \$45.00 per day meal allowance for conference and meeting 100 miles or more from the school site. Single day conference attendance will be reimbursed a maximum of \$15.00 for meal allowance. Expenses beyond this amount must be covered by the conference/meeting attendee.
10. Only those expenses that are verified by appropriate and complete receipts will be reimbursed. RLLB GNLA will not reimburse any expenses claimed not accompanied by receipts.
11. Alcoholic beverages will not be reimbursed.

10.0 Payroll Procedures

10.1 Payroll & Pay Periods

Payroll will set up a pay period schedule for hourly and salaried employees and submit to all campuses. A timesheet will be forwarded for each campus to report employee hours. For each pay period, an email will be sent to all Directors and support staff informing them of when payroll is due. At least 3-4 days notice will be given in order to submit timesheets to the Jackson office. All timesheets must be faxed to the RLLB GNLA Burleigh office by the deadline. All employees are paid on the 15th and 30th of each month. If the 15th or 30th is on a weekend or holiday, the employee is paid the last business day before the holiday or weekend.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

10.2 Hours of Work

Classes for students will begin at 8:00a.m. and end at 3:30p.m. There may be an early dismissal one day each week to provide for professional development activities. Kindergarten classes and students with special needs maybe dismissed earlier than the regular dismissal time at the direction of the campus Director. Faculty hours are 7:40a.m. to 4:00p.m. Other staff will have varying work times, as directed by their supervisor. Hours may vary from campus to campus based upon individual campus needs.

At no time shall students be left unattended in the school building, regardless of time of day or night. Any teacher or authorized employee that gives a student permission to arrive at school early or stay late must provide a note for the student to present to security personnel. The teacher or authorized employee is also responsible for supervising that child at all times before or after school hours.

10.3 Overtime

Overtime for clerical and other employees covered by the overtime law, must be approved by the campus Director prior to performing the work subject to overtime.

10.4 Performance Reviews

Faculty will be evaluated at least 3 times during the academic year. Classroom teachers will be formally evaluated by: (1) the Team Leader, and or (2) an outside evaluator, and (3) the campus Director. The employee will have an opportunity to review the written evaluations with his/her supervisor. Other non-teaching staff will be evaluated by his/her supervisor or the campus Director. For outstanding performers, as determined by the campus Director, the outside evaluation may be waived.

10.5 Performance Bonuses

It is the policy of RLLB GNLA to award performance bonuses to select individuals at the end of the school year to those who qualify for such awards. ***The awarding of bonuses is dependent on the availability of funds and is solely at the discretion of the President.***

Bonuses will be granted on the basis of exceptional or superior performance. Thus, everyone will not receive bonus money and the amount of the awards may vary. An individual may be doing a good job, for example, and receive a substantial percentage increase on his/her base salary for the academic year and yet not receive a bonus. This simply means that the individual has performed well and should be rewarded with a higher percentage increase than others, but has not as yet reached a level of exceptional and/or superior performance that warrants a bonus.

It should also be understood that the bonus received by an individual is separate and above one's base salary and is not calculated into the base salary of a person for next year.

Bonuses for administrators in the schools will be determined on the basis of the evaluations of teachers and staff and on the judgment of the RLLB GNLA senior managers.

Teachers will be judged eligible for bonuses based on their formal evaluations, on student achievement progress levels, and on the judgment of RLLB GNLA senior managers that the individual has met the terms of his/her letter of appointment and job description in an outstanding manner. The number of performance bonuses may decrease over time, this is up to the Director discretion.

10.6 Payroll Adjustments

Employees who qualify for disability under the RLLB GNLA insurance program or are eligible for FMLA (see Family and Medical Leave section), should expect certain salary adjustments to the four pay periods between June 30 and August 15. If you qualify for disability or FMLA you should contact the Human Resources department for information, the calculation affecting your salary during that period will be done by Payroll. Employees are required to schedule an appointment with the Director of Human Resources regarding benefits.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

10.7 Degree Earned Salary Adjustments

Any full-time teacher, Team Leader, or Director who earns a Master's Degree while employed at RLLB GNLA is eligible for a \$2,000.00 salary adjustment. Adjustments are made twice each year on the January 15th paycheck or August 30th paycheck. Employees are required to submit original transcripts of their earned degree to their Director for approval on or before January 15th or August 30th. Salary adjustments are not guaranteed and are subject to the Director's approval.

11.0 Separation & Disciplinary Policies

I. Separation Policy

11.1 Job Abandonment

Employees of RLLB GNLA that are absent for more than two (2) consecutive days without notifying a direct supervisor are considered to have voluntarily abandoned their employment with the Company. The effective date of termination will be the last day the employee performed services.

11.2 Resignation

To promote the efficiency of operations within RLLB GNLA, the company requires that written notice (**in hard copy form**) of resignation be directed to the campus Director or Supervisor

11.3 Termination

Termination may result from any of the following: 1) layoffs, which include the elimination of an employee's job function or headcount reduction due to cost reduction or funding shortfall and 2) involuntary dismissal, which may include poor performance reviews or failure to adhere to the teaching/learning philosophy of RLLB GNLA or the demonstration of an unacceptable attitude in the workplace. Failure to return all property of RLLB GNLA may result in a forfeiture of any monies due or owing to the employee.

11.4 Termination Process

RLLB GNLA requires that employees return all documents, files, computer equipment, tools, keys and other Company owned property on or before the last day of work. Failure to return all property of RLLB GNLA may result in a forfeiture of any monies due or owing to the employee.

II. Disciplinary Policy

11.5 Problem Resolution

RLLB GNLA seeks to deal openly and directly with its employees, and believes that communication between employees and management is critical to solving problems.

RLLB GNLA employees that may have a problem with one another should attempt to resolve the problem themselves. If a resolution cannot be agreed upon, both employees should approach the Team Leader, Director, or Regional Manager who will work with the employees to determine a resolution. Employees that have a problem with a supervisor should first go to the supervisor and state the problem. If a resolution cannot be agreed upon, the employee should present his or her problem to the campus Director. If a resolution cannot be agreed upon, the employee shall present it to the Director of Human Resources or Vice-President of Finance & Management.

11.6 Discipline

RLLB GNLA policy is to attempt to deal constructively with employee performance problems and employee errors. The disciplinary process will be determined by RLLB GNLA in light of the facts and circumstances of each case. Depending upon the facts and circumstances, the discipline applied may include, among other things, oral or written warnings, probation, suspension without pay, or immediate discharge. Each situation will be considered in light of a variety of factors including, but not limited to, the seriousness of the situation, the employee's past conduct and length of service, and the nature of the

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

employee's previous performance or incidents involving the employee. Details of this process are outlined further in the Corrective Action section.

11.7 Corrective Action

Corrective Action will be taken against an employee in response to a rule infraction or a violation of Company policies. Corrective action will continue until the violation or infraction is corrected or the employee is terminated.

Corrective Action usually begins with a verbal warning, followed by a written warning that is placed in the employee's personnel folder. If more serious corrective action is required, the employee may be put on probation, or have his or her employment terminated.

12.0 Fiscal & Business Management

12.1 System Purpose

The Accounting Department staff is responsible for processing all requests for payments, payroll, cash receipts and grant/fund tracking. The systems in place to accomplish financial processing also allow the department to ensure compliance with internal accounting, EMO reporting, state government auditing and grant/fund required reporting. The accounting cycle for expenditures begins with purchase orders, invoices and/or check request submissions, approval for payment and actual check disbursement.

The accounting cycle for payroll includes employee orientation for benefit and payroll information and regulations, payroll system setup, payroll action report adjustments, special payroll tracking, submission of bi-weekly payroll to service, proof and approval of payroll run and final payroll disbursement authorization. The accounting cycle for revenues includes recording of quarterly/monthly funding from CPS or State source, Grants or Special Fund revenues, Food Service revenues or deficits, Student program and fundraising revenues.

There is specific information needed for tracking of Grants, Funds, Student Activities and Fundraising revenues and expenditures that must be monitored and reported periodically. The requirements for submission of expenditures and receipt of revenues are designed to facilitate timely and accurate processing of disbursement requests and cash receipts, while providing required information for reporting and compliance.

12.2 Authorized Signatures for Expenditures

All requests for expenditure of funds shall be requested on an RLLB GNLA Purchase Order or Check Request. The Purchase Order or Check Request shall be approved by the campus Director and RLLB GNLA.

12.3 Indebtedness

No employee shall sign contracts with outside vendors or create indebtedness for RLLB GNLA without express written authorization of the RLLB GNLA Chief Executive or Chief Financial Officer.

12.4 Inventory & Property Records

Directors are responsible for building inventory. Teachers are responsible for room inventory. All inventory/property shall be maintained and kept in good working condition. No inventory or property shall be moved (even from room to room) or discarded without notification to the campus Director. The Director must notify the Director of Business Operations of all moves or discards. Any theft or vandalism or damage shall be reported immediately to the campus Director who will notify the Director of Business Operations. Inventory/property reports will be conducted annually.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

12.5 Collecting & Securing School Funds

Funds collected from any source, including student field trip fees, school fundraising activities, parent fines, and any other activity or event that results in the collection of funds, are subject to strict standards of accountability. The campus Director is responsible for any funds collected no matter what the source.

In order to bring accountability and order to the process of fund collecting, the following procedures shall be followed.

1. Written receipts are to be issued for all monies collected.
2. No personal checks shall be accepted.
3. Any funds collected shall be **locked** in the school safe. The safe shall be securely locked at all times.
4. No funds are to be kept in desk drawers, even if the drawer is locked.
5. Monies shall be counted, sorted, and accurately recorded on the Cash Transmittal Forms, signed by the Director, in the appropriate envelope, and deposited in the appropriate bank account.
6. No monies shall be held by a Director more than (24) hours. Any monies held will always be locked in the safe controlled by the Director.
 - * Note: Cash Handling Procedures – Wisconsin**
 - Receipts must be issued for all funds collected at each campus – using specific receipt book if available
 - Prior to deposit all funds must be secured in campus safe until time of deposit
 - A cash transmittal form must be completed for each fund source:
 - *Student Fees
 - *Uniforms
 - *Fundraising
 - *Lunch
 - Directors have 24hours from the date of the receipt to deposit funds into the appropriate account.
 - Campus issued receipts and bank issued receipts **must balance**
 - Campus receipts, transmittal forms and bank receipts must be sent within 24hours of deposit to accounting department for inclusion in monthly revenues.
7. Bank deposit receipts shall be sent to the Burleigh Central Office within 24 hours of the deposit.

12.6 Purchasing

The use of Purchase Orders is mandatory and includes (but is not limited to) nurse supplies, supplies from approved vendors, books and other educational supplies, conference registration, etc. All purchases must be completed using the Purchase Order Form.

- No purchase shall be made without an approved Purchase Order.

In the event an order has been placed before the Purchase Order has been approved, the order may be cancelled and the Purchase Order will not be approved.

If the order cannot be cancelled, then the employee who placed the order will be held responsible. Complete the form by filling in the following information:

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- Date
- Vendor name, address, phone, and fax
- c/o Requestor, Campus name and address
- Grant, Fundraiser, or Title use of funds clearly marked
- Specific budget account to be deducted
- Subtotal
- Shipping charge (if applicable)
- Total

Once the purchase order has been signed by the campus Director, it shall be sent to the Burleigh Central Office for Comptroller approval. Purchase Orders totaling \$4,000 or less may be approved by the corresponding Regional Manager. Once the Comptroller approves the request, the pink copy will be returned to the campus until the order has been received.

All deliveries/shipments shall be received by the main office at each campus. The campus Director shall assign an employee clerk to receive all deliveries of merchandise. The Clerk shall be responsible for incoming merchandise and verifying delivery.

Upon delivery/receipt of the goods, the pink copy or approved order copy (along with the signed shipping/delivery ticket) must be returned to the Burleigh Central Office with the date received and signature of the Receiving Clerk as soon as possible.

Failure to properly use a Purchase Order may result in delay or rejection of merchandise.

NOTE: No vendor purchase orders will be paid unless the pink copy or approved order copy is signed and received in the Burleigh Central Office.

12.7 Check Request & Petty Cash

Check Request

The following are examples of when Check Requests should be used—field trips, student activities, buses, reimbursements for cell phone usage, mileage, conference attendance expenses, postage, tuition reimbursements, petty cash, etc. Check Requests must be submitted at least two weeks in advance of need of the funds requested. All Check Request forms must have the following information complete in order to be properly processed: date, requestor's name and address, original receipt, campus, and signature of the requestor and Director and explanation for the expense. Grant, Fundraiser, or Title expenditures should be clearly marked on form.

Petty Cash

Petty Cash log/request forms should include: original receipts, explanation of each expense and signature of campus Director, and a Check Request for the replacement of funds.

12.8 Fundraising

AQS managed schools may raise funds for legitimate educational activities that directly benefit the school's students. Fundraising for educational activities and for the purchase of equipment and materials is subject to the following procedures:

Outside fundraising

Director and staff members are encouraged to engage in appropriate fund-raising activities for their particular school. Events such as cookie sales, taffy apple sales, bake sales, candy sales, etc. can be organized at the discretion of the school staff and Director. Larger events which may entail insurance liability or security concerns must be cleared through the V.P. of Finance at the AQS central office before any activity commences. Schools dealing with outside corporations or foundations for grants may deal directly with those entities for grant requests not exceeding \$5000.00. All proposals for grant requests exceeding \$5000 must be approved by the AQS central office grant committee before submission. The “ “

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

grant committee is available to assist in the preparation and writing of these larger amount grant proposals. All funds received by an individual school from fundraising or grants must be fully accounted for and are subject to an internal audit. All funds received must follow the reporting procedure specified in the “Funds and Deposits” section of the Directors Manual.

I. FUND-RAISING PROPOSAL

Prior to commencing a fundraising activity, the campus Director shall prepare a Fundraising Proposal for each project. This includes the installation of vending machines on the school premises. The Fundraising Proposal shall include the following information:

- Items being sold or activity proposed
- Anticipated cost of items being sold or charge for activity
- Anticipated revenue/receipts and profits
- Inclusive dates of sale/duration of sale
- Proposed use of profits

The Fundraising Proposal must be approved by the Vice President of Finance prior to the beginning of the fundraising event or activity. If the proposal is not approved the fundraising activity may not take place.

II. COLLECTIONS AND EXPENDITURES

All funds collected are to be secured and accounted for by the campus Director and transmitted to the Appropriate Bank Account with a completed Cash Transmittal Form.

No funds from the proceeds of the activity or event shall be used for direct expenses. All expenses to be paid from collected funds shall be paid by an AQS check issued pursuant to a Check Request or Purchase Order. All expenditures of funds generated from fundraising activities will be paid by AQS check and shall be requested by the campus Director. Such request shall be accompanied by original invoices and receipts. All monies received from individuals or companies will be receipted using a duplicate receipt system approved by AQS. The campus Director shall record donations of goods or in-kind services and the recording submitted to the central office. Directors shall not advance personal funds

13.0 Financial Reports and Oversight

13.1 Director Reporting

Director budget to actual financial reports by fund reports are issued monthly. These reports also include monthly purchase order registers, and open purchase order reports (un-liquidated obligations). These reports are designed to allow the Director, Regional Manager to monitor spending within approved budget areas, verify use and posting of expenditures within funds and request adjustments or changes if required.

13.2 Designated Fund Reporting

Designated funds from all sources (Federal, State, Grants or Private) are tracked and reported separately to ensure proper expenditure of such funds.

Grants and Designated Funds are assigned unique fund codes within the accounting system; reports are generated that reflect actual expenditures against approved budgets. Reports are evaluated monthly by AQS controller, CFO, Regional Managers and Directors. Compliance reporting for designated funds is required at various times during the year based on funding source.

13.3 Financial Reporting

Financial reports are generated monthly, quarterly and annually. Financial reports are submitted and/or presented to the appropriate school, foundation and corporation boards for review and approval. Financial reports include Balance Sheet, Statement of Revenues and Expenditures (Current Period and Year to Date), Accounts Payable Aging Report, And Monthly Check Registers.

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Additional reports may also be included at the request of the board and availability of the data. Examples of additional reports provided in monthly board packets may include Fixed Asset Schedules and Depreciation, Management Fee Calculations, Bank Account Reconciliations and Registers, Open Purchase Order Register (un-liquidated obligations), Capital Project Expenditure reports and Debt Service reports.

13.4 Auditing

Annual audits are performed on all campuses and AQS corporation books by an independent audit firm. AQS Corporation currently works with no less than three independent audit firms whose bids and engagement contracts were approved by the appropriate school and/or foundation boards. As required or requested AQS Corporation will solicit bids for financial audits, financial reviews or internal control reviews as needed. Bids are presented to the school boards for selection and approval. Audited statements and any resulting deficiencies or comments are reviewed with the appropriate school boards for approval and response.

14.0 Computer & Technology Controls

14.1 Technology Acceptable Use Policy (AUP)

Purpose of Use

Through technology, “ “ provides access for students and staff to resources from around the world. Expanding technologies take students and staff beyond the confines of the classroom, and provide tremendous opportunities for enhancing, extending, and rethinking the learning process. This new capability, however, requires guidance for students and staff use.

14.2 The Opportunities and Risks of Technology Use

“ “ believes that the value of information and the opportunity for interaction that technology offers outweighs the hazards of its misuse. Making network access available, however, carries with it the potential that some network users will encounter sources that could be considered controversial or inappropriate. Because information on networks is ever-changing and diverse, “ “ cannot completely predict or control what users may or may not locate when on-line. Technology provides a conduit to information: the users must be wary of the sources and content and be responsible in choosing information to be accessed.

No technology is guaranteed to be error free or totally dependable, nor is it safe when used irresponsibly. Among others matters, “ “ is not liable or responsible for:

- ◆ any information that may be lost, damaged, or unavailable due to technical, or other difficulties;
- ◆ the accuracy or suitability of any information that is retrieved through technology
- ◆ breaches of confidentiality;
- ◆ defamatory material; or
- ◆ the consequences that may come from failure to follow “ “ policy and procedures governing the use of technology.

14.3 Privileges of User

Users may access technology only for educational purposes. Exercising this privilege requires that users accept the responsibility for all material viewed, downloaded, and/or produced. Users will need to evaluate the validity of materials accessed through technology and cite their resources when appropriate.

The actions of users accessing networks through AQS reflect on our organization. Users must conduct themselves accordingly by exercising good judgment and complying with this policy and any accompanying administrative regulations and guidelines.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

14.4 Definition of Acceptable Use

Users will:

- ◆ Adhere to the rules of copyright and assume that any software that they did not create is copyrighted (unless it is labeled "freeware" or "public domain");
- ◆ Adhere to the licensing agreements governing the use of shareware; note that e-mail is not guaranteed to be private;
- ◆ Be responsible at all times for the proper use of their access privileges and for complying with all required system security identification codes, including not sharing such codes;
- ◆ Maintain the integrity of technological resources from potentially damaging messages, physical abuse, or computer viruses;
- ◆ Respect the right of others to use equipment and therefore use it only for school-related activities;
- ◆ Treat all computers, printers, cameras, and other electronic hardware and software with great care;
- ◆ Abide by the policies and procedures of networks and systems linked by technology; and protect the privacy of other users and the integrity of the system by avoiding misuse of others' files, equipment, and programs.

Users will not:

- Use offensive, obscene, inflammatory or defamatory language;
- Harass other users;
- Misrepresent themselves or others;
- Violate the rights of others, including their privacy;
- Access, download, and/or create pornographic or obscene material;
- Use the network for personal business or financial gain;
- Vandalize data, programs, and/or networks;
- Degrade or disrupt systems and/or equipment;
- Damage technology hardware and/or software;
- Spread computer viruses;
- Gain unauthorized access to resources or entities;
- Violate copyright laws;
- Damage computers, printers, cameras, or other hardware;
- Use technology for illegal activities; and
- Reveal their name, personal address or phone number, or those of other users without parental permission.

14.5 Right to Monitor

AQS as the provider of the technology, email, and Internet access, has the right to monitor any and all use of its system. Any individual right of privacy is superseded by the school's need to maintain its system.

14.6 Penalties for Improper Use

If users of the technology do not follow the rules of Acceptable Use, their privileges may be taken away or be subject to disciplinary action up to and including termination.

14.7 Computer and Technology Controls

- 1) The information technology department is independent of the departments it serves.
- 2) There is a separation of duties between, programmers, system administrators and users.
- 3) One employee is assigned the responsibility for IT security.
- 4) Access to computer facilities is restricted to authorized personnel.
- 5) Procedures are in place to prevent testing of new or revised applications on live data files.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- 6) Software users are prohibited from having access to source code and programming documentation.
- 7) Software utilities that can alter data or applications are adequately controlled and usage is logged for subsequent management review.
- 8) Access control for terminals and workstations is limited to specified persons, who have access to only those applications or files that are necessary to perform their duties.
- 9) Workstation and terminal access is controlled by passwords. Passwords are required to be confidential and unique, and promptly cancelled for terminated employees.
- 10) Passwords are required to be changed at regular intervals and cannot be re-used in less than 10 change cycles.
- 11) IT personnel who are terminated are immediately released from sensitive duties, access to the IT system is suspended, and their actions are appropriately supervised until their departure from the premises.
- 12) Procedures and protection methods are in place to prevent or detect unauthorized access to the system through remote or other independent method.
- 13) Automated and manual logs are used to record system administrator activities, and are periodically reviewed for accuracy. Unusual entries are appropriately investigated.
- 14) System administrators are required to report system failures, recovery and other unusual incidents to an appropriate supervisory administrator.
- 15) System administrator instruction manuals are available to each administrator and supervisor.
- 16) The System Administrator manual includes loading of operating systems and software, hardware components and data files, input and output media, termination of applications and instructions on actions to be taken if system fails to operate properly.
- 17) Procedures are in place to monitor system administrator compliance with prescribed operating procedures.
- 18) Appropriate procedures for back-up and storage of applications and data files are in place.
- 19) Contingency plans have been developed for alternative processing in the event of loss or interruption of the IT system.
- 20) Off premises storage is maintained for master files, application files and related documentation.
- 21) Copies of backup files are periodically reviewed to ensure they are usable.
- 22) There are adequate controls for authorizing input data and master file changes. Source documents are stamped and only authorized personnel are allowed to make master file changes.
- 23) There are adequate procedures to assure that data files are kept current and data is not changed other than through normal processing and reconciling routines.
- 24) There are adequate procedures to assure that output is distributed only to authorized personnel.
- 25) Output reports contain sufficient information to detect errors and subsequent corrections.
- 26) Software applications include security features adequate to protect data from unauthorized access, modification or loss.

15.0 Internal Control Policies, Procedure, Finance & Accounting

Objective: Internal controls regarding segregation of duties, the safeguarding of cash and assets, and financial activities and recording are set forth in the following document.

These controls are designed to provide reasonable assurance regarding the reliability of financial information and records, for effectiveness and efficiency of operations, proper execution of management's objectives, and compliance with laws and regulations.

Compliance: Internal controls are reviewed annually for accuracy and reasonableness. Compliance is constantly monitored internally through daily processing and signature procedures. Annually internal control policies are audited by outside accounting firms and the Indiana State Board of Accounts.

Personnel, Financial, and Operations Manual

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2015 - 2016

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

15.1 Cash

General

- 1) The board annually authorizes all bank accounts and check signers.
- 2) All employees who handle cash are covered.
- 3) Access to computerized accounting records is limited to those with a logical need for such access

Receipts

- 4) State funding is automatically deposited to an account under the control of the controlling management entity. Transfers to the operating accounts are authorized by the controlling management entity
- 5) Other cash receipts are collected and submitted by persons who have no access to the cash receipts or accounts receivable records.
- 6) Receipts are subsequently compared to validated copies of receipts records and deposit slips by an employee having no direct access to cash.
- 7) All checks received are restrictively endorsed “for deposit only” by the personnel collecting and submitting cash receipts.
- 8) Cash receipts are entered in books of original entry by persons independent of collecting and submitting cash receipts.
- 9) Receipts are deposited on a daily basis.
- 10) Persons who collect currency from fund-raising activities are closely supervised from an employee separate from the accounting function.
- 11) Any post-dated checks, disputed items, unidentified receipts, NSF checks, checks charged back by banks and other similar items are investigated by persons independent of preparation of deposits and posting of accounts receivable detail.
- 12) Cashing of checks out of currency receipts is prohibited.

15.2 Disbursements

- 13) All general operating disbursements, besides petty cash disbursements are made by check.
- 14) Payroll disbursements are made through a payroll service by means of check, direct deposit and bank transfers for payroll taxes and fees.
- 15) A separate checking account is maintained for payroll transactions only, operated on an imprest system.
- 16) Non-check disbursements (such as debit memos and wire transfers) are required to be authorized by designated staff with adequate controls.
- 17) All check stock is pre-numbered and used in sequence. Blank stock is held in a secure location by a designated custodian.
- 18) Only those persons authorized to prepare checks have access to blank check stock
- 19) Signing of blank check stock is prohibited.
- 20) Checks are prepared by an employee who is independent of voucher/invoice approval.
- 21) Check approval process is clearly defined.
- 22) Checks are recorded in the accounting system as prepared.
- 23) Voided/spoiled checks are properly mutilated (signature portion invalidated or removed) and retained.
- 24) All checks are made payable to specific payees and never to cash or bearer.
- 25) All supporting documentation is submitted with check for signature.
- 26) Supporting documents are properly marked as paid/cancelled to avoid duplicate payment.
- 27) Dollar limits have been established for one-signature checks.
- 28) Check signers are independent of voucher preparation and approval for payment, check preparation, cash receipt and petty cash recording.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

Disbursements that require special approval of funding sources or the governing board are properly documented.

15.3 Reconciliation

- 29) All bank accounts are reconciled within a timely specified period after the end of each month by an outside accounting service.
- 30) Reconciliations are completed by someone other than persons who participate in the receipt or disbursement of cash.
- 31) The Vice President of Finance receives the bank statements unopened from the banks.
- 32) Reconciliation procedures include comparison of dates and amounts of deposits to available source documentation.
- 33) Reconciliation procedures include determining that both sides of the transactions have been properly recorded on the books.

15.4 Petty Cash

- 34) Responsibility for petty cash fund is assigned to one custodian.
- 35) Petty cash fund is maintained on an imprest basis.
- 36) Petty cash funds are segregated from other cash.
- 37) Maximum petty cash fund is \$300.
- 38) Accounting records are inaccessible from the supervisor.
- 39) Petty cash vouchers are approved by other responsible employee other than the custodian.
- 40) Petty cash fund is periodically counted by someone other than the custodian.
- 41) Cashing of employee checks out of the petty cash fund is prohibited.

15.5 Revenues

- 1) Fundraising and extracurricular proceeds are tracked separately and may be kept in separate checking accounts.
- 2) State funding revenues are directly deposited into account under control of the controlling management entity. Accounting records gross up and allocate the net amount received for deductions for state common school loan funds and restricted or Title funds received based on source documents received from the state.
- 3) Designated individuals are responsible for assuring compliance with the terms and conditions of restricted contributions, endowments, Title funds, grants etc.
- 4) Control schedules are maintained of restricted funding revenues and related expenditures.

15.6 Receivables

- 5) Receivables are recognized for revenue relating to the accounting period reported, not yet received.
- 6) Receivables are reconciled to the general ledger monthly.
- 7) Receivables from miscellaneous activities are periodically reviewed and significant amounts reported to the governing board.
- 8) Write off of receivables must be approved by the governing board.
- 9) Loans to employees and governing board members are prohibited.

15.7 Donated Materials and Services

- 10) Donated materials are physically inspected when received.
- 11) Donated materials are adequately safeguarded with access only by authorized personnel.
- 12) Disposition of materials are controlled by requisitions for materials used.
- 13) Donated materials are valued and properly recorded in the accounting system.
- 14) The governing board must acknowledge and approve the use of facilities or equipment made available by donors.
- 15) Donated long lived assets and facilities are properly recorded in the accounting system.
- 16) A designated individual is responsible for assuring compliance with donor restrictions on long lived assets.
- 17) Established procedures are in place for the supervision of volunteers.
- 18) Adequate records are kept for applications by prospective volunteers and responses, time sheets or other records substantiating the date, nature, time of service and terms of volunteer services.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- 19) Records are maintained of the value attributed to donated services.

15.8 Expenditures and Accounts Payable

General

- 1) A comprehensive standard chart of accounts is used for all Illinois schools. The Indiana State Board of Accounts accounting manual is followed containing the account coding of expenditures in compliance with funding, program and other functional basis for Indiana Charter Schools.
- 2) Account coding is reviewed prior to recording
- 3) Instructions are given for allocation of costs to various programs and other functions and costs applicable to a particular grant.

Purchasing

- 4) Purchases are made in accordance with established requirements of the governing board and funding sources.
- 5) Pre-numbered purchase orders are used in sequence for all purchases.
- 6) Purchase orders are prepared by personnel independent of payables, disbursing and governing board members.
- 7) Purchase orders require independent approval that the expenditure is within budget or funding source restrictions.

Accounts Payable

- 8) Vendors' invoices are routed directly to accounting.
- 9) Original vendor invoices are vouchered upon receipt.
- 10) Vouchers are pre-numbered and used in numerical sequence.
- 11) Data on invoices are checked for accuracy and to approved copies of purchase orders.
- 12) Vendor debit balances are periodically reviewed and collected or applied to outstanding invoices.
- 13) Accounts payable balances are reconciled monthly to the general ledger.

15.9 Payroll and Related Liabilities

- 1) An investigation of employment applications from new employees is performed, including checking background and former employer references.
- 2) Employees are periodically reviewed for class of position and pay rates for compliance with provisions of contracts and personnel practices.
- 3) All employees are notified in writing of personnel policies and performance reviews.
- 4) Personnel files are maintained containing information on employment application, investigation, date employed, pay rates, changes in pay rates and position, authorizations for payroll deductions, W-4 form and termination data where appropriate.
- 5) Written termination notices are required that properly document reasons for termination and require approval of authorized persons.
- 6) Personnel records are held in a secure location that prevent loss or use by unauthorized personnel.
- 7) Attendance and timekeeping functions are separate from payroll preparation.
- 8) Attendance records are approved by department heads or other authorized personnel.
- 9) Time records, that are complete and accurate, are submitted to an outside payroll service organization.
- 10) Paychecks and payroll registers produced by the outside payroll service organization are reviewed for accuracy and approved prior to distribution of payroll checks.
- 11) Payroll checks contain detail of gross pay and deductions.
- 12) Payroll costs are distributed to proper accounts, programs, grants and other functions.
- 13) Payroll taxes are automatically deducted at the date of payroll payment by the outside payroll service organization and remitted to the proper authorities.
- 14) Payroll tax returns are filed by the outside payroll service organization timely.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- 15) Other payroll withholdings, such as pension, cafeteria plan, garnishments and other deductions are remitted on the date of payroll. Remittance checks are prepared by the outside payroll service organization.
- 16) Reconciliations of gross and net pay amounts as shown on the payroll registers and returns to the general ledger are performed.
- 17) A comparison of actual and budgeted payroll is performed periodically, and significant variances are investigated and documented.

15.10 Property and Equipment

- 1) Approval of the governing board is required for all acquisitions and disposals of property and equipment over a specified amount.
- 2) A designated individual is responsible for assuring compliance with terms and conditions of all grants and restricted contributions for property and equipment.
- 3) Purchases of less than \$500 are directly expensed, amounts from \$500-\$1000 are reviewed for capitalization based on utility and actual useful life.
- 4) Depreciation is based on straight line, mid-month conventions using IRS useful life tables.
- 5) Detailed property and equipment records are maintained including description, date purchased, cost or value, vendor or donor, location, and serial numbers if applicable.
- 6) Detailed property and equipment reports are reconciled to the general ledger monthly.
- 7) A physical inventory of property and equipment is taken annual and compared to records for accuracy. Discrepancies are immediately investigated and explained.
- 8) The accounting department is informed timely of material changes to the status of property and equipment, such as disposal method and proceeds.
- 9) Equipment is properly identified by numbered tags or other means of identification.
- 10) Fully depreciated assets are maintained in the accounting records as required by accounting principles.
- 11) Periodic reviews of equipment and appraisals are made for insurance considerations.

15.11 Debt and Other Liabilities

- 1) Debt agreements are held in a secure location and updated for changes.
- 2) All borrowing is authorized by the governing board.
- 3) There are adequate accounting records to reflect debt transactions, including source, maturity, terms, collateral etc..
- 4) A periodic review is performed to determine compliance with any debt agreement restrictions and procedures
- 5) Other liabilities are identify on a timely basis and recorded in the accounting system.

15.12 Local School Boards

Each school has its own Board of Directors. Membership of each Board is determined by the board collectively. Each Board is responsible for the hiring of an EMO and supervising the activities of the hired EMO.

The EMO reports to the Board on a monthly basis. The report to the Board consists of a complete financial report. In addition, the EMO reports on a variety of topics such as the status of the building, personnel, instruction and any other topic that is identified as being necessary for the effective operation of the school.

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The Board is generally responsible for the evaluation of the EMO. There are frequent meetings throughout the year where the Board and EMO staff get together to discuss the school's performance. Annually there is an evaluation session where the EMO is formally evaluated by the Board.

The Boards meet monthly for formal meetings and will have special meetings as required. The AQS Board and the school boards do not formally meet. The liaison is carried out with the school boards by the President or his designee.

AQS currently has accountability to seventeen different governing and advisory boards. These boards must be kept fully-informed with accurate, up-to-date, statistics and information regarding the progress and problems of the schools they oversee. As part of their job description, School Directors must attend all meetings of their particular governing or advisory board and be prepared to present written and oral reports to the board according to a format which the board requests. From time to time, AQS regional managers or senior executives may also attend the meetings.

16.0 Facilities

16.1 Utilization of Physical Resources & Facilities

Any facility owned or managed by the AQS Corporation are restricted to the following guidelines.

Usage:

AQS facilities should only be used for the functions and activities deemed acceptable by the AQS Corporation. Any functions not related to daily operations must be approved by the AQS Corporation. All inquiries by outside non-AQS employees to use a facility must also be authorized through the AQS Central Offices. Employees of AQS are not allowed to use an AQS facility for purposes outside of the scope of their employment without the consent of the AQS Central Offices.

Damage of AQS facilities:

Any damages to an AQS facility must be reported. If damage occurs as a result of an outside source or non-AQS employee, the AQS Central Office and the proper authorities should be contacted immediately to file the proper reports.

In the case of damage being caused by an AQS employee, all damages should be documented and reported to the AQS Central Offices. Proper investigation and actions will be taken immediately following.

16.2 Crisis Guide

CRISIS RESPONSE TEAM (CRT):

The Crisis Response Team (CRT) includes those individuals who are responsible for assessing a tragic situation and determining what course of action to take. The team should consist of the following: Director, Team Leaders, Counselor / Social Worker, School Security and Head Custodian.

SCHOOL PREPAREDNESS

Five Major Reasons for School Preparedness

- To prevent a crisis.
- To respond to a crisis.
- To contain a crisis.
- To provide support during and after a crisis.
- To help to avoid a future crisis.

The Seven Stages of a Safe School Emergency Preparedness and Crisis Intervention Plan

- Develop the plan.
- Communicate the plan.
- In-service the plan.

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- Implement the plan (as necessary).
- Practice the plan.
- Review the plan.
- Revise the plan (as necessary).

CRISIS MANAGEMENT OVERVIEW

Action Steps

- Always verify information.
 - Safety and security of students / staff is the absolute priority at all times.
 - Do not talk with members of the media unless authorized by “ “ President or designee.
 - Refer to official prepared statement when asked specific questions. Do not speculate or discuss rumors.
- Any questions are to be referred to the administration.
- Always maintain class list.
 - Never release children to family, friends or alone without administrative authorization.
 - Stay with your class.
 - Action steps may occur simultaneously.

**REPORTING CHILD ABUSE AND / OR NEGLECT CASES
TO DCFS. TEACHERS AND OTHER SCHOOL PERSONNEL
ARE MANDATED REPORTERS! (TTY)1-800-358-5117
1-800-25 ABUSE 1-800-252-2873**

Action Steps

- If a staff member suspects abuse / neglect, contact administrator or social worker immediately.
- If student reveals incident(s) of abuse / neglect, notify administrator or social worker immediately.

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- Administrator and social worker will work collaboratively on the case.
- Social worker and / or administrator will talk to student to gather pertinent information.
- A report to DCFS will be made. The staff members involved will be notified of report. (DCFS determines if such a report is warranted.) not School Personnel.
- A written confirmation must be filed with DCFS headquarters and the local DCFS investigative unit within 48 hours of hotline call.
- Although a staff member has expressed his / her concerns to an administrator or social worker, mandated reporters have the right to report the case to the DCFS hotline. * **A building administrator must make the DCFS report.**

INFORMATION NEEDED WHEN MAKING A REPORT:

- Child's name.
- Date of birth.
- Any siblings (if known) name and school.
- Street address.
- Parents / custodian names.
- Signs of abuse / neglect when occurred?
- Race.
- Language spoken.

ALLERGIC REACTIONS

ACTION STEPS

- Call the office to notify the nurse or designee.
- Administration or nurse calls 911.
- Stay calm. Stay with the student.
- Assess breathing (wheezing).
- Reposition as necessary to ease breathing.
- If trained in CPR, initiate CPR if needed (breathing stops).
- Notify the parent / guardian or emergency contact.
- Copy the emergency card for the paramedics.
- Allergic reactions can cause a fast deterioration of patient's condition.

ASTHMA CRISIS MANAGEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK INCLUDE:

Wheezing, shortness of breath, intermittent cough, chest tightness and difficulty speaking.

ACTION STEPS DURING A SUSPECTED ASTHMA ATTACK:

- Stop all physical activity.
- Remain calm. Reassure student.
- Remain with student.
- Call the office.
- Notify the nurse or designee.
- Administer prescribed medication under the direction of nurse or administrator.
- Repeat once if symptoms persist.
- If no improvement or if symptoms become worse, office calls 911.
- Notify parents / guardian.
- Copy the student's emergency card for the paramedics.

CHOKING

ACTION STEPS

- Ask the person if they can speak. Do nothing if they are coughing, talking, or breathing. Stay with the person and remain calm.
- If they are unable to speak and are grabbing at their throat, or if their lips or face are turning blue, perform the Heimlich maneuver.
- Hug the person from behind. Wrap your arms around the person's waist from behind.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- Make a fist. Place the thumb side against the belly just over the bellybutton. Grab the fist with your other hand. Pull the fist up quickly into the belly.
- Keep pulling the fist up until something “pops” out of the person’s mouth and breathing is restored.
- If the person becomes unconscious, call 911.

DIABETIC CRISIS MANAGEMENT

ACTION STEPS

- Insulin reactions occur when the amount of sugar in the blood is too low.
- Warning signs of insulin reactions include: shakiness, nervousness, perspiring, pale, headache, nausea, drowsiness, fatigue, mood changes, dizziness, confusion or inappropriate responses.
- Notify the office, nurse or designee.
- Give sugar immediately. Sources include: table sugar, fruit juice, glucose tablets, non-diet soda pop or candy. If the student is unconscious or unable to swallow, do not give anything by mouth.
- Stay with the student.
- If no improvement, office calls 911.
- Notify the parent / guardian or emergency contact.
- Copy the emergency card to send with the student to the hospital.

EPILEPTIC SEIZURE

ACTION STEPS

- Stay with the person until he or she is fully alert.
- Designate someone to notify the office, school nurse or designee.
- An ambulance is usually not necessary.
- Following a seizure, a person may appear confused, disorientated or fall asleep.
- They may vomit or be incontinent of urine or stool. This is normal.

Office calls 911 if:

- The person does not start breathing within 1 minute of the seizure. They may turn blue during the seizure but will resume normal breathing after the seizure.
- The seizure lasts more than 5 minutes or the person has one seizure after another.
- The person sustains a serious injury.

SERIOUS BODILY INJURIES

ACTION STEPS

- Call the office and nurse or designee.
- Administrator or nurse to call 911.
- Administer first aid and other life-sustaining techniques.
- Maintain blood borne pathogen guidelines.
- Do NOT move the person if a head or back injury is possible.
- Have student emergency form copied for the paramedics.
- Notify the parent / guardian or emergency contact.

BLOOD BOURNE PATHOGENS UNIVERSAL PRECAUTIONS

A universal precaution is an approach to infection control which requires that you consider every person’s blood and body fluids to be potential carriers of infectious disease.

TO REDUCE YOUR RISK PLAY IT SAFE AT SCHOOL BY:

ACTION STEPS

- Washing hands often.
- Instructing your students to care for their own injuries whenever possible.
- Calling for custodial assistance immediately when you note blood, vomit etc. at the site of an accident / illness.

ATF BOMB THREAT CHECK LIST

Personnel, Financial, and Operations Manual

Dream It. Believe It. Action It. Succeed It.

2015 - 2016

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

Exact time of call _____
Exact words of caller _____
Questions to ask.... _____
When is the bomb going to explode? _____
Where is the bomb? _____
What does it look like? _____
What kind of bomb is it? _____
What will cause it to explode? _____
Did you place the bomb? _____
Why? _____
Where are you calling from? _____
What is your address? _____
What is your name? _____
Caller's Voice (circle) _____
Calm Disguised Nasal Angry Broken
Stutter Slow Sincere Lisp Rapid Excited
Giggling Deep Crying Squeaky
Stressed Accent Loud Slurred Normal
If the voice is familiar, whom did it sound like? _____
Were there any background noises? _____
Remarks? _____
Person receiving call? _____
Telephone number call received at: _____
Date: _____
Report call immediately to: Director's Office

BOMB THREAT AND EXPLOSION

DO NOT USE PORTABLE, TWO-WAY RADIOS / CELL PHONES / PAGERS WITHIN A 1/2 MILE RADIUS OF SCHOOL PROPERTY. RADIO TRAFFIC CAN DETONATE BOMBS.

ACTION STEPS

- Take all bomb threats seriously.
- Remain calm.
- Signal to co-worker, without alarming caller.
- Co-worker should contact administrator / director.
- Obtain as much information as possible from caller.
- Keep caller on the phone as long as possible.
- Call for emergency assistance.
- If building is evacuated, move to designated location.
- Staff should look for unusual or suspicious noises, devices, or disturbances during evacuation.
- Do not touch anything that looks suspicious.
- Protect face and head from flying debris with arms, books, coats, etc.
- Stay in this position until flying debris ceases.
- If there is an explosion, anticipate a secondary explosion shortly after the first one. (In cases where bombs are present, it is common for there to be more than one device).

FIRE/EXPLOSION

ACTION STEPS

- Sound fire alarm immediately
- Call office personnel who will contact 911 and superintendent.
- Take class list.
- Evacuate the building and follow posted route to safe area. (If time permits close windows and doors).

MULTIPLE STUDENT/ STAFF MEDICAL EMERGENCIES

- Students will walk out of the designated exit in a quiet, quick, and orderly manner. Students must go a safe distance from the building and must not stand in any driveway or other hard surfaced area.
- Children who are unaccounted for are to be reported to the administrator / director immediately.

Personnel, Financial, and Operations Manual

Dream It. Believe It. Action It. Succeed It.

2015 - 2016

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

- Notify fire department officer as soon as possible that all students are or are not accounted for.

ACTION STEPS

- Head custodian will notify the utility company of a break or suspected break in gas or electrical lines which would present an additional hazard. Custodian will turn off propane or gas.
- Access roads will be kept open for emergency vehicles by the staff personnel as instructed by the director.
- Have administrator / director report to Fire Department command post.

IF A FIRE / EXPLOSION OCCURS NEAR THE SCHOOL

- The administrator / director will determine the course of action.
- Decisions regarding school evacuation or further actions will be determined by the director.
- If there is an evacuation, no one is to re-enter building until directed.
- When given all clear through security, return to classroom.

CHEMICALS OR GASES

- Call 911 (Stay on phone.)
- Notify the building maintenance department.
- Notify school administrator and nurse.
- Evacuate the building if appropriate.
- If gas leak, turn off the main gas valve.
- Administer first aid, as appropriate.
- Notify the “ “ office.
- Keep students at a safe distance from the building until the problem has been corrected.
- Obtain as much information as possible for the fire department.

COMMUNICABLE DISEASES

- Notify the school administrator and nurse.
- Check the source of the information.
- Follow the district’s communicable disease policy.
- Notify parents.

TORNADO ALERT

ACTION STEPS

- Students and teachers should move to designated areas.
- Remain in hallways, bathrooms, smaller areas with more structural support.
- Students should assume sitting position with back against wall, with hands / book covering their heads.
- Close classroom doors after students exit into hallways.
- For office areas, close window blinds and staff should use telephones in the inner office away from glass windows / areas.
- Teachers should keep their class rosters with them during the drill, stay with classes to be sure students are following the drill or emergency procedure and to verify student classroom count.

OTHER PROCEDURE

The all-clear signal will be verbal or public announcement by the director or designee.

IF A TORNADO ACTUALLY STRIKES THE SCHOOL

- The director will determine when and if the building should be evacuated.
- Call 911 for Fire Department.
- Notify “ “ office.
- The Crisis Team and other staff members will act according to their assigned roles.

ABDUCTION/ KIDNAPPING/ STUDENT MISSING

ACTION STEPS

- Notify school administrator.
- Administrator will notify police. State where and when student was last seen.
- Give a description of abductor.
- Give a description of the student’s clothing and the names of close friends.

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- Describe student age, height, name, race, and any identifying factors.
- If available: Have picture of student.
- Give vehicle description with license plate information.
- Administrator will notify “ “ office.
- Administrator will contact parents.
- Administrator / director will determine the school’s only source of information to the news media.

EMERGENCY AFTER SCHOOL OR ON CAMPUS

STAFF

- Assist in identifying injured individuals.
- If life threatening, call 911.
- Stay with injured individual and assign supervisory responsibilities to an accompanying chaperone.
- Send someone to designated location to meet police / fire personnel.
- Contact director and provide frequent updates

DIRECTOR/DESIGNEE

- Contact “ “ and / or bus company, and parents with emergency notification.
- Receive and disseminate frequent emergency updates to individuals listed above.

ADMINISTRATOR

- Go to site of the accident, if feasible, to assist teacher with supervisory and communication responsibilities.

INTRUDER

ACTION STEPS

- Staff approaches stranger and inquires as to his / her business in the building.
- Escort intruder to office.
- If the intruder becomes violent, call 911.
- If the intruder is hostile or threatening, contact administrator.
- If intruder becomes violent issue lockdown.
- If intruder is in classroom, send a student to office to get help or use intercom.
- If shots are fired, a bull horn or PA system will be used for further instructions.
- Evacuate students to the safest position away from intruder.
- Step into the halls and direct students to nearest safe room.
- Lock classroom door and keep students there.
- Move all people away from doors.
- Move all people away from windows.
- Help students remain calm and quiet.
- Staff and students in gym, cafeteria and in other open areas report to nearby safe room.
- Remain seated and quiet until all clear signal is given.

REPORTING CRIMES AGAINST PERSON/PROPERTY

ACTION STEPS

- Notify administrator / director immediately.
- Notify police immediately.
- Administrator / director will confer with staff involved, effect the appropriate disciplinary action, and if appropriate, meet with the student.
- Notify “ “ office.
- Ensure due process procedures are followed.
- Keep written records of entire procedure.

STUDENT POSSESSION OF A WEAPON ON CAMPUS

ACTION STEPS

- Staff should use good judgment and extreme caution in confronting the student.
- If a staff member senses danger, the student should not be confronted.
- Call 911.
- Alert the administrator / director.
- If the weapon is a firearm, notify law enforcement officials immediately.

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- Notify AQS office.
- Identify the student and his / her location in the building.
- Isolate student from the rest of the building.
- Call student's parent(s) and initiate disciplinary procedures.
- Cooperate with police who will investigate thoroughly including an interview with family and friends

SUCIDAL INDICATORS **IF A STUDENT MAKES A SUICIDAL STATEMENT / GESTURE:**

What to do

Accompany the student to a member of the school crisis team (or a school social worker, psychologist, counselor, nurse, or administrator). Make certain someone remains with student.

What NOT to do

- Do not leave student alone.
- Do not refuse to talk about it.
- Do not lecture.
- Do not offer clichés or simple answers.
- Do not analyze the person's motives or try to impose your own value system about suicide and death.
- Do not argue or try to reason.
- Do not try to challenge the student or use scare tactics.
- Do not be sworn to secrecy.
- Do not involve yourself as a therapist, leave that to a professionally trained person.

SUICIDES ON CAMPUS

ACTION STEPS

- If the suicide occurs on campus, call 911 (Stay on phone.)
- Do not disturb scene.
- Notify director.
- Notify AQS office.
- Parent notification will be made.
- Convene crisis team.
- Work with crisis team before removing the student's personal items from lockers, desk, etc.

DEATH

ACTION STEPS

- A death of a person from the school community may trigger a crisis response in a significant portion of the school body.
- Allow students some time to discuss how they feel.
- Express acceptance of your students' feelings
- Identify particularly distressed students and send them to the designated crisis center.

DEATH OR SERIOUS INJURY ON CAMPUS

ACTION STEPS

- Call administrator or nurse, or 911 immediately.
- Determine injuries.
- Provide first aid as necessary.
- Call AQS office.
- Restore calm by having students either stay in class or return to class; or evacuate building as directed.

LOCKDOWN

- **Code Red** is issued.
- Students and staff report to assigned rooms.
- Lock doors.
- Turn lights out.
- Stay out of the line of sight.
- Doors not opened until all clear is given.

Police • Fire • Medical-911

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* Copies of this Crisis Guide are provided to each AQS campus. A copy of this guide should be placed in every classroom in a central location.

16.3 Crisis Response & Public Relations

Crisis Response

If a school crisis or emergency should take place, each campus must notify the proper authorities, AQS Central Office, and their Crisis Response Team immediately. Campus Directors should make the proper judgment call when contacting local authorities. Each school should refer to the Crisis guide in section 18.2 of this manual or refer to the Crisis Guide located in each facility.

Press and Media Relations

At AQS there are number of procedures to be followed when dealing with newspaper, radio, and television inquiries:

1. Directors are free to contact and respond to inquiries from the local press. These contacts should be limited to routine matters such as publicity or inquiries regarding school assemblies, student achievement, athletics, open houses, etc. Inquiries from major newspaper and media outlets from cities such as Chicago, Indianapolis, St. Louis, and Wisconsin should be directed to Renee Chambers and the AQS Central Office.
2. Press inquiries and/or requests for information regarding specific school incidents such as, but not limited to, student fights, disgruntled employees, untrue or unsubstantial parent complaints, budget reductions, faculty or staff layoffs or terminations, charges of racism or discrimination should be directed to the AQS Central Office to the attention of Vito Bianco or Michael Bakalis.
3. Any press request or inquiry regarding what may be perceived as potentially controversial, explosive, or damaging to the reputation of the school and AQS should immediately be directed to Mr. Bianco or Mr. Bakalis.
4. Press requests for interviews with teachers, administrators or staff for radio or television should be cleared with the AQS central office before any interviews may be given. Directors should make this policy clear to their staff during the August professional development meetings.
5. All requests for press releases to be sent out from a given school must be made to Renee Chambers at the AQS Central Office. A notice of a meeting is not necessarily the same as a press release. Such notices may be provided by the Director at the school level. The central office will assume the responsibility for writing and communicating press releases to the designated print and electronic media.

16.4 Emergency Closing of Schools

In case of inclement weather and other mitigating circumstances that are deemed to be uncontrollable by AQS each campus should use the following protocol:

Each campus Director should accurately determine if the school district in their campuses immediate vicinity has had an emergency closing. This should be determined by referring to the local radio and television news stations. If notification is unattainable through those channels the campus director should contact that school districts administration building or a school in the area. Once it has been determined that surrounding schools are closed the Director should then notify the AQS Central Office of the campus closure. Each Director should notify their staff and students in a timely manner through School Reach and local media outlets.

16.5 Emergency Preparedness Kit

Each AQS facility has been provided with an Emergency GO KIT. Each kit should consist of the following content:

- **GO KIT** container (TOTE/BAG to store contents)

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2015 - 2016

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- Barricade tape
- Flashlights
- Stick-on name tags
- Marking pens
- First Aid supplies
- Whistles
- Bullhorn
- Rubber gloves
- Face masks
- Notebook
- Disposable camera
- Batteries

The Emergency Preparedness Kit should be checked every six months to insure that the contents have not been tampered with and are in working condition. At the beginning of each school year the Director, Team Leaders and the Disciplinarian should review the contents and location of the GO KIT. To replace any broken or used items please contact the Facilities Manager located in the AQS Central Office.

17.0 Students & Student Records Policy

17.1 Multicultural Education Policy

Support for English Language Learners (Students with English as a second language):

Students at AQS Schools who are English as Second Language (ESL) learners will achieve proficiency in the English language as quickly as possible through the use of the School's services and teaching methods. AQS assures that ESL students will not be excluded from curricular and extracurricular activities based on an inability to speak and understand the language of instruction nor will ESL students be assigned to special education because of their lack of English proficiency. The School will comply with all applicable laws regarding the education of ESL students.

Plan for Educating ESL Students:

AQS Schools will follow a plan of structured English language immersion using the research-based Sheltered Instruction Observation Protocol (SIOP). ESL students will receive the same academic content as those students who are non-ESL students. All instruction will be in English, however, the level of English used for instruction—both verbal and written—will be modified to accommodate for any ESL student as needed.

Parents of ESL students will be kept abreast of their child's progress in English language acquisition. Based on the Home Language Survey, all AQS Schools, will know which students come from homes in which languages other than English are primarily spoken. In such instances, any school communication with the parents shall be in the language that parents best understand or otherwise authorize.

Identifying ESL Students

Every AQS School will begin to identify ESL students through the Home Language Survey. The Home Language Survey will be part of the registration process for every student household and is designed to help identify students who may have limited English proficiency such as: Students who communicate in a language other than English; or Students whose families use a primary language other than English in the home; or Students who use a language other than English in daily non-school surroundings.

Next, the school will evaluate the students academic history including: Academic records from within or outside the United States; Course grades which, in relation to the student's grade level, indicate that lack of progress is due to limited English language acquisition; and information on everyday classroom performance. If the teacher's observations and poor academic performance indicate that there is a possible language barrier, then students will be formally screened using the W-APT to determine the student's initial English language proficiency level. All screening and testing will take place within no more than 30 days after the start of the school year. Parents will be notified and the campus will obtain parental permission before placing a student in an English language instruction educational program. Additionally,

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students will be assessed annually using *Access for ELLs* until they score a 6.0 or are reclassified to an ELP 6 code.

17.2 Enrollment & Transfer of Students

Proof of Age and Address

The parent or legal guardian of a child seeking enrollment shall present to the school principal or designee proof of a child's age. All necessary immunization and other medical records shall also be provided as required by the Board's Policy on Student Health Examinations, Immunizations and Dental Examinations. To enroll a child in any school the person seeking enrollment for the child must also present evidence of current address.

1. Proof of age includes, but is not limited to, the following documents:
 - a. Child's birth certificate;
 - b. Child's baptismal record;
 - c. Passport;
 - d. Court documents; and
 - e. Medical records.
2. Proof of current address includes, but is not limited to, any **two** of the following documents:
 - a. Current utility bills;
 - b. Driver's license or State identification card;
 - c. Deed;
 - d. Employer identification card;
 - e. MediPlan/Medicaid Card;
 - f. Voter registration card;
 - g. Court documents;
 - h. Department of Public Aid card;
 - i. Stamped United States Post Office change of address form; and
 - j. State aid check/social security check.
 - k. Other identification card issued by a federal or state agency or foreign government consulate, such as a Matricula Consular.

If the person enrolling a student fails to provide a proof of student age document, the school shall provide notice by certified mail that within thirty (30) days, he/she must provide:

- A certified copy of the student's birth certificate; or
- Other reliable proof of the student's identity and age; a passport, visa or other governmental documentation; and
- If a birth certificate is not available, an affidavit explaining why the birth certificate could not be produced. Failure to provide the required documentation shall result in the immediate notification of the Police Department.

Proof of Guardianship or Custodianship

Adults acting in the role of guardian or custodian may enroll a child upon providing proof of guardianship or custodianship which may include the following:

1. A valid court order;
2. The most recent tax return naming the child as a dependant;
3. Health insurance coverage for the child;
4. Any public aid documents covering the child; or
5. Appropriate documents authorizing or establishing custodianship.

Any other form of proof shall be presented to the appropriate Area Management Support Director or other designated oversight office for review.

Proof of Temporary Custodianship

Adults acting in the role of temporary custodian to a child due to circumstances involving the parents, legal guardians or child, may enroll a student with applicable documentation of residency and status as

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temporary custodian, which may include a notarized letter from the parent authorizing the temporary custody and the reason.

Age of First Enrollment

All students must have reached the age of 5 or 6 years respectively on or before the dates listed below to enroll in kindergarten or 1st grade.

Indiana-August 1st

Illinois-September 1st

Missouri-August 1st

Transfer of students-

If a Parent/Guardian wishes to transfer their child out of an AQS campus they must meet the following guidelines before a transfer slip is issued:

- All student fees are paid in full
- Any fees pertaining to damage of the schools facility, equipment, textbooks or any other items that are property of the respective campus and/or AQS are paid in full.
- All textbooks and materials are checked in and returned without damaged

Exit Interviews:

The campus Director or designated employee should determine the reason for transfer by conducting an exit interview or by having the parent indicate the reason for leaving on their transfer/withdrawal slip. Each campus should keep track of all withdrawals (including the reason for withdrawal/transfer) each school year.

17.3 Lottery Procedures

According to the charter law, lotteries should be open to all students who submit a timely application and should give each student in a particular grade level an equal chance to enroll. The only preference that may be given is to siblings of enrolled students providing that seats are available in the applicable grade level; if a student is accepted through the lottery, all of the student's siblings who also are participating in the lottery may automatically receive admission as well, providing that seats are available in the applicable grade levels.

Schools are encouraged to rehearse the lottery proceedings prior to the official drawing in order to ensure the process runs smoothly and is as open and fair as possible. Strategies that schools have used in the past to conduct lotteries to ensure the process runs smoothly and is open and fair for all students include:

- Asking a reputable third party or firm to administer, monitor, or oversee the lottery to avoid conflicts of interest;
- Inviting the media and families to attend the lottery to demonstrate the process is fair and open;
- Reviewing the application and lottery procedures with the audience;
- Sending parents their students' lottery numbers prior to the day of the lottery;
- Publicly cross-checking the numbers assigned to student applications with the numbers on the cards to be drawn during the lottery (note: per FERPA, student names should not be used at any time during the public lottery);
- Noting siblings' lottery numbers on the cards so that siblings may be placed in appropriate grades (providing spaces are available) as soon as one sibling is selected in the lottery;
- Displaying the results of the lottery as they occur on a board visible to the audience; and
- Taping the lottery proceedings.

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

17.4 Minimum High School Graduation Requirements

Required Courses	Units
English/Language Arts	4
Mathematics (courses at or above the Algebra level)	3
Science (content with laboratory studies in the Life and Physical Sciences)	3
Social Studies as follows: 1.0 unit of U.S. History 1.0 unit of World History, World Geography, or World Studies 1.0 unit of Citizenship (Gr. 9-10) or 0.5 unit of American Government (Gr. 11-12) and 0.5 unit Economics (Gr. 11-12)	4
Physical Education	1.5
Health	0.5
Fine Arts	1.0 (Art, Music, Dance, or Theater)
Electives	6.0 (A variety of electives are available — often related to the focus of the School)
In addition to earning 22 units, students must successfully participate in one of the following three options:	-Take an approved Online Course (required or elective). -Take a course (required or elective) that includes a Service-learning experience. -Complete 20 hours of Community Service approved by a school advisor.
In addition to the above graduation requirements, students must successfully complete the WI C.N.A. certification exam.	(Specialty school focus)
In addition to the above graduation requirements, students must complete all in school, end of course and/or program assessments test.	WKCE, ACT, TEAS V, EXPLORE, NWEA, PLAN, ACHIEVE, PALS

Reynonda Lynn Laster-Branch Global Nurse Leaders Academy

17.5 Students Records & Maintenance Policy

Each principal and administrator with his/her staff shall assume the responsibility for safeguarding the confidentiality and protection of student record files.

Student Permanent Record- is the minimum personal information necessary for use by a school, in the education of the student and contained in a school student record. Such information may include the student's name, birth date, address, grades and grade level, parent(s)' names and addresses, attendance records, and such other entries as the State Board may require or authorize. The student's permanent record must also include the record of release of permanent record information in accordance with that states definition of a "Permanent Record" which may consist of the basic identifying information listed above plus the student's birth place, and gender; academic transcript, including grades, class rank, graduation date, grade level achieved and scores on college entrance examinations; attendance records; accident reports and health record. The permanent record may also include honors and awards received; and information concerning participation in school sponsored activities or athletics, or offices held in school-sponsored organizations.

Parent - A person who is the natural or adoptive parent of the student or other person who has the primary responsibility for the care and upbringing of the student. All rights and privileges accorded to a parent shall become exclusively those of the student upon his 18th birthday, graduation from secondary school, marriage or entry into military service, whichever occurs first, unless the parent or the Department of Children and Family Services continues as the student's guardian beyond the age of 18.

Right to Inspect Records

A parent or any person specifically designated as a representative by a parent shall have the right to inspect and copy any and all school student records of that parent's child, including all material that is incorporated into each student's temporary and permanent record, with the exception of certain mental health records as described below. A non-custodial parent is entitled to review and copy school student records of his or her child unless that parent is prohibited by an order of protection or court order specifically prohibiting such access.

Students below the age of 18 shall also have the right to inspect and copy his or her own Student Permanent Record. All rights and privileges accorded parent(s) in this policy shall become exclusively those of the student upon the student's 18th birthday, graduation from secondary school, marriage, entry into the military, which ever occurs first, unless the parent or the Department of Children and Family Services continues as the student's guardian beyond the age of 18. Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act, a parent may not have access to mental health or diagnostic records of his or her child if the child is 12 years of age or older without a court order unless the child has been informed of the request for access and does not object or if the mental health professional finds no compelling reason for denying such access. Parent(s) shall have the right to challenge the accuracy, relevance or propriety of any entry in the school student records, exclusive of the academic grades of their child and references to expulsions or out-of-school suspensions. Parent(s) shall have an opportunity for a hearing to challenge the content of their child's school records, to insure that the records are not inaccurate, misleading or otherwise in violation of the privacy or other rights of students, and to provide an opportunity for the correction or deletion of any such inaccurate, misleading or otherwise inappropriate data contained therein.

Before any student record is destroyed or information deleted there from, the parent shall be given reasonable prior notice and an opportunity to copy the record/information proposed to be destroyed or deleted. Parent(s) shall have the right to insert a statement of reasonable length in their child's school student record setting forth their position on disputed information contained in that record. A copy of that statement shall be included in any subsequent dissemination of the information in dispute.

Confidentiality of Records

A. Consent Requirement

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No personally identifiable school student records or information contained therein may be released, transferred, disclosed or otherwise disseminated to any individual, agency or organization without the written consent of the student's parent(s) other than the following:

- (1) To a parent or student or person specifically identified as a representative by the parent.
- (2) To an employee or official of the school or school district or State Board with a current demonstrable educational or administrative interest in the student, an "employee" or "official" who may have a demonstrable educational or administrative interest in the student. A "demonstrable educational or interest" may include academic, disciplinary, or administrative concerns, but must be evaluated on a case-by-case basis.
- (3) To an official records custodian or official with similar responsibilities of a school in which the student has enrolled or intends to enroll, upon the request of such official or student.
- (4) To any person as specifically required by state or federal law.

Note: Parent(s) must be notified in writing prior to the release of records and provided an opportunity to inspect copy and challenge the content of the records when the records are to be released pursuant to paragraphs (3) and (4) above.

- (5) In connection with the student's application for, or receipt of, financial aid.
- (6) To authorized representatives of the Comptroller General of the United States; the United States Secretary of Education; the United States Attorney General, for law enforcement purposes; the administrative head of an educational agency or State educational authorities, to have access to student records or other records which maybe necessary in conjunction with an audit and evaluation of a supported educational program, or in connection with the enforcement of legal requirements which relate to such programs; provided, that, except when collection of personally identifiable data is specifically authorized by law, data collected by such official with respect to individual students shall not include information (including social security number) which would permit the personal identification of such students or their parent(s) after the data so obtained has been collected.
- (7) To any person for the purposes of research, statistical reporting or planning, provided that no student or parent can be identified from the information released and the person to whom the information is released sign an affidavit agreeing to comply with all applicable statutes and rules pertaining to school student records.
- (8) Pursuant to a court order, provided that the parent(s) are given prompt written notice of the receipt of the order, the terms of the order, the nature and substance of the information to be released in compliance with such order, and the right to inspect, copy, and challenge the contents of the student records.
- (9) To appropriate persons, in connection with an emergency, if the knowledge of such information is necessary to protect the health or safety of the student or other persons.
- (10) Copies of the special education and disciplinary records shall be transmitted to appropriate law enforcement and judicial authorities for consideration when a crime is committed by a student with a disability.
- (11) To juvenile authorities who request information prior to adjudication of the student, when necessary in the discharge of their official duties.
- (12) To a governmental agency, or social service agency contracted by a governmental agency, for an investigation pursuant to compulsory student attendance laws.

Any personally identifiable information contained in school student records shall not be disclosed to any persons other than those listed above unless there is written consent from the student's parent(s) specifying records to be released, the reasons for such release, and to whom, and with a copy of the records to be released to the student's parent(s) and the student if desired by the parent(s). In the case of mental health or developmental disabilities records of a student 12 years of age or older, the student's consent, in addition to the parent's, must be gained before disclosure to a third party ,unless otherwise specifically allowed by law. In addition, personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parent(s) of the student.

B. Non-Disclosure

Because of the strict confidentiality of the laws concerning school student records, school staff must not disclose any student records without prior parental consent, except as described herein. **To disclose or**

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release any student information(including addresses or special education status) to third parties, except as described in this policy, is a violation of state and federal law, punishable by fine and/or liability for civil damages and attorneys fees.

C. Release of Directory Information to the Public and Opt Out

Schools officials, such as principals and assistant principals, may disclose Directory Information about students to the public through posting (e.g. website, bulletin board, and newsletter) or to specific parties through written requests. Directory Information as defined in this policy includes general information about a student such as name, address, telephone number, date and place of birth, honors, and academic awards ,dates of attendance and information concerning their participation in school-sponsored activities, organizations and athletics.

Prior to releasing Directory Information, however, school officials must notify the parent/guardian about what Directory Information is to be released/posted and allow a reasonable amount of time for them to opt out of the disclosure. School Officials shall adhere to the following steps regarding the release of Directory Information:

- a.** Upon receiving a request for release/posting of Directory Information, school officials must decide what type of Directory Information, if any, shall be included in the disclosure.
- b.** Prior to disclosing the Directory Information, school officials must notify the parent/guardian in writing about the type information that is planned for release and the opportunity to opt out of such disclosure. A sample form letter that school officials may use to notify parents of the disclosure and their opt-outrights.
- c.** Parents/Guardians shall be notified of their right to opt out of the release of Directory Information to the public prior to the release of such information. If a parent/guardian submits a request to opt-out of a disclosure, school officials shall refrain from including such student's Directory Information in the disclosure.
- d.** Release of Directory Information to Institutions of Higher Education and Military Recruiters and Opt Out The Board shall provide institutions of higher education and military recruiters with contact information for high school juniors and seniors (name, address and telephone number) in accordance with federal and state law.

E. Record of Release

Each school shall maintain a record of all persons, agencies or organizations which have requested or obtained access to the records of a student, indicating specifically the legitimate educational or other interest that each person, agency or organization has in seeking this information. In addition, a record of release of any student records must be made and kept as a part of the school student record for the life of the student records and must include the nature of the information released the name and signature of the official records custodian releasing such information, the name and title of the person making such a request, the date of the release and a copy of any consent to the release. This record shall be available only to parent(s), to the school officials responsible for records maintenance, and to individuals authorized by law to audit the operation of the system.

17.6 Students Information Management Systems

Power School

RLLB GNLA use data information systems to maintain student information and records. Only the proper authorized administrative employees are allowed to input information into these systems. All student information placed into these systems are consider to be student records. Information contained in any student information management system should be placed under the same confidentiality and protective rules as those found in the Student Records & Maintenance Policy.

17.7 Report Card Distribution

All student report cards and progress reports should be released to the student's parent/guardian only. The custodial parent is authorized to receive a copy of the student's report card and progress report. Non-custodial parents are also allowed to pick up their child's report card or progress report, there must be legal documentation on file restricting the non-custodial parent from receiving this kind of information.

APPENDIX A

SAFETY & RISK

MANAGEMENT



**Model Plans and Programs for the OSHA
Bloodborne Pathogens and
Hazard Communications Standards**

This informational booklet provides a general overview of a particular topic related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, you should consult current OSHA administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements.

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Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards



U.S. Department of Labor
Elaine L. Chao, Secretary

Occupational Safety and Health Administration
John L. Henshaw, Assistant Secretary

OSHA 3186-06N
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Contents

Introduction...3

PART 1: Bloodborne Pathogens Standard...4

Model Exposure Control Plan...4

PART 2: Hazard Communications Standard...16

Model Hazard Communications Program... 16

OSHA Assistance...21

Safety and health management system guidelines...21

State Programs...22

OSHA Consultation Services...22

The OSHA Voluntary Protection Program (VPP)...23

Strategic Partnership Programs...23

The OSHA Alliance Program...24

OSHA training and education...24

Information available electronically...25

OSHA Publications...25

Contacting OSHA...25

OSHA Regional Offices...27

Introduction

The mission of the Occupational Health and Safety Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA promotes worker safety and health in every workplace in the United States.

OSHA'S bloodborne pathogens standard protects employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials. OSHA's hazard communication standard protects employees who may be exposed to hazardous chemicals. Both standards require employers to develop written documents to explain how they will implement each standard, provide training to employees, and protect the health and safety of their workers.

This publication includes a model exposure control plan to meet the requirements of the OSHA bloodborne pathogens standard and a model hazard communication program to meet the requirements of the hazard communication standard. The full text of these two OSHA standards, including the requirement for the written documents, is found in 29 CFR 1910.1030 and 29 CFR 1910.1200, respectively. You can access the full text of these standards through the OSHA website (www.osha.gov) by using the alphabetical index (click on "B" for the bloodborne pathogen standard; click on "H" for the hazard communication standard).

These model documents can be used as templates for your own workplace exposure control plan and hazard communication program, but you must tailor them to the specific requirements of your establishment. These sample plans contain all elements required by the bloodborne pathogens and hazard communication standards, so you should not eliminate any items when converting them for your own use. Your written plans must be accessible to all employees, either on-line or in an area where they are available for review on all shifts.

This publication provides general guidance on preparing written plans required by OSHA standards, but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA bloodborne pathogens and hazard communication standards in their entirety for specific compliance requirements.

Part 1 Bloodborne Pathogens Standard

The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030). The intent of this model is to provide employers with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their establishments.

Model Exposure Control Plan

POLICY

The (Your facility name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- (Name of responsible person or department) is (are) responsible for implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- (Name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: _____.
- (Name of responsible person or department) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: _____.
- (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: _____.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

<i>Job Title</i>	<i>Department/Location</i>
<u>(Example: Phlebotomists)</u>	<u>(Clinical Lab)</u>
<u>(use as many lines as necessary)</u>	

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Example:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
<u>Housekeeper</u>	<u>Environmental Services</u>	<u>Handling Regulated Waste</u>

(use as many lines as necessary)

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The

specific engineering controls and work practice controls used are listed below:

- (For example: non-glass capillary tubes, SESIPs, needleless systems)
- _____
- _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures and new products regularly by (Describe the process, literature reviewed, supplier info, products considered)

Both front-line workers and management officials are involved in this process in the following manner: (Describe employees' involvement)

(Name of responsible person or department) is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department).

The types of PPE available to employees are as follows:
(gloves, eye protection, etc.)

PPE is located (List location) and may be obtained through (Name of responsible person or department). (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:
(may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment)

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:
(may refer to specific procedure by title or number and last date of review)

The procedure for handling other regulated waste is: *(may refer to specific procedure by title or number and last date of review)*

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by this company:

Laundering will be performed by (Name of responsible person or department) at (time and/or location).

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE).

Labels

The following labeling methods are used in this facility:

<i>Equipment to be Labeled</i>	<i>Label Type (size, color)</i>
<u>(specimens, contaminated laundry, etc.)</u>	<u>(red bag, biohazard label)</u>

(Name of responsible person or department) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (Name of responsible person or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

(Name of responsible person or department) will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (List location).

Vaccination will be provided by (List health care professional responsible for this part of the plan) at (location).

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact (Name of responsible person) at the following number _____.

An immediately available confidential medical evaluation and follow-up will be conducted by (name of licensed health care professional). Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

If revisions to this ECP are necessary (Responsible person or department) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by (Name of responsible person or department). (Attach a brief description of their qualifications.)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident

- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at (name location).

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (Location of records).

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to (Name of responsible person or department).

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

(Name of Responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept in (List location) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (Name of responsible person or department and address).

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department).

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) Date: _____

The hazard communication standard requires you to develop a written hazard communication program. The following is a sample hazard communication program that you may use as a guide in developing your program.

Part 2 Hazard Communication Standard

The following model Hazard Communication Program is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200. The intent of this model is to provide an easy-to-use format to tailor to the specific requirements of your establishment.

Model Hazard Communication Program

1. Company Policy

To ensure that information about the dangers of all hazardous chemicals used by (Name of Company) is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the (location) for review by any interested employee.

(Name of responsible person and/or position) is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

2. Container Labeling

(Name of responsible person and/or position) will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The (name of responsible person and/or position) in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see (name of responsible person and/or position).

On the following individual stationary process containers, we are using (description of labeling system used) rather than a label to convey the required information:

(List containers here).

We are using an in-house labeling system that relies on (describe any in-house system which uses numbers or graphics to convey hazard information).

The (name of responsible person and/or position) will review the company labeling procedures every (provide a time period) and will update labels as required.

3. Material Safety Data Sheets (MSDSs)

The (name of responsible person and/or position) is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

(Describe procedure to be followed here)

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in (identify location).

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact (name of responsible person and/or position).

MSDSs will be readily available to employees in each work area using the following format:

(Describe company format here)

Note: If an alternative to paper copies of MSDSs is used, describe the format and how employees can access them.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

(Describe procedures)

4. Employee Training and Information

(Name of responsible person and/or position) is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information
- Location of the MSDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard. The training format will be as follows:

(Describe training format, such as audiovisuals, interactive computer programs, classroom instruction, etc.)

5. Hazardous Non-routine Tasks

Periodically, employees are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, tank cleaning, and painting reactor vessels.

Prior to starting work on such projects, each affected employee will be given information by (name of responsible person and/or position) about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

Examples of non-routine tasks performed by employees of this company are:

<i>Task</i>	<i>Hazardous Chemical</i>
_____	_____
_____	_____
_____	_____
_____	_____

6. Informing Other Employers/Contractors

It is the responsibility of (Name of responsible person and/or position) to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of (name of responsible person and/or position) to obtain information about hazardous chemicals used by other employers to which employees of this company may be exposed.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this company's operations in the following manner:

(Describe company policy here)

In addition to providing a copy of an MSDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this company.

Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are

used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

7. List of Hazardous Chemicals

A list of all known hazardous chemicals used by our employees is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in (identify location).

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed:

(Identify procedures to be followed)

The hazardous chemical inventory is compiled and maintained by (Name of responsible person and/or position and telephone number).

8. Chemicals in Unlabeled Pipes

Work activities are sometimes performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee shall contact (name of responsible person and/or position) for information regarding:

- The chemical in the pipes
- Potential hazards
- Required safety precautions.

Include here the chemical list developed during the inventory. Arrange this list so that you are able to cross-reference it with your MSDS file and the labels on your containers. Additional useful information, such as the manufacturer's telephone number, an emergency number, scientific name, CAS number, the associated task, etc., can be included.

9. Program Availability

A copy of this program will be made available, upon request, to employees and their representatives.

OSHA assistance

OSHA can provide extensive help through a variety of programs, including technical assistance about effective safety and health programs, state plans, workplace consultations, voluntary protection programs, strategic partnerships, and training and education, and more. An overall commitment to workplace safety and health can add value to your business, to your workplace, and to your life.

Safety and health management system guidelines

Effective management of worker safety and health protection is a decisive factor in reducing the extent and severity of work-related injuries and illnesses and their related costs. In fact, an effective safety and health program forms the basis of good worker protection and can save time and money (about \$4 for every dollar spent) and increase productivity and reduce worker injuries, illnesses, and related worker compensation costs.

To assist employers and employees in developing effective safety and health programs, OSHA published recommended Safety and Health Program Management Guidelines (Federal Register 54 (16): 3904-3916, January 26, 1989). These voluntary guidelines can be applied to all places of employment covered by OSHA.

The guidelines identify four general elements critical to the development of a successful safety and health management system:

- Management leadership and employee involvement.
- Workplace analysis.
- Hazard prevention and control.
- Safety and health training.

The guidelines recommend specific actions, under each of these general elements, to achieve an effective safety and health program. The Federal Register notice is available online at www.osha.gov.

State programs

There are 26 state plans and jurisdictions that operate their own occupational safety and health programs under plans approved by OSHA (23 cover both the private sector and state and local government employees, and three cover public employees only). These “state plan states” have standards which are identical to or at least as effective as federal OSHA standards, including the bloodborne pathogens and hazard communications standards. State plan states are required to extend their coverage to state and local government workers, including health care workers.

Additional information about state plans, and a list of those programs including contact information are available on OSHA’s website.

OSHA consultation services

Consultation assistance is available on request to employers who want help in establishing and maintaining a safe and healthful workplace. Largely funded by OSHA, the service is provided at no cost to the employer. Primarily developed for smaller employers with more hazardous operations, the consultation service is delivered by state governments employing professional safety and health consultants. Comprehensive assistance includes an appraisal of all-mechanical systems, work practices, and occupational safety and health hazards of the workplace and all aspects of the employer’s present job safety and health program. In addition, the service offers assistance to employers in developing and implementing an effective safety and health program. No penalties are proposed or citations issued for hazards identified by the consultant. OSHA provides consultation assistance to the employer with the assurance that his or her name and firm and any information about the workplace will not be routinely reported to OSHA enforcement staff.

Under the consultation program, certain exemplary employers may request participation in OSHA’s Safety and Health Achievement Recognition Program (SHARP). Eligibility for participation in SHARP includes receiving a comprehensive consultation visit, demonstrating exemplary achievements in workplace safety

and health by abating all identified hazards, and developing an excellent safety and health program.

Employers accepted into SHARP may receive an exemption from programmed inspections (not complaint or accident investigation inspections) for a period of one year. For more information concerning consultation assistance, see the list of consultation projects listed at the end of this publication.

The OSHA Voluntary Protection Program (VPP)

Voluntary Protection Programs and onsite consultation services, when coupled with an effective enforcement program, expand worker protection to help meet the goals of the OSH Act. The three VPP program levels include Star, Merit, and Demonstration and are designed to recognize outstanding achievements by companies that have successfully incorporated comprehensive safety and health programs into their total management system. The VPP motivate others to achieve excellent safety and health results in the same outstanding way as they establish a cooperative relationship between employers, employees, and OSHA.

For additional information on VPP and how to apply, contact the OSHA regional offices listed at the end of this publication.

Strategic Partnership Programs

OSHA's Strategic Partnership Program, the newest member of OSHA's cooperative programs, helps encourage, assist, and recognize the efforts of partners to eliminate serious workplace hazards and achieve a high level of worker safety and health. Whereas OSHA's Consultation Program and VPP entail one-on-one relationships between OSHA and individual work sites, most strategic partnerships seek to have a broader impact by building cooperative relationships with groups of employers and employees. These partnerships are voluntary, cooperative relationships between OSHA, employers, employee representatives, and others (e.g., trade unions, trade and professional associations, universities, and other government agencies).

For more information on this and other cooperative programs, contact your nearest OSHA office, or visit www.osha.gov.

The OSHA Alliance Program

Alliances enable organizations committed to workplace safety and health to collaborate with OSHA to prevent injuries and illnesses in the workplace. OSHA and its allies work together to reach out to, educate, and lead the nation's employers and their employees in improving and advancing workplace safety and health.

Alliances are open to all, including trade or professional organizations, businesses, labor organizations, educational institutions, and government agencies. In some cases, organizations may be building on existing relationships with OSHA through other cooperative programs.

There are few formal program requirements for alliances, which are less structured than other cooperative agreements, and the agreements do not include an enforcement component. However, OSHA and the participating organizations must define, implement, and meet a set of short- and long-term goals that fall into three categories: training and education; outreach and communication; and promotion of the national dialogue on workplace safety and health.

OSHA training and education

OSHA area offices offer a variety of information services, such as compliance assistance, technical advice, publications, audiovisual aids and speakers for special engagements. OSHA's Training Institute in Des Plaines, IL, provides basic and advanced courses in safety and health for federal and state compliance officers, state consultants, federal agency personnel, and private sector employers, employees, and their representatives.

The OSHA Training Institute also has established OSHA Training Institute Education Centers to address the increased demand for its courses from the private sector and from other federal agencies. These centers are nonprofit colleges, universities, and other organizations that have been selected after a competition for participation in the program.

OSHA also provides funds to nonprofit organizations, through grants, to conduct workplace training and education in subjects where OSHA believes there is a lack of workplace training. Grants are awarded annually. Grant recipients are expected to contribute 20 percent of the total grant cost.

For more information on grants, training, and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810. For further information on any OSHA program, contact your nearest OSHA area or regional office listed at the end of this publication.

Information available electronically

OSHA has a variety of materials and tools available on its website at www.osha.gov. These include e-Tools such as Expert Advisors, Electronic Compliance Assistance Tools (e-cats), Technical Links; regulations, directives, publications; videos, and other information for employers and employees. OSHA's software programs and compliance assistance tools walk you through challenging safety and health issues and common problems to find the best solutions for your workplace.

OSHA publications

OSHA has an extensive publications program. For a listing of free or sales items, visit OSHA's website at www.osha.gov or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue NW, N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

Contacting OSHA

To report an emergency, file a complaint, or seek OSHA advice, assistance, or products, call (800) 321-OSHA or contact your nearest OSHA regional or area office listed at the end of this publication. The teletypewriter (TTY) number is (877) 889-5627.

You can also file a complaint online and obtain more information on OSHA federal and state programs by visiting OSHA's website at www.osha.gov.

For more information on grants, training, and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810, or see Outreach on OSHA's website at www.osha.gov.

OSHA Regional Offices

Region I

(CT,* ME, MA, NH, RI, VT*)
Boston, MA 02203
(617) 565-9860

Region II

(NJ,* NY,* PR,* VI*)
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378

Region III

(DE, DC, MD,* PA,* VA,* WV)
The Curtis Center
170 S. Independence Mall West
Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900

Region IV

(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
Atlanta Federal Center
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(404) 562-2300

Region V

(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street,
Room 3244
Chicago, IL 60604
(312) 353-2220

Region VI

(AR, LA, NM,* OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202
(214) 767-4731 or 4736 x224

Region VII

(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
(816) 426-5861

Region VIII

(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
PO Box 46550
Denver, CO 80202-5716
(303) 844-1600

Region IX

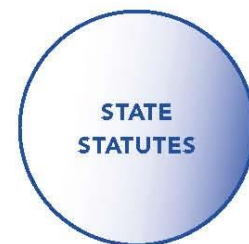
(American Samoa, AZ,* CA,* HI,
NV,* Northern Mariana Islands)
71 Stevenson Street, Room 420
San Francisco, CA 94105
(415) 975-4310

Region X

(AK,* ID, OR,* WA*)
1111 Third Avenue, Suite 715
Seattle, WA 98101-3212
(206) 553-5930

*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut, New Jersey, and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.

Note: To get contact information for OSHA Area Offices, OSHA-approved state plans, and OSHA Consultation Projects, please visit us online at www.osha.gov or call us at (800) 321-OSHA.



*Current Through
January 2008*

Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws

All States, the District of Columbia, the Commonwealth of Puerto Rico, and the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands have statutes identifying persons who are required to report child maltreatment under specific circumstances.

Professionals Required to Report

Approximately 48 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands

Electronic copies of this publication may be downloaded at www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

To find statute information for a particular State, go to www.childwelfare.gov/systemwide/laws_policies/state/index.cfm

To find information on all the States and territories, order a copy of the full-length PDF by calling 800.394.3366 or 703.385.7565, or download it at www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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designate professions whose members are mandated by law to report child maltreatment.¹ Individuals designated as mandatory reporters typically have frequent contact with children. Such individuals may include:

- Social workers
- Teachers and other school personnel
- Physicians and other health-care workers
- Mental health professionals
- Childcare providers
- Medical examiners or coroners
- Law enforcement officers

Some other professions frequently mandated across the States include commercial film or photograph processors (in 11 States, Guam, and Puerto Rico), substance abuse counselors (in 13 States), and probation or parole officers (in 15 States).² Six States (Alaska, Arizona, Arkansas, Connecticut, Illinois, and South Dakota) include domestic violence workers on the list of mandated reporters. Court-appointed special advocates are mandatory reporters in seven States (Arkansas, California, Maine, Montana, Oregon, Virginia, and Wisconsin). Members of the clergy now are required to report in 26 States.³

¹ The word *approximately* is used to stress the fact that the States frequently amend their laws. This information is current only through January 2008. At that time, New Jersey and Wyoming were the only two States that did not enumerate specific professional groups as mandated reporters but required all persons to report.

² Film processors are mandated reporters in Alaska, California, Colorado, Georgia, Illinois, Iowa, Louisiana, Maine, Missouri, Oklahoma, South Carolina, Guam, and Puerto Rico. Substance abuse counselors are required to report in Alaska, Connecticut, Illinois, Iowa, Kansas, Massachusetts, Nevada, New York, North Dakota, Oregon, South Carolina, South Dakota, and Wisconsin. Probation or parole officers are mandated reporters in Arkansas, California, Colorado, Connecticut, Hawaii, Illinois, Massachusetts, Missouri, Nevada, North Dakota, South Dakota, Texas, Vermont, Virginia, and Washington.

³ Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Illinois, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Vermont, West Virginia, and Wisconsin. For more information, see Child Welfare Information Gateway's *Clergy as Mandatory Reporters of Child Abuse and Neglect* at www.childwelfare.gov/systemwide/laws_policies/statutes/clergymandated.cfm.

Reporting by Other Persons

In approximately 18 States and Puerto Rico, any person who suspects child abuse or neglect is required to report. Of these 18 States, 16 States and Puerto Rico specify certain professionals who must report but also require all persons to report suspected abuse or neglect, regardless of profession.⁴ New Jersey and Wyoming require all persons to report without specifying any professions. In all other States, territories, and the District of Columbia, any person is permitted to report. These voluntary reporters of abuse are often referred to as “permissive reporters.”

Standards for Making a Report

The circumstances under which a mandatory reporter must make a report vary from State to State. Typically, a report must be made when the reporter, in his or her official capacity, *suspects or has reasons to believe* that a child has been abused or neglected. Another standard frequently used is when the reporter has knowledge of, or observes a child being subjected to, conditions that would reasonably result in harm to the child. Permissive reporters follow the same standards when electing to make a report.

Privileged Communications

Mandatory reporting statutes also may specify when a communication is privileged. “Privileged communications” is the statutory recognition of the right to maintain confidential communications between professionals and their clients, patients, or congregants. To enable States to provide protection to maltreated children, the reporting laws in most States and territories restrict this privilege for mandated reporters. All but four States and Puerto Rico currently address the issue of privileged communications within their reporting laws, either affirming the privilege or denying it (i.e., not allowing privilege to be grounds for failing to report).⁵ For instance:

⁴ Delaware, Florida, Idaho, Indiana, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, and Utah.

⁵ Connecticut, Mississippi, New Jersey, and New York do not currently address the issue of privileged communications within their reporting laws. The issue of privilege may be addressed elsewhere in the statutes of these States, such as rules of evidence.

- The physician-patient and husband-wife privileges are the most common to be denied by States.
- The attorney-client privilege is most commonly affirmed.
- The clergy-penitent privilege is also widely affirmed, although that privilege is usually limited to confessional communications and, in some States, is denied altogether.⁶

Inclusion of the Reporter's Name in the Report

Most States maintain toll-free telephone numbers for receiving reports of abuse or neglect.⁷ Reports may be made anonymously to most of these reporting numbers, but States find it helpful to their investigations to know the identity of reporters. Approximately 16 States, the District of Columbia, American Samoa, Guam, and the Virgin Islands currently require mandatory reporters to provide their names and contact information, either at the time of the initial oral report or as part of a written report.⁸ The laws in Connecticut, Delaware, and Washington allow child protection workers to request the name of the reporter. In Wyoming, the reporter does not have to provide his or her identity as part of the written report, but if the person takes and submits photographs or x-rays of the child, his or her name must be provided.

Disclosure of the Reporter's Identity

All jurisdictions have provisions in statute to maintain the confidentiality of abuse and neglect records. The identity of the reporter is specifically protected from disclosure to the alleged perpetrator in 39 States, the District of Columbia, Puerto Rico,

⁶ New Hampshire, North Carolina, Oklahoma, Rhode Island, Texas, and West Virginia disallow the use of the clergy-penitent privilege as grounds for failing to report suspected child abuse or neglect. For a more complete discussion of the requirement for clergy to report child abuse and neglect, see the Information Gateway publication *Clergy as Mandatory Reporters of Child Abuse and Neglect*.

www.childwelfare.gov/systemwide/law_policies/statutes/clergymandated.cfm.

⁷ For State-specific information about these hotlines, see the Information Gateway's *Child Abuse Reporting Numbers*:

www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172.

⁸ California, Colorado, Florida, Illinois, Indiana, Iowa, Louisiana, Maine, Massachusetts, Minnesota, Missouri, Nebraska, New York, North Carolina, Pennsylvania, and Vermont have this requirement.

American Samoa, Guam, and the Northern Mariana Islands.⁹ This protection is maintained even when other information from the report may be disclosed.

Release of the reporter's identity is allowed in some jurisdictions under specific circumstances or to specific departments or officials. For example, disclosure of the reporter's identity can be ordered by the court when there is a compelling reason to disclose (in California, Mississippi, Oklahoma, Tennessee, Texas, and Guam) or upon a finding that the reporter knowingly made a false report (in Alabama, Arkansas, Connecticut, Kentucky, Louisiana, Minnesota, South Dakota, and Vermont). In some jurisdictions (California, Florida, Minnesota, Tennessee, Vermont, the District of Columbia, and Guam), the reporter can waive confidentiality and give consent to the release of his or her name.

This publication is a product of the State Statutes Series prepared by Child Welfare Information Gateway. While every attempt has been made to be as complete as possible, additional information on these topics may be in other sections of a State's code as well as agency regulations, case law, and informal practices and procedures.

⁹ The statutes in Alaska, Arizona, Delaware, Idaho, Maryland, Massachusetts, New Hampshire, Rhode Island, Virginia, West Virginia, Wyoming, and the Virgin Islands do not specifically protect reporter identity but do provide for confidentiality of records in general.

Illinois**Professionals Required to Report****Comp. Stat. Ch. 325, § 5/4; Ch. 720, § 5/11-20.2**

The following persons are required to report:

- Physicians, residents, interns, hospital administrators and personnel, surgeons, dentists, dental hygienists, osteopaths, chiropractors, podiatrists, physician assistants, or substance abuse treatment personnel
- Funeral home directors or employees, coroners, or medical examiners
- Emergency medical technicians, acupuncturists, or crisis line or hotline personnel
- School administrators and school employees, educational advocates, or truant officers
- Members of a school board or the Chicago Board of Education
- Members of the governing body of a private school
- Social workers, social services administrators, or domestic violence program personnel
- Nurses, genetic counselors, respiratory care practitioners, advanced practice nurses, home health aides, directors or staff assistants of nursery schools or child care centers, or recreational program or facility personnel
- Law enforcement officers or probation officers
- Licensed professional counselors, psychologists, or psychiatrists
- Field personnel of the Department of Healthcare and Family Services, Juvenile Justice, Public Health, Human Services, Corrections, Human Rights, or Children and Family Services
- Supervisors and administrators of general assistance under the Illinois Public Aid Code
- Foster parents, homemakers, or child care workers
- Members of the clergy
- Commercial film and photographic print processors

Reporting by Other Persons**Comp. Stat. Ch. 325, § 5/4**

Any other person who has reasonable cause to believe that a child is abused or neglected may report.

Standards for Making a Report**Comp. Stat. Ch. 325, § 5/4; Ch. 720, § 5/11-20.2**

A report is required when:

- A reporter has reasonable cause to believe that a child known to him or her in his or her professional capacity may be abused or neglected.
- Commercial film and photographic print processors have knowledge of or observe any film, photograph, videotape, negative, or slide that depicts a child engaged in any sexual conduct.

Privileged Communications**Comp. Stat. Ch. 325, § 5/4; Ch. 735, § 5/8-803**

- The privileged quality of communication between any professional person required to report and his or her patient or client shall not apply to situations involving abused or neglected children and shall not constitute grounds for failure to report.
- A member of the clergy shall not be compelled to disclose a confession or admission made to him or her as part of the discipline of the religion.

Inclusion of Reporter's Name in Report**Comp. Stat. Ch. 325, § 5/7.9**

The report shall include the name, occupation, and contact information of the person making the report.

Disclosure of Reporter Identity**Comp. Stat. Ch. 325, § 5/11.1a**

Any disclosure of information shall not identify the person making the report.

Indiana**Professionals Required to Report****Ann. Code § 31-33-5-2**

Mandatory reporters include any staff member of a medical or other public or private institution, school, facility, or agency.

Reporting by Other Persons**Ann. Code § 31-33-5-1**

Any person who has reason to believe that a child is a victim of abuse or neglect must report.

Standards for Making a Report**Ann. Code §§ 31-33-5-1; 31-33-5-2**

A report is required when any person has reason to believe that a child is a victim of abuse or neglect.

Privileged Communications**Ann. Code § 31-32-11-1**

The following privileges are not permitted, and shall not be grounds for failing to report:

- Husband-wife privilege
- Health care provider-patient privilege
- Therapist-client privilege between a certified social worker, certified clinical social worker, or certified marriage and family therapist and a client of any of these professionals
- Any privilege between a school counselor or psychologist and a student

Inclusion of Reporter's Name in Report**Ann. Code § 31-33-7-4**

The written report must include the name and contact information for the person making the report.

Disclosure of Reporter Identity**Ann. Code § 31-33-18-2**

The report shall be made available to the person about whom a report has been made, with protection for the identity of:

- Any person reporting known or suspected child abuse or neglect
- Any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person

The report may also be made available to each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report, with protection for the identity of reporters and other appropriate individuals.

Missouri**Professionals Required to Report****Rev. Stat. §§ 210.115; 568.110; 352.400**

Professionals required to report include:

- Physicians, medical examiners, coroners, dentists, chiropractors, optometrists, podiatrists, residents, interns, nurses, hospital and clinic personnel, or other health practitioners
- Daycare center workers or other child care workers, teachers, principals, or other school officials
- Psychologists, mental health professionals, social workers
- Ministers including clergypersons, priests, rabbis, Christian Science practitioners, or other persons serving in a similar capacity for any religious organization
- Juvenile officers, probation, parole officers, peace officers, law enforcement officials, or jail or detention center personnel
- Other persons with responsibility for the care of children
- Commercial film and photographic print processors, computer providers, installers, or repair persons, or Internet service providers

Reporting by Other Persons**Rev. Stat. § 210.115**

Any other person who has reasonable cause to suspect that a child has been subjected to abuse or neglect may report.

Standards for Making a Report**Rev. Stat. §§ 210.115; 568.110**

A report is required when:

- A reporter has reasonable cause to suspect that a child has been subjected to abuse or neglect.
- A reporter observes a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect.
- A commercial film and photographic print processor has knowledge of or observes any film, photograph, videotape, negative, slide, or computer-generated image or picture depicting a child engaged in an act of sexual conduct.

Privileged Communications**Rev. Stat. § 210.140**

Only the attorney-client or clergy-penitent privilege may be grounds for failure to report.

Inclusion of Reporter's Name in Report**Rev. Stat. § 210.130**

The report must include the name, address, occupation, and contact information for the person making the report.

Disclosure of Reporter Identity**Rev. Stat. § 210.150**

The names or other identifying information of reporters shall not be furnished to any child, parent, guardian, or alleged perpetrator named in the report.