

COOS BAY PUBLIC SCHOOLS
BOARD OF DIRECTORS
MILNER CREST EDUCATION CENTER
1255 HEMLOCK AVE., COOS BAY, OR 97420
December 11, 2017, at 6:00 PM

REGULAR BOARD MEETING AGENDA

1. **CALL TO ORDER** Welcome and Pledge of Allegiance
2. **APPROVE AGENDA**
3. **APPROVE CONSENT AGENDA**
 - A. *Approve Minutes of the November 13, 2017, Regular school board meeting
4. **BUILDING AND STAFF PRESENTATIONS**
 - A. Out of State Travel Request – MHS Wrestling, Coach Wittlake
 - B. MHS Student Update: Kodee Harwood
 - C. Marshfield High School
 1. Principal Travis Howard
 2. MHS English Department
 - D. OSEA Business: Sandy Reiber
 - E. CBEA Business: Becky Crane and Melia Jasso
5. **PUBLIC INPUT**

Speakers may offer objective criticism of school operations and programs, but the board will not hear personal complaints concerning school personnel nor against any person connected with the school system. The chairman will direct the visitor to the appropriate means for board consideration and disposition of legitimate complaints involving individuals. (Board Policy BDDH)
6. ****AUDITOR REPORT:** Laura Fisher of Hough, MacAdam, Wartnik, Fisher & Gorman, LLC
7. **DISTRICT STAFF PRESENTATIONS**
 - A. Superintendent Bryan Trendell
 1. District Update
 2. *Policy AR Changes
 - A. GCBDA/GDBDA-AR(2) – Request for Family and Medical Leave
 - B. GCBDA/GDBDA-AR(3)(A) – Certification of Health Care Provider
 - C. GCBDA/GDBDA-AR(3)(B) – Certification of Health Care Provider
 - D. GCBDA/GDBDA-AR(3)(C) – Military Family Leave
 - E. GCBDA/GDBDA-AR(3)(D) – Military Family Leave
 - F. GCBDA/GDBDA-AR(4) – FMLA/OFLA Eligibility Notice to Employee
 - G. GCBDA-GDBDA-AR(5) – Sample Designation Letter to Employee – FMLA/OFLA Leave
 - H. GCBDA/GDBDA-AR(6) – Designation Letter FMLA/OFLA

- I. GCBDA/GDBDA-AR(7) – Fitness for Duty Certification
 - J. JFG-AR – Student Searches
 - K. JHCCF-AR – Pediculosis (Head Lice)
 - L. JHFF-AR – Reporting Form Regarding Sexual Conduct with Students
- B. Personnel & Business Services - Candace McGowne
- 1. *Enrollment Report
 - 2. *Financial Report

8. BOARD ITEMS

- A. Board Member Highlights
- B. Bond Oversight Advisory Committee
- C. Naming of New School Buildings
- D. Board Committees
 - 1. **Facilities Planning Committee
 - 2. **Policy Committee
- E. *Policy First Readings
 - 1. GCBDA-GDBDA – Family Medical Leave
 - 2. GCPB/GDPB – Resignation of Staff
 - 3. JECAC – Student/Parent Relations
 - 4. JG – Student Discipline
 - 5. JHCB – Immunization and Vision Screening/Eye Examination and Dental Screening
 - 6. KLB – Public Complaints about the Curriculum or Instructional Materials - Delete
 - 7. LBE – Public Charter Schools

9. ACTION ITEMS TO CONSIDER

- A. Approve Out of State Travel Request
- B. *Policy – 2nd Reading and Adoption
 - 1. IGDF – Student Fund-Raising Activities
 - 2. JEA – Compulsory Attendance
 - 3. JECA – Admission of Resident Students
 - 4. JECBD – Homeless Students
 - 5. JFC – Student Conduct
 - 6. JFCEB – Personal Electronic Devices and Social Media
 - 7. JFCF – Hazing/Harassment/Intimidation/Menacing/Bullying/Cyberbullying/Teen Dating Violence/Domestic Violence – Student
 - 8. LGA – Compliance with Standards

10. ADJOURN MEETING

*** Available in the packet ** Available at the meeting**

The meeting location is accessible to persons with disabilities. Request for other accommodations should be made to Peggy Ahlgrim at 541-267-1310, 541-269-5366 (fax) or peggya@coos-bay.k12.or.us

Visit the District's Webpage at www.cbd9.net

CALENDAR

Date	Event
Dec 16 – Jan 1	Winter Break
Jan 2	Policy Committee – 8:00 AM @ Milner Crest
Jan 8	Regular Board Meeting – 6:00 PM @ Milner Crest
Jan 15	Martin Luther King Jr. Holiday – No School
Jan 19	Full Day Professional Development Day – No Students
Jan 26	End of Semester Grading Day – No Students
Jan 31	Early Release for K-7 th Grade for Parent Conferences
Feb 1	Early Release for K-7 th Grade for Parent Conferences

COOS BAY PUBLIC SCHOOLS
COOS BAY, OREGON

November 13, 2017

REGULAR SCHOOL BOARD MEETING

The Board of Directors of Coos Bay Public Schools met on November 13, 2017, at Milner Crest Education Center, 1255 Hemlock Ave., Coos Bay, Oregon, for a regular school board meeting.

I. CALL TO ORDER

Chair Adrian DeLeon called the meeting to order at 6:01 p.m. and led in the Pledge of Allegiance.

Coos Bay Board of Directors members in attendance: Adrian DeLeon, Mary Fields, Jill Christiana, Dustin Clarke, Jill Vandehey, and James LaBine. James Martin was absent.

Others present: Superintendent Trendell, Attorney David Dorsey, Personnel and Business Services Manager Candace McGowne, Board Secretary Peggy Ahlgrim, Lesli Traylor, Richard Hinkle, Lisa Kamph, Les Willett, Steven Hood, Wade Lester, Linnea McIntosh, Lisa LaGesse, Dolores Herold, Ashton Stinson, Cameron Jerde, Scott Cooper, Rose Stinson, Melia Jasso, Ann Marineau, David Qualman, Benjamin Garcia, Abby Krewson, Lisa DeSalvio, Hannah Beaulieu, Eduardo Garcia-Millan, Givanna Vergara, Allison Ybanez, Evan Villa, Jillian Ward from *The World*, and Jim Innes from *Channel 191*.

2. APPROVE AGENDA

Jill Christiana made the motion, was seconded by Mary Fields, to approve the agenda. The motion passed unanimously.

3. APPROVE CONSENT AGENDA

Consent agenda is as follows:

- A. Approve minutes of the October 9, 2017, Regular school board meeting
- B. Approve minutes of the September 25, 2017, Special school board meeting
- C. Approve temporary hire of John Kruse, MHS choir, part time and accept retirement request from Luke Parrish, MHS
- D. Policy Changes: FYI – No board action necessary
 1. KAB – Parental Rights
 2. KAB-AR – Parental Rights

Jill Christiana made the motion, was seconded by Dustin Clark, to approve the consent agenda. The motion passed unanimously.

4. SPECIAL PRESENTATION

- A. Tribute Hall Update: Linnea McIntosh and Rachel Tuller updated the board on the future of Tribute Hall. Patrick Wright will be the project manager. Half of the funding has been received, the other half will be in-kind donations. They are hoping to break ground in the spring of 2018.

5. BUILDING AND STAFF PRESENTATION

- A. Highlighted School – Resource Link Charter School: Lesli Traylor introduced staff and gave the board a brief overview of Resource Link Charter School. Students Benjamin Garcia, Abby Krewson, Hannah Beaulieu, Eduardo Garcia-Millan, Givanna Vergara, Allison Ybanez, and Evan Villa shared how Resource Link has impacted their education.
- B. MHS Student Report: Kodee Harwood reported on MHS activities which included state competition in cross country and football, forensic tournament, winter sports, ASB retreat, blood drive, and Thanksgiving baskets.
- C. Out of State Travel Request: Cameron Jerde requested permission for MHS band student Emily Kruse to travel out of state to Seattle, WA, to the Western International Band Clinic.
- D. Oregon School Employee Association (OSEA) Business: No report.
- E. Coos Bay Education Association (CBEA) Business: Melia Jasso reported on CBEA activities which include phone banking and canvassing for the bond, Veterans Day celebrations, piloting Amplify, and math professional development.

6. PUBLIC INPUT: There was no public input.

7. DISTRICT STAFF PRESENTATIONS

- A. Superintendent Update
 - 1. District Update: Superintendent Trendell updated the board on studio math and other activities around the district. He thanked the staff and supporters for their hard work on the bond.
 - 2. Superintendent Goals for 2017-2018: Superintendent Trendell shared his goals for the 2017-2018 school year. The goals are posted on the district website on the superintendent's page.
 - 3. Policy AR Changes
 - A. EDC/KFG-AR - Equipment Checkout Agreement – delete
 - B. JFCEB-AR – Personal Electronic Devices and Social Media – delete
 - C. JHFF-AR(1) – Reporting Form Regarding Sexual Conduct with Students
 - D. JO/IGBAB-AR – Education Records/Records of Students with Disabilities Management
 - F. KG-AR(1) – Facility Usage
 - G. KG-AR(2) – Facility Usage Agreement
 - H. LGA-AR(1)- Public Appeals and Complaints about Alleged Violations of Standards - delete
 - I. LGA-AR(2) – Direct Appeal to the State Superintendent of Public Instruction for Alleged Violations of Standards - delete

Superintendent Trendell covered the changes for the above listed policies.
- B. Special Programs – Lisa DeSalvio
 - 1. English Language Learners: Lisa DeSalvio presented information on the ELL annual report and grant.
 - 2. Native American Month: November Is Native American Heritage Month. In collaboration with the local tribes, there will be activities in the schools and at the Boys and Girls Club.

3. Grants and Donations: A McKinney-Vento Grant has been awarded to the district which will provide funds for two years to support the homeless liaison and program activities. Donations to The ARK have been received from Western Oregon Advanced Health, Banner Bank, Bandon Dunes, Pioneer Women's Fitness Center, Quilts with Heart, South Coast Business Employment, Leaf's Treehouse Antiques and Collectables, Oregon Community Foundation, United Way, and Sunset Motel in Bandon. The district is appreciative of the community support for The Ark.
 4. Adverse Childhood Experiences Study (ACEs): A steering committee has been formed to create a self-healing community and incorporate ACEs study data to address adverse childhood experiences that have an impact on a child's future success. Lisa DeSalvio will be one of the ACEs certified trainers.
- C. Personnel & Business Services – Candace McGowne
1. Enrollment Report: The enrollment report as of November 1, 2017, was reviewed.
 2. Financial Report: The financial report as of October 31, 2017, was reviewed.
 3. Resolution 2018-12 – Resolution Adjusting Appropriations: This resolution accepts the \$34,124 McKinney-Vento grant from the Oregon Department of Education for homeless youth.

8. **BOARD ITEMS**

- A. Board Member Activities and Highlights: Highlights included Oregon School Board Association regional meeting, OSBA fall convention, and Veterans Day celebrations.
- B. Oregon School Board Association (OSBA) Region Meeting and Fall Convention Recap: In many of the convention workshops, there was discussion on professional learning teams and ways of improving instruction. There were also workshops on ACEs. The board would like updates on Measure 98 and the district's plan for implementing it. Measure 98 focuses on improving graduation rates, Career Technical Education classes, and drop-out prevention. Guidelines will be released later this month for planning and implementation.
- C. OSBA Elections
1. Legislative Policy Committee Position 9: Fred Brick is the candidate for Position 9.
 2. Resolution 1- Reorganizes the OSBA as a non-profit corporation and adopts the proposed 2017 bylaws: This will make them a non-profit corporation and will change how charter schools work with OSBA.
- D. Board Committees
1. Superintendent Evaluation Committee/Board Self-Evaluation: For the superintendent evaluation, standards #5 & 7 were reviewed. The evaluation process was also presented. The Board Self-Evaluation is in the process of being developed.
 2. Policy Committee: The committee continues work on the OSBA policy updates and will be presenting the proposed changes to the board.
- E. Policy First Readings
1. IGDF – Student Fund-Raising Activities
 2. JEA – Compulsory Attendance
 3. JECA – Admission of Resident Students
 4. JECBD & JECBD – AR – Homeless Students
 5. JFC – Student Conduct
 6. JFCEB – Personal Electronic Devices and Social Media

7. JFCF – Hazing/Harassment/Intimidation/Menacing/Bullying/Cyberbullying/Teen Dating Violence/Domestic Violence – Student
 8. LGA – Compliance with Standards
- Policies up for first readings were reviewed. Mary Fields highlighted policies JEA, JFC and JFCF. JEA is still being revised at the state level.

9. BOARD ACTION ITEMS TO CONSIDER

- A. Approve Out of State Travel Request: Dustin Clark make the motion, Mary Fields seconded, to approve the out of state travel request. The student will be traveling with North Bend School District students and Cameron Jerde. The motion passed unanimously.
- B. Policy – 2nd Reading and Adoption:
 1. JED – Student Absences and Excuses: Mary Fields made the motion, Jill Christiana seconded, to adopt Policy JED. The motion passed unanimously.
- C. Adopt Superintendent Evaluation: James LaBine made the motion, Dustin Clarke seconded, to adopt the Superintendent Evaluation Process. The motion passed unanimously.
- D. Approve Superintendent Goals: Mary Fields made the motion, James LaBine seconded to approve the superintendent’s goals. The motion passed unanimously.
- E. Elect OSBA Legislative Policy Committee Position #9: Jill Christiana made the motion, Mary Fields seconded, to elect Fred Brick to the OSBA Legislative Policy Committee. The motion passed unanimously.
- F. Adopt OSBA Resolution #1 – Reorganizes the OSBA as a non-profit corporation and adopts the proposed 2017 bylaws: Jill Christiana made the motion, James LaBine seconded, to adopt OSBA Resolution #1. The motion passed unanimously.
- G. Adopt Resolution 2018-12 - Resolution Adjusting Appropriations: Mary Fields made the motion, Jill Vandehey seconded, to adopt Resolution 2018-12 – Resolution Adjusting Appropriations. The motion passed unanimously.

10. ADJOURN MEETING

The meeting was adjourned at 7:47 p.m.

Adrian DeLeon
Board Chair

Peggy Ahlgrim
Board Secretary

Coos Bay School District 9

Code: **GCBDA/GDBDA-AR(2)**
Revised/Reviewed: 7/11/11; 3/10/14; 1/11/16

Request for Family and Medical Leave

Employee Request for Family and Medical Leave (FMLA)
and/or Oregon Family Leave (OFLA)

PLEASE PRINT

Where the need for the leave may be anticipated, written request for family and medical leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in either the leave being postponed or the amount of leave available reduced up to three weeks.

Name _____ Effective Date of the Leave _____

Department _____ Title _____

Status: Full-time Part-time Temporary

Hire Date _____ Length of Service _____

Have you taken a family leave in the past 12 months? Yes No

If yes, how many work days? _____ Reason for leave _____

I request family or medical leave for one or more of the following reasons:¹

1. Because of the birth of my child and in order to care for him or her. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)
Expected date of birth _____ Actual date of birth _____
Leave to start _____ Expected return date _____
2. Because of the placement of a child with me for adoption or foster care. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)
Age of child _____ Date of placement _____
Leave to start _____ Expected return date _____
3. In order to care for a family member² with a serious health condition. (District: Use GCBDA/GDBDA-AR(3)(B) Certification Form)
Leave to start _____ Expected return date _____

¹A physician's certification may be required to support a request for family and medical leave. In addition, a fitness-for-duty certification may be required before reinstatement following the leave.

²"Family member," for purposes of FMLA and OFLA leave, means the spouse, custodial parent, noncustodial parent, adoptive parent, stepparent or foster parent, biological parent, child of the employee (biological, adopted, foster or step child, a legal ward or child of the employee standing in loco parentis) or a person with whom the employee is or was in a relationship of "in loco parentis." Additionally, when defining "family member" under OFLA (but not FMLA leave), the definition includes a grandparent, grandchild, parents-in-law or the parents of the employee's registered domestic partner.

Please check one: Spouse³ Child⁴ Parent Individual who was in *loco parentis* when the employee was a child Parent-in-law or the parent of the employee's registered domestic partner (OFLA leave only) Custodial parent Noncustodial parent Adoptive parent Stepparent Foster parent Grandparent (OFLA leave only) Grandchild (OFLA leave only).

Please state name and address of relation:

Name _____ Address _____

Does the condition render the family member unable to perform daily activities?

4. For a serious health condition which prevents me from performing my job functions. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

Describe _____

Leave to start _____ Expected return date _____

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer workdays each workweek) schedule or alternate duty (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be unavailable to work:

5. In order to care for a child with a condition requiring home care which does not meet the definition of serious health condition and is not life threatening or terminal (OFLA leave only).
6. A qualifying exigency arising from an employee's spouse, son, daughter, or parent who is a covered servicemember as defined in GCBDA/GDBDA-AR(1), or leave for the spouse per each deployment of the spouse when the spouse has either been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment. (District: Use GCBDA/GDBDA-AR(3)(C) Certification Form)
7. To care for a spouse, son, daughter, parent, or next of kin⁵ who is a covered servicemember with a serious illness or injury incurred in the line of duty or active duty in the armed forces. Has leave been taken for the same servicemember and the same injury? Yes No (District: Use GCBDA/GDBDA-AR(3)(D) Certification Form) If yes, when was the leave taken and for how many work days? _____
8. For the death of a family member (OFLA only).

I understand that the district requires me to use any available accrued sick leave, vacation, personal leave days or other available paid time established by Board policy(ies) and/or collective bargaining agreement in the order specified by the district, and before taking leave without pay, for the family and medical leave period.

³"Spouse" means individuals in a marriage including "common law" marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership. Oregon law does not recognize common law marriages unless the common law marriage was valid in another state.

⁴For FMLA, the age of the son or daughter at the onset of disability is not relevant in determining a parent's entitlement to FMLA leave.

⁵"Next of kin" means the nearest blood relative of the eligible employee.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment. (A fitness-for-duty ~~statement~~ certification may be required.)

I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state and/or federal law.

I have been provided a copy of the district's family and medical leave policy and a copy of my rights and responsibilities under the Family Medical Leave Act leave request form.

Signature of Employee: _____ Date: _____

Coos Bay School District 9

Code: GCBDA/GDBDA-AR (3)(A)
Revised/Reviewed: 10/06/09

Certification of Health Care Provider Employees Serious Health Condition

To be completed by the district:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Employees may not be asked to provide more information than allowed under the FMLA regulations. The district will maintain records and documents relating to medical certification, recertifications, or medical histories of employee's family members, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Discrimination Act applies.

District contact person: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions _____

Check if job description is attached:

Return this completed form on _____ (date) (must be at least 15 days after employee is notified of this requirement).

To be completed by the employee:

Complete the information below before giving this form to your family member or his/her medical provider. The return of this form is required to obtain or retain the benefit for FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

~~Return this completed form on _____ (must be at least 15 days after employee is notified of this requirement).~~

Employees name: _____
First Middle Last

To be completed by health care provider:

Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be the best estimate based upon your medical knowledge, experience and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29. C.F.R. §1635.3(e) or the manifestation of disease or disorder in the employee’s family members, as defined in 29 C.F.R. 1635.3(b). Extra space is provided, should you need it. Please be sure to sign the form on the last page.

Providers’s name and business address: _____

Type of practice/Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

Email: _____

Medical Facts

1. The Approximate date the condition commenced: _____

The Probable duration of the condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility?
 No Yes If yes, dates of admission: _____

List the Dates(s) you treated the patient for the condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes

Will the patient need to have treatment visits at least twice per year due to the condition?
 No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes

If yes, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes

If yes, expected delivery date: _____

3. Use the information provided by the district in the “To be completed by the district” section to answer this question. If the district fails to provide a list of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:

No Yes If yes, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis or any regimen of continuing treatment such as the use of specialized equipment):

Amount of leave needed

1. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

If yes, estimate the beginning and ending dates for the period of incapacity: _____

2. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes

If yes, are the treatments or the reduced number of hours of work medically necessary?

No Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

hour(s) per day; _____ days per week from _____ through _____

3. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes

Is it medically necessary for the employee to be absent from work during the flare-ups?

No Yes If yes, explain: _____

Based upon the employee's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the employee may have over the next six months (e.g., one episode every three months lasting one to two days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Additional Information – (Identify the question number with your additional answer):

Signature of Health Care Provider

Date

Coos Bay School District 9

Code: GCBDA/GDBDA-AR (3)(B)
Revised/Reviewed: 10/06/09

Certification of Health Care Provider Family Member's Serious Health Condition

To be completed by the district:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Employees may not be asked to provide more information than allowed under the FMLA regulations. The district will maintain records and documents relating to medical certification, recertifications or medical histories of the employee's family members, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

District Contact person: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached:

Return this completed form on _____ (date) (must be at least 15 days after employee is notified of this requirement).

To be completed by the employee:

Complete the information below before giving this form to your family member or his/her medical provider. The return of this form is required to obtain or retain the benefit for FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

Return this completed form on _____ (must be at least 15 days after employee is notified of this requirement).

Employee's name: _____
First Middle Last

Relationship and name of family member for whom employee will provide care: _____
Relationship

First Middle Last

If the family member is your ~~son or daughter~~ child, please provide his/her date of birth: _____

Describe the care you will provide to your family member and estimate the leave needed to provide such care:

Employee signature

Date

To be completed by health care provider:

The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be the best estimate based upon your medical knowledge, experience and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), C.F.R. § 1635.3(b). Extra space is provided, should you need it. Please be sure to sign the form on the last page.

Providers's name and business address: _____

Type of practice/medical specialty: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Medical Facts

1. The Approximate date the condition commenced: _____

The Probable duration of the condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility?
 No Yes If yes, dates of admission: _____

List the Dates(s) you treated the patient for their condition _____

Was medication, other than over-the-counter medication, prescribed? No Yes

Will the patient need to have treatment visits at least twice per year due to the condition?
 No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes

If yes, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes

If yes, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis or any regimen of continuing treatment such as the use of specialized equipment):

Amount of leave needed

When answering these questions, keep in mind that your patient's need for care by from the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

1. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes

If yes, estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes

Explain the care needed by the patient and why such care is medically necessary:

2. Will the patient require follow-up treatments, including any time for recovery? No Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Explain the care needed by the patient, and why such care is medically necessary: _____

3. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?
 No Yes

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary: _____

4. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? No Yes

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next six months (e.g., one episode every three months lasting one to two days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare-ups? No Yes

Explain the care needed by the patient, and why such care is medically necessary _____

Additional Information – (Identify the question number with your additional answer):

Signature of Health Care Provider

Date

Coos Bay School District 9

Code: GCBDA/GDBDA-AR (3)(C)
Revised/Reviewed: 10/06/09; 6/29/11

Military Family Leave Certification of Qualifying Exigency for Military Family Leave

Section 1: (To be completed by the district):

The Family Medical Leave Act (FMLA) and the Oregon Military Family Leave Act (OMFLA) provide that a district may require an employee seeking FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment to submit a certification. Employees may not be asked to provide more information than allowed under the FMLA or OMFLA regulations.

District Name and Address: _____

Superintendent or designee information: _____

Section 2: (To be completed by the employee):

Complete the information below fully and completely. The FMLA or OMFLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA or OMFLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for qualifying leave. The district must give you at least 15 calendar days to return this form to the district.

Employee's ~~h~~Name: _____
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or called to covered active duty status:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) ~~in support of a contingency operation is attached.~~
- I have previously provided the district with sufficient written documentation confirming the covered military member's active duty or call to active duty status ~~in support of a contingency operation.~~

Part A: Qualifying reason for leave

1. Describe the reason you are requesting qualifying leave due to a qualifying exigency (~~including~~ include the specific reason you are requesting leave):

2. Describe the reason you are requesting OMFLA leave (include the specific reason below, either a) an impending call or order to active duty, or b) impending leave from deployment):

3. A complete and sufficient certification to support a request for qualifying leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for information briefings sponsored by the military, a document confirming the military member's Rest and Recuperation Leave; a document confirming an appointment with a third party, such as a counselor, ~~or~~ school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Is A available written documentation supporting this request for leave is attached? Yes No None available

Part B: Amount of leave needed

1. The A approximate date the qualifying exigency or /deployment commenced or will commence is:

The P probably duration of such exigency or deployment is:

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency or /deployment? Yes No

If yes, estimate the beginning and ending dates for the period of absence: _____

3. Will you need to be absent from work periodically to address this qualifying exigency or /deployment? Yes No

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

4. Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (i.e. ~~One~~ deployment-related meeting every month lasting four hours) (FMLA only):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per event

Part C: Third party certification

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member’s representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address and appropriate contact information of the individual or entity with whom you are meeting (i.e. either the telephone or fax number or email address of the individual or entity). This information may be used by the district to verify that the information contained on this form is accurate (FMLA only).

Name of individual _____ Title _____

Organization _____

Address _____

Telephone (_____) _____ Fax (_____) _____

Email _____

Describe the nature of the meeting: _____

Part D: Employee Signature

I certify that the information I provided above is true and correct. (For OMFLA leave purposes, notice must be given by the employee within five business days of receiving an official notice.)

Signature of Employee

Date

Coos Bay School District 9

Code: GCBDA/GDBDA-AR(3)(D)
Revised/Reviewed: 10/06/09; 6/29/11; 3/10/14

Military Family Leave

Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

Notice and instructions to the district:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Employees may not be asked to provide more information than allowed under the FMLA regulations [29 C.F.R. § 825.310](#). The district will maintain records and documents relating to medical certification, recertifications or medical histories of employees or employees' family member, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Section 1

Part A: Employee information

Complete the employee and covered servicemember information below before giving this form to your family member or his/her medical provider.

District name and address

Name of employee requesting leave to care for covered servicemember:

First Middle Last

Name of covered servicemember for whom employee is requesting leave to care for:

First Middle Last

Relationship of employee to covered servicemember requesting leave to care for:

Spouse Parent ~~Child-Son~~ ~~Daughter~~ Next of kin

Part B: Covered servicemember information

1. Is the covered servicemember a current member of the regular ~~a~~Armed ~~f~~Forces, the National Guard or Reserves, or a veteran? Yes No

If a current servicemember, please provide the covered servicemember's military branch, rank and unit currently assigned to:

If a qualifying veteran, when was the date of discharge? _____

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as medical hold or warrior transition unit)? Yes No

If yes, provide the name of the medical facility or unit:

2. Is the covered servicemember on the Temporary Disability Retired List (TDRL)? Yes No

Part C: Care to be provided to the covered servicemember

Describe the care to be provided to the covered servicemember and an estimate of the leave needed to provide the care:

Section 2:

(For completion by a United States Department of Defense (DOD) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (VA) health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 C.F.R. § 825.125.)

If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). Please ensure that Section 1 above has been completed before completing this section. Please be sure to sign the form on the last page.

Part A: Health care provider information

Health care provider's name and business address:

Type of practice/Medical speciality: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private care provider; or (5) a health care provider as defined in 29 C.F.R. § 825.125.

Telephone () _____ Fax () _____ Email _____

Part B: Medical status

1. Covered servicemember's medical condition is classified as (check one of the appropriate boxes):

- (VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered.. Family members are requested at the bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

- (SI) Seriously Ill/Injured – Illness/Injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)
- Other Ill/Injured – A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank or rating.
- None of the above. (Note to employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition”. If such leave is requested, you may be required to complete the form *Certification of Health Care Provider for Family Member’s Serious Health Condition*.)

2. Was the condition for which the covered service member is being treated incurred in line of duty on active duty in the ~~a~~Armed ~~f~~Forces? Yes No

If no, did the condition exist before the beginning of active duty and was it aggravated by service in the line of duty while on active duty? Yes No

3. Appropriate date condition commenced: _____

4. Probable duration of condition and/or need for care: _____

5. Is the covered servicemember undergoing medical treatment, recuperation or therapy?

Yes No

If yes, please describe medical treatment, recuperation or therapy:

Part C: Covered servicemember’s need for care by family member

1. Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for this period of time _____

2. Will the covered servicemember require periodic follow-up treatment appointments? Yes No

If yes, estimate the treatment schedule: _____

3. Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointment? Yes No

4. Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g. episodic flare-ups of medical conditions)?

Yes No

If yes, estimate the frequency and duration of the periodic care.

Signature of health care provider

Date

FMLA/OFLA Eligibility Notice to Employee

DATE: _____

TO: _____
(Employee’s name)

FROM: _____
(Name of appropriate employer representative)

SUBJECT: Request for FMLA and/or OFLA Leave

On (date) you notified us of your need to take family/medical leave due to:

- 1. _____ The birth of your child, or the placement of a child with you for adoption or foster care;
- 2. _____ A serious health condition that makes you unable to perform the essential functions of your job;
- 3. _____ A serious health condition of your spouse¹, child² (including the biological, grandchild, adopted or foster child or stepchild of an employee or a child with whom the employee is or was in a relationship of “in loco parentis”), parent (biological parent of an employee or an individual who stood “in loco parentis” to an employee when the employee was a child), grandparent (OFLA leave only), parent-in-law or the parent of an employee’s registered domestic partner (OFLA leave only), custodial parent, noncustodial parent, adoptive parent, foster parent for which you are needed to provide care;
- 4. _____ An illness or injury to your child which requires home care but is not a serious health condition (OFLA leave only);
- 5. _____ A qualifying exigency arising from a spouse, ~~son, daughter~~ **child** or parent in the Armed Forces on covered active duty, or in the National Guard or Reserves on covered active duty;
- 6. _____ Your spouse has been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment;

¹“Spouse” means individuals in a marriage including “common law” marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership. Oregon law does not recognize common law marriages unless the common law marriage was valid in another state.

~~²For FMLA, the age of the son or daughter at the onset of the disability is not relevant in determining a parent’s entitlement to FMLA leave.~~

7. _____ A serious illness or injury, incurred in the line of duty, of a covered service member who is your spouse, ~~son, daughter~~child, parent or next of kin;
8. _____ For the death of a family member (OFLA only).

You notified us that you need this leave beginning on ___ (date)___ and that you expect leave to continue until on or about ___ (date)__. The FMLA requires that you notify the district as soon as possible if dates of scheduled leave changes or are extended, or were initially unknown.

Except as explained below, you have a right under the FMLA and/or OFLA for up to 12 workweeks of unpaid leave in a 12-month period for the reasons listed above.³ The district will use the fiscal year (July 1 – June 30). FMLA leave and OFLA leave generally run concurrently. In order to care for an injured service member, you are entitled to up to 26 weeks of leave in a single 12-month period to care ~~for a~~ qualifying service member.

Also, your health benefits under FMLA and OFLA must be maintained during any period of unpaid leave under the same conditions as if you continued to work, including you continuing to pay the same portion of the premiums you currently pay. You ~~must~~will be reinstated to the same position, or in some cases, under state or federal law, to an equivalent ~~job with the same pay, benefits and terms and conditions of employment on your return from leave~~position. ~~The district is not required to maintain benefits during OFLA unless provided otherwise by Board policy or collective bargaining agreement; however, all such benefits will be restored in full upon your return to the district.~~

If you do not return to work following FMLA and/or OFLA leave for a reason other than: (1) the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA and/or OFLA; or (2) other circumstances beyond your control, you may be required to reimburse the district for health insurance premiums paid on your behalf during your FMLA/and/or OFLA leave.

This is to inform you that (*check appropriate boxes, explain where indicated*):

1. The following is the result of the eligibility review.
 FMLA eligible not eligible because _____
 OFLA eligible not eligible because _____
2. The requested leave may be counted against your annual FMLA leave entitlement, OFLA leave entitlement FMLA and OFLA leave entitlements~~both~~.
3. You will will not be required to furnish a medical certification of a serious health condition. If required, you must furnish the certification by (date) (must be at least 15 days after you are notified of this requirement).
4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We will will not require that you substitute accrued paid leave for unpaid FMLA and/or OFLA leave. If paid leave will be used, the following conditions will apply: (*Explain*)

³Oregon Military Family Leave Act allows for 14 days of leave per deployment.

- 5a. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA ~~and/or~~ OFLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g., the 10th of each month, or pay periods, etc., that specifically cover the agreement with the employee.)*
- ~~5b. If the district pays any part of your share of disability, life or other insurance benefits while on OFLA or FMLA leave the district may deduct up to 10 percent of your gross pay each pay period after your return to work until the amount is repaid (OFLA leave only).~~
- 5be. You have a minimum 30-day Other _____ (~~or~~, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not timely made, your group health insurance may be cancelled. We will notify you in writing at least 15 days before the date that your health coverage will lapse. At our option, we may also pay your share of the premiums during your FMLA ~~and/or~~ OFLA leave as provided by Board policy and/or collective bargaining agreement, and recover these payments from you upon your return to work. We will will not pay your share of health insurance premiums while you are on FMLA and/or OFLA leave.
- 5cd. We will will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA and/or OFLA leave. If we do pay your premiums for other benefits, when you return from leave you will will not be expected to reimburse us for the payments made on your behalf.
- 5de. Except as noted above, in the event you do not return to work for the district after your FMLA and/or, OFLA leave and the district has paid your share of benefit premiums, you will will not be responsible for reimbursing the district the amount paid on your behalf, with the exceptions noted in ~~Section~~ C.F.R. § 104 (c)(2)(B) of the FMLA.
6. You will be required to present a fitness-for-duty ~~certifieate~~ certification prior to being restored to employment following leave for your own serious health condition. If such certification is required but not received, your return to work may be delayed until the certification is provided. A list of essential functions for your position is attached. The fitness-for-duty certification must address your ability to perform these functions.
- You will not be required to present a fitness-for-duty ~~certifieate~~ certification prior to being restored to employment following leave for your own serious health condition. ~~If such certification is required but not received, your return to work may be delayed until the certification is provided.~~
- 7a. You are are not a “key employee” as described in ~~Section~~ C.F.R. § 825.218 of the FMLA regulations. If you are a “key employee,” ~~restoration~~ reinstatement to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to ~~us~~ the district. (FMLA leave only.)
- 7b. We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (FMLA leave only.) *(Explain (a) and/or (b) below.)*

8. While on FMLA and/or OFLA leave, you will will not be required to furnish us with periodic reports every _____ *-(indicate interval of periodic reports, as appropriate for the particular leave situation)* of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you will will not be required to notify us at least two workdays prior to the date you intend to report for work.
9. You will will not be required to furnish recertification relating to a serious health condition. (FMLA leave only.) *(Explain below, if necessary, including the interval between certifications as prescribed in ~~Section~~ C.F.R. § 825.308 of the FMLA regulations.)*
10. You are notified that all leave taken for the purposes of the death of a family member, counts toward the total period of authorized family leave.

Coos Bay School District 9

Code: GCBDA/GDBDA-AR(5)
Revised/Reviewed: 10/06/09

Sample Designation Letter to Employee - FMLA/OFLA Leave

The following is a sample cover letter to an employee notifying the employee that the employer is treating a request for leave as a request for FMLA and/or OFLA leave (either paid or unpaid) that will reduce the employee's FMLA and/or OFLA leave entitlement. This letter, along with the Designation Notice FMLA/OFLA form GCBDA/GDBDA-AR(6), FMLA/OFLA or the FMLA/OFLA Eligibility Notice form GCBDA/GDBDA-AR(4); ~~OFLA only eligible~~, should be mailed to the employee within five working days after receiving enough information to determine whether the leave qualifies under FMLA or OFLA.

Dear Employee:

On ____ (date) ____ you advised the district that you were requesting a leave that may qualify for protected time under the Family and Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA). Under our policy, a leaves of absence that qualifyies for family and medical leave under federal law (FMLA), may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, OFLA and leave for a workers' compensation injury or illness. A L leaves of absence that qualifyiesy for family and medical leave under state law (OFLA) ~~can~~ may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, but cannot run concurrently with a leave for workers' compensatory compensation injury or illness (unless you refuse a light-duty assignment).

[IF APPROVED: [We ~~understand~~ have determined the purpose of your requested leave qualifies as family or medical leave under state and/or federal law. Accordingly, this letter is to notify you that the leave will be counted against your annual family and medical leave entitlement. Also attached is a form entitled Designation Notice which contains other information for you regarding federal and state family medical leave rights, including an estimate of time that will count toward your protected time.]]

[IF NOT APPROVED: [We have determined the purpose of your requested leave does NOT qualify as family or medical leave under state and/or federal law. You may be entitled to other leave time, under Board policy or the collective bargaining agreement, however the protections of FMLA/OFLA will not be observed for this leave.]]

If you have any questions regarding your leave, now or at any time during your leave, please contact, [the personnel office] as soon as possible.

Sincerely,

Superintendent

Enclosure (FMLA and/or OFLA Designation Notice form)

Coos Bay School District 9

Code: GCBDA/GDBDA-AR(6)
Revised/Reviewed: 10/06/09

Designation Notice – FMLA/OFLA

Leave covered under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA) must be designated as FMLA and/or OFLA-protected and the district must inform the employee of the amount of leave that will be counted against the employee's FMLA and/or OFLA leave entitlement.

In order to determine whether leave is covered under the FMLA and/or OFLA, the district may request that the leave be supported by a physician's certification. If the certification is incomplete or insufficient, the ~~employer must~~district will state in writing what additional information is necessary to make the certification complete and sufficient.

Employee Name: _____

Date: _____

We have reviewed your request for leave under the FMLA and/or OFLA and any supporting documentation that you have provided. We received your most recent information on: _____
~~and decided:~~

Please be advised: _____

- Your request is approved for FMLA. All leave taken for this reason will be designated as FMLA leave.
- Your request is approved for FMLA and OFLA. This designation of leave will run concurrently.
- Your request is approved for OFLA. All leave taken for this reason will be designated as OFLA leave.

The FMLA and/or OFLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your entitlement:

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

Please be advised (check if applicable):

- You have requested to use paid leave during your FMLA and/or OFLA leave. Any paid leave taken for this reason will count against your FMLA and/or OFLA leave entitlement.
- We are requiring you to substitute or use paid leave during your FMLA and/or OFLA leave.
- You will be required to present a fitness-for-duty ~~certificate~~ certification to be ~~restored~~ reinstated to ~~employment~~ your position. If such certification is not timely received, your return to work may be delayed until certification is provided. The Fitness-for-Duty Certification form is attached, please have your medical provider complete this form prior to the termination of your leave. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certifications must address your ability to perform these functions¹:

- Additional information is needed to determine if your FMLA and/or OFLA leave request can be approved.
- The certification you have provided is ~~not~~ in complete and in sufficient to determine whether the FMLA and/or OFLA applies to your leave procedures. You must provide the following information no later than _____ (date) (at least seven calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. The information needed to make the certification complete and sufficient is¹:

- We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

- Your FMLA leave request is NOT APPROVED.
- The FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.
- Your OFLA leave request is NOT APPROVED.
- The OFLA does not apply to your leave request.
- You have exhausted your OFLA leave entitlement in the applicable 12-month period.

¹ If you fail to provide a complete and sufficient certification by the due date, we may (a) delay the commencement of your leave; or (b) withdraw any designation of FMLA leave, in which case your leave of absence may be unauthorized and subject to discipline, up to and including termination.

Fitness-for-Duty Certification

To: _____

Date: _____

From: _____

Subject: Fitness-for-Duty Certification

Family and medical leave for your own serious health condition ends on (date) _____. Prior to returning to work you must provide a Fitness-for-Duty Certification verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions. Please take this Fitness-for-Duty Certification to your health care provider for completion. The district will use this Fitness-for-Duty Certification to determine if you are able to return to work after your leave.

Return the completed Fitness-for-Duty Certification to the district prior to the end of your Family and Medical Leave or by (date) _____.

Fitness-for-Duty Certification

Health Care Provider Completes this Section

Instructions: Please complete all sections in order for the district to determine if the employee is able to return to duty. The employee’s position description or a list of essential duties (district specifies which) is attached to this form.

1. The employee is able to return to work full-time without restrictions: Yes No

a. If yes, list the effective date _____.

b. If no, complete the following:

(1) The employee will be able to return to work with no limitation on (date) _____.

(2) I certify that from (date) _____ to (date) _____ the above named employee will be:

(a) Unable to perform the physical requirements of their work; or

(b) Is medically incapacitated: Totally Partially**

**If partially medically incapacitated, complete the following:

(c) Number of hours per day employee is able to work: _____.

(d) Number of days per week employee is able to work: _____.

(3) List any restrictions on the employee’s work: _____

Printed Name of Health Care Provider

Type of Practice

Signature - Health Care Provider

Date

Health care provider: Please return the completed form to the employee/patient.

Attached: Position description/description of essential duties (district specifies which).

New proposed

Student Searches**

1. Definitions

- a. “Reasonable suspicion” ~~means sufficient knowledge possessed by the district official at the time the official makes or authorizes the search which would lead a reasonable person to believe that a search of a particular student or place will likely turn up evidence of a violation of law, Board policy, administrative regulation or school rule~~ based upon specific and articulated facts to believe that the student personally poses or is in possession of some item that poses a risk of immediate and serious harm to the student, school officials and/or others at the school. The official’s knowledge may be based upon relevant past experience of the official, observation by the official and/or credible information from another person.
- (1) “Past experience” may provide the district official with information relevant to the violation as well as information which enables the official to evaluate the credibility of information from another person.
- (2) “Credible information from another person” may include information which the district official reasonably believes to be true provided by another district employee, a student, a law enforcement or other government official or some other person.
- b. “Reasonable in scope” means that the manner and extent of the search are reasonably related to the objectives of the search, the unique features of the official’s responsibilities, and, limited to the particular student or students most likely to be involved in the infraction and the area(s) which could contain the item(s) sought, and not excessively intrusive in light of the student’s age, sex, maturity and the nature of the infraction.

2. Routine Inspection of District Property Assigned to Students

- a. Lockers, desks and other storage areas provided by the school and assigned to a particular student(s) are the property of the district, remain in the possession of the district and are under the control of the principal. Students have no expectation of privacy regarding these items/areas.
- ~~a.~~
- b. Students may use district-owned storage areas for the limited purpose of temporarily keeping items needed for attendance and participation in school instructional and activity programs only. No other purpose is permitted.
- c. Students shall be provided notification that district-owned storage areas assigned to students are subject to routine inspection without prior notice for the following reasons:
- (1) Ensure that no item which is prohibited on district premises is present;
- (2) Ensure maintenance of proper sanitation;
- (3) Ensure mechanical condition and safety;

- (4) Reclaim overdue library books, texts or other instructional materials, property or equipment belonging to the district.

3. Voluntary Consent

When a district official has ~~reasonable suspicion to believe that evidence of a violation of law, Board policy, administrative regulation or school rule is present in~~ the requisite justification to search either a particular district-owned storage area assigned to a student, or the clothing or the personal property of a student, the official has the option of making a search or asking the student to voluntarily provide the ~~evidence item(s)~~ evidence item(s) sought. Before making a search, the official should ordinarily ask for the student's voluntary consent by requesting the student to empty the contents of the storage area, clothing or personal property. If the student refuses consent for his/her personal property, ~~the official may search for the evidence evaluating student and staff safety and the least intrusive search methods. The~~ official may elect to contact the student's parents ~~or, after consulting with the superintendent, contact law enforcement officials~~ to assist with the search.

~~4. Emergency/Dangerous Circumstance~~

- ~~a. Where a district official has knowledge which would lead a reasonable person to believe that either an emergency or dangerous circumstance exists and that it is necessary to act to protect the safety of any person or property, the official may make a search to the extent necessary to relieve the emergency or dangerous circumstance.~~
- ~~b. In responding to such an emergency or dangerous circumstance, the actions of the official shall be reasonably effective and no more intrusive than necessary.~~

5.4. Search ~~for Evidence of a Violation~~ Procedures

- a. ~~A search may be conducted of~~ With the requisite justification, a school official may search an individual student, a district-owned storage area assigned to a student or the personal property of a student. Personal property of a student includes, but is not limited to, wallets, purses, lunch boxes/sacks, book bag, backpack or other containers used to carry belongings.
- b. All searches of a student or a student's personal property shall be based on the required reasonable suspicion/risk of immediate and serious harm and shall be reasonable in scope. A "strip search," requiring a student to remove clothing down to the student's underwear or including underwear is prohibited by the district.
- c. Searches will generally be conducted by an administrator or by other school personnel only as authorized by the administrator. In certain circumstances an administrator may be assisted by a law enforcement official(s).
- d. The student will generally be permitted to be present during a search of a district-owned storage area assigned to the student or during a search of the student's personal property. The student's presence is not required, however.
- e. Search of a student's clothing will be limited to the student's "outer clothing" only. "Outer clothing" means the student's coat, jacket or other such outerwear garments worn by a student. A search of the clothing may include the search of a container inside the clothing, provided that the container is of a size and shape to hold the object of the search.
- f. Searches of a student's outer clothing will be conducted by a district official of the same sex as the student, ~~whenever possible.~~

- g. Where the object of the search may be felt by a “pat down” of clothing or personal property, the district official may first pat the clothing or property in an attempt to locate the object before searching inside the clothing or property.
- h. Searches will be conducted in privacy, out of the view of other students, staff and others and in the presence of an adult witness of the same sex as the student, ~~whenever possible~~.
- i. Any item removed from the student as a result of the above procedures which is not evidence of a violation of a law, Board policy, administrative regulation or school rule may be returned to the student, as appropriate.

5. Other Searches¹

- a. ~~Student vehicles may be parked on district property on the condition that the student and his/her parent(s) allows the vehicle and its contents, upon reasonable suspicion/risk of immediate serious harm, to be examined. Additionally, student vehicles on another district’s property at activities under the jurisdiction of the district, including interscholastic activities sponsored by the Oregon School Activities Association (OSAA) or other such voluntary organizations approved by the State Board of Education, shall also be subject to such condition.~~

~~If a student or parent(s) refuses to allow access to a vehicle when requested under the circumstances described above, the student’s privilege of bringing a vehicle onto district property will be terminated for the remainder of the school year. A refusal will subject the student to discipline up to and including expulsion and Law enforcement officials will be notified.~~

- b. ~~Metal detectors, including walk-through and hand-held devices, may be used when the superintendent determines that there is a need for such detectors based upon reasonable information of a history of:~~

- (1) ~~Weapons or dangerous objects found at school, on district property, at a school function or in the vicinity of the school; or~~
- (2) ~~Incidents of violence involving weapons at a school, on district property, at a school function or in the vicinity of the school.~~

~~Upon positive detection, a student should ordinarily will be asked to voluntarily remove the metal item. The district official may search the clothing or personal property of the student for the item if the student refuses consent or if the positive metal detection is not satisfactorily explained. If the student refuses consent, the student will be held (will not be allowed further entrance into the building) and any personal property will be seized and secured while the parent(s) and law enforcement officials are summoned.~~

- c. ~~Drug-detection dogs may be used when the superintendent determines that there is a need for use of such dogs based upon reasonable information of a history of:~~

- (1) ~~Drugs and/or drug paraphernalia use/possession at school, on district property, at a school function or in the vicinity of the school; or~~

¹~~Consult with legal counsel prior to implementing procedures in this section, modifying as appropriate to meet local needs.~~

(2) Incidents of violence or health emergencies involving drugs and/or drug paraphernalia at a school, on district property, at a school function or in the vicinity of the school.

After such need has been determined, drug-detection dogs may be used to sniff out contraband in district-owned storage areas or in student vehicles parked on district property upon reasonable suspicion to believe that contraband is in the area or vehicle.

Drug-detection dogs will not be used for general or “dragnet” searches.

- d. Body fluid searches of students for the presence of alcohol or drugs are prohibited by the district unless specifically authorized by the Board as part of its athlete drug-testing program.
- e. The district may deploy breathalyzer devices at extracurricular events and activities. Students may be subject to testing procedures as a prerequisite to attending the event/activity. If a student refuses testing, he/she will be detained and parents will be contacted to come and take the student home.

6. Discipline

- a. Possession or use of unauthorized, illegal, unhealthy or unsafe materials will result in the following:
 - (1) Seizure of the material:
 - (a) Property, the possession of which is a violation of law, Board policy, administrative regulation or school rule will be returned to the parent or, if also a violation of law, turned over to law enforcement officials or destroyed by the district as deemed appropriate by the principal;
 - (b) Stolen property will be returned to its rightful owner;
 - (c) Unclaimed property may be disposed of in accordance with Board policy DN - Disposal of District Property.
 - (2) Discipline up to and including expulsion and notification of given to law enforcement officials as appropriate or as otherwise required by law or Board policy.
- ~~b. Any incident involving discipline of a student as a result of a routine inspection of district storage areas made available for student use or other searches of a student or the student's personal property will be documented as required below.~~

7. Documentation

- a. Administrators shall document all searches.
- b. Documentation shall consist of the following:
 - (1) Name, age and sex of student;
 - (2) Time and location of search;
 - (3) Justification for search and nature of the reasonable suspicion /risk of immediate and serious harm;
 - (4) Description of the object(s) of the search;

- (4)(5) Type/Scope of search (~~what was~~ was areas/items searched);
- (5)(6) Results of search, prohibited material(s) found, disposition of the material(s) seized and discipline imposed;
- (6)(7) Name of the witness to the search;
- (8) Name of the district official conducting the search;
- (7)(9) Contacts with law enforcement and name/position of the contact(s).

c. Documentation will be maintained as a part of the student's education records and retained in accordance with applicable Oregon Administrative Rules governing records' retention.

8. Notice

Notice of the Board's policy and ~~pertinent provisions~~ of this administrative regulation will be provided to staff, students and their parent(s) annually, through such means as staff and student/parent handbooks.

9. Cooperation with Law Enforcement Officials

a. Administrators will meet with law enforcement officials annually to review:

- (1) Official contact protocols;
- (2) Applicable Board policies and administrative regulations;
- (3) Circumstances in which the district will generally be requesting local law enforcement involvement in student searches and suspected crimes;
- (4) Handling of searches and evidence ~~of suspected crimes~~ when involving law enforcement officials.

Coos Bay School District 9
STUDENT SEARCH FORM

1. Name, age and sex of student: _____

2. Time and location of search: _____

3. Basis for search and nature of reasonable suspicion. What factors caused you to have a reasonable suspicion that the search of this student, his/her person or property or property assigned by the district for student use, would turn up evidence ~~of a violation of law, Board policy, administrative regulation or school rule~~ of some item that posed a risk of immediate and serious harm to the student, school officials and/or others at their ~~which possession or use of is prohibited by law, policy, regulation or rule~~ school? ~~Explain~~ Describe.

4. Describe exactly ~~what was~~ areas and items searched: _____

5. What did the search yield? Were any prohibited items/materials seized? Were seized items/materials turned over to police? Parents? Other? Why or why not? Explain and include name(s)/position(s) of law enforcement contacts.

6. Was discipline imposed? Why or why not?

7. Name and title/position of the witness ~~and title/position~~ to the search: _____

78. Name and title/position of district official ~~and title/position~~ conducting the search: _____

R 2/26/15 KW

Pediculosis (Head Lice)

Guidelines for classrooms and parents/guardians that will assist in the prevention and spread of head lice:

1. Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp);
2. Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes;
3. Do not share combs, brushes, or towels. Disinfect combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes;
4. Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person;
5. Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks;
6. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing;
7. Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

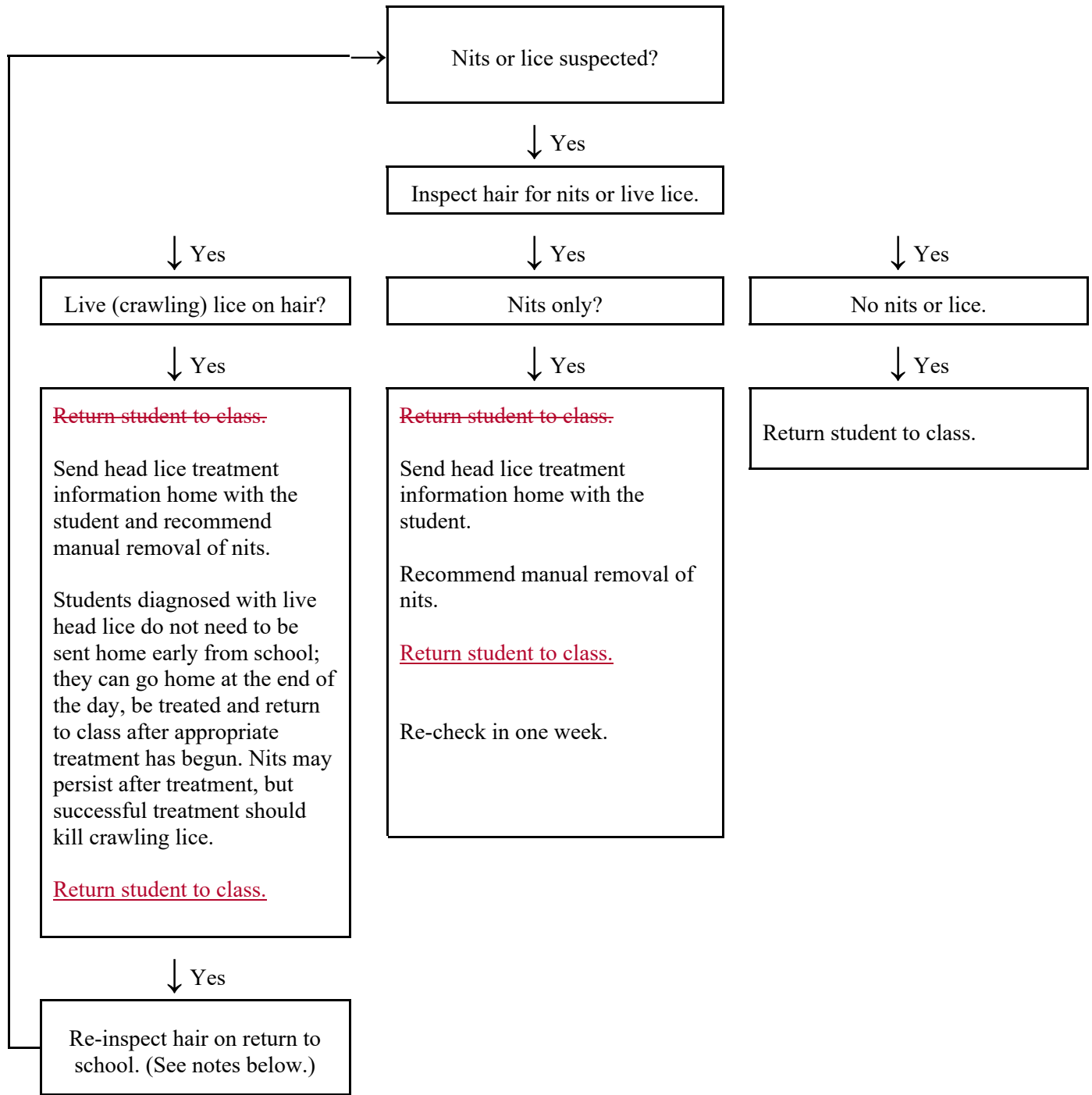
Students found to have contracted head lice will be subject to the following procedures:

1. Suggested school measures for head lice control, as provided in "~~Health Services for the School Community~~Communicable Disease"¹ issued through the Oregon Department of Education will be followed.
2. Screening recommendations are as follows:
 - a. When three or more positive cases in a classroom are identified, the whole classroom may be screened, resource dependent.
 - b. Criteria for additional screening of individuals for lice are: persistent itching or scratching, known exposure to sibling or other close contact with head lice self (student or parent) referral.
3. As provided by OAR 333-019-0015, students found to have contracted head lice may be restricted from school at the discretion of the local school district authorities. The presence of nits (lice eggs) only is not considered restrictable.
4. Treatment information, district policy requirements, and re-admittance provisions will be provided to the parent. Parents will be advised to:
 - a. Shampoo hair with FDA approved lice shampoo per label instructions unless a health care provider has instructed you differently.

¹<http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf>

- b. Follow the personal and household cleaning instructions provided by the district, health-care provider, or local health authority, as appropriate.
 - c. Remove all nits after treatment.
5. Following treatment, the student will be readmitted to school.
6. Parents shall either accompany their student to school for re-admittance or provide a signed statement that treatment has been initiated.
7. The student will be subject to screening by designated personnel to determine the treatment's effectiveness. The student will be readmitted to school or denied admittance, as appropriate. The absence of nits is not required for re-admittance. In the event the student is not readmitted to school because of the continued presence of live lice, parents will be notified.
8. Students readmitted will be subject to follow-up screening by designated personnel.
9. In the event additional assistance and/or information is needed regarding the treatment of the student, other family members, close contacts and the home environment (bedding, linens, grooming equipment, etc.), parents should contact their school nurse or local health department.
10. Students with chronic head lice may be referred for follow-up to the school's nurse or local health department, as appropriate.
11. Parents who identify head lice on their students at home are to complete treatment prior to the readmission of their student, as required above. Parents are also encouraged to notify the school of their student's condition so that appropriate preventative measures may be implemented at school.

See attached flowchart for guidelines.



When live lice are found on recheck(s):

- Encourage parent to review treatment information;
- Retreat only as directed on product instructions;
- Re-send head lice treatment information, if necessary.

For ongoing concerns consult with your school nurse.

Reporting Form Regarding Sexual Conduct with Students

~~Any district/school employee who has reasonable cause to believe that another district/school employee or volunteer has engaged in sexual conduct with a student must immediately notify his/her immediate supervisor, who will immediately notify the superintendent.~~

~~Date of report: _____~~

~~1. The name, ~~position~~ and contact information of the person making the report:_____~~

~~2. Name of person allegedly engaging in sexual
conduct: _____~~

~~Date and place of incident or incidents: _____~~

~~Description of sexual conduct: _____~~

~~The name, ~~position~~ and contact information of ~~any witnesses (if any) to the report:~~_____~~

~~3. Evidence of sexual conduct, e.g., letters photos, etc. (attach evidence if possible): _____~~

~~A description of how the report was made (i.e., phone or other method). _____~~

~~I agree that all of the information on this form is accurate and true to the best of my knowledge.~~

Signature: _____ Date: _____

For office use only.

4. ~~The name of individual of the agency and individual~~ who took the report:-

5. ~~The d~~Date and time that the report was made. _____

Date and time it was reported to the Superintendent: _____

6. Description of the incident. _____

~~Persons who received a copy of the written report.~~

Student/Teacher Ratios 2017/18
Based on 12/4/2017 active enrollments

Blossom Gulch

	Bdgt Est	Tchr	Avg Size	12/4/17	Tchr	Avg Size
K	149	6	24.8	147	6	24.5
1	149	6	24.8	150	6	25.0
2	138	6	23.0	136	6	22.7
3	155	6	25.8	150	6	25.0
PE Teacher		1		0	1	0.0
Tot	591	25	23.6	583	25	23.3

Madison

	Bdgt Est	Tchr	Avg Size	12/4/17	Tchr	Avg Size
K	93	5	18.6	95	5	19.0
1	93	5	18.6	97	5	19.4
2	95	4	23.8	97	4	24.3
3	98	4	24.5	99	4	24.8
PE Teacher		1			1	
Tot	379	19	19.9	388	19	20.4

Millicoma

	Bdgt Est	Tchr	Avg Size	12/4/17	Tchr	Avg Size
4	145	5.5	26.4	137	5	27.4
5	121	5	24.2	129	5	25.8
6	132	4.5	29.3	135	5	27.0
7	112	4	28.0	120	4	30.0
Music Tchr		0.5			0.5	
PE Tchr		1			2	
	510	20.5	24.9	521	21.5	24.2

Sunset

	Bdgt Est	Tchr	Avg Size	12/4/17	Tchr	Avg Size
4	99	4	24.8	108	4	27.0
5	120	4	30.0	110	4	27.5
6	105	4	26.3	102	4	25.5
7	108	4	27.0	111	4	27.8
Music Tchr		0.5			0.5	
PE Tchr		1			2	
	432	17.5	24.7	431	18.5	23.3

Marshfield

	Bdgt Est	12/4/17
8	219	214
9	214	209
10	202	211
11	191	197
12	144	161
T	970	992
Core Subj Tchr	24	24
Elective Tchr	14	13.5
	38	37.5
Ratio	25.5	26.5

Harding Learning Center

Dest	60	4	15.0	54	3.8	14.2
Bell	23	0	24.0	21	0	21.0
GED	42	0.45	93.3	31	1	31.0
R.Link	77	4	19.3	78	4	19.5

	Bdgt Est	Tchr	Avg Size	12/4/17	Tchr	Avg Size
Lthse	218	0	0	212	0	0
BG	591	25.00	23.6	583	25.00	23.3
MD	379	19.00	19.9	388	19.00	20.4
ML	510	20.50	24.9	521	21.50	24.2
SN	432	17.50	24.7	431	18.50	23.3
MHS	970	38.00	25.5	992	37.50	26.5
HLC	202	8.45	23.9	184	8.80	20.9
	3084	128.45		3099	130.3	

* Core subjects include, Language Arts, Math, Social Studies
Science

Coos Bay School District
Statement of Revenues, Expenditures and Changes in Fund Balances
For Fiscal Year 17/18 as of 11/30/2017

	General Fund			Special Revenue Fund			Debt Service Fund			Capital Projects Fund		
	Budget	YTD Revenues	Balance	Budget	YTD Revenues	Balance	Budget	YTD Revenues	Balance	Budget	YTD Revenues	Balance
Revenues												
(1000) Local Sources	8,150,000	5,787,648	2,362,352	1,357,884	582,004	775,880	4,647,323	1,485	4,645,838	335,800	48,443	287,357
(2000) Intermediate Sources	50,000	46,844	3,156	35,000	3,371	31,629	0	0	0	0	0	0
(3000) State Sources	24,237,824	10,497,768	13,740,056	1,126,946	149,961	976,985	0	0	0	2,463,000	0	2,463,000
(4000) Federal Sources	15,000	(116)	15,116	3,685,910	486,634	3,199,276	0	0	0	0	0	0
(5000) Other Sources	5,004,000	4,990,911	13,089	1,151,228	1,157,977	(6,749)	100,100	107,702	(7,602)	68,192,000	1,745,924	66,446,076
Total Revenues	37,456,824	21,323,055	16,133,769	7,356,968	2,379,947	4,977,021	4,747,423	109,188	4,638,235	70,990,800	1,794,367	69,196,433
Expenditures												
(1000) Instruction	19,280,109	6,136,202	13,143,907	3,908,047	928,818	2,979,229	0	0	0	0	0	0
(2000) Support Services	14,469,232	5,093,288	9,375,944	1,833,720	471,286	1,362,434	150	0	150	3,291,825	30,693	3,261,132
(3000) Community Services	0	0	0	1,513,657	338,277	1,175,380	0	0	0	0	0	0
(4000) Facilities & Construction	0	0	0	0	0	0	0	0	0	66,295,000	72,670	66,222,330
(5000) Debt Service/Transfers	1,085,280	981,677	103,603	47,784	15,000	32,784	4,747,273	0	4,747,273	0	0	0
(6000) Contingency	2,622,203	0	2,622,203	219,903	0	219,903	0	0	0	710,600	0	710,600
(7000) Unapp. Ending Fund Balance	0	0	0	0	0	0	0	0	0	693,375	0	693,375
Total Expenditures	37,456,824	12,211,167	25,245,657	7,523,112	1,753,381	5,769,731	4,747,423	0	4,747,423	70,990,800	103,364	70,887,436
Fund Balances - November 30, 2017		9,111,888			626,566			109,188			1,691,003	

FACILITIES PLANNING COMMITTEE

I. CALL TO ORDER

James Martin called the meeting to order at 5:32 p.m. Others present included James LaBine, Dustin Clarke, Jill Christiana, Superintendent Bryan Trendell, Candace McGowne, Rick Roberts, Lynda Sanders, Melia Jasso, Ann Marineau, Nicole Ault, Michelle Inskeep, Lesli Traylor, Linda Vickrey, Karla and Steve Delgado, Rod Danielson, Chloe Danielson, Greg Mulkey, Barbara Green, Trevor Edd, Travis Howard, Bryce Grotzke, Chad Putman, Richard Hinkle, Rocky Place, Kevin Wilhite, Brandon Waite, Brian Hutchins, Joe Slack, David Qualman, Peggy Ahlgrim, and Jillian Ward from *The World*.

2. REVIEW OF FACILITIES PLANNING COMMITTEE ROLE AND MEMBERSHIP

A copy of the Facilities Planning Committee Charter was presented and reviewed. The committee consists of three board members, the superintendent, business manager, and facilities manager. It currently needs standing community members to be involved in the construction decisions involving the district. If you are interested, contact James Martin.

3. OSBA GUIDELINES

The guidelines for what to do when a bond measure passes were presented and reviewed.

A. ESTABLISH PUBLIC OVERSITE ADVISORY COMMITTEE

It is recommended to establish a project Oversight Advisory Committee consisting of a board representative, key representatives from district facilities committee, administrators, staff, construction trades, someone familiar with how tax dollars are spent as well as parent and community representatives from the areas where the work is being done. The committee's job is to monitor project progress to be sure projects are completed on time and within budget and keep the community informed about the projects and their progress. There will be a sub-committee for each project. Dustin Clarke will head the committee to create the Oversight Advisory Committee.

B. TIMELINE

The timeline for selling the bonds is still being discussed. In order to get favorable rates, there is a time limit requirement to spend 100% of the \$4 million grant in three years and 85% of the \$59,995,000 bond in three years. The board will determine if they are going to sell 100% of the bonds all at once or break it into two sales. The district anticipates the funds available in May, 2018.

4. CONSTRUCTION SCHEDULE SCENARIOS

Because of the magnitude of the construction, the district realizes a number of the staff, parents, and community members will be inconvenienced to one degree or another during the construction phase. Schools and programs will be shuffled as new buildings are built, classrooms and whole schools will need to be packed up and moved, traffic will be impacted at the construction sites, and parking and field space will be reduced due to construction staging. The district will make every effort to reduce the various impacts. The inconvenience is more than worth it though.

Eastside/Millicoma: The Eastside site will be prepared for construction. Millicoma work will be done over the summer months as much as possible and work that won't impact the classrooms will be done during the school year. The staging area will be part of the playground.

Harding Learning Center (HLC): The district is finalizing the new locations of the programs & offices located HLC. The goal is to have the Harding Building empty by the start of the 2018-19 school year so that demolition and construction can begin as soon as possible. The site will be prepared for construction and the staging area will be the parking lot at HLC.

Madison/Sunset: Madison will be prepared for construction with the possibility of using modular classrooms for transition classrooms. Sunset work will be done over the summer months as much as possible, and work that won't impact the classrooms will be done during the school year. The staging area will be part of the fields.

5. SEISMIC GRANT

The district will be applying for a seismic grant for Madison Elementary School. The deadline for applying is January 31, 2017.

6. DEVELOPMENT OF REQUEST FOR PROPOSALS (RFPs)

Candace McGowne will head the team for developing RFPs for the Project Manager and Architect. The project manager would oversee the contractor(s). The district will need to consider traditional design/bid/build where design is completed prior to any bidding by contractors or Construction Manager General Contracting (CMGC) where the general contractor gets selected during the design phase. CMGC is more of a collaborative relationship.

7. Communications Team

The superintendent and business manager will discuss the possibility of a stipend for updating the district's bond webpage and Facebook posts for communication on the progress of the construction. The Public Oversight Committee will also play a role in communications. It could also be part of the RFP as part of the project manager's contract.

8. ADJOURN MEETING

The meeting was adjourned at 7:31 p.m.

James Martin, Board Member

Peggy Ahlgrim, Board Secretary

POLICY COMMITTEE

Mary Fields called the meeting to order at 8:00 a.m. Those present included Mary Fields, Jill Christiana, James Martin, Superintendent Bryan Trendell, and Peggy Ahlgrim.

1. POLICY REVIEW

Policies GCBDA-GDBDA AR(3)(A), GCBDA-GDBDA AR(3)(B), GCBDA-GDBDA AR(3)(C), GCBDA-GDBDA AR(3)(D), GCBDA-GDBDA AR(4), GCBDA-GDBDA AR(5), GCBDA-GDBDA AR(6), GCBDA-GDBDA AR(7), GCL-GDL, GCL-AR, GCPB/GDPB, and IKF were reviewed.

More information is being gathered on the following:

IKF

The following will be recommended for deletion or not adopted:

GCL-AR

The following will be moved forward for a first reading:

GCBDA-GDBDA AR(3)(A), GCBDA-GDBDA AR(3)(B), GCBDA-GDBDA AR(3)(C), GCBDA-GDBDA AR(3)(D), GCBDA-GDBDA AR(4), GCBDA-GDBDA AR(5), GCBDA-GDBDA AR(6), GCBDA-GDBDA AR(7), GCL-GDL, and GCPB/GDPB.

2. ADJOURN MEETING

The meeting adjourned at 9:30 a.m.

Mary Fields, Board Member

Peggy Ahlgrim, Board Secretary

POLICY COMMITTEE

Mary Fields called the meeting to order at 8:00 a.m. Those present included Mary Fields, Jill Christiana, James Martin, Superintendent Bryan Trendell, and Peggy Ahlgrim.

1. POLICY REVIEW

Policies CBG, DC, EBBB, EFA, EFAA-AR, EGACA-AR, GBI, GBI-AR, GBMA, GCBDA/GDBA, GCBDA/GDBDA-AR(1), GCBDA/GDBDA-AR(2), GCBDA/GDBDA-AR(3)(C), GCBDA/GDBDA-AR(4), GCDA/GDDA, GCDA/GDDA-AR, GCL/GDL, GCL-AR, IKF, JHFE-AR(2), KN-AR(1), KN-AR(2), LBE-AR. were reviewed.

More information is being gathered on the following:

GBI, GBI-AR, GCBDA/GDBDA-AR(1), GCDA/GDDA, GCDA/GDDA-AR, KN-AR(1),

The following will be recommended for deletion or not adopted:

DC, EGACA-AR, GCL-AR, LBE-AR

The following will be moved forward for a first reading:

CBG, EBBB, EFA, EFAA-AR, GBMA, GCBDA/GDBDA, GCBDA/GDBDA-AR(2), GCBDA/GDBDA-AR(3)(C), GCBDA/GDBDA-AR(4), GCL/GDL, IKF, JHFE-AR(2), KN-AR(2),

2. ADJOURN MEETING

The meeting adjourned at 10:15 a.m.

Mary Fields, Board Member

Peggy Ahlgrim, Board Secretary

Coos Bay School District 9

Code: GCBDA/GDBDA
Adopted: 4/08/96
Readopted: 10/06/09
Orig. Code(s): GCBDA/GDBDA

Family Medical Leave

When applicable, the district will comply with ~~all the~~ provisions of the Family and Medical Leave Act (FMLA) of 1993, the Oregon Family Leave Act (OFLA) of 1995, the Military Family Leave Act as part of the National Defense Authorization Acts of 2008 and for Fiscal Year 2010 (which expanded certain leave to military families and veterans for specific circumstances), the Oregon Military Family Leave Act (OMFLA) of 2009, and other applicable provisions of Board policies and collective bargaining agreements regarding family medical leave.
~~other applicable provisions of Board policies regarding family medical leave.~~

FMLA applies to districts with 50 or more employees within 75 miles of the employee's work site, based on employment during each working day during any of the 20 or more work weeks in the calendar year in which the leave is to be taken, or in the calendar year preceding the year in which the leave is to be taken. The 50 employee test does not apply to educational institutions for determining employee eligibility.

OFLA and OMFLA applies to districts that employ 25 or more part-time or full-time employees in Oregon, based on employment during each working day during any of the 20 or more work weeks in the calendar year in which the leave is to be taken, or in the calendar year immediately preceding the year in which the leave is to be taken.

In order for an employee to be eligible for the benefits under ~~federal law~~ FMLA, he/she must have been employed by the district for the previous 12 months and have worked at least 1250 hours during the past 12-month period.

In order for an employee to be eligible for the benefits under ~~state law~~ OFLA, ~~an employee he/she~~ must work an average of 25 hours per week and have been employed at least 180 calendar days prior to the first day of the family medical leave of absence. ~~However, for~~ for parental leave purposes, an employee becomes eligible upon completing at least 180 calendar days immediately preceding the date on which the parental leave begins. There is no minimum average number of hours worked per week when determining employee eligibility for parental leave.

OMFLA applies to employees who work an average of at least 20 hours per week; there is no minimum number of days worked when determining an employee's eligibility for OMFLA.

Federal and state leave entitlements generally run concurrently.

The superintendent will develop administrative regulations as necessary for the implementation of the provisions of both federal and state law.

END OF POLICY

Legal Reference(s):

[ORS 332.507](#)

[ORS 342.545](#)

[ORS 659A.150 - 659A.186](#)

[OAR 839-009-0200 to-0320](#)

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213; 29 C.F.R. Part 1630 (2006); 28 C.F.R. Part 35 (2006).
Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601-2654 (2006); Family and Medical Leave Act of 1993, 29 C.F.R.
Part 825 (2008).

National Defense Authorization Act of 2008, Public Law 110-181, Section 585(a).

[Americans with Disabilities Act Amendments Act of 2008.](#)

[National Defense Authorization Act for Fiscal Year 2010, Public Law 111-84, § 565.](#)

[Escriba v. Foster Poultry Farms, Inc. 743 F.3d 1236 \(9th Cir. 2014\).](#)

Coos Bay School District 9

Code: **GCPB/GDPB**
Adopted: 6/29/11
Readopted: 4/08/13

Resignation of Staff

A licensed staff member who wishes to resign from his/her position with the district must give written notice at least 60 days prior to the date he/she wishes to leave district employment. The superintendent is authorized to accept the resignation effective the day it is received and either release the teacher immediately from further teaching or administrative obligations or inform the teacher that he/she must continue teaching for part or all of the 60-day period.

Where less than a 60-day notice is given, the Board may request the Teacher Standards and Practices Commission to discipline the licensee. Exceptions due to emergency or other extenuating circumstances may be considered by the Board.

The superintendent is authorized to accept resignations of classified employees effective the day they are received.

END OF POLICY

Legal Reference(s):

[ORS 342.553](#)
[ORS 652.140](#)

[OAR 581-022-1720](#)
[OAR 584-050-0020](#)

Pierce v. Douglas County Sch. Dist., 297 Or. 363 (1984).

Coos Bay School District 9

Code: **JECAC**
Adopted: 5/14/07
Readopted: 2/02/12
Orig. Code(s): JECAC

Student/Parent Relations

The Board believes it is appropriate to assure minor students have frequent and continuing contact with and support from parents. In concert with that belief, the Board directs the administration to make all reasonable attempts to encourage parents in the rights and responsibilities of their student.

Further, the Board encourages both parents to be involved in their children's school affairs, and unless otherwise ordered by the courts, an order of sole custody to one parent shall not deprive the other parent access to school records.

By law, both parents, whether married, separated or divorced, have access to the records of a student who is under 18 unless the district is provided evidence that there is a court order, state statute or legally binding document related to such matters as divorce, separation, or custody that specifically revokes these rights. The noncustodial parent may receive and inspect school records and consult with school staff concerning the child's welfare and education to the same extent as provided the parent having sole custody.

Noncustodial parents will be granted visitation or telephone access to the child during the school day or may pick the child up from school under the same rules and procedures established by the school for custodial parents unless the custodial parent has provided the school written documentation in the form of a court order or divorce decree which prohibits such access.

In the case of joint custody, the district will adhere to all conditions specified and ordered by the court. The district may request in writing any special requests or clarifications in areas concerning the student and the district's relationship and responsibilities.

The district will use reasonable methods to identify and authenticate the identity of both parents.

END OF POLICY

Legal Reference(s):

[ORS 107.154](#)
[ORS 109.056](#)
[ORS 163.245 - 163.257](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2006); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2006).

Protection of Pupil Rights, 20 U.S.C. § 1232h (2006); Student Rights in Research, Experimental Programs and Testing, 34 C.F.R. Part 98 (2006).

Coos Bay School District 9

Code: **JG**
Adopted: 11/13/89
Readopted: 3/07/11; 3/10/14; 1/11/16
Orig. Code(s): JG

Student Discipline **

Discipline in the district is based upon a guidance-counseling philosophy designed to produce behavioral changes that will enable students to develop the self-discipline necessary to remain in school and to function successfully in their educational and social environments.

Students are subject to discipline for conduct while traveling to and from school, at the bus stop, at school-sponsored events, while at other schools in the district and while off campus, whenever such conduct causes a substantial and material disruption of the educational environment.

The major objectives of the school discipline program are to teach the following fundamental concepts for living:

1. Understanding and respect for the rights, dignity and safety of all individuals.
2. Understanding and respect for the law, district policies, procedures, rules and regulations.
3. Understanding of and respect for public and private property rights.
4. Understanding that individuals are responsible for their behavior and accountable for all consequences which may arise as a result of that behavior.

The Board seeks to assure a school climate which is appropriate for learning and which assures the safety and welfare of personnel and students. We ask parents to assist in this endeavor by supporting schools in their disciplinary actions and by teaching at home the same four principles mentioned above. The superintendent will develop administrative regulations whereby those students who are disruptive of the educational setting or who endanger the safety of others will be offered corrective counseling and be subject to disciplinary sanctions that are age appropriate, and to the extent practicable, that use approaches that are shown through research to be effective to correct behavioral problems, while supporting a students' attendance to school and classes. Examples include, but are not limited to, reprimands, conferences, detention and denial of participation in cocurricular and extracurricular activities. Titles and/or privileges available to or granted to students may be denied and/or revoked (e.g., valedictorian, salutatorian, student body, class or club office positions, field trips, senior trip, prom, etc.).

The district shall enforce consistently, fairly and without bias all student conduct policies, administrative regulations and school rules.

A student whose conduct or condition is seriously detrimental to the best interests of the school may be suspended. Students may be expelled for any of the following circumstances: a) when a student's conduct poses a threat to the health or safety of students or employees; b) when other strategies to change the student's behavior have been ineffective, except that expulsion may not be used to address truancy; or c) when required by law. The district shall consider the age of the student and the student's past pattern of behavior prior to imposing the suspension or expulsion. The district will ensure careful consideration of

the rights and needs of the individual concerned, as well as the best interests of other students and the school program as a whole.

The use of out-of-school suspension or expulsion for discipline of a student in the fifth grade or below, is limited to:

1. Nonaccidental conduct causing serious physical harm to a student or employee;
2. When a school administrator determines, based on the administrator's observation or upon a report from an employee, the student's conduct poses a threat to the health or safety of students or employees; or
3. When the suspension or expulsion is required by law.

When an out-of-school suspension is imposed on a student in the fifth grade or lower, the district shall take steps to prevent the recurrence of the behavior that led to the out-of-school suspension, and return the student to a classroom setting to minimize the disruption of the student's academic instruction.

Parents, students and employees shall be notified by handbook, code of conduct or other document of acceptable behavior, behavior subject to discipline and the procedures to address behavior ~~and the consequences of that behavior~~. These procedures will include a system of consequences designed to correct student misconduct and promote acceptable behavior.

END OF POLICY

Legal Reference(s):

[ORS 243.650](#)
[ORS 332.061](#)
[ORS 332.072](#)
[ORS 332.107](#)
[ORS 339.115](#)
[ORS 339.240 to -339.280](#)
[ORS 659.850](#)
[OAR 581-021-0045](#)
[OAR 581-021-0050 to -0075](#)

[Tinker v. Des Moines Sch. Dist., 393 U.S. 503 \(1969\).](#)
[Shorb v. Grotting and Powers Sch. Dist., Case No. 00CV-0255 \(Coos County Circuit Ct.\) \(2000\).](#)
[Ferguson v. Phoenix Talent Sch. Dist. #4, 172 Or. App. 389 \(2001\).](#)

Cross Reference(s):

JFC - Student Conduct
JGD - Suspension
JGE - Expulsion

Coos Bay School District 9

Code: **JHCB**
Adopted: 11/13/89
Readopted: 3/28/11; 5/12/14
Orig. Code(s): JHCB

Immunization and Vision Screening/Eye Examination and Dental Screening **

Immunization

No student will be allowed to enroll or continue school attendance without first presenting evidence of compliance with Oregon Revised Statutes and Oregon Administrative Rules requiring immunization.

Proof of immunization will be presented prior to the time of initial enrollment in school or within 30 days of transfer to the district. Proof consists of a signed Certificate of Immunization Status form documenting either evidence of immunization or a religious, philosophical beliefs and/or medical exemption.¹

The administrator or designee is authorized to exclude any student from school attendance for noncompliance with the statutes ~~and-or~~ rules. The administrator or designee will notify the parent in writing of the reason for the exclusion, stating that the student will continue to be excluded until the student has complied with the requirements. The notice will also inform the parent that a hearing will be afforded upon request.

The district will comply with the Oregon Department of Human Services, Health Services, rules related to the district's immunization registry and the associated tracking and recall systems. This compliance shall include the waiver of the requirement of consent for release of information from or providing information to and the waiver of issues of confidentiality in regard to immunization records.

Vision Screening/Eye Examination

The parent or guardian of a student who is 7 years of age or younger and is beginning an education program with the district for the first time shall, within 120 days of beginning the education program, submit a certification that the student received:

1. A vision screening or eye examination; and
2. Any further examinations or necessary treatments of the eye or assistance of the powers or range of vision of the eye.

The certification is not required if the parent or guardian provides a statement to the district that:

1. The student submitted a certification to a prior education provider; or
2. The vision screening or eye examination is contrary to the religious beliefs of the student or the parents or guardian of the student.

¹Documentation required for exemption is outlined in ORS 433.267.

The policy is in effect for all students not exempted for religious beliefs, philosophical beliefs or medical reasons.[†]

Dental Screening

The district shall file in the student's dental health record any dental screening certifications and any results of a dental screening known by the district. The district will provide to the parent or guardian of each student, standardized information developed by the Oregon Health Authority's dental director regarding dental screenings, further examinations or necessary treatments and preventative care including fluoride varnish, sealants and daily brushing and flossing.

The parent or guardian of a student who is 7 years of age or younger and is beginning an education program with the district for the first time, shall submit a certification within 120 days of beginning the education program, that the student has received a dental screening within the previous 12 months.

The certification is not required if the parent or guardian provides a statement to the district that:

1. The student submitted a certification to a prior education provider;
2. The dental screening is contrary to the religious beliefs of the student or the parent or guardian of the student; or
3. The dental screening is a burden for the student or the parent or guardian of the student in the following ways:
 - a. The cost of obtaining the dental screening is too high;
 - b. The student does not have access to an approved screener;
 - c. The student was unable to obtain an appointment with an approved screener.

The certification may be provided by a licensed dentist, a dental hygienist or a health care practitioner as defined by state law. The certification must include the:

1. Student's name;
2. Date of screening; and
3. Name of entity conducting the dental screening.

The district shall submit a report to the Oregon Department of Education that identifies the percentage of students who failed to submit the certification for the previous year, no later than October 1 of each year.

END OF POLICY

Legal Reference(s):

[ORS 326.580](#)
[ORS 336.211](#)
[ORS 336.213](#)
[ORS 433.235 to -433.280](#)

[OAR 333-019-0010](#)
[OAR 333-050-0010 to -0120](#)
[OAR 581-021-0031](#)

[OAR 581-021-0017](#)
[OAR 581-022-0705](#)

Cross Reference(s):

JEC - School Admissions

Coos Bay School District 9

Code: **KLB**
Adopted: 11/13/89
Readopted: 2/27/12
Orig. Code(s): KLB

Public Complaints about the Curriculum or Instructional Materials

Differences of opinion may occur and shall be handled in an impartial and factual manner. An orderly procedure is necessary which shall assure a fair hearing to those who have objections and which shall also protect the district and its employees from unreasonable demands.

Challenges of instructional or library/media materials shall be resolved utilizing the district's Board policy KL - Complaint Procedure for School Patrons and its administrative regulation, KL/GBM-AR - Complaint Procedure.

If the complaint reaches Level 2 of KL/GBM-AR - Complaint Procedure, the individual(s) challenging the material must file with the principal an Instructional/Media Material Reconsideration Form. This form is available from the district media supervisor. A committee will be appointed to review the complaint and will make a recommendation back to the principal within 10 days. The principal will render a written decision within five days of the receipt of the committee's recommendation.

If the complaint reaches Level 3 of the Complaint Procedure, the Instructional Material Reconsideration Form, along with the principal's decisions, will be sent to the superintendent.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

Cross Reference(s):

IIAC - Library Materials Selection and Adoption

Coos Bay School District 9

Code: **LBE**
Adopted: 4/12/04
Readopted: 9/05/12
Orig. Code(s): LBE

Public Charter Schools**

The district recognizes that public charter schools offer an opportunity to create new, innovative, and flexible ways of educating students. Public charter schools shall demonstrate a commitment to the mission and diversity of public education while adhering to one or more of the following goals:

1. Increase student learning and achievement;
2. Increase choices of learning opportunities for students;
3. Better meet individual student academic needs and interests;
4. Build stronger working relationships among educators, parents, and other community members;
5. Encourage the use of different and innovative learning methods;
6. Provide opportunities in small learning environments for flexibility and innovation;
7. Create new professional opportunities for teachers;
8. Establish additional forms of accountability for schools; and
9. Create innovative measurement tools.

Public charter schools may be established as a new public school, from an existing public school or a portion of the school, or from an existing alternative education program. A public charter school may not convert an existing tuition-based private school into a charter school, affiliate itself with a nonsectarian school or religious institution, or encompass all the schools in the district unless the district is composed of only one school.

The Board will not approve any public charter school proposal when it is deemed that its value is outweighed by any direct identifiable, significant, and adverse impact on the quality of the public education of students residing in the district. To meet the eligibility criteria for Board approval, a public charter school proposal must meet the requirements of Oregon Revised Statutes, Oregon Administrative Rules, Board policy and regulation. Upon request of the Board, the public charter school applicant must furnish in a timely manner any other information the Board deems relevant and necessary to conduct a complete and good faith evaluation of the charter school proposal.

The district will determine if it has any unused or underutilized buildings. Buildings may be made available for public charter school use, subject to Board approval. Approved use may be limited to instructional purposes only. Appropriate use fees will be determined by the Board. Public charter school use outside the district's instructional day will be subject to Board policy KG - Community Use of District Facilities and accompanying administrative regulation.

Public charter school students may, upon request, be allowed to participate in district programs such as physical education, instrumental and vocal music offerings, or other selected options if space and materials are available. Students must adhere to state law, Board policies, regulations, and rules concerning conduct and discipline.

The district will provide instructional materials, lesson plans, or curriculum guides for use in a public charter school.

The public charter school employer will be determined with each proposal. If the Board is the employer, the terms of the current collective bargaining agreement will be examined to determine which parts of the agreement apply. If the Board is not the sponsor of the public charter school, it shall not be the employer and will not collectively bargain with public charter school employees.

The district ~~will~~ may annually ~~[by October 1,]~~ ~~[semiannually [by October 1 and April 1,]]~~ ~~[by [December 1],]~~⁺ calculate the number of students residing in the district who are enrolled in a virtual public charter school. When the percentage is three percent or above, the district may choose to not approve additional students for enrollment to a virtual public charter school.

The district is only required to use data that is reasonably available to the district including but not limited to the following for such calculation:

1. The number of students residing in the district enrolled in the schools within the district;
2. The number of students residing in the district enrolled in public charter schools located in the district;
3. The number of students residing in the district enrolled in virtual public charter schools;
4. The number of home-schooled students who reside in the district and who have registered with the educational service district; and
5. The number of students who reside in the district enrolled in private schools located within the school district.

A parent may appeal a decision of a school district to not approve a student for enrollment to a virtual public charter school to the State Board of Education.

The superintendent will develop administrative regulations for public charter schools to include the proposal process, review and appeal procedure, and charter agreement provisions.

END OF POLICY

⁺~~[Per OAR 581-020-0342 (7)(a) the district must choose annual, semi-annual or other date used for calculation; dates are provided as a recommendation only.]~~

Legal Reference(s):

[ORS 327.077](#)

[ORS 327.109](#)

[ORS 332.107](#)

[ORS Chapter 338](#)

[ORS 339.141](#)

[ORS 339.147](#)

[OAR 581-020-0301 to -0395](#)

HB 2030 (2011)

HB 2299 (2011)

HB 2301 (2011)

HB 3417 (2011)

SB 800 (2011)

No Child Left Behind Act of 2001, P.L. 107-110, Title I, Sections 1111-1120B.

Coos Bay School District 9

Code: **IGDF**
Adopted: 2/13/89
Readopted: 1/12/11
Orig. Code(s): IGDF

Student Fund-Raising Activities

All fund-raising must be approved by the principal and supervised by the appropriate advisor.

Fund-raising projects involving the sale of products must also be approved by the activity sponsor and by the principal before the activity is initiated. Solicitation of funds is expressly prohibited without consent of the principal.

If fund raising consists of selling food and beverage items to students during the regular or extended school day, the food and beverage items must comply with state and federal nutrition standards, rules and laws. This does not apply to food and beverage items sold at school-related or nonschool-related events for which parents and other adults are a significant part of the audience.

END OF POLICY

Legal Reference(s):

[ORS 336.423](#)
[ORS 339.880](#)

[OAR 137-025-0020 to -0530](#)
[OAR 581-022-1660\(2\)](#)

[Federal Smart Snacks in School Rules, 7 C.F.R. Part 210.11.](#)

Coos Bay School District 9

Code: **JEA**
Adopted: 10/9/00
Readopted: 3/07/11; 9/10/12; 9/16/13;
4/11/16
Orig. Code(s): JEA

Compulsory Attendance**

Except when exempt by Oregon law, all students between ages 6 and 18 who have not completed the 12th grade are required to regularly attend a public, full-time school during the entire school term.

All students five years of age who have been enrolled in a public school are required to attend regularly while enrolled in the public school.

Persons having legal control of a student between the ages 6 and 18, who has not completed the 12th grade, are required to have the student attend and maintain the child in regular attendance during the entire school term. Persons having legal control of a student, who is five or six years of age and have enrolled the child in a public school, are required to have the student attend and maintain the child in regular attendance during the school term.

~~Under the superintendent's direction and supervision, a~~ Attendance supervisors shall monitor and report any violation of the compulsory attendance law to the superintendent or designee. Failure to send a student and to maintain a student in regular attendance is a Class C violation.

The district will develop procedures for issuing a citation.

A parent who is not supervising his/her student by requiring school attendance may also be in violation of Oregon Revised Statute (ORS) 163.577 (1)(c). Failing to supervise a child is a Class A violation.

In addition, under Board policy JHFDA - Suspension of Driving Privileges, the district may report students with 10 consecutive days of unexcused absences or 15 cumulative days unexcused absence in a single semester to the Oregon Department of Transportation.

Exemptions from Compulsory School Attendance

In the following cases, students shall not be required to attend public ~~schools~~ full-time schools:

1. Students being taught in a private or parochial school in courses of study usually taught in kindergarten through grade 12 in the public schools, and in attendance for a period equivalent to that required of students attending public schools.
2. Students proving to the Board's satisfaction that they have acquired equivalent knowledge to that acquired in the courses of study taught in kindergarten through grade 12 in the public schools.
3. Students who have received a high school diploma or a modified diploma.

~~3.4.~~ Students being taught, by a private teacher, the courses of study usually taught in, kindergarten through grade 12 in the public school for a period equivalent to that required of students attending public schools.

4.5. Students being educated in the home by a parent or guardian:

- a. When a student is taught or is withdrawn from a public school to be taught by a parent or private teacher, the parent or teacher must notify the South Coast Education Service District (ESD) in writing within 10 days of such occurrence. In addition, when a home-schooled student moves to a new ESD, the parent shall notify the new ESD in writing, within 10 days, of the intent to continue home schooling. The ESD superintendent shall acknowledge receipt of any notification in writing within 90 days of receipt of the notification. The ESD is to notify, at least annually, school districts of home-schooled students who reside in their district;
- b. Each student being taught by a parent or private teacher shall be examined no later than August 15, following grades 3, 5, 8 and 10:
 - (1) If the student was withdrawn from public school, the first examination shall be administered at least 18 months after the date the student withdrew;
 - (2) If the student never attended public or private school, the first examination shall be administered prior to the end of grade 3;
 - (3) Procedures for home-schooled students with disabilities are set out in Oregon Administrative Rule (OAR) 581-021-0029.
- c. Examinations testing each student shall be from the list of approved examinations from the State Board of Education;
- d. The examination must be administered by a neutral individual qualified to administer tests on the approved list provided by the Oregon Department of Education;
- e. The person administering the examination shall score the examination and report the results to the parent. Upon request of the ESD superintendent, the parent shall submit the results of the examination to the ESD;
- f. All costs for the test instrument, administration and scoring are the responsibility of the parent;
- g. In the event the ESD superintendent finds that the student is not showing satisfactory educational progress, the ESD superintendent shall provide the parent with a written statement of the reasons for the finding, based on the test results and shall follow the guidelines in Oregon Revised Statutes and Oregon Administrative Rules.

6. Children whose sixth birthday occurred on or before September 1 immediately preceding the beginning of the current school year, if the parent or guardian notified the child's resident district in writing that the parent or guardian is delaying the enrollment of their child for one school year to better meet the child's needs for cognitive, social or physical development, as determined by the parent or guardian.

7. Children who are present in the United States on a nonimmigrant visa and who are attending a private, accredited English language learner program in preparation for attending a private high school or college.

~~5.8.~~ Students excluded from attendance as provided by law.

9. An exemption may be granted to the parent or guardian of any student 16 or 17 years of age who is lawfully employed full-time, or who is lawfully employed part-time and enrolled in school, a community college or an alternative education program as defined in ORS 336.615.

~~6.10.~~ An exemption may be granted to any child who is an emancipated minor or who has initiated the procedure for emancipation under ORS 419B.550 to 419B.558.

END OF POLICY

Legal Reference(s):

[ORS 153.018](#)
[ORS 163.577](#)
[ORS 336.615](#) to -336.665
[ORS 339.010](#) to -339.090
[ORS 339.095](#)
[ORS 339.257](#)
[ORS 339.990](#)
[ORS 807.065](#)
[ORS 807.066](#)

[OAR 581-021-0026](#)
[OAR 581-021-0029](#)
[OAR 581-021-0071](#)
[OAR 581-021-0077](#)

SB 321 (2015)

Coos Bay School District 9

Code: **JECA**
Adopted: 12/13/99
Readopted: 3/07/11; 9/10/12; 5/12/14
Orig. Code(s): JECA

Admission of Resident Students**

School-age students who reside within the district attendance area shall attend school without paying tuition.

1. Students who turn 19 years of age during the school year shall continue to be eligible for a free and appropriate public education for the remainder of the school year.
2. The ~~Board~~district may admit otherwise eligible students who are not receiving special education and who have not yet attained 21 years of age prior to the beginning of the current school year if they are shown to be in need of additional education in order to receive a diploma. These students may attend school without paying tuition for the remainder of the school year
3. The ~~Board~~district shall admit otherwise eligible students who have not yet attained age 21 prior to the beginning of the current school year if the student is receiving special education services and:
 - a. Has not yet received a regular high school diploma; or
 - b. Has received a modified diploma, an extended diploma or an alternative certificate.
4. Students with disabilities voluntarily placed outside the home by their parent may continue to attend the school the student was attending prior to placement as a district resident, when the student's parent and school staff can demonstrate it is in the student's best interest.
5. The ~~Board~~district may, based on district criteria, deny regular school admission to students who have become residents and who are under expulsion from another district for reasons other than a weapons policy violation.
6. The ~~Board~~district shall deny, for at least one calendar year from the date of expulsion, regular school admission to students who have become residents and who are under expulsion from another district for a weapons policy violation.
7. The ~~Board~~district may, based on district criteria, provide alternative programs of instruction to students expelled for a weapons policy violation.

END OF POLICY

Legal Reference(s):

[ORS 109.056](#)
[ORS 327.006](#)
[ORS 339.115](#)
[ORS 339.133](#)
[ORS 339.134](#)
[ORS 433.267](#)

Coos Bay School District 9

Code: **JECBD**
Adopted: 6/9/03
Readopted: 3/07/11
Orig. Code(s): JECBD

Homeless Students

Homeless students in the district will have access to the education and other services needed to ensure that an opportunity is available to meet the same academic achievement standards to which all students are held.

A liaison for students in homeless situations will be designated by the district to carry out duties as required by law.

The district will ensure that homeless students are not stigmatized nor segregated on the basis of their status as homeless. A homeless student will be admitted, in accordance with the student's best interest, to the ~~district school in the attendance area in which the student is actually living or to the~~ student's school of origin ~~as requested by the parent and in accordance with the student's best interest~~ or in a district school in the attendance area in which the homeless student is actually living, unless contrary to the request of the parent or unaccompanied student. Transportation will¹ be provided ~~to and from the student's school of origin at the request of the parent, or in the case of an unaccompanied student, the district's liaison for homeless students~~ by the attending or resident districts of the student in accordance with law.

The superintendent will develop administrative regulations to ~~implement this policy~~ remove barriers to access and participation by homeless students.

END OF POLICY

Legal Reference(s):

[ORS 109.056](#)
[ORS 327.006](#)
[ORS 339.115\(7\)](#)
[ORS 339.133](#)
[ORS 433.267](#)

[OAR 581-021-0045](#)

[OAR 581-021-0046](#)

~~McKinney-Vento Homeless Education Assistance Improvements Act of 2001, 42 U.S.C. §§ 11431-11435 (2005); No Child Left Behind Act of 2001, 20 U.S.C. § 6315 (2006); McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX-A of the Every Student Succeeds Act, 42 U.S.C. §§ 11431-11435 (2015); Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2006); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2006); Letter Opinions, Office of the OR Attorney General (March 15, April 18, June 30 1988); OR. DEPT OF EDUC., ODE EXECUTIVE MEMORANDA 23-1988-89, 42-1994-95.~~

¹~~McKinney-Vento Homeless Assistance Act (see 42 U.S.C. 11432(g)(1)(J)(iii)).~~

Coos Bay School District 9

Code: **JFC**
Adopted: 3/07/11
Readopted: 4/07/14

Student Conduct

The Board expects student conduct to contribute to a productive learning climate. Students shall comply with the district's written rules, pursue the prescribed course of study, submit to the lawful authority of district staff and conduct themselves in an orderly manner at school during the school day or during district-sponsored activities.

Careful attention shall be given to procedures and methods whereby fairness and consistency without bias in discipline shall be assured each student. The objectives of disciplining any student must be to help the student develop a positive attitude toward self-discipline, realize the responsibility of one's actions and maintain a productive learning environment. All staff members have responsibility for consistency in establishing and maintaining an appropriate behavioral atmosphere.

A student handbook, code of conduct or other document shall be developed by administration, in collaboration with building staff, and will be made available and distributed to parents, students and district employees outlining student conduct expectations and possible disciplinary actions including consequences for disorderly conduct, as required by the No Child Left Behind Act of 2001 (NCLBA). In addition, each school in the district shall publish a student/parent handbook detailing additional rules specific to that school.

Students in violation of Board policy, administrative regulation and/or code of conduct provisions will be subject to discipline up to and including expulsion. Students are subject to discipline for conduct while traveling to and from school, at the bus stop, at school-sponsored events, while at other schools in the district and while off campus, whenever such conduct causes a substantial and material disruption of the educational environment or the invasion of rights of others. Students may be denied participation in extracurricular activities. Titles and/or privileges available to or granted to students may also be denied and/or revoked (e.g., valedictorian, salutatorian, student body, class or club office positions, senior trip, prom, etc.). A referral to law enforcement may also be made.

The district will annually record and report expulsion data for conduct violations as required by the Oregon Department of Education.

END OF POLICY

Legal Reference(s):

[ORS 339.240](#)

[ORS 339.250](#)

[ORS 659.850](#)

[OAR 581-021-0050 to -0075](#)

Tinker v. Des Moines Sch. Dist., 393 U.S. 503 (1969).

Hazelwood Sch. District v. Kuhlmeier, 484 U.S. 260 (1988).

Bethel Sch. Dist. v. Fraser, 478 U.S. 675 (1986).

Shorb v. Grotting and Powers Sch. Dist., Case No. 00CV-0255 (Coos County Circuit Ct.) (2000).

Ferguson v. Phoenix Talent Sch. Dist. #4, 172 Or. App. 389 (2001).

No Child Left Behind Act of 2001, 20 U.S.C. § 7912 (2006).

Morse v. Frederick, 551 U.S. 393, 127 S. Ct. 2618 (2007).

C.R. v. Eugene S.D. 4J, No. 12-1042, U.S. District Court of OR (2013).

Coos Bay School District 9

Code: **JFCEB**
Adopted: 6/29/11
Readopted: 1/12/15

Personal Electronic Devices and Social Media **

Student possession or use of personal electronic devices on district property, in district facilities during the school day and while the student is in attendance at district-sponsored activities may be permitted subject to the limitations set forth in this policy and consistent with any additional school rules.

A “personal electronic device” is a device that is capable of electronically communicating, sending, receiving, storing, recording, reproducing and/or displaying information and data.

Personal electronic devices shall be turned off where use of the device would cause a disruption of school activities. Devices which have the capability to take photographs or record video or audio shall not be used for such purposes while on district property or while a student is engaged in district-sponsored activities, unless as expressly authorized in advance by the principal or designee.

If the district implements a curriculum that uses technology, the curriculum shall be available to all students on an equitable basis. Students may be allowed to use their own personal electronic devices to access the curriculum.

~~A process for responding to a student’s request to use a personal electronic device, including an appeal process if the request is denied, will be provided (Board policy KL – Complaint Procedure for School Patrons).~~

The district will not be liable for personal electronic devices brought to district property and district-sponsored activities.

Students may not access social media websites using district equipment, unless the access is approved by a district representative. The district will not be liable for information or comments posted by students on social media websites.

Exceptions to the prohibitions set forth in this policy may be made for health, safety or emergency reasons with prior principal or designee approval or when use is provided for in a student’s individualized education program (IEP).

Students are subject to disciplinary action up to and including expulsion for using a personal electronic device in any manner that is academically dishonest, illegal or violates the terms of this policy¹. A referral to law enforcement officials may also be made. Personal electronic devices brought to district property or

¹The taking, disseminating, transferring or sharing of obscene, pornographic or otherwise illegal images or photographs, whether by electronic data transfer or otherwise (commonly called texting, sexting, emailing, etc.) may constitute a crime under state and/or federal law. Any person taking, disseminating, transferring or sharing obscene, pornographic or otherwise illegal images or photographs will be reported to law enforcement and/or other appropriate state or federal agencies.

used in violation of this policy are subject to confiscation and will be released ~~to the student's parent or property owner~~ at the end of the day, as appropriate.

The superintendent shall ensure that the Board's policy and any subsequent school rules developed by building administrators are reviewed and approved in advance to ensure consistency with this policy and that pertinent provisions of policy and school rules are communicated to staff, students and parents through building handbooks and other means.

Nothing in this policy shall be construed to restrict the authority of an administrator or educator to impose additional restrictions of personal electronic devices in their school or classroom.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

[ORS 336.840](#)

Copyrights, 17 U.S.C. §§ 101-1332; 19 C.F.R. Part 133 (2006).

Coos Bay School District 9

Code: JFCF
Adopted: 2/27/12
Readopted: 9/05/12

Hazing/Harassment/Intimidation/Menacing/Bullying/Cyberbullying/ Teen Dating Violence/Domestic Violence – Student**

The Board, in its commitment to providing a positive and productive learning environment will consult with parents/guardians, employees, volunteers, students, administrators and community representatives in developing this policy in compliance with applicable Oregon Revised Statutes. Hazing, harassment, intimidation, ~~or~~ bullying, menacing ~~and or~~ acts of cyberbullying by students, staff ~~and~~ third parties toward students is strictly prohibited. Teen dating violence is unacceptable behavior and prohibited. Retaliation against any person who reports, is thought to have reported, files a complaint or otherwise participates in an investigation or inquiry is also strictly prohibited. False charges shall also be regarded as a serious offense and will result in disciplinary action or other appropriate sanctions.

Students whose behavior is found to be in violation of this policy will be subject to discipline, up to and including expulsion. The district may also file a request with the Oregon Department of Transportation to suspend the driving privileges or the right to apply for driving privileges of a student 15 years of age or older who has been suspended or expelled at least twice for menacing another student or employee, willful damage or injury to district property or for the use of threats, intimidation, harassment or coercion. Students may also be referred to law enforcement officials.

The principal and the superintendent ~~is~~ are responsible for ensuring that this policy is implemented.

Definitions

“District” includes district facilities, district premises and nondistrict property, including cars parked on district or nondistrict property, ~~if~~ the student is at any district-sponsored, district-approved or district-related activity or function, such as field trips or athletic events where students are under the control of the district.

“Third parties” include, but are not limited to, coaches, school volunteers, parents, school visitors, service contractors or others engaged in district business, such as employees of businesses or organizations participating in cooperative work programs with the district and others not directly subject to district control at interdistrict and intradistrict athletic competitions or other school events.

“Hazing” includes, but is not limited to, any act that recklessly or intentionally endangers the mental health, physical health or safety of a student for the purpose of initiation or as a condition or precondition of attaining membership in, or affiliation with, any district-sponsored activity or grade level attainment, (i.e., personal servitude, sexual stimulation/sexual assault, forced consumption of any drink, alcoholic beverage, drug or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation or any other forced activity that could adversely affect the mental or physical health or safety of a student); requires, encourages, authorizes or permits another to be subject to wearing or carrying any obscene or physically burdensome article; assignment of pranks to be performed or other such activities intended to degrade or humiliate. It is not a defense against hazing that the student subjected to hazing consented to or appeared to consent in the hazing.

“Harassment, intimidation or bullying” means any act that substantially interferes with a student’s educational benefits, opportunities or performance, that takes place on or immediately adjacent to district grounds, at any district-sponsored activity, on district-provided transportation or at any official district bus stop, that may be based on, but not limited to, the protected class status of a person, having the effect of:

1. Physically harming a student or damaging a student’s property;
2. Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student’s property;
3. Creating a hostile educational environment including interfering with the psychological well-being of the student and may be based on, but not limited to, the protected class of the person.

“Protected class” means a group of persons distinguished, or perceived to be distinguished, by race, color, religion, sex, sexual orientation¹, national origin, marital status, familial status, source of income or disability.

“Teen dating violence” means:

1. A pattern of behavior in which a person uses or threatens to use physical, mental or emotional abuse to control another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age; or
2. Behavior by which a person uses or threatens to use sexual violence against another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age.

“Domestic violence” means abuse as defined by Oregon Revised Statute (ORS) 107.705 between family and household members, as those terms are described in ORS 107.705.

“Cyberbullying” is the use of any electronic communication device to harass, intimidate or bully.

“Retaliation” means hazing, harassment, intimidation or bullying, menacing, teen dating violence and acts of cyberbullying toward a person in response to a student for actually or apparently reporting or participating in the investigation of hazing, harassment, intimidation or bullying, menacing, teen dating violence and acts of cyberbullying or retaliation.

“Menacing” includes, but is not limited to, any act intended to place a district employee, student or third party in fear of imminent serious physical injury.

Reporting

¹“Sexual orientation” means an individual’s actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual’s gender identify, appearance, expression or behavior differs from that traditionally associated with the individual’s sex at birth.

²Building administrators will take reports and conduct a prompt investigation of any report of an act of harassment, intimidation or bullying, menacing, and acts of cyberbullying. Any employee who has knowledge of conduct in violation of this policy shall immediately report his/her concerns to the building administrator who has overall responsibility for all investigations. Any employee who has knowledge of incidents of teen dating violence that took place on district property, at a district-sponsored activity or in a district vehicle or vehicle used for transporting students to a district activity shall immediately report the incident to the building administrator. Failure of an employee to report an act of hazing, harassment, intimidation or bullying, ~~menacing~~ or an act of cyberbullying to the building administrator may be subject to remedial action, up to and including dismissal. Remedial action may not be based solely on an anonymous report.

Any student who has knowledge of conduct in violation of this policy or feels he/she has been hazed, harassed, intimidated, ~~or~~ bullied, menaced, a victim of teen dating violence ~~and or~~ acts of being cyberbullied in violation of this policy is encouraged to immediately report his/her concerns to the building administrator who has overall responsibility for all investigations. Any volunteer who has knowledge of conduct in violation of this policy is encouraged to immediately report his/her concerns to the [employee position title] who has overall responsibility for all investigations.

~~This report~~ Reports may be made anonymously. A student or volunteer may also report concerns to a teacher or counselor who will be responsible for notifying the appropriate district official.

Complaints against the principal shall be filed with the superintendent. Complaints against the superintendent shall be filed with the Board chair.

The complainant shall be notified of the findings of the investigation and, as appropriate, that remedial action has been taken. The complainant may request that the superintendent review the actions taken in the initial investigation, in accordance with district complaint procedures.

The district shall incorporate into existing training programs for students and staff information related to the prevention of, and the appropriate response to, acts of harassment, intimidation or bullying and acts of cyberbullying.

The district shall incorporate age-appropriate education about teen dating violence and domestic violence into new or existing training programs for students in grade 7 through 12.

~~The district~~ The district shall incorporate into existing training programs for staff information related to the prevention of, and the appropriate response to, acts of harassment, intimidation, menacing, ~~or~~ bullying, teen dating violence, domestic violence and acts of cyberbullying.

The superintendent shall be responsible for ensuring annual notice of this policy is provided in a student or employee handbook, school and district's website, and school and district office and the development of administrative regulations, including reporting and investigative procedures. Complaint procedures, as established by the district, shall be followed.

²Required by state law House Bill 2599 (HB 2599). All other bracketed language exceeds the requirements of HB 2599 and is under Board authority ORS 332.107.

Domestic violence posters provided by the Oregon Department of Education (ODE) shall be posted in clearly visible locations on school campuses in accordance with rules adopted by the ODE.

END OF POLICY

Legal Reference(s):

[ORS 163.190](#)
[ORS 166.065](#)
[ORS 166.155 to-166.165](#)
[ORS 174.100\(6\)](#)
[ORS 332.072](#)
[ORS 332.107](#)
[ORS 339.240](#)
[ORS 339.250](#)
[ORS 339.254](#)
[ORS 339.351 to-339.364](#)

[OAR 581-021-0045](#)
[OAR 581-021-0046](#)
[OAR 581-021-0055](#)
[OAR 581-022-1140](#)

HB 4077 (2012)
SB 1555 (2012)

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d (2006).

Cross Reference(s):

GBN/JBA - Sexual Harassment
JBA/GBN - Sexual Harassment
JFCM - Threats of Violence

Coos Bay School District 9

Code: **LGA**
Adopted: 8/12/96
Readopted: 1/12/11; 5/11/15
Orig. Code(s): LGA

Compliance with Standards

The Board recognizes the need to comply with the educational standards as outlined by the State Board of Education.

It is also recognized the district may petition the State Superintendent of Public Instruction for a waiver of a specific standard. A petition shall specify the reason(s) the district is seeking the waiver and other relevant information. If it is determined the request conforms with the intent of the standards, the state superintendent shall recommend the waiver to the state board.

The district will maintain a record of any waivers that have been requested by the district and approved by the State Board of Education.

Procedures shall be developed whereby residents of the district or any parent of students attending school in the district may make an appeal or complaint alleging violation of standard. The district shall also include a procedure for direct appeal to the State Superintendent of Public Instruction of an alleged standards violation.

Complaints alleging violations of standards may be filed using Policy KL Complaint Procedure for School patrons and its administrative regulations and a final decision must be made within 90 days of the filing of the written complaint. The district's final decision may be appealed to the State Superintendent of Public Instruction.

END OF POLICY

Legal Reference(s):

[ORS 327.102](#)
[ORS 327.103](#)
[ORS 329.085](#)
[ORS 336.035 to -336.086](#)

[OAR 581-022-0102 to -1941](#)

Cross Reference(s):

CL - Administrative Reports