



**Northern United Charter Schools
Board of Directors
Regular Board Meeting**

October 25, 2018
Open Session 4:00 p.m.

Teleconference locations:

Cutten Resource Center Classroom
2120 Campton Road, Suite H, Eureka, CA

Yreka Learning Center
505 S. Broadway, Yreka, CA

Records Office
210 Lindley Road, Petrolia, CA

Any writings distributed either as part of the Board packet, or within 72 hours of a meeting, can be viewed at the Northern United Charter Schools' office.

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A digital copy of our board packet is available at www.nucharters.org.
If you are interested in a hard copy of the packet, please contact Lacy Conti (707) 445-2660 ext. 112.

**Northern United - Siskiyou Charter School and Northern United - Humboldt Charter School are proud to be
Equal Opportunity Employers.**

OPEN MEETING: 4:00 PM, CALL TO ORDER

1. CALL TO ORDER/AGENDA

- 1.1 Pledge of Allegiance
- 1.2 Agenda: Items to be removed from the agenda or changes to the agenda will be made at this time. Action

2. BUSINESS AND FINANCE

- 2.1 Financial Report Information
- 2.2 Consideration of Additional Employee Insurance Options through Aflac Action
- 2.3 Consideration of Assumption of Copier Lease with Wells Fargo for Northern United - Siskiyou Charter School Action

3. CONSENT AGENDA

- 3.1 Consideration of Approval of Warrants & Payroll for NU-Humboldt Charter School Action
- 3.2 Consideration of Approval of Warrants & Payroll for NU-Siskiyou Charter School
- 3.3 Consideration of Approval of Minutes
September 20, 2018
- 3.4 Consideration of Resignations, Hires and Leaves

4. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

- 4.1 Comments by the Public Information
Under this item, the public is invited to address the Board regarding items that are not on tonight's agenda. Speakers are limited to three minutes each. The Board is not allowed under the law to take action on matters that are not on the agenda. Should comments from the public pertain to a charge or complaint against an employee of Northern United - Humboldt Charter School or Northern United - Siskiyou Charter School, the Board encourages the speaker to utilize the district's written complaint procedures to pursue the matter. The public will have an opportunity to comment on all agenda items as those items are heard this evening.

5. COMMUNITY RELATIONS/CORRESPONDENCE

No items

6. RECOGNITIONS/ANNOUNCEMENTS/REPORTS

Information

- 6.1 Board Members
- 6.2 Northern United - Siskiyou Charter School
- 6.3 Northern United - Humboldt Charter School
- 6.4 Director

7. ADMINISTRATION

- 7.1 Student Enrollment and Attendance Report Information
- 7.2 Consideration of Work Experience Education Plan and Handbook - NUCS Action
- 7.3 Consideration of Bloodborne Pathogen Plan - NUCS Action
- 7.4 Discussion of Student Records Location and Storage Information
- 7.5 Presentation of Data on Local Indicators for the California School Dashboard for NU-HCS Information
- 7.6 Presentation of Data on Local Indicators for the California School Dashboard for NU-SCS Information
- 7.7 Presentation of Plan for Annual School Goals Information

8. **CURRICULUM AND INSTRUCTION**

No items

9. **FACILITIES**

No items

10. **FUTURE AGENDA PLANNING**

10.1 Items to consider for future agendas

Information

11. **FUTURE BOARD MEETINGS**

11.1 Future Board meetings

Action

12. **ADJOURNMENT**

Agenda Item 1.
CALL TO ORDER/AGENDA

Subject:

- 1.1 Pledge of Allegiance
- 1.2 Agenda: Items to be removed from the agenda or changes to the agenda will be made at this time.

Action Requested:

- 1.1 None
- 1.2 Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

- 1.2 A trustee, administrator or a member of the public may request that an item be removed from the agenda or the order of the agenda be changed at the pleasure of the Board.
Agenda items may be added to the agenda if an “emergency situation” exists or “immediate action” is needed.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, Jere Cox

Agenda Item 2.
BUSINESS AND FINANCE

Subject:

- 2.1 Financial Report

Action Requested:

None

Previous Staff/Board Action, Background Information and/or Statement of Need:

Each month a Financial Report is given in order to keep the Board apprised of the Schools' fiscal condition.

Fiscal Implications:

As reported.

Contact Person/s: Shari Lovett, Tammy Picconi, Kirk Miller

HUMBOLDT COUNTY OFFICE OF EDUCATION
75 - Northern United Humboldt
Budget Financial Monthly Report - Detail (From: 9/1/2018 To: 9/30/2018)

Object	Object Description	Adopted Budget	Revised Budget	Activity Prior Month	Current Activity	Balance
75 - Northern United Humboldt						
Fund 62 CHARTER SCHOOLS ENTERPRISE FND						
Revenue						
Revenue Limit Sources (8010 to 8099)						
8011	REVENUE LIMIT ST.AID-CURR YR	2,088,304.00	2,465,176.00	0.00	1,427,297.00	1,037,879.00
8012	REVENUE LIMIT-EPA	524,638.00	79,600.00	0.00	20,000.00	59,600.00
8096	TRANSFERS>CHARTERS IN LIEU TAX	1,335,069.00	1,335,069.00	0.00	0.00	1,335,069.00
	Total Revenue Limit S (8010 to 8099)	3,948,011.00	3,879,845.00	0.00	1,447,297.00	2,432,548.00
All Other Financing Sources (8930 to 8979)						
8965	TRANS FRM FND OF LAPSD/REORG	500,000.00	500,000.00	500,000.00	0.00	0.00
	Total All Other Finan (8930 to 8979)	500,000.00	500,000.00	500,000.00	0.00	0.00
Revenue Contribution (8980 to 8999)						
8984	CONTRIBUTION>LCFF	0.00	0.00	0.00	0.00	0.00
8989	CONTRIBUTION > SPECIAL ED	0.00	0.00	0.00	0.00	0.00
	Total Revenue Contrib (8980 to 8999)	0.00	0.00	0.00	0.00	0.00
	Total Revenue	4,448,011.00	4,379,845.00	500,000.00	1,447,297.00	2,432,548.00
Expenditure						
(to)						
7999	EST ENDING FUND BALANCE	527,957.00	459,791.00	0.00	0.00	459,791.00
	Total (to)	527,957.00	459,791.00	0.00	0.00	459,791.00
Certificated Salary (1000 to 1999)						
1100	TEACHERS SALARIES - REGULAR	1,251,863.00	1,251,863.00	42,639.09	119,663.99	1,089,559.92
1104	SPECIAL ED TEACHER	219,430.00	219,430.00	9,816.66	25,088.33	184,525.01
1150	TEACHER SALARY - OTHER PAY	26,707.00	26,707.00	0.00	1,089.00	25,618.00
1200	CERT PUPIL SUPPORT SAL - REG	59,340.00	59,340.00	3,926.66	9,419.33	45,994.01
1300	CERT SUPRVRS' & ADMINS' SAL	89,600.00	89,600.00	18,666.66	9,333.33	61,600.01
1900	OTHER CERT SALARY- REGULAR	72,420.00	72,420.00	10,626.68	12,873.34	48,919.98
	Total Certificated Sa (1000 to 1999)	1,719,360.00	1,719,360.00	85,675.75	177,467.32	1,456,216.93

Criteria: Type = Detail; Include Accruals = Yes; Include AC Funds = Yes; Object Group by = Major Range ; Include Range Detail = No; Summarize = Fund; Page Break by Summarize = Yes; Suppress Net Zero Accounts = Yes

HUMBOLDT COUNTY OFFICE OF EDUCATION
75 - Northern United Humboldt
Budget Financial Monthly Report - Detail (From: 9/1/2018 To: 9/30/2018)

Object	Object Description	Adopted Budget	Revised Budget	Activity Prior Month	Current Activity	Balance
75 - Northern United Humboldt						
Fund 62 CHARTER SCHOOLS ENTERPRISE FND						
Expenditure						
Classified Salary (2000 to 2999)						
2100	CLASS INSTR AIDE SAL-REGULAR	67,217.00	67,217.00	0.00	4,479.48	62,737.52
2122	INSTR AIDE SAL HRLY-SPECL ED	20,196.00	20,196.00	0.00	1,542.75	18,653.25
2214	CUSTODIAN	7,568.00	7,568.00	0.00	616.95	6,951.05
2218	COUNSELING/CAREER TECHNICIAN	21,795.00	21,795.00	2,648.70	2,648.73	16,497.57
2255	COMPUTER LAB TECHNICIAN	58,900.00	58,900.00	9,816.66	4,908.33	44,175.01
2307	COORDINATOR	96,735.00	96,735.00	19,550.00	9,775.00	67,410.00
2402	ACCOUNT TECHNICIAN	136,456.00	136,456.00	18,211.23	8,923.51	109,321.26
2403	CLERICAL TECHNICIAN	94,469.00	94,469.00	2,564.40	12,371.30	79,533.30
2405	ATTENDANCE TECHNICIAN	54,081.00	54,081.00	12,473.60	6,236.80	35,370.60
2900	OTHER CLASS SALARIES-REGULAR	130,845.00	130,845.00	99.00	12,950.85	117,795.15
	Total Classified Sala (2000 to 2999)	688,262.00	688,262.00	65,363.59	64,453.70	558,444.71
Employee Benefit (3000 to 3999)						
3101	STRS - CERTIFICATED	279,913.00	279,913.00	13,539.54	27,396.51	238,976.95
3201	PERS - CERTIFICATED	0.00	0.00	0.00	703.51	(703.51)
3202	PERS - CLASSIFIED	103,240.00	103,240.00	11,805.96	9,642.44	81,791.60
3311	SOCIAL SECURITY-CERTIFICATED	0.00	0.00	0.00	241.49	(241.49)
3312	SOCIAL SECURITY-CLASSIFIED	39,981.00	39,981.00	4,052.56	3,996.13	31,932.31
3331	MEDICARE-CERTIFICATED	24,930.00	24,930.00	1,242.27	2,573.28	21,114.45
3332	MEDICARE-CLASSIFIED	9,351.00	9,351.00	947.77	934.59	7,468.64
3411	HEALTH & WELFARE BENEFITS-CRT	375,987.00	375,987.00	53,834.08	28,931.04	293,221.88
3412	HEALTH & WELFARE BENEFITS-CLS	140,995.00	140,995.00	17,003.22	14,253.29	109,738.49
3501	ST UNEMPLOYMENT INS-CERTIF	860.00	860.00	42.82	88.74	728.44
3502	ST UNEMPLOYMENT INS-CLASSIFD	322.00	322.00	32.66	32.21	257.13
3601	WORKER'S COMP-CERTIFICATED	36,966.00	36,966.00	0.00	6,079.20	30,886.80
3602	WORKER'S COMP-CLASSIFIED	13,865.00	13,865.00	0.00	3,042.04	10,822.96
	Total Employee Benefit (3000 to 3999)	1,026,410.00	1,026,410.00	102,500.88	97,914.47	825,994.65

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HUMBOLDT COUNTY OFFICE OF EDUCATION
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Object	Object Description	Adopted Budget	Revised Budget	Activity Prior Month	Current Activity	Balance
75 - Northern United Humboldt						
Fund 62 CHARTER SCHOOLS ENTERPRISE FND						
Expenditure						
Books and Supplies (4000 to 4999)						
4110	TEXTBOOKS	32,500.00	32,500.00	0.00	0.00	32,500.00
4241	COMPUTERZD BOOKS (NOT TEXTS)	1,000.00	1,000.00	0.00	0.00	1,000.00
4310	MATERIALS & SUPPLIES	35,497.00	35,497.00	0.00	28.93	35,468.07
4312	SUBSCRIPTIONS/PERIODICALS	350.00	350.00	0.00	0.00	350.00
4314	TESTS	1,100.00	1,100.00	0.00	0.00	1,100.00
4351	OFFICE SUPPLIES	3,500.00	3,500.00	0.00	0.00	3,500.00
4364	GASOLINE	2,439.00	2,439.00	0.00	74.00	2,365.00
4374	CUSTODIAL SUPPLIES	5,500.00	5,500.00	0.00	171.32	5,328.68
4377	FOUNDATIONS SUPPLIES	500.00	500.00	0.00	0.00	500.00
4392	MEDICAL SUPPLIES	250.00	250.00	0.00	0.00	250.00
4393	WORKSHOP REFRESHMENTS	2,800.00	2,800.00	0.00	0.00	2,800.00
4445	COMPUTERS	3,000.00	3,000.00	0.00	0.00	3,000.00
4453	OTHER TECHNOLOGY	1,500.00	1,500.00	0.00	0.00	1,500.00
4710	FOOD	3,000.00	3,000.00	0.00	0.00	3,000.00
	Total Books and Suppl (4000 to 4999)	92,936.00	92,936.00	0.00	274.25	92,661.75
Services and Operating Expenditures (5000 to 5999)						
5201	EMPLOYEE MILEAGE	23,000.00	23,000.00	337.52	1,914.04	20,748.44
5207	REGISTRATION FEES	16,250.00	16,250.00	5,009.00	595.00	10,646.00
5209	ACCOMMODATIONS	19,000.00	19,000.00	0.00	1,111.51	17,888.49
5261	BUS TICKETS FOR STUDENTS	3,000.00	3,000.00	0.00	0.00	3,000.00
5300	DUES & MEMBERSHIPS	1,750.00	1,750.00	5,190.00	0.00	(3,440.00)
5500	UTILITIES & HOUSEKEEPING SRV	0.00	0.00	400.00	400.00	(800.00)
5520	ELECTRICITY SERVICES	0.00	0.00	841.83	1,632.20	(2,474.03)
5530	WATER SERVICES	0.00	0.00	0.00	294.81	(294.81)
5531	BOTTLED WATER SERVICE	0.00	0.00	57.50	101.00	(158.50)
5560	WASTE DISPOSAL	0.00	0.00	104.78	104.78	(209.56)
5612	RENTALS AND LEASES-BUILDINGS	246,436.00	246,436.00	61,944.00	20,648.00	163,844.00

Criteria: Type = Detail; Include Accruals = Yes; Include AC Funds = Yes; Object Group by = Major Range ; Include Range Detail = No; Summarize = Fund; Page Break by Summarize = Yes; Suppress Net Zero Accounts = Yes

HUMBOLDT COUNTY OFFICE OF EDUCATION
75 - Northern United Humboldt
Budget Financial Monthly Report - Detail (From: 9/1/2018 To: 9/30/2018)

Object	Object Description	Adopted Budget	Revised Budget	Activity Prior Month	Current Activity	Balance
75 - Northern United Humboldt						
Fund 62 CHARTER SCHOOLS ENTERPRISE FND						
Expenditure						
Services and Operating Expenditures (5000 to 5999)						
5618	RENTALS AND LEASES-VEHICLES	500.00	500.00	0.00	0.00	500.00
5623	RENTALS AND LEASES-EQUIPMENT	7,500.00	7,500.00	0.00	0.00	7,500.00
5637	MAINTENANCE AGREEMENTS	12,000.00	12,000.00	0.00	2,313.66	9,686.34
5716	OTHER INTERPROGRAM SERVICES	0.00	0.00	0.00	0.00	0.00
5800	CONTRACTED SERVICES	31,100.00	31,100.00	21,229.90	27,272.79	(17,402.69)
5801	STUDENT TRAVEL/FIELDTRIPS	4,000.00	4,000.00	0.00	0.00	4,000.00
5811	CO-OP CONTRACT	0.00	0.00	0.00	3,619.00	(3,619.00)
5812	LIBRARY CONTRACT	9,000.00	9,000.00	0.00	0.00	9,000.00
5819	OTHER INTER-LEA CONTRACTS	2,500.00	2,500.00	0.00	0.00	2,500.00
5831	ADVERTISEMENT	0.00	0.00	229.64	0.00	(229.64)
5845	INFORMTN NETWORK SERV CONTR	15,000.00	15,000.00	0.00	0.00	15,000.00
5861	FINGERPRINTING	0.00	0.00	865.00	1,120.00	(1,985.00)
5881	OTHER CHARGES/FEEES	100.00	100.00	0.00	2,523.00	(2,423.00)
5909	TELEPHONE/COMMUNICATIONS	0.00	0.00	0.00	861.86	(861.86)
5922	TELEPHONE LINES - TECHNOLOGY	750.00	750.00	725.69	198.91	(174.60)
5950	POSTAGE	1,200.00	1,200.00	0.00	500.00	700.00
Total Services and Op (5000 to 5999)		393,086.00	393,086.00	96,934.86	65,210.56	230,940.58
Total Expenditure		4,448,011.00	4,379,845.00	350,475.08	405,320.30	3,624,049.62
Assets						
9110	CASH IN COUNTY TREASURY	0.00	0.00	89,510.11	1,048,479.83	1,137,989.94
Total Assets		0.00	0.00	89,510.11	1,048,479.83	1,137,989.94
Liabilities						
9537	EMPLOYER H&W SUSPENSE ACCNT	0.00	0.00	60,090.29	(6,382.18)	53,708.11

Criteria: Type = Detail; Include Accruals = Yes; Include AC Funds = Yes; Object Group by = Major Range ; Include Range Detail = No; Summarize = Fund; Page Break by Summarize = Yes; Suppress Net Zero Accounts = Yes

HUMBOLDT COUNTY OFFICE OF EDUCATION
75 - Northern United Humboldt
Budget Financial Monthly Report - Detail (From: 9/1/2018 To: 9/30/2018)

Object	Object Description	Adopted Budget	Revised Budget	Activity Prior Month	Current Activity	Balance
75 - Northern United Humboldt						
Fund 62 CHARTER SCHOOLS ENTERPRISE FND						
Liabilities						
9540	EMPLOYER S.U.I. SUSP ACCNT	0.00	0.00	(75.48)	(120.95)	(196.43)
Total Liabilities		0.00	0.00	60,014.81	(6,503.13)	53,511.68
Fund Balance						
9790	UNDESIGNATED/UNAPPROPRIATED	(527,957.00)	(527,957.00)	0.00	0.00	(527,957.00)
9798	FUND BALANCE - CONTROL ACCNT	527,957.00	527,957.00	0.00	0.00	527,957.00
9799	NET GAIN OR LOSS - CONTRL AC	(527,957.00)	(527,957.00)	0.00	0.00	(527,957.00)
Total Fund Balance		(527,957.00)	(527,957.00)	0.00	0.00	(527,957.00)
Budgetary and Control						
9810	ESTIMATED REVENUE-BUDGET	4,448,011.00	4,379,845.00	0.00	0.00	4,379,845.00
9820	ESTIMATED EXPENDITURES-BUDGET	(3,920,054.00)	(3,851,888.00)	0.00	0.00	(3,851,888.00)
9840	REVENUE CONTROL ACCOUNT	0.00	0.00	(500,000.00)	(1,447,297.00)	(1,947,297.00)
9850	EXPENDITURE CONTROL ACCOUNT	0.00	0.00	350,475.08	405,320.30	755,795.38
Total Budgetary and Control		527,957.00	527,957.00	(149,524.92)	(1,041,976.70)	(663,544.62)
Total Fund 62 CHARTER SCHOOLS ENTERPRISE FND		0.00	0.00	149,524.92	1,041,976.70	(1,191,501.62)
Total 75 - Northern United Humboldt		0.00	0.00	149,524.92	1,041,976.70	(1,191,501.62)

Criteria: Type = Detail; Include Accruals = Yes; Include AC Funds = Yes; Object Group by = Major Range ; Include Range Detail = No; Summarize = Fund; Page Break by Summarize = Yes; Suppress Net Zero Accounts = Yes

FUND: 62 CHARTER SCH. ENTERPRISE FUND

OBJECT NUMBER	DESCRIPTION	BEGINNING BALANCE	YEAR TO DATE ACTIVITY	ENDING BALANCE
ASSETS AND LIABILITIES :				
9110	CASH IN COUNTY TREASURY		812,566.10	812,566.10
9514	H & W PASS THROUGH		31,595.26	31,595.26
* NET YEAR TO DATE FUND BALANCE * *		.00 *	844,161.36 *	844,161.36 *
* EXCESS REVENUES/ (EXPENDITURES) * *		.00 *	844,161.36 *	844,161.36 *

FUND RECONCILIATION

OBJECT NUMBER	DESCRIPTION	ADOPTED BUDGET	BUDGET ADJUSTMENTS	CURRENT BUDGET	INCOME/ EXPENSE	BUDGET BALANCE	BUDGET % USED
REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE							
A.	REVENUES	1,812,694.00	.00	1,812,694.00	538,785.00	1,273,909.00	29.72
B.	EXPENDITURES	1,838,968.11	.00	1,838,968.11	124,602.64	1,714,365.47	6.77
C.	EXCESS REVENUES (EXPENDITURES)	26,274.11-	.00	26,274.11-	414,182.36	440,456.47-	0.00
D.	OTHER FINANCING SOURCES (USES)	429,979.00	.00	429,979.00	429,979.00	.00	100.00
E.	NET CHANGE IN FUND BALANCE	403,704.89	.00	403,704.89	844,161.36	440,456.47-	209.10
F. FUND BALANCE :							
	BEGINNING BALANCE (9791)	.00	.00	.00	.00	.00	NO BDGT
	AUDIT ADJUSTMENTS (9793)	.00	.00	.00	.00	.00	NO BDGT
	OTHER RESTATEMENTS (9795)	.00	.00	.00	.00	.00	NO BDGT
	ADJUSTED BEGINNING BALANCE	.00	.00	.00	.00	.00	NO BDGT
G.	ENDING BALANCE	403,704.89	.00	403,704.89	844,161.36	440,456.47-	209.10

FUND: 62 CHARTER SCH. ENTERPRISE FUND

OBJECT NUMBER	DESCRIPTION	ADOPTED BUDGET	BUDGET ADJUSTMENTS	CURRENT BUDGET	INCOME/EXPENSE	BUDGET BALANCE	BUDGET % USED
REVENUE DETAIL							
	REVENUE LIMIT SOURCES :	1,392,379.00		1,392,379.00	538,785.00	853,594.00	38.69
	OTHER STATE REVENUES :	403,451.00		403,451.00	.00	403,451.00	0.00
	OTHER LOCAL REVENUES :	16,864.00		16,864.00	.00	16,864.00	0.00
* TOTAL YEAR TO DATE REVENUES		* 1,812,694.00 *	.00 *	1,812,694.00 *	538,785.00 *	1,273,909.00 *	29.72

EXPENDITURE DETAIL

CERTIFICATED SALARIES :	594,000.00	594,000.00	23,344.34	570,655.66	3.93	
CLASSIFIED SALARIES :	185,568.08	185,568.08	8,889.73	176,678.35	4.79	
EMPLOYEE BENEFITS :	714,054.03	714,054.03	10,934.55	703,119.48	1.53	
BOOKS AND SUPPLIES :	62,222.00	62,222.00	.00	62,222.00	0.00	
SERVICES, OTHER OPER. EXPENSE:	274,026.00	274,026.00	81,434.02	192,591.98	29.71	
OTHER OUTGOING :	9,098.00	9,098.00	.00	9,098.00	0.00	
DIRECT SUPPORT/INDIRECT COSTS:	.00	.00	.00	.00	NO BDGT	
* TOTAL YEAR TO DATE EXPENDITURES	* 1,838,968.11 *	.00 *	1,838,968.11 *	124,602.64 *	1,714,365.47 *	6.77

OTHER FINANCING SOURCES (USES)

OTHER SOURCES :	429,979.00	429,979.00	429,979.00	.00	100.00
CONTRIB.- RESTRICTED PROGRAMS:	.00	.00	.00	.00	NO BDGT
* TOTAL YEAR TO DATE OTHER FINANCING	* 429,979.00 *	.00 *	429,979.00 *	429,979.00 *	.00 * 100.00

Agenda Item 2

BUSINESS AND FINANCE

Subject:

2.2 Consideration of additional employee insurance options through Aflac

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

Aflac plans provide additional safety insurance for out of pocket expenses.

These insurance plans are self funded by participants.

If employees wish to enroll, this year's timeline would be November 1, 2018 through October 31, 2018 and billing is approved and managed through HCOE.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, Lynda Speck



An Independent Agent Representing Aflac

To: Northern United Humboldt Charter School
From: Matthew Fordham Agent / Gary Ogle District Sales Manager Aflac North Coast
Re: Highlights New Benefit Proposition -Aflac
Date: September 10, 2018
CC: Lynda Speck

Dear Northern United Humboldt Charter School Board,

Some of the high lights of bringing Aflac as a employee self-funded benefit option include.

- No Cost to the School District Plans are self-funded by the participant
- Majority of plans are done on a pre-tax basis which provides a savings to both the district and to the participating employee as cost is done pre-taxed.
- Plans provide additional safety net for out of pocket expenses and costs associate with medical and personal expenses incurred by the participant due to an illness or accident.
- Time Line Plan year will be Nov 1, 2018 to Oct 31st 2019
 - Implementation will be done thru on site enrollment meetings with staff both Certificated and Classified. Waivers will be included for anyone not interested in participating.
 - Meetings will be conducted in September pending Board adoption and completed no later than Oct 31st.
 - A normal enrollment of a school location takes 2-3 sessions usually half days.
- Billing is approved by the HCOE and has a system in place to be managed thru the HCOE as it is with our 12 other school districts that are in place offering Aflac currently.

Thank You,



Gary Ogle
District Sales Manager
Aflac North Coast
134 D Street Suite 202
Eureka Ca, 95501 707-443-3149

Agenda Item 2

BUSINESS AND FINANCE

Subject:

2.3 Consideration of Assumption of Copier Lease with Wells Fargo for Northern United - Siskiyou Charter School.

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

Mattole Unified School District had leases for copiers that were being used for Mattole Valley Charter School. Northern United - Siskiyou Charter School will assume two of the leases. This lease covers the copiers in the Yreka Learning Center and Mt. Shasta Learning Center. We have continued to reachout to Wells Fargo and will provide documentation once we contact somebody who can get information about our account.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, April Waterman

Agenda Item 3.

CONSENT AGENDA

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

Subject:

3.1 Approval of Warrants and Payroll for NU-Humboldt Charter School

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

This is a monthly process. The warrants and payroll totals are inspected and clarification is given if needed. See attached.

Fiscal Implications:

Warrants:

NU-Humboldt Charter School - \$ 80,787.31

Payroll:

NU-Humboldt Charter School - \$ 163,269.46

Contact Person/s: Shari Lovett, Tammy Picconi, Kirk Miller

APY500 HUMBOLDT COUNTY OFFICE OF EDUCATION #J2657 10/10/2018
 BATCH 0020 ACCOUNTS PAYABLE DISTRICT PRELIST
 75 NORTHERN UNITED CHARTER ALL BATCH TYPES PAGE 1

BATCH: 0020 A/P 10/4 << Held for Audit >> FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	1099
REQ NO	REF NO	INV DATE	INV DESC DTL# LN Fu Res X Goal Func Obj Sch Mgmt
AMOUNT	UT	UT OBJ RATE	USE TAX AMT PLAC
030073-01 DISCOUNT SCHOOL SUPPLY			
	PV-190146	10/04/18 PO HC19-0095	01 62-0000-0-1110-1000-4310-000-0000
43.82	N		0.00 N
TOTAL PAYMENT AMOUNT			43.82 * 0.00 *
030027-01 MCCONNAUGHY, READA			
	PV-190145	10/04/18	01 62-0000-0-1110-1000-5207-000-0000
75.00	N		0.00 N
TOTAL PAYMENT AMOUNT			75.00 * 0.00 *
030015-01 SUDDENLINK			
	PV-190144	10/04/18	01 62-0000-0-1192-2700-5922-000-0000
4,460.30	N		0.00 N
TOTAL PAYMENT AMOUNT			4,460.30 * 0.00 *
TOTAL FUND PAYMENT			4,579.12 ** 0.00 **
TOTAL BATCH PAYMENT			4,579.12 *** 0.00 ***
TOTAL ACCOUNTS PAYABLE			4,579.12 **** 0.00 ****

APY500
 APRIL A/P
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J1158 10/03/2018
 PAGE 1

BATCH: 0019 APRIL 10/3

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu Res	Y Goal	Func	Obj	Sch Mgmt	AMOUNT	UT	UT OBJ	RATE	USE TAX	AMT	FLAG	1099
030057-01	CAMBOU, AMY																				
	PV-190141	09/27/18	EMPLOYEE REIM	01	62-0000-0-1110-2700-5201-000-0000	227.81	N							227.81	*			0.00		N	
			TOTAL PAYMENT AMOUNT			227.81	*											0.00	*		
030023-01	ELLSMORE, JAMIE																				
	PV-190140	09/28/18	EMPLOYEE REIM	01	62-0000-0-1110-1000-5209-000-0000	35.00	N							35.00	*			0.00		N	
			TOTAL PAYMENT AMOUNT			35.00	*											0.00	*		
030088-01	HAVENS, MARY																				
	PV-190137	09/12/18	EMPLOYEE REIM	01	62-0000-0-1110-1000-5207-000-0000	60.00	N							60.00	*			0.00		N	
			TOTAL PAYMENT AMOUNT			60.00	*											0.00	*		
030086-01	MAYO, MARQUES																				
	PV-190139	09/28/18	EMPLOYEE REIM	01	62-6500-0-5770-1120-5207-000-0000	557.53	N							557.53	*			0.00		N	
			TOTAL PAYMENT AMOUNT			557.53	*											0.00	*		
030085-01	MCCOMAS, JOREY																				
	PV-190143	09/28/18	EMPLOYEE REIM	01	62-0000-0-1110-1000-5207-000-0000	794.61	N							794.61	*			0.00		N	
			TOTAL PAYMENT AMOUNT			794.61	*											0.00	*		
030027-01	MCCONNAUGHY, READA																				
	PV-190142	09/01/18	EMPLOYEE REIM	01	62-0000-0-1110-1000-4310-000-0000	56.33	N							56.33	*			0.00		N	
			TOTAL PAYMENT AMOUNT			56.33	*											0.00	*		
030087-01	SCHARLACK, HEATHER																				
	PV-190138	09/30/18	EMPLOYEE REIM	01	62-0000-0-1110-1000-5201-000-0000	144.97	N							144.97	*			0.00		N	
			TOTAL PAYMENT AMOUNT			144.97	*											0.00	*		
	TOTAL FUND PAYMENT					1,876.25	**											0.00	**		
	TOTAL BATCH PAYMENT					1,876.25	***											0.00	***		
	TOTAL ACCOUNTS PAYABLE					1,876.25	****											0.00	****		

APY500
 A/P APRIL
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J1152 10/03/2018
 PAGE 1

BATCH: 0018 APRIL 10/1

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT OBJ	RATE	USE	TAX	AMT	FLAG
030029-01	APLUS+	567845112																						1099
	PV-190133				10/03/18				01				62-0000-0-1110-1000-5207-000-0000				351.75	N					0.00	N
													TOTAL PAYMENT AMOUNT				351.75	*					0.00	*
030014-01	CRYSTAL SPRINGS WATER CO																							
	PV-190131				10/03/18				01				62-0000-0-1193-8100-5531-000-0000				16.00	N					0.00	N
													TOTAL PAYMENT AMOUNT				16.00	*					0.00	*
030082-01	EDYNAMIC LEARNING ULC																							
	PV-190130				08/21/18	0002042			01				62-0000-0-1110-1000-5800-000-0000				1,000.00	N					0.00	N
													TOTAL PAYMENT AMOUNT				1,000.00	*					0.00	*
030072-01	EUREKA RUBBER STAMP																							
	PV-190135				09/21/18	A26968			01				62-0000-0-1192-2700-5800-000-0000				294.14	N					0.00	Y
													TOTAL PAYMENT AMOUNT				294.14	*					0.00	*
030053-01	FUSUIKAN MARTIAL ARTS																							
	PV-190134				09/19/18	2014-4185			01				62-0000-0-1110-1000-5801-000-0000				359.95	N					0.00	Y
													TOTAL PAYMENT AMOUNT				359.95	*					0.00	*
030021-01	HUMBOLDT HOUSE CLEANING																							
	PV-190129				09/27/18	077676			01				62-0000-0-1193-8100-5800-000-0000				720.00	N					0.00	Y
													TOTAL PAYMENT AMOUNT				720.00	*					0.00	*
030051-01	JUMPSTART GYMNASTICS	20-172391																						
	PV-190132				09/01/18	16137			01				62-0000-0-1110-1000-5800-000-8036				900.00	N					0.00	Y
													TOTAL PAYMENT AMOUNT				900.00	*					0.00	*
030084-01	NORTH COAST DANCE	237415977																						
	PV-190136				09/06/18	00-789			01				62-0000-0-1110-1000-5800-000-8036				825.00	N					0.00	Y
													TOTAL PAYMENT AMOUNT				825.00	*					0.00	*

APY500
A/P APRIL
75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
ACCOUNTS PAYABLE DISTRICT PRELIST
ALL BATCH TYPES

#J1152 10/03/2018
PAGE 2

BATCH: 0018 APRIL 10/1

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT	OBJ	RATE	USE	TAX	AMT	FLAG	
030042-01	WATERMAN, APRIL																									1099
	PV-190128	09/28/18	EMPLOYEE REIMBUR	01					62-0000-0-1192-2700-5201-000-0000								78.48	N							0.00	N
									TOTAL PAYMENT AMOUNT								78.48	*							0.00	*
	TOTAL FUND PAYMENT																4,545.32	**							0.00	**
	TOTAL BATCH PAYMENT																4,545.32	***							0.00	***
	TOTAL ACCOUNTS PAYABLE																4,545.32	****							0.00	****

APY500
APRIL 9/28
75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
ACCOUNTS PAYABLE DISTRICT PRELIST
ALL BATCH TYPES

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PAGE 1

BATCH: 0017 APRIL 9/28

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT	OBJ	RATE	USE	TAX	AMT	FLAG									
=====																																		
030083-01	JOHNSTON, MIRANDA																									1099								
	PV-190126	09/28/18	EMPLOYEE REIMB	01	62-0000-0-1110-1000-5201-000-0000												86.11	N				0.00			N									
	PV-190127	09/28/18	EMPLOYEE REIMB	01	62-0000-0-1110-2700-4393-000-0000												90.70	N				0.00			N									
	PV-190127	09/28/18	EMPLOYEE REIMB	01	62-0000-0-1110-2700-5207-000-0000												95.00	N				0.00			N									
	PV-190127	09/28/18	EMPLOYEE REIMB	01	62-0000-0-1110-2700-5201-000-0000												760.82	N				0.00			N									
	PV-190127	09/28/18	EMPLOYEE REIMB	01	62-0000-0-1110-2700-5209-000-0000												342.09	N				0.00			N									
	TOTAL PAYMENT AMOUNT																1,374.72	*									0.00	*						
TOTAL FUND PAYMENT																	1,374.72	**															0.00	**
TOTAL BATCH PAYMENT																	1,374.72	***															0.00	***
TOTAL ACCOUNTS PAYABLE																	1,374.72	****															0.00	****

APY500
APRIL MVCS BATCH 0016
46 MATTOLE UNIFIED

HUMBOLDT COUNTY OFFICE OF EDUCATION
ACCOUNTS PAYABLE DISTRICT PRELIST
ALL BATCH TYPES

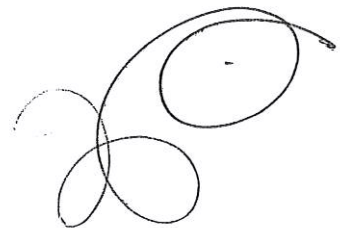
#J2382 08/15/2018
PAGE 1

BATCH: 0016 APRIL 17/18 BATCH 0016

<< Held for Audit >>

FUND: 09 CHARTER SCHOOL

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu Res	Y Goal	Func	Obj	Sch Mgmt	AMOUNT	UT	UT OBJ	RATE	USE TAX	AMT	FLAG	1099
004440-01	DAVID L. MOONIE & CO. LLP	941056328																			
	CL-180072	07/27/18	14173				01		09-0000-0-0000-7200-5822-000-0000					1,700.00	N				0.00		Y
									TOTAL PAYMENT AMOUNT					1,700.00	*				0.00		*
030143-01	GREENWIRED	272574860																			
	CL-180069	07/02/18	3759				01		09-6230-0-1193-8100-5800-000-0000					2,246.75	N				0.00		N
									TOTAL PAYMENT AMOUNT					2,246.75	*				0.00		*
006009-01	RAY MORGAN COMPANY																				
	CL-180071	07/26/18	2119132				01		09-0000-0-1192-2700-5800-000-0000					104.33	N				0.00		N
									TOTAL PAYMENT AMOUNT					104.33	*				0.00		*
007371-01	RECOLOGY HUMBOLDT COUNTY																				
	CL-180070	07/25/18	13862				01		09-0000-0-1193-8100-5560-000-0000					117.38	N				0.00		N
									TOTAL PAYMENT AMOUNT					117.38	*				0.00		*
	TOTAL FUND PAYMENT													4,168.46	**				0.00		**
	TOTAL BATCH PAYMENT													4,168.46	***				0.00		***
	TOTAL ACCOUNTS PAYABLE													4,168.46	****				0.00		****



APY500
 A/P APRIL 9/26
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

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BATCH: 0015 A/P APRIL 9/26 << Held for Audit >> FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

															1099								
VENDOR NO	VENDOR REMIT NAME			TAX ID NO												AMOUNT	UT	UT OBJ RATE	USE TAX	AMT	FLAG		
REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt										
030004-01	AMBROSINI, DENNIS			549779950																			
	PV-190104	09/26/18	OCTOBER RENT	01		62-0000-0-1195-8700-5612-000-8075											2,500.00	N			0.00	Y	
															TOTAL PAYMENT AMOUNT				2,500.00	*		0.00	*
030039-01	APEX LEARNING																						
	PV-190119	09/17/18	SOINV00103975	01		62-0000-0-1110-1000-5800-000-0000											3,750.00	N			0.00	N	
															TOTAL PAYMENT AMOUNT				3,750.00	*		0.00	*
030005-01	CAMPTON PLAZA																						
	PV-190108	09/26/18	OCTOBER RENT	01		62-0000-0-1195-8700-5612-000-8075											4,838.00	N			0.00	Y	
															TOTAL PAYMENT AMOUNT				4,838.00	*		0.00	*
030081-01	CHILSON TECH CONSULTING SRV																						
	PV-190118	09/12/18	1016	01		62-0000-0-1110-2420-5800-000-0000											331.88	N			0.00	Y	
															TOTAL PAYMENT AMOUNT				331.88	*		0.00	*
030079-01	COSTCO WHOLESALE																						
	PV-190111	09/26/18	ANNUAL MEMBERSHP	01		62-0000-0-1110-2700-5881-000-0000											120.00	N			0.00	N	
															TOTAL PAYMENT AMOUNT				120.00	*		0.00	*
030014-01	CRYSTAL SPRINGS WATER CO																						
	PV-190110	08/31/18	38319, 40116	01		62-0000-0-1193-8100-5531-000-0000											32.00	N			0.00	N	
	PV-190110	08/31/18	38319, 40116	01		62-0000-0-1193-8100-5531-000-0000											29.00	N			0.00	N	
															TOTAL PAYMENT AMOUNT				61.00	*		0.00	*
030006-01	CUTTEN COMMUNITY CHURCH																						
	PV-190107	09/26/18	OCTOBER RENT	01		62-0000-0-1195-8700-5612-000-0000											3,960.00	N			0.00	Y	
															TOTAL PAYMENT AMOUNT				3,960.00	*		0.00	*

APY500
 A/P APRIL 9/26
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J1903 09/26/2018
 PAGE 2

BATCH: 0015 A/P APRIL 9/26

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

																1099			
VENDOR NO	VENDOR REMIT NAME		TAX ID NO										AMOUNT	UT	UT OBJ	RATE	USE	TAX AMT	FLAG
REQ NO	REF NO	INV DATE	INV DESC	DTL# LN	Fu	Res	Y	Goal	Func	Obj	Sch Mgmt								
=====																			
030008-01	DAGGETT, PETER JAY		573920911																
	PV-190103	09/26/18	OCTOBER RENT	01		62-0000-0-1195-8700-5612-000-8013							3,500.00	N			0.00	Y	
	TOTAL PAYMENT AMOUNT												3,500.00	*			0.00	*	
030049-01	DAISY FRESH																		
	PV-190123	09/18/18	18840	01		62-0000-0-1193-8100-5800-000-0000							325.00	N			0.00	Y	
	TOTAL PAYMENT AMOUNT												325.00	*			0.00	*	
030048-01	DEPARTMENT OF JUSTICE																		
	PV-190115	09/06/18	INV 327842	01		62-0000-0-1110-2700-5861-000-0000							1,120.00	N			0.00	N	
	TOTAL PAYMENT AMOUNT												1,120.00	*			0.00	*	
030072-01	EUREKA RUBBER STAMP																		
	PV-190120	08/31/18	A26810	01		62-0000-0-1192-2700-5800-000-0000							254.48	N			0.00	N	
	TOTAL PAYMENT AMOUNT												254.48	*			0.00	*	
030046-01	FRONTIER COMMUNICATIONS																		
	PV-190112	09/01/18	707-629-3371	01		62-0000-0-1192-2700-5922-000-0000							113.01	N			0.00	N	
	PV-190116	09/04/18	707-923-9532	01		62-0000-0-1110-1000-5909-000-8019							114.44	N			0.00	N	
	TOTAL PAYMENT AMOUNT												227.45	*			0.00	*	
030061-01	GREAT AMERICAN FINANCIAL SERV																		
	PV-190124	09/05/18	23315518	01		62-0000-0-1192-2700-5637-000-0000							267.79	N			0.00	N	
	PV-190124	09/05/18	23315518	01		62-0000-0-1110-2700-5637-000-0000							267.79	N			0.00	N	
	TOTAL PAYMENT AMOUNT												535.58	*			0.00	*	
030007-01	HADLEY FAMILY TRUST		276259023																
	PV-190100	09/26/18	OCTOBER RENT	01		62-0000-0-1195-8700-5612-000-0000							400.00	N			0.00	Y	
	TOTAL PAYMENT AMOUNT												400.00	*			0.00	*	

APY500
 A/P APRIL 9/26
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J1903 09/26/2018
 PAGE 3

BATCH: 0015 A/P APRIL 9/26 << Held for Audit >> FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	1099
REQ NO	REF NO	INV DATE	INV DESC DTL# LN Fu Res Y Goal Func Obj Sch Mgmt
AMOUNT	UT	UT OBJ RATE	USE TAX AMT FLAG
030002-01	KATZ, DAVID	218569930	
PV-190102	09/26/18	OCTOBER RENT	01 62-0000-0-1195-8700-5612-000-8019
950.00	N		0.00 Y
TOTAL PAYMENT AMOUNT			950.00 * 0.00 *
030063-01	LOVETT, SHARI		
PV-190117	09/06/18	EMPLOYEE REIMB	01 62-0000-0-0000-7200-5209-000-0000
152.31	N		0.00 N
TOTAL PAYMENT AMOUNT			152.31 * 0.00 *
030026-01	P G & E		
PV-190113	08/27/18	6561038403-7	01 62-0000-0-1193-8100-5520-000-0000
1,545.70	N		0.00 N
TOTAL PAYMENT AMOUNT			1,545.70 * 0.00 *
030064-01	RAY MORGAN COMPANY		
PV-190121	09/05/18	2205452	01 62-0000-0-1192-2700-5637-000-0000
460.74	N		0.00 N
TOTAL PAYMENT AMOUNT			460.74 * 0.00 *
030038-01	RENAISSANCE INTERNET		
PV-190109	09/02/18	PO CS17-611	01 62-0000-0-1110-2420-5922-000-0000
85.90	N		0.00 Y
TOTAL PAYMENT AMOUNT			85.90 * 0.00 *
030074-01	RENAISSANCE LEARNING		
PV-190122	08/29/18	INV4422547	01 62-0000-0-1110-1000-5800-000-0000
8,108.75	N		0.00 N
TOTAL PAYMENT AMOUNT			8,108.75 * 0.00 *
030080-01	SLEEPER, JERRY		
PV-190114	09/14/18	23	01 62-0000-0-1193-8100-5800-000-0000
112.00	N		0.00 Y
TOTAL PAYMENT AMOUNT			112.00 * 0.00 *
030011-01	STUDIO 299-CENTER FOR THE ARTS	364592646	
PV-190101	09/26/18	OCTOBER RENT	01 62-0000-0-1195-8700-5612-000-8075
1,000.00	N		0.00 Y
TOTAL PAYMENT AMOUNT			1,000.00 * 0.00 *

APY500
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75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
ACCOUNTS PAYABLE DISTRICT PRELIST
ALL BATCH TYPES

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BATCH: 0015 A/P APRIL 9/26

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO																		1099			
REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT	OBJ	RATE	USE	TAX	AMT	FLAG	
=====																							
030012-01 YUROK TRIBE																							
	PV-190105	09/26/18	OCTOBER RENT		01		62-0000-0-1193-8100-5500-000-0000							400.00	N					0.00	Y		
	PV-190106	09/26/18	OCTOBER RENT		01		62-0000-0-1195-8700-5612-000-8039							3,500.00	N					0.00	Y		
			TOTAL PAYMENT AMOUNT											3,900.00	*					0.00	*		
TOTAL FUND PAYMENT														38,238.79	**							0.00	**
TOTAL BATCH PAYMENT														38,238.79	***							0.00	***
TOTAL ACCOUNTS PAYABLE														38,238.79	****							0.00	****

APY500
 A/P APRIL
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J408

09/19/2018

PAGE 1

BATCH: 0014 09/19

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

													1099										
VENDOR NO	VENDOR REMIT NAME		TAX ID NO		REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu Res	Y Goal	Func	Obj	Sch Mgmt	AMOUNT	UT	UT OBJ	RATE	USE	TAX AMT	FLAG	
=====																							
030052-01	CITY OF ARCATA																						
	PV-190083	08/28/18	020753-000	01												157.92	N				0.00	N	
	PV-190083	08/28/18	020753-000	01												136.89	N				0.00	N	
	TOTAL PAYMENT AMOUNT															294.81	*			0.00	*		
030072-01	EUREKA RUBBER STAMP																						
	PV-190099	08/17/18	A26705	01												30.33	N				0.00	N	
	TOTAL PAYMENT AMOUNT															30.33	*			0.00	*		
030053-01	FUSUIKAN MARTIAL ARTS																						
	PV-190095	09/04/18	2014-4326	01												359.95	N				0.00	Y	
	TOTAL PAYMENT AMOUNT															359.95	*			0.00	*		
030075-01	JIVE COMMUNICATIONS																						
	PV-190091	09/01/18	IN20001069148	01												269.54	N				0.00	N	
	PV-190092	08/01/18	IN20001032638	01												226.08	N				0.00	N	
	PV-190093	07/01/18	IN2000087947	01												244.30	N				0.00	N	
	PV-190094	09/17/18	IN20001083848	01												7.50	N				0.00	N	
	TOTAL PAYMENT AMOUNT															747.42	*			0.00	*		
030051-01	JUMPSTART GYMNASTICS																						
	PV-190096	09/01/18	16125	01												590.00	N				0.00	Y	
	PV-190097	09/01/18	16126	01												640.00	N				0.00	Y	
	TOTAL PAYMENT AMOUNT															1,230.00	*			0.00	*		
030044-01	RECOLOGY HUMBOLDT COUNTY																						
	PV-190084	08/01/18	060777177	01												104.78	N				0.00	N	
	TOTAL PAYMENT AMOUNT															104.78	*			0.00	*		
030035-01	SCHOOL PATHWAYS LLC																						
	PV-190098	08/31/18	51192	01												222.00	N				0.00	N	
	TOTAL PAYMENT AMOUNT															222.00	*			0.00	*		

APY500
 A/P APRIL
 75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
 ACCOUNTS PAYABLE DISTRICT PRELIST
 ALL BATCH TYPES

#J408

09/19/2018

PAGE 2

BATCH: 0014 09/19

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu	Res	Y	Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT OBJ	RATE	USE	TAX	AMT	FLAG
=====																								
030077-01	SILVERNALE, DANA																							1099
	PV-190089	09/06/18	EMPLOYEE REIMB	01		62-0000-0-1192-2700-5201-000-0000											52.32	N					0.00	N
						TOTAL PAYMENT AMOUNT											52.32	*					0.00	*
030076-01	THE HARTFORD																							
	PV-190088	09/05/18	POLC72-SR-613371	01		62-0000-0-1192-2700-5881-000-0000											1,415.00	N					0.00	N
						TOTAL PAYMENT AMOUNT											1,415.00	*					0.00	*
030042-01	WATERMAN, APRIL																							
	PV-190086	08/31/18	EMPLOYEE REIMB	01		62-0000-0-1192-2700-5201-000-0000											65.40	N					0.00	N
						TOTAL PAYMENT AMOUNT											65.40	*					0.00	*
030078-01	YM&C LAW OFFICES																							
	PV-190090	09/06/18	56393	01		62-0000-0-0000-7200-5800-000-0000											11,373.40	N					0.00	N
						TOTAL PAYMENT AMOUNT											11,373.40	*					0.00	*
	TOTAL FUND PAYMENT																15,895.41	**					0.00	**
	TOTAL BATCH PAYMENT																15,895.41	***					0.00	***
	TOTAL ACCOUNTS PAYABLE																15,895.41	****					0.00	****

APY500
A/P TAMMY
75 NORTHERN UNITED CHARTER

HUMBOLDT COUNTY OFFICE OF EDUCATION
ACCOUNTS PAYABLE DISTRICT PRELIST
ALL BATCH TYPES

#J286

09/19/2018

PAGE 1

BATCH: 0013 A/P TAMMY

<< Held for Audit >>

FUND: 62 CHARTER SCHOOLS ENTERPRISE FND

VENDOR NO	VENDOR REMIT NAME	TAX ID NO	REQ NO	REF NO	INV DATE	INV DESC	DTL#	LN	Fu Res	Y Goal	Func	Obj	Sch	Mgmt	AMOUNT	UT	UT OBJ	RATE	USE	TAX	AMT	FLAG	1099																
=====																																							
030070-01	REPUBLIC INDEMNITY																																						
PV-190080	09/19/18	053002836						01	62-0000-0-1192-2700-5881-000-0000						988.00	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-0000-7200-3601-000-0000						652.41	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-1110-1000-3601-000-0000						2,957.09	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0001-0-1500-1000-3601-000-0000						638.77	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0001-0-1500-3110-3601-000-0000						288.08	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-1192-2700-3601-000-0000						582.08	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-6500-0-5770-1120-3601-000-0000						634.33	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-6500-0-5770-1190-3601-000-0000						178.95	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-1400-0-1110-1000-3601-000-0000						147.49	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-1192-2700-3602-000-0000						2,481.79	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0001-0-1500-3110-3602-000-0000						123.42	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-1110-1000-3602-000-0000						267.50	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0001-0-1500-1000-3602-000-0000						123.63	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-0000-0-1193-8100-3602-000-0000						14.37	N				0.00		N																	
PV-190080	09/19/18	053002836						01	62-6500-0-5770-1130-3602-000-0000						31.33	N				0.00		N																	
TOTAL PAYMENT AMOUNT															10,109.24	*																							
TOTAL FUND PAYMENT															10,109.24	**																							
TOTAL BATCH PAYMENT															10,109.24	***																							
TOTAL ACCOUNTS PAYABLE															10,109.24	****																							

HUMBOLDT COUNTY OFFICE OF EDUCATION
Employee Payroll Earnings Pelist

SEPT PRELIST

75 Northern United Humboldt

Pay Cycle: 09 Cycle Type: R W-Date: 09/28/2018
Pay Cal: CEMEND, CLMEND

Fiscal Year: 2019

69	First Time Paid Employees	30	STRS P/U	27.0	B/O	0.0	REG	0.0	RET	1
	Total Employees Paid		NW/P/U	9.0	B/O	0.0	REG	0.0		
56	DNP Payout only	0	PERS P/U	14.0	B/O	0.0	REG	0.0	RET	0
	Receiving Warrants		NW/P/U	8.0	B/O	0.0	REG	0.0		
13	EFT/Prenote Restriction	1	Non-Mem	10.0	ARS	0.0				
	EFT/Prenote (Receiving Warrant)	29								

Salary Totals	Position	Longevity	Shift	Oth Base	Tot Base	Non-Base	GROSS
	201,786.12	0.00	0.00	201,786.12	201,786.12	40,134.90	241,921.02

Totals By Pty	PA	POSITION ADJ	0.00	PD	POSITION DOCK	0.00
P	0.00	GENERATED ADJ	466.64	PY	GENERATED ADJ 2	0.00
PR	0.00	GENERATED ADJ 4	0.00	PU	GENERATED ADJ 5	0.00
PZ	0.00	POSITION DOCK %	0.00	O	OTHER BASE EARN	0.00
PV	0.00	OTHER BASE DOCK	0.00	M	MANUAL PAY LINE	40,134.90
OA	0.00	RATE PAY LINE	0.00	C	CASH INLIEU	0.00
MD						
CA						

Totals By Earn Type	DNP	**DO NOT	0.00	LONG	LONGEVITY - PAID MON	0.00
ADD1	0.00	NORMAL PAY	239,411.93	NML9	FULL TIME IN ANOTHER	0.00
MAST	0.00	STIPEND/PERS & STRS	0.00	STP2	STIPEND/PERS & STRS	2,509.09
NMLF	0.00	SUBSTITUTE	0.00	VACP	VACATION PAYOFF-LUMP	0.00
STP3	0.00					
VACT	0.00					

Total Hours 1,240.0000 Total Days 0.0000

Employee Deductions	168,283.23	FICA GR	68,348.70	FIT	14,250.78	HW DED	19,220.05	SUBJ DNP	56,744.01
T403B	0.00	FICA	4,237.62	AFIT	775.00	VOL DED	0.00	DNP IN	9,457.36
T457B	17,232.69	FICA	241,921.02	SIT	5,310.55	INV DED	0.00	DNP OUT	0.00
S125	57,280.31	MEDI GR	3,507.87	ASIT	650.00	R403B	0.00	DNP PROJ	9,457.36
NTX GR	0.00	MEDI	0.00	EIC	0.00	SDI GR	0.00	DNP YTD	9,457.36
NTX RET	21,242.33	ARS GR	0.00	HSA	0.00	SDI	0.00	NET PAY	163,269.46
FIT GR	220,678.69	SIT GR	220,678.69	ARS					

Employer Costs	10,345.95	PERS B/O	0.00	ARS	4,237.62	MEDI	3,507.87	HSA	0.00
STRS	27,396.51	PERS	43,184.33	SUI GR	241,921.02	WC GR	88,793.23	TOTAL	
WC	0.00	SUI	120.95	HW					

Agenda Item 3.

CONSENT AGENDA

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

Subject:

3.2 Approval of Warrants and Payroll for NU-Siskiyou Charter School

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

This is a monthly process. The warrants and payroll totals are inspected and clarification is given if needed. See attached.

Fiscal Implications:

Warrants:

NU-Siskiyou Charter School - \$ 23,723.42

Payroll:

NU-Siskiyou Charter School - \$ 38,766.16

Contact Person/s: Shari Lovett, Tammy Picconi, Kirk Miller

1101 #

RECEIVED
OCT 12 2018
BY:

Siskiyou County Office of Education
Request for Warrant Processing

BATCH # 1011

District # 43 District Name NORTHERN UNITED SISKIYOU CHARTER SCHOOL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance		
15	Pupil Transportation Equip Fund		
17	Special Reserve Fund Other Than Capital Outlay	XXXXXXXXXX	XXXXXXXXXX
25	Capital Facilities (Developer Fees) Fund		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
62	NORTHERN UNITED SISKIYOU CHARTER SCH	3,994.55	3,994.55
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing.

Trustee _____ Trustee _____
Trustee _____ Trustee _____
Trustee _____ Trustee _____
Trustee _____

District Superintendent _____

Board Approval Date _____ Mail _____ Hold _____

-For Siskiyou County Office of Education Use Only-

Audited By: Jan Audit Date: 10-16-18

Batch status: A All

From batch: 1011

To batch: 1011

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: N

Include Vendor TIN: Y

0.*

0.*

0.*

334.78+
79.45+
111.60+
469.65+
154.25+
156.55+
96.70+
236.50+
802.88+
35.35+
157.06+
113.36+
36.39+
93.55+
197.29+
34.39+
429.00+
49.77+
291.88+
114.15+

3,994.55*

Batch 1011 PreList

BATCH: 1011 April A/P

<< Held for Audit >>

FUND : 62 CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num								
Req Reference	Date	Description	FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount								

000032/00 Cambou, Amy

PV-190077	09/17/2018	Materials & Supplies	62-0000-0-4310-1110-1000-000-00000 NN		323.88
PV-190077	09/17/2018	1XL Membership	62-0000-0-5800-1110-1000-000-00000 NN		479.00
TOTAL PAYMENT AMOUNT				802.88 *	802.88

000028/00 Fryling, Dawn

PV-190070	09/27/2018	Mileage	62-0000-0-5201-1110-1000-000-00000 NN		19.62
PV-190070	09/27/2018	Postage	62-0000-0-5950-1110-1000-000-00000 NN		59.83
TOTAL PAYMENT AMOUNT				79.45 *	79.45

000033/00 Miller, Kirk

PV-190069	08/15/2018	Mileage	62-0000-0-5201-1110-2700-000-00000 NN		254.00
PV-190069	08/15/2018	Accommodations	62-0000-0-5209-1110-2700-000-00000 NN		80.78
PV-190071	08/15/2018	Mileage	62-0000-0-5201-1110-2700-000-00000 NN		84.67
PV-190071	08/15/2018	Accommodations	62-0000-0-5209-1110-2700-000-00000 NN		26.93
PV-190072	09/15/2018	Mileage	62-0000-0-5201-1110-2700-000-00000 NN		226.94
PV-190072	09/15/2018	Host Master	62-0000-0-5800-1110-2420-000-00000 NN		242.71
PV-190073	09/15/2018	UHaul	62-0000-0-5612-1195-8700-000-00000 NN		154.25
PV-190074	09/15/2018	Mileage	62-0000-0-5201-1110-2700-000-00000 NN		75.65
PV-190074	09/15/2018	Web Hosting	62-0000-0-5800-1110-2700-000-00000 NN		80.90
PV-190075	09/25/2018	Materials and Supplies	62-0000-0-4310-1110-1000-000-00000 NN		96.70
PV-190076	09/25/2018	Materials & Supplies-COS Books	62-0000-0-4310-1110-1000-000-00000 NN		236.50
PV-190078	09/25/2018	Liberty's Kids & Colonial Days	62-0000-0-4310-1110-1000-000-00000 NN		35.35
PV-190079	09/25/2018	Paints & Paper, Trumpet Bass	62-0000-0-4310-1110-1000-000-00000 NN		157.06
PV-190080	09/25/2018	Phonics.Grl&4 Workbooks.Read	62-0000-0-4310-1110-1000-000-00000 NN		113.36
PV-190081	09/25/2018	Timless Voices.Skills Dev.WHis	62-0000-0-4310-1110-1000-000-00000 NN		36.39
PV-190082	09/25/2018	Am Vision Modern Times	62-0000-0-4310-1110-1000-000-00000 NN		93.55
PV-190083	09/25/2018	Spelling You See.Math Mammoth	62-0000-0-4310-1110-1000-000-00000 NN		197.29
PV-190084	09/25/2018	Math Mammoth. Geom,Multi,Measu	62-0000-0-4310-1110-1000-000-00000 NN		34.39
PV-190085	09/25/2018	Comp Kindergarten Package	62-0000-0-4310-1110-1000-000-00000 NN		429.00
PV-190086	09/25/2018	SSGr2.ReadSt.Phonics	62-0000-0-4310-1110-1000-000-00000 NN		49.77
PV-190087	09/25/2018	Geom.K-8 Teacher Editions	62-0000-0-4110-1110-1000-000-00000 NN		291.88
PV-190088	09/25/2018	Gr2,4,6WorkBooks	62-0000-0-4310-1110-1000-000-00000 NN		114.15
TOTAL PAYMENT AMOUNT				3,112.22 *	3,112.22

TOTAL FUND PAYMENT 3,994.55 **

3,994.55

43 NORTHERN UNITED SISKIYOU
Batch 1011 PreList

J11275

ACCOUNTS PAYABLE PRELIST
BATCH: 1011 April A/P
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 H.02.12 10/11/18 15:44 PAGE 2
<< Held for Audit >>

Vendor/Addr	Remit name			Tax ID num	Deposit type	ABA num	Account num								
Req	Reference	Date	Description		FD	RESC	Y	OBJT	GOAL	FUNC	SCH	LOCAL	T9MPS	Liq Amt	Net Amount

TOTAL BATCH PAYMENT						3,994.55	***							0.00	3,994.55
TOTAL DISTRICT PAYMENT						3,994.55	****							0.00	3,994.55
TOTAL FOR ALL DISTRICTS:						3,994.55	****							0.00	3,994.55

Number of warrants to be printed: 3, not counting voids due to stub overflows.

8001 #

RECEIVED
OCT 11 2018
BY: C 11:22 AM

MS Spring
April

Siskiyou County Office of Education Request for Warrant Processing

BATCH # 1008

District # 43

District Name NORTHERN UNITED SISKIYOU CHARTER SCHOOL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance		
15	Pupil Transportation Equip Fund		
17	Special Reserve Fund Other Than Capital Outlay	XXXXXXXXXX	XXXXXXXXXX
25	Capital Facilities (Developer Fees) Fund		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
62	NORTHERN UNITED SISKIYOU CHARTER SCH	2,363.55	2363.55
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing.

Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____

District Superintendent _____

Board Approval Date _____ Mail _____ Hold _____

--For Siskiyou County Office of Education Use Only--

Audited By: Jan Audit Date: 10-11-18

Batch status: A All

From batch: 1008

To batch: 1008

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: N

Include Vendor TIN: Y

0.*

80.39+

80.39+

80.39+

117.25+

28.72+

0.03+

30.00+

307.38+

451.37+

295.72+

891.91+

2,365.55*

43 NORTHERN UNITED SISKIYOU
A/P Prelist 1008

J11118

ACCOUNTS PAYABLE PRELIST
BATCH: 1008 A/P Oct 8
FUND : 62 CHARTER SCH. ENTERPRISE FUND

AZY500 H.02.12 10/11/18 11:02 PAGE 1
<< Held for Audit >>

Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type FD RESC Y OBJT GOAL FUNC	ABA num SCH LOCAL T9MPS	Account num	Liq Amt	Net Amount
000009/00	APLUS+		567845112					
	PV-190064	09/21/2018 INV 09211806				62-0000-0-5207-1110-1000-000-00000 NN		117.25
				TOTAL PAYMENT AMOUNT		117.25 *		117.25
000032/00	Cambou, Amy							
	PV-190066	09/27/2018 Employee Reimbursement				62-0000-0-5201-1110-2700-000-00000 NN		307.38
				TOTAL PAYMENT AMOUNT		307.38 *		307.38
000013/00	PACIFIC POWER							
	PV-190068	10/03/2018 Acct 64034125-0028				62-0000-0-5520-1193-8100-000-00000 NN		891.91
				TOTAL PAYMENT AMOUNT		891.91 *		891.91
000023/00	Ray Morgan Company							
	PV-190063	08/20/2018 INV 2186384				62-0000-0-5623-1110-2700-000-00000 NN		80.39
	PV-190063	08/20/2018 INV 2186385				62-0000-0-5623-1110-2700-000-00000 NN		80.39
	PV-190063	08/20/2018 INV 2186386				62-0000-0-5623-1110-2700-000-00000 NN		80.39
				TOTAL PAYMENT AMOUNT		241.17 *		241.17
000017/00	WELLS FARGO FINANCIAL LEASING							
	PV-190067	09/20/2018 Acct 603-0151725				62-0000-0-5637-1110-2700-000-00000 NN		451.37
	PV-190067	09/20/2018 Acct 6030171645-000				62-0000-0-5637-1110-2700-000-00000 NN		295.72
				TOTAL PAYMENT AMOUNT		747.09 *		747.09

43 NORTHERN UNITED SISKIYOU J11118
A/P Prelist 1008

ACCOUNTS PAYABLE PRELIST
BATCH: 1008 A/P Oct 8
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 H.02.12 10/11/18 11:02 PAGE 2
<< Held for Audit >>

Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount	
Req Reference	Date			FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS					
000016/00	YREKA TRANSFER LLC								
	303 YAMA STREET								
	YREKA, CA 96097								
PV-190065	09/19/2018	INV 421908		62-0000-0-5560-1193-8100-000-00000	NN			28.75	
PV-190065	09/19/2018	INV 420371		62-0000-0-5560-1193-8100-000-00000	NN			30.00	
TOTAL PAYMENT AMOUNT								58.75 *	58.75
TOTAL FUND PAYMENT					2,363.55 **			2,363.55	
TOTAL BATCH PAYMENT					2,363.55 ***		0.00	2,363.55	
TOTAL DISTRICT PAYMENT					2,363.55 ****		0.00	2,363.55	
TOTAL FOR ALL DISTRICTS:					2,363.55 ****		0.00	2,363.55	

Number of warrants to be printed: 6, not counting voids due to stub overflows.

**Siskiyou County Office of Education
Request for Warrant Processing**

BATCH # 0924

District # 43 District Name NORTHERN UNITED SISKIYOU CHARTER SCHOOL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		183676.98
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance		
15	Pupil Transportation Equip Fund		
17	Special Reserve Fund Other Than Capital Outlay	XXXXXXXXXX	XXXXXXXXXX
25	Capital Facilities (Developer Fees) Fund		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
62	NORTHERN UNITED SISKIYOU CHARTER SCH	13,376.98	13376.98
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing.

Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____

District Superintendent *Shari Ross* 9/24/18

Board Approval Date _____ Mail _____ Hold _____

-For Siskiyou County Office of Education Use Only-

Audited By: *Julie* Audit Date: Oct. 1, 18

Batch status: A All

From batch: 0924

To batch: 0924

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: N

Include Vendor TIN: Y

0**

.....
.....

0**

2,850.00+

331.88+

76.06+

112.00+

1,494.00+

3,118.75+

9.00+

128.00+

2,800.00+

2,400.00+

57.29+

13,376.98*

43 NORTHERN UNITED SISKIYOU J7399
A/P April

ACCOUNTS PAYABLE PRELIST
BATCH: 0924 A/P April
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 H.02.12 09/24/18 14:42 PAGE 1
<< Held for Audit >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date	Description	FD RESC Y OBJT	GOAL FUNC	SCH LOCAL T9MPS		
000002/00	BOB STONE	559781278					
	PV-190058	09/24/2018	October Rent	62-0000-0-5612-1195-8700-000-08024	NY		2,850.00
			TOTAL PAYMENT AMOUNT			2,850.00 *	2,850.00
000030/00	Chilson Tech Consulting Servic	565864946					
	PV-190061	09/12/2018	INV 1016	62-0000-0-5800-1110-1000-000-00000	NY		331.88
			TOTAL PAYMENT AMOUNT			331.88 *	331.88
000022/00	City of Yreka						
	PV-190055	08/21/2018	ACCT 012142-001	62-0000-0-5530-1193-8100-000-00000	NN		76.06
			TOTAL PAYMENT AMOUNT			76.06 *	76.06
000001/00	PETER J HUSMAN						
	PV-190060	09/24/2018	October CAM	62-0000-0-5500-1193-8100-000-00000	NY		112.00
	PV-190060	09/24/2018	October Rent	62-0000-0-5612-1195-8700-000-00000	NY		1,494.00
			TOTAL PAYMENT AMOUNT			1,606.00 *	1,606.00
000029/00	Renaissance						
	PV-190054	08/29/2018	INV 4422548	62-0000-0-5800-1110-1000-000-00000	NN		3,118.75
			TOTAL PAYMENT AMOUNT			3,118.75 *	3,118.75

Vendor/Addr Req Reference	Remit name Date	Description	Tax ID num	Deposit type	ABA num FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS	Account num	Liq Amt	Net Amount
000006/00	SCHOOL PATHWAYS 181 COMMERCIAL STREET PORTOLA, CA 96122							
PV-190056	08/31/2018	INV 51193			62-0000-0-5800-1110-1000-000-00000 NN			9.00
					TOTAL PAYMENT AMOUNT	9.00 *		9.00
000007/00	SISKIYOU COUNTY OFFICE OF ED 609 SOUTH GOLD STREET YREKA, CA 96097							
PV-190053	09/06/2018	INV 190203			62-0000-0-5861-1110-2700-000-00000 NN			128.00
					TOTAL PAYMENT AMOUNT	128.00 *		128.00
000008/00	TODD WHIPPLE & STACY WHIPPLE		555515178					
PV-190057	09/24/2018	October Rent			62-0000-0-5612-1195-8700-000-00000 NY			2,800.00
					TOTAL PAYMENT AMOUNT	2,800.00 *		2,800.00
000003/00	WENDY JAMES		571813949					
PV-190059	09/24/2018	October Rent			62-0000-0-5612-1195-8700-000-00000 NY			2,400.00
PV-190062	09/13/2018	75% Electricity 96231905-0010			62-0000-0-5520-1193-8100-000-00000 NY			57.29
					TOTAL PAYMENT AMOUNT	2,457.29 *		2,457.29
					TOTAL FUND PAYMENT	13,376.98 **		13,376.98
					TOTAL BATCH PAYMENT	13,376.98 ***	0.00	13,376.98
					TOTAL DISTRICT PAYMENT	13,376.98 ****	0.00	13,376.98
					TOTAL FOR ALL DISTRICTS:	13,376.98 ****	0.00	13,376.98

Number of warrants to be printed: 9, not counting voids due to stub overflows.

rec'd 9-20-18

Special as of 9/24/18

Siskiyou County Office of Education
Request for Warrant Processing

BATCH # 0919

District # 43

District Name NORTHERN UNITED SISKIYOU CHARTER SCHOOL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance		
15	Pupil Transportation Equip Fund		
17	Special Reserve Fund Other Than Capital Outlay	XXXXXXXXXXXX	XXXXXXXXXXXX
25	Capital Facilities (Developer Fees) Fund		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
62	NORTHERN UNITED SISKIYOU CHARTER SCH	2418.62	2418.62
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing.

Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____

District Superintendent Star [Signature]

Board Approval Date _____ Mail _____ Hold _____

-For Siskiyou County Office of Education Use Only-

Audited By: Jan [Signature] Audit Date: 9-24-18

Batch status: A All

From batch: 0919

To batch: 0919

Include Revolving Cash: Y

Include Address: N

Include Object Desc: Y

Include Vendor TIN: Y

0.*

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.....

0.*

1,829.56+

275.00+

18.87+

295.19+

2,418.62*

Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date			FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS				
000028/00	Fryling, Dawn							
	PV-190052	09/04/2018 Mileage		62-0000-0-5201-1110-1000-000-00000 NN				228.90
				J-4 TRAVEL				
	PV-190052	09/04/2018 Accomodations		62-0000-0-5209-1110-1000-000-00000 NN				42.99
				NORTH UNITED ACCOMODATIONS				
	PV-190052	09/04/2018 Postage		62-0000-0-5950-1110-2700-000-00000 NN				23.30
				NORTH UNITED POSTAGE				
				TOTAL PAYMENT AMOUNT	295.19 *			295.19
000011/00	MT SHASTA SPRING WATER							
	PV-190051	09/04/2018 Acct 123772		62-0000-0-5530-1193-8100-000-00000 NN				18.87
				WATER&/OR SEWAGE				
				TOTAL PAYMENT AMOUNT	18.87 *			18.87
000026/00	Republic Indemnity							
	PV-190049	08/20/2018 Certificated Workmans Comp		62-0000-0-3601-1110-1000-000-00000 NN				535.12
				WORKERS COMP - CERTIFICATED				
	PV-190049	08/20/2018 Classified WC		62-0000-0-3602-1110-1000-000-00000 NN				32.70
				WORKERS COMP - CLASSIFIED				
	PV-190049	08/20/2018 Classified WC		62-0000-0-3602-1192-2700-000-00000 NN				133.97
				WORKERS COMP - CLASSIFIED				
	PV-190049	08/20/2018 Classified WC		62-0000-0-3602-1193-8100-000-00000 NN				10.00
				WORKERS COMP - CLASSIFIED				
	PV-190049	08/20/2018 PO SC19-0047		62-0000-0-5800-1192-2700-000-00000 NN				988.00
				PROFES'L/CONSULTG SVCS/OP EXP				
	PV-190049	08/20/2018 Certificated WC		62-0001-0-3601-1500-1000-000-00000 NN				56.12
				WORKERS COMP - CERTIFICATED				
	PV-190049	08/20/2018 Certificated WC		62-0001-0-3601-1500-3110-000-00000 NN				52.38
				WORKERS COMP - CERTIFICATED				
	PV-190049	08/20/2018 Certificated WC		62-1400-0-3601-1110-1000-000-00000 NN				21.27
				WORKERS COMP - CERTIFICATED				
				TOTAL PAYMENT AMOUNT	1,829.56 *			1,829.56
000027/00	The Hartford							
	PV-190050	09/05/2018 Policy 72-SR-613371		62-0000-0-5881-1110-2700-000-00000 NN				275.00
				NORTH UNITED OTHER CHGS/FEES				
				TOTAL PAYMENT AMOUNT	275.00 *			275.00
				TOTAL FUND PAYMENT	2,418.62 **			2,418.62
				TOTAL BATCH PAYMENT	2,418.62 ***	0.00		2,418.62

L16#

Siskiyou County Office of Education Request for Warrant Processing

BATCH # 0917

District # 43

District Name NORTHERN UNITED SISKIYOU CHARTER SCHOOL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance		
15	Pupil Transportation Equip Fund		
17	Special Reserve Fund Other Than Capital Outlay	XXXXXXXXXX	XXXXXXXXXX
25	Capital Facilities (Developer Fees) Fund		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
62	NORTHERN UNITED SISKIYOU CHARTER SCH	1,569.72	1569.72
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing.

Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____ Trustee _____
 Trustee _____

District Superintendent *Alan Rose*

Board Approval Date _____ Mail _____ Hold _____

-For Siskiyou County Office of Education Use Only-

Audited By: *jan* Audit Date: _____

Batch status: A All

From batch: 0917

To batch: 0917

Include Revolving Cash: Y

Include Address: N

Include Object Desc: Y

Include Vendor TIN: Y

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 0.*

- 80.39+
- 84.59+
- 210.35+
- 208.37+
- 218.52+
- 760.00+
- 7.50+

1,569.72*

43 NORTHERN UNITED SISKIYOU J6570
 APRIL A/P

ACCOUNTS PAYABLE PRELIST APY500 H.02.12 09/18/18 13:58 PAGE 1
 BATCH: 0917 April A/P << Held for Audit >>
 FUND : 62 CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Description	Tax ID num	Deposit type	ABA num	Account num	Liq Amt	Net Amount
Req Reference	Date				FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS			
000025/00	IDANCE STUDIO							
	PV-190047	08/28/2018 INV 0528			62-0000-0-5800-1110-1000-000-00000 NN			760.00
					PROFES'L/CONSULTG SVCS/OP EXP			
				TOTAL PAYMENT AMOUNT	760.00 *			760.00
000024/00	Jive Communications							
	PV-190044	09/01/2018 INV 20001069148			62-0000-0-5909-1110-1000-000-00000 NN			218.52
					NORTH UNITED TELEPHONE/COMM			
	PV-190045	08/01/2018 INV 20001032638			62-0000-0-5909-1110-1000-000-00000 NN			208.37
					NORTH UNITED TELEPHONE/COMM			
	PV-190046	07/01/2018 IN2000087947			62-0000-0-5909-1110-1000-000-00000 NN			210.35
					NORTH UNITED TELEPHONE/COMM			
	PV-190048	09/17/2018 IN20001083848			62-0000-0-5909-1110-1000-000-00000 NN			7.50
					NORTH UNITED TELEPHONE/COMM			
				TOTAL PAYMENT AMOUNT	644.74 *			644.74
000023/00	Ray Morgan Company							
	PV-190042	09/05/2018 INV 2205453			62-0000-0-5623-1110-2700-000-00000 NN			80.39
					NORTH UNITED EQUIP RENT/LEASE			
				TOTAL PAYMENT AMOUNT	80.39 *			80.39
000018/00	SNOWCREST							
	PV-190043	09/01/2018 INV 994998			62-0000-0-5922-1110-2700-000-00000 NN			84.59
					COMMUNICATION - TELEPHONE SVCS			
				TOTAL PAYMENT AMOUNT	84.59 *			84.59
				TOTAL FUND PAYMENT	1,569.72 **			1,569.72
				TOTAL BATCH PAYMENT	1,569.72 ***	0.00		1,569.72
				TOTAL DISTRICT PAYMENT	1,569.72 ****	0.00		1,569.72
				TOTAL FOR ALL DISTRICTS:	1,569.72 ****	0.00		1,569.72

Number of warrants to be printed: 4, not counting voids due to stub overflows.

PAY250 0.11

SISKIYOU COUNTY COMMISSION OF EDUCATION

09/21/18 AGE 1

PAYNAME: DI4324

PAYROLL REGISTER - TOTALS

SORT: PAY-CODE/NAME

DATE PAID 09/25/2018
PERIOD ENDING 09/15/2018

43 NORTHERN UNITED SISKIYOU								
COUNT	GROSS	TAXABLE-GR	NTX-GROSS	TSA	FIT	AFIT	SIT	ASIT
16	25437.59	22366.47	3071.12	.00	1499.21	100.00	283.64	.00
	OASDI	MEDICARE	SURV-BEN	SDI	EIC	RET	VOL-DED	NET
	129.79	356.94	.00	.00	.00	2249.99	821.13	19996.89
GRAND TOTALS								
COUNT	GROSS	TAXABLE-GR	NTX-GROSS	TSA	FIT	AFIT	SIT	ASIT
16	25437.59	22366.47	3071.12	.00	1499.21	100.00	283.64	.00
	OASDI	MEDICARE	SURV-BEN	SDI	EIC	RET	VOL-DED	NET
	129.79	356.94	.00	.00	.00	2249.99	821.13	19996.89

PAYNAME: DI4324

PAYROLL REGISTER - TOTALS

DATE PAID 10/09/2018
 PERIOD ENDING 09/30/2018

DISTRICT TOTALS

DISTRICT	DESCRIPTION	TAXABLE-GR	NTX-GROSS	TSA	FIT	AFIT	SIT	ASIT
43	NORTHERN UNITED SISKIYOU							
	GROSS	21023.49	2803.08	.00	1312.55	125.00	253.46	.00
	OASDI	333.61	.00	.00	.00	1981.95	821.13	18769.27
00	GRAND TOTALS	21023.49	2803.08	.00	1312.55	125.00	253.46	.00
	GROSS	21023.49	2803.08	.00	1312.55	125.00	253.46	.00
	OASDI	333.61	.00	.00	.00	1981.95	821.13	18769.27

626-34-4940 OBRIEN KATHERINE PL:0000 PC:02 EI:* CG: RS:05 FM:M-00 SM:M-00 AS: 02 TC:05 AP:00 HTF:20
 OK: DPO:N DI43PY
 01 000000 33.00 H 9.15 301.95 NML TF DI43PY/20 **-** 33.00 99-4-1 1.000000 1 SGI
 R1-E/R%: 0.00000/ 0.00000 R2-E/R%: 0.00000/ 0.00000
 01 100.00 % 62-0000-0-2900-1110-1000-000-00000 SBT:___ F: 1,058.64 E: 301.95 A: .00 G: 301.95 * ✓

IG .00 NT .00 TS .00 RS .00 TG 301.95 FT .00 AF .00 EI .00 ST .00 AS .00 OG 301.95 OA 18.72
 IS .00 MG 301.95 MC 4.38 SD .00 SG 301.95 MD .00 SB .00 RG .00 RT .00 RR .00 PD .00 NP 278.85

547-31-2108 WEST LISA A PL:0000 PC:01 EI:* CG: RS:01 FM:S-02 SM:H-01 AS: 00 TC:05 AP:00 HTF:20
 OK: DPO:N DI43PY
 01 000000 1,505.00 L 1.00 1,505.00 NML TMS DI43PY/20 **-** 43,000.00 57-0-1 1.000000 1
 R1-E/R%:10.25000/ 0.00000 R2-E/R%: 0.00000/ 0.00000
 01 100.00 % 62-0000-0-1100-1110-1000-000-00000 SBT:___ F: 3,806.67 E: 1,505.00 A: 398.33- G: 1,106.67 * ✓

IG .00 NT .00 TS .00 RS 113.43 TG 993.24 FT 39.32 AF .00 EI .00 ST .00 AS .00 OG .00 OA .00
 IS .00 MG 1106.67 MC 16.05 SD .00 SG 993.24 MD .00 SB .00 RG 1106.67 RT 113.43 RR .00 PD .00 NP 937.87

☐

43 NORTHERN UNITED SISKIYOU PAYROLL AUDIT PRELIST J12177 PAY510 H.00.49 10/17/18 PAGE 6
 NUSC PAYROLL FOR 10/25/18 PAYNAME: DI4324 DISTRICT TOTALS PAY DATE: 10/25/2018 END DATE: 10/15/2018

PAYROLL PRELIST AUDIT TOTALS FOR DISTRICT

EMPLOYEE COUNTS

RECEIVING WARRANTS 17 ✓ GETTING PAID FIRST TIME 0
 APD TO CU 0 TERMINATED GETTING PAID 0 RET SYSTEM 1/3 OPTION: P %0.000
 APD TO CHECKING 0 STARTING APD CHECKING NEXT MONTH 0 RET SYSTEM 2/4 OPTION: P %0.000
 APD TO SAVINGS 0 STARTING APD SAVINGS NEXT MONTH 0 FICA OPTION:
 --- GETTING PAID BALANCE OF CONTRACT 0
 TOTAL GETTING PAID 17

PAYROLL TOTALS

SALARY GROSS	DAILY GROSS	HOURLY GROSS	HOURLY AND DAILY GROSS	TOTAL GROSS
NML 21,287.50	NML 0.00	NML 3,600.88	NML 3,600.88	NML 24,888.38
ADJ -398.33	ADJ 0.00	ADJ - 0.00	ADJ 0.00	ADJ -398.33
ADJ NML 20,889.17*	ADJ NML 0.00*	ADJ NML 3,600.88*	ADJ NML 3,600.88*	ADJ NML 24,490.05* ✓

TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*
NON-NMFL	0.00*	NON-NMFL	0.00*	NON-NMFL	0.00*	NON-NMFL	0.00*	NON-NMFL	0.00*
TOTAL	20,889.17**	TOTAL	0.00**	TOTAL	3,600.88**	TOTAL	3,600.88**	TOTAL	24,490.05**

TOTAL NUMBER HOURS WORKED: 182.15 TOTAL NUMBER DAYS WORKED: 0.00

GROSS	FED IMP GROSS	NTFX GROSS	TSA	RET-15	FED TAX GROSS	FT	AFIT
24,490.05	0.00	821.13	0.00	2,080.22	21,588.70	1,359.83	125.00

SIT	ASIT	GASDI GROSS	OASDI	MEDI GROSS	MEDICARE	DEF-MEDI GROSS	DEF-MEDI
250.59	0.00	3,468.88	215.06	23,668.92	343.20	0.00	0.00

SURV-BEN	SDI	EIC	STRS SUBJ	STRS	PERS SUBJ	PERS	DED
0.00	0.00	0.00	19,314.17	1,977.89	1,461.85	102.33	821.13

NET	ADJ (+)	ADJ (-)	OASDI EMPR	MEDI EMPR	STRS EMPR	PERS EMPR
19,295.02	0.00	598.33	0.00	0.00	0.00	0.00

STATE IMP GROSS	STATE TAX GROSS	STRS (C)	STRS (P)	STRS (O)	PERS (C)	PERS (P)	PERS (O)
0.00	21,588.70	1,569.95	407.94	0.00	102.33	0.00	0.00

STRS/SUBJ (C)	STRS/SUBJ (P)	STRS/SUBJ (O)	PERS/SUBJ (C)	PERS/SUBJ (P)	PERS/SUBJ (O)	STRS/SUBJ DBS	STRS DBS
15,316.67	3,997.50	0.00	1,461.85	0.00	0.00	0.00	0.00

Agenda Item 3.

CONSENT AGENDA

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

Subject:

3.3 Approval of Minutes

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

The minutes prior meetings are inspected, corrected if needed, and approved. This is a routine monthly process for the Board. The minutes for the September 20, 2018 board meeting are attached. See attached minutes.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, Lynda Speck

NORTHERN UNITED CHARTER SCHOOLS

BOARD OF DIRECTORS

SEPTEMBER 20, 2018 BOARD MINUTES

MEMBERS PRESENT: Jere Cox, Rosemary Kunkler, Jennifer Johnson, Briana Osterle

MEMBERS ABSENT: Bianca Garza

GUESTS: Shari Lovett, Julie Smith, Rebekah Davis, Lacy Conti, Tammy Picconi, Kirk Miller, Roxy Kennedy, Reada McConnaughy, and Lynda Speck

1.0 CALL TO ORDER: Jere Cox called the meeting to order at 4:01pm

1.1: Pledge of Allegiance

1.2: Agenda: Motion to approve the agenda made by Briana Osterle and seconded by Rosemary Kunkler. Vote taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

2.0 BUSINESS AND FINANCE

2.1: Financial Report: Tammy Picconi reported to the board the cash flow status of both NU-HUMBOLDT and NU-SISKIYOU Charter Schools. Money is getting low for NU-Humboldt charter but NU-Siskiyou is still good. She reported that once we have the audited actuals, we can transfer the rest of the money to both charters. We expect that our first apportionment will come at the end of September or beginning of October and that amount will be 37% of expected revenues.

2.2: Consideration of Assumption of Copier Lease with Great America Financial Services for NU-Humboldt Charter School: Shari Lovett explained the copier leases and how we needed to transfer the leases from Mattole Unified to Northern United. She went over each lease. A motion to approve the assumption of Copier lease with Great America Financial Services for NU-Humboldt Charter School was made by Jennifer Johnson and seconded by Rosemary Kunkler. Vote Taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

2.3: Consideration of Assumption of Copier Lease with Wells Fargo for NU-Siskiyou Charter School: Shari Lovett explained the lease agreements with Wells Fargo. There are two leases and currently only one of them is signed and we are still waiting for signatures on the other one. A motion to approve assumption of Copier Lease # 603-0151725-000 with Wells Fargo and to table the approval of second lease with Wells Fargo until the October board meeting was made by Jennifer Johnson and seconded by Briana Osterle. Vote Taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

2.4: Consideration of Contract with School Pathways for NU-Humboldt Charter School: Shari Lovett explained the services that School Pathways provides for us and the cost of those services. Jere shared with the board his visit to the offices of the support staff and now understood their roles within School Pathways. A motion to approve the contract between School Pathways and NU-Humboldt Charter School was made by Jennifer Johnson and seconded by Rosemary Kunkler. Vote taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

2.5: Consideration of Contract with School Pathways for NU-Siskiyou Charter School: Shari explained the services that School Pathways provides for us and the cost of those services. A motion to approve the contract between School Pathways and NU-Siskiyou Charter School was made by Rosemary Kunkler and seconded by Jennifer Johnson. Vote taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

3.0 CONSENT AGENDA

3.1: Consideration of Approval of Warrants and Payroll for NU-Humboldt Charter School:

3.2: Consideration of Approval of Warrants and Payroll for NU-Humboldt Charter School:

3.3: Consideration of Approval of Minutes: Rosemary Kunkler pointed out a typo in section 6.2.

3.4: Consideration of Approval of Resignations, Hires and Leaves: Shari Lovett presented the employee lists for both NU-Humboldt and NU-Siskiyou Charter Schools and answered questions about tutor/SGL and the meaning of both. A motion to approve the consent agenda as amended was made by Jennifer Johnson and seconded by Briana Osterle. Vote taken: Jennifer Johnson-Aye, Rosemary Kunkler-Aye, Briana Osterle-Aye and Jere Cox – Aye. Motion carried unanimously.

4.0 PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

4.1: Comments by the Public: No comments

5.0 COMMUNITY RELATIONS/CORRESPONDENCE

5.1: Correspondence: Shari Lovett shared a letter from Chris Hartley about his appreciation to our staff for their hard work on the budget approval process.

6.0 RECOGNITIONS/ANNOUNCEMENTS/REPORTS

6.1 Board Reports: Briana Osterle reported that all the staff at the Yreka Learning center did an amazing job on cleaning, organizing and re-arranging the Yreka center. It has a new feel when you walk in. She reported that the Back to School night was great.

Agenda Item 7.
ADMINISTRATION

Subject:

7.3 Consideration of Bloodborne Pathogen Plans - NUCS

Action Requested:

Approval

Previous Staff/Board Action, Background Information and/or Statement of Need:

The process and protocol for handling bloodborne related accidents is the same center to center. Each center lead reported where their waste disposal locations are and reviewed the bloodborne pathogen plan. The outlined plan provides the instructions and form for handling these situations, which were provided by our JPA insurance. This will be updated annually.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, Lacy Conti

**EXPOSURE CONTROL PLAN
FOR
BLOODBORNE PATHOGENS**

Northern United Charter Schools

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BACKGROUND

On December 6, 1991, OSHA issued its final regulation on occupational exposure to bloodborne pathogens (29 CFR 1919.1030). Based on a review of the information, OSHA has determined that employees face a significant health risk as a result of occupational exposure to blood and other potentially infectious materials (OPIM) because they contain bloodborne pathogens. These pathogens include: HBV, which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immuno-Deficiency Syndrome (AIDS). The agency has concluded that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs, labels and other provisions.

The California version of this legislation became effective on January 8, 1993. The text of the law can be found in Section 5193 of Title 8 of the California Code of Regulations (8CCR5193).

The original Plan was approved by the Northern United Charter Schools Board of Directors on

INTRODUCTION

The Northern United Charter Schools (hereafter referred to as NUCS) is continuing the implementation of an Exposure Control Plan (ECP) to ensure the well-being and to protect the safety and health of our employees. This plan has been developed to meet compliance with State and Federal Regulations pertaining to Bloodborne Pathogens.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

A copy of this Plan can be found at the following locations:

- District Office
- On the District Website
- At your learning center location

This Plan will be reviewed annually by _____.

BLOODBORNE PATHOGENS PROGRAM COORDINATORS

- _____
- _____
- _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

ELEMENTS OF THE EXPOSURE CONTROL PLAN (ECP)

- The required exposure determination.
- The schedule and method of implementation for:
 - ❖ Methods of compliance
 - ❖ Communication of hazards to employees
 - ❖ HBV vaccination and post-exposure evaluation and follow-up
 - ❖ Recordkeeping to be kept by Human Resource Office
- A procedure for the evaluation of circumstances surrounding exposure incidents.
- A procedure for gathering the information required by the sharps injury log.
- A procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the sharps injury log.
- A procedure for identifying currently available engineering controls and selecting such controls for the appropriate work areas.
- A procedure for obtaining information from employees as part of the plan review process.
- Ensure that a copy of the ECP is accessible to employees.
- Ensure that the ECP is reviewed and updated at least annually.

RESPONSIBILITIES

Individual Affected Employees shall be responsible for:

1. Reading and following the guidelines put forth in this plan.
2. Attending training as required.
3. Addressing any concerns or questions to their supervisors.

Supervisors/Managers shall be responsible for:

1. Ensuring affected employees' comply with the Exposure Control Plan, including the introduction of the Hepatitis B vaccination series within ten days of employment if the employee has not been vaccinated before. Employee must provide written proof of vaccination series or immunity (HBsAB).
2. Ensuring affected employees have initiated training on department specific safe work practices relative to exposure to blood or other potentially infectious substances/materials.
3. Monitoring their departments to ensure compliance with the Exposure Control Plan, including always having an adequate supply of protective equipment to comply with the Bloodborne Pathogen Standard (see Appendix E).
4. Ensuring that affected employees attend and complete training sessions to comply with the Bloodborne Pathogen Standard (see Appendix E).
5. Ensuring that affected employees who are appointed to an affected job classification are referred for training and, if necessary, are offered the Hepatitis B vaccination series within ten days.
6. Report compliance failures to the School Director or designee.

Human Resources Department shall be responsible for:

1. Coordinating the initial and annual training for all affected employees covered by this plan.
2. Maintaining employee training records.

Human Resources & Health Services Departments shall be responsible for:

1. Arranging for payment of vaccination series and expenses for post-exposure follow-up deemed necessary by the medical contractor.
2. Assisting department heads and managers/supervisors to monitor individual departments for compliance with the provisions of this plan.

_____ shall be responsible for:

1. Reviewing the Exposure Control Plan annually.

Health Services & Human Resources Departments shall be responsible for completing the following:

1. Serving as an advisor in the development and implementation of the training program.
2. Ensuring that each affected employee has started the Hepatitis B vaccination series or has signed the declination form.
3. Providing Hepatitis B vaccination series to affected employees who are not eligible for vaccination from their private medical insurance.
4. Maintaining Hepatitis B vaccination records or declination forms.
5. Coordinating post-exposure follow-ups with medical contractor.
6. Ensuring that the health care professional's written opinion is provided to employees receiving post-exposure follow-up.
7. Maintaining records relative to post-exposure follow-up to bloodborne pathogens, including first aid providers.
8. Providing supplemental health education on risk management of exposure (e.g., sexual behaviors, organ donation, refraining from breast feeding, psychosocial support, seropositive reaction, etc.).
9. Ensuring that the individual(s) responsible for decontaminating equipment or working surfaces with infectious materials/substances is knowledgeable about Universal Precautions and EPA registered Tuberculocidal Disinfectants.
10. Reviewing the Exposure Control Plan annually in consultation with the Designated Administrator and the appropriate relevant areas impacted by the Exposure Control Plan.

AFFECTED EMPLOYEES/EXPOSURE DETERMINATION

The purpose of the exposure determination is to identify individuals who meet the definition of occupational exposure as defined by Cal/OSHA and who shall receive training, protective equipment and vaccination as described in this program. These employees are considered affected employees. "Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

- See appendix B

METHODS OF COMPLIANCE AND SCHEDULE OF IMPLEMENTATION

Universal Precautions 5193 (d)(1)

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Workplace Controls 5193 (d)(2)

The following engineering and workplace controls shall be used to eliminate or minimize employee exposure. The Northern United School District shall continually evaluate these controls compared with new or more advanced equipment and substitute new methods as determined by the Plan Administrator and/or School Director.

Engineering Controls

These shall be maintained on a regular schedule. A regular system shall include documentation of maintenance inspections which include date of inspection, name of employee making the inspection, findings, repair verification if needed and the signature of the employee conducting the inspection. See Figure 1 for an example of an Engineering Controls and Inspection Schedule Guideline.

ENGINEERING CONTROLS AND INSPECTION SCHEDULE
(Figure 1)

ENGINEERING CONTROL	INSPECTION PERIOD	COMMENT	RESPONSIBLE POSITION
Glove Boxes	Monthly	Available and in good condition	Classroom Teacher, Site Supervisor, or designee
CPR masks	Monthly	Present and in good condition	Classroom teachers, drivers, Director of Health Services, Site Supervisor, or designee
Sharps Disposal Containers	Once before use; monthly during use; once before disposal.	Ensure outer portion of container remains clean while unit is in use.	Site Supervisor or designee
Spill Kits	Monthly, replace after use	Kit is available and all contents present. Contact maintenance for supplies.	Classroom teacher, drivers, or designee
Hand Washing Facilities	Once every 6 months	Daily Cleaning	Site Supervisor or designee
Eyewash Stations	Once every 6 months		Site Supervisor or designee
Spill Kits	Beginning of the year	Call Maintenance to replace if used	Administrator, site supervisor, or designee

Hand Washing Facilities

These shall be readily available.

Hand Washing

This shall be done immediately before and after glove removal. Hand washing shall also be done as soon after hand contamination as possible. If water is not available, antiseptic hand cleaners must be used with clean cloth, paper towels or antiseptic towelettes.

Needleless Systems

Shall be used when information indicates the system is more effective in reducing sharps injuries than the current system being used.

Needle Devices

If needleless systems are not used, needles with engineered sharps injury protection are recommended.

Non-Needle Sharps

If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Bending, recapping or removal of contaminated sharps by hand is prohibited.
- Sharps that are contaminated with blood or other potentially infectious materials (OPIM) shall not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- The contents of used sharps containers shall not be accessed.
- Sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose an employee to the risk of sharps injury.

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- Mouth pipetting/suctioning of blood or other potentially infectious substances/materials is prohibited.

Other Precautions

- All procedures involving blood or other potentially infectious substances/materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- Items contaminated by blood or other potentially infectious substances/materials shall be double bagged, which prevents leakage or contact with blood and OPIM.
- Contaminated clothing and equipment must be removed before entering a food consumption area.
- Splattering or the generation of droplets or aerosols of contaminated material must be avoided. If potential for this exists, face protection shall be required.
- Contaminated reusable equipment must be decontaminated to the extent possible. Employees shall wear appropriate personal protective equipment.
- Personal protective clothing must be worn to prevent body contamination and shall be provided by the District.
- Personal protective equipment (splash shields, clothes, gloves, etc.) must not be taken home by the employee and shall remain at work.
- If splashing occurs onto protective clothing, inspect clothing to ensure that blood or OPIM is not soaked through the material.
- Biohazard labels will be affixed to containers, refrigerators and freezers containing blood or other potentially infectious substances/materials and any other containers used to store or transport blood or other potentially infectious substances/materials.

Sharps Injury Log

The Northern United Charter Schools shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 24 hours of the date the incident is reported to the employer. The recorded information shall include the following:

- Date and time of the exposure incident.
- Type and brand of sharp involved in the exposure incident.
- A description of the exposure incident shall include:
 - ❖ Job classification of the exposed employee.
 - ❖ Department or work area where the exposure incident occurred.
 - ❖ The procedure that the exposed employee was performing at the time of the incident.
 - ❖ How the incident occurred.
 - ❖ The body part involved in the exposure incident.
 - ❖ If the sharp had engineered sharps injury protection (ESIP) and whether it was activated.
 - ❖ If there were no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
 - ❖ The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

Requirements for Handling Contaminated Sharps

- All procedures involving the use of sharps in connection with patient care shall be performed using effective handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately, or as soon as possible, contaminated sharps shall be placed in an approved sharps container.
- The containers shall be maintained in the upright position throughout use, where feasible.
- The containers shall be replaced as necessary to avoid overfilling.

Sharps Containers for Contaminated Sharps

- All sharps containers will be labeled, commercially designated sharps containers.
- The sharps container shall be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.
- Filled containers shall be taken by the _____ to the County of _____ Public Health Department for disposal in accordance with Local, State and Federal guidelines.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLOTHING 5193 (b)

The Northern United Charter Schools shall analyze employee tasks and the type of exposure expected in order to select personal protective clothing and equipment, which shall provide adequate protection. This shall be accomplished in view of the fact that there is no standardized method of testing and classification of the resistance of clothing to biological hazards.

The Northern United Charter School District shall provide, at no cost to the employee, appropriate personal protective equipment. The Northern United Charter School District must clean, repair and replace the equipment when necessary. The type and amount of PPE shall be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure.

PERSONAL PROTECTIVE CLOTHING POLICIES

ITEM	HOW TO OBTAIN	COMMENT
Single-Use Gloves	Standard equipment: in all: classrooms, buses, transportation for students, first aid kits All school nurses shall have gloves Order through bulk supply	Wear appropriate medical examination gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials or contaminated items and surfaces. Check for leaks, tears, punctures before each use. Use gloves only one time. Remove per proper procedure and dispose of in an appropriate waste container.
Other Gloves	Request goes to teacher with reason for need.	Used for cleaning and washing. Check for leaks, tears, punctures before each use. Dispose in an appropriate waste container.
Masks	Have teacher/program manager contact School Nurse or Health Services Director to see if indicated.	Wear masks whenever there is a likelihood of splash, sprays, mists or the production of respirable droplets. Ensure that the masks fit properly. Dispose of masks in appropriate containers.
Safety Goggles/ Safety Glasses	Have teacher/program manager contact School Nurse or Health Services Director to see if indicated.	Wear eye protection whenever there is an opportunity for exposure to blood, blood products or other potentially infectious materials. Clean with appropriate antiseptic agents. Dispose of these items in appropriate containers.
CPR masks	Standard equipment one in all: classrooms, student transportation, first aid kits All school nurses shall carry one Contact school nurse to obtain mask.	To be used when administering CPR. Dispose of in a proper container

HOUSEKEEPING

1. The Supervisor of Maintenance and Operations or designee shall develop a schedule of disinfection for any work surface, which may become contaminated by the HIV, HCV, and HBV virus or OPIM. The type of chemical utilized shall be approved by the maintenance department and for the highest antimicrobial activity in order to kill the viruses.
2. Protective coverings shall be replaced as soon as it is feasible.
3. Broken glassware, which may be contaminated, shall not be picked up with bare hands nor shall any employee reach into a container of broken glassware.
4. Regulated waste shall be disposed of in accordance with local, State and Federal regulations.
5. Sharps Containers shall be designed according to regulations, not allowed to overfill and be located so that employees shall not have to walk long distances with used syringes. Disposable sharp containers are recommended.
6. Sharps Containers shall be inspected regularly according to the Department Administrator and replaced as required.
7. Other waste containers shall be of a capacity to hold the volume of waste generated between scheduled pickups.
8. All containers shall be inspected for leakage potential. Secondary containers shall be available if leakage is possible.
9. All containers holding contaminated material shall comply with CCR, Title 8, Chapter 4.
10. Sharps Containers must be:
 - Completely Leak Proof
 - Closable
 - Puncture Resistant
 - Color Coded and Labeled
 - Convenient to Work Areas
 - Never Spilled

LAUNDRY 5193 (d)(3)(J)

1. Contaminated laundry shall be bagged at the location where it was used by employees utilizing proper personal protective equipment. Contaminated laundry shall be bagged and disposed of with consideration for outside contamination and proper labeling.
2. Contaminated laundry shall be shipped off-site for cleaning/disposal.
 - a) Contaminated laundry shall be placed and transported in bags or containers labeled and color-coded in accordance with Subsection (g)(a)(A) of this standard.
 - b) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
4. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment (e.g., use universal precautions).
5. Student clothing contaminated by blood shall have the bloody area covered. If the area is too big to safely cover, the clothing shall be removed, double bagged, and sent home with the student at the end of the day.

WASTE DISPOSAL 5193 (d)(3)(E)(1)

Regulated biowaste shall be placed in containers, which are closeable and are of the appropriate size to contain all contents. The containers will be strong enough to prevent leakage of fluids during handling, storage and transport. Red bags and red containers will be used by all departments to hold items that are soaked with blood or other potentially infectious substances/materials.

All waste containers must be closed and properly labeled prior to pick-up. If outside contamination of the waste container occurs, it shall be placed in a second clean container before pickup.

Disposal of all regulated waste shall be in accordance with applicable state and local regulations. All regulated waste shall be taken by the _____ to the _____ County Public Health Department.

LABELS and SIGNS 5193(g)(1)(A)

Biohazard Waste labels will be affixed to all containers used to dispose of blood or other potentially infectious substances/materials.

HEPATITIS B VACCINATION

1. Northern United Charter Schools shall make the Hepatitis B vaccination series available to all affected employees listed in category I or II in Appendix B. In addition, a post-exposure evaluation and follow-up shall be made available to all employees who are exposed to the HBV.
2. Affected employees will be provided with an authorization memo, which they will turn into the administration department at NUCS for any of these services.
3. Northern United Charter Schools shall follow the regulations as stated in CCR, Title 8, Section 5193 concerning the management of the vaccination and follow-up programs.
4. The vaccination and post-exposure evaluation and follow-up including prophylaxis will be:
 - Available at no cost to the employee.
 - Available at a reasonable time and place.
 - Under the supervision of a licensed physician or another licensed health care worker;
 - Provided according to the recommendations of the USPHS (* please see below) and
 - An accredited laboratory shall conduct all lab tests.

* The medical treatment for bloodborne pathogens may change over time. Cal/OSHA shall accept the CDC/USPHS guidelines current at the time of the evaluation or procedure.

Vaccine will be made available after an employee has received required training, within 10 working days of initial assignment. Employees must sign a declination form if they choose not to be vaccinated but may opt later to receive the vaccine at no cost to the employee.

Pre-vaccination screening for antibody status is not required as a condition of receiving the vaccine. NUCS can make it available at no cost to employees. An employee may decline the pre-screening, and the Northern United Charter School District must still make the vaccination series available to the employee. If the series is not completed, the vaccine must continue to be available, even if the series must be repeated. Should routine booster doses later be recommended by the USPHS, employees must be offered them. At the time of this plan, the possible need for routine booster doses is still being assessed by the USPHS. There is no current requirement to provide boosters, except for post-exposure prophylaxis.

HEPATITIS B VACCINATION OF DESIGNATED FIRST AID PROVIDERS

NUCS shall designate those employees who shall render first aid as a collateral duty compared to their primary duties. Designated, or other first aid providers, whose primary job assignments are not first aid but to render first aid for workplace injuries as collateral duty (Category I & II, see Appendix B) will be offered pre-exposure vaccine including availability of the full vaccination series as soon as possible, but no later than, 24 hours of the provision of assistance in any situation involving the presence of blood or other potentially infectious material.

First aid incidents and exposure incidents occurring during normal work hours shall be reported to their supervisor immediately.

After hours reporting of a situation including first aid where blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported immediately to their supervisor or department head.

The verbal report shall be followed up with the Post Exposure Follow-Up Report per procedure.

- Designated first aid providers (collateral duty) requirements:
 - ❖ First aid is not a primary job duty.
 - ❖ Not employed at a clinic, first aid station or other health care facility where people go to receive first aid.
 - ❖ The designated employees have been trained.
 - ❖ Are designated and included in this Plan.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Northern United Schools realizes the importance of the follow-up and evaluation of HBV, HCV and HIV exposure incidents. NUCS shall, therefore, follow the regulation as stated below:

1. Following a report of an exposure incident, the employer shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. (BBP 1)
 - b) Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law or education code. (BBP 1)
 - ❖ The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. (BBP 4 & 5)
 - ❖ When the source individual is already known to be infected with HBV, HCV or HIV, status need not be repeated.
 - ❖ With consent of the source individual or his/her parent/guardian, the results of the source individual's testing shall be made available to the exposed employee's physician, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (BBP 4 & 5)
 - c) Collection and testing of blood for HBV, HCV and HIV serological status.
 - ❖ The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. (BBP 2)
 - ❖ If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be performed as soon as feasible.
 - ❖ Additional collection and testing shall be made available as recommended by the U.S. Public Health Service and the employee's physician.

- d) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- e) Counseling.
- f) Evaluation of reported illnesses.

Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

2. Information Provided to the Health Care Professional:

- a) The employer shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of the regulation(s).
- b) The employer shall ensure that the health care professional evaluating an employee after an exposure incident is provided the following information:
 - ❖ A copy of this regulation.
 - ❖ A description of the exposed employee's duties as they relate to the exposure incident. (BBP 1)
 - ❖ Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by Subsection (f)(3)(A). (BBP 1)
 - ❖ Results of the source individual's blood testing, if available (physician to physician).
 - ❖ All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by Subsection (h)(1)(B)2.
- c) Health care professional's written opinion:

The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. (BBP 3)

- ❖ The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- ❖ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - The employee has been informed of the results of the evaluation.

- The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
 - If further follow-up testing should be done and when
- d) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Health Science practicum students who experience an exposure are covered by this program.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

1. Warning labels shall be placed on refrigerators and freezers containing blood or other potentially infectious materials.
2. Labels shall comply with Title 8, Section 6004, and Health and Safety Code Sections 25080-25082.
3. Labels concerning bio-hazardous waste are covered in Health and Safety Code, Sections 25080-25082. Color coding is described in Title 8, Section 6003.
4. NUCS shall post signs at the entrance to work areas as described in the regulation.

INFORMATION AND TRAINING 5193 (g)(2)

1. The Northern United Charter Schools shall provide training as described below to all affected employees meeting the occupational exposure definition.
 - ❖ Training shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
 - ❖ Retraining shall occur as operations change affecting exposure.
 - ❖ The programs shall be provided at no cost and shall be delivered during work hours.
 - ❖ The content of the training shall be appropriate for the educational level of the employee.

2. The content of the training shall include the following topics:
 - ❖ An explanation of the Bloodborne Pathogens Standard.
 - ❖ An explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a written copy.
 - ❖ Bloodborne disease epidemiology and symptoms.
 - ❖ Modes of transmission.
 - ❖ Recognition of tasks and activities that expose employees to the viruses.
 - ❖ The use and limitations of engineering controls, personal protective equipment, work practices.
 - ❖ Types, use, location, removal, handling and decontamination of personal protective equipment.
 - ❖ The basis for selection of personal protective equipment.
 - ❖ Information on the Hepatitis B vaccine.
 - ❖ Handling emergencies involving blood or other potentially infectious materials.
 - ❖ Exposure incident procedures and reporting.
 - ❖ Information on post-exposure follow-up and evaluation.
 - ❖ Signs, labels and other warnings.
 - ❖ Questions and other interaction.

3. The content of the training and qualifications of the presenter shall be documented on a training file form.

RECORD KEEPING

NUCS shall maintain accurate records on occupational exposure of each employee pursuant to CCR 8, Section 3204(d). These records shall be confidential and released only by the employee's written permission or as required by law or regulation. The records shall be maintained for thirty (30) years beyond the end of employment of the employee.

Content of Records

- Name and social security number of employee.
- Copies of HBV vaccination status and other relevant records.
- Copies of results of medical exams, testing and follow-up.
- Employer's copy of health care professional's written opinion as required in the regulation.
- Copy of the information provided to the health care professional as required in the regulation.

Training Records

- The dates of training sessions.
- Content summary of training.
- Names and qualifications of trainers.
- Names and job titles of all employees attending.

Sharps Injury Log

- The date and time of exposure incident.
- The type and brand of sharp involved.
- A description of the exposure incident.

Record Keeping Responsibilities

RECORD	LOCATION	RESPONSIBLE PERSONNEL	COMMENT
Training	Human Resources Dept.	Administrator or designee	
Medical	Human Resources Dept	Administrator or designee	
Inspection	Human Resources Dept	Administrator or designee	
Exposure Investigation	Human Resources Dept	Administrator or designee	
Sharps Injury Log	Human Resources Dept	Administrator or designee	

GLOSSARY

FORMS

Exposure to Blood Borne Pathogens and Evaluation of Circumstances

Record of Blood Borne Pathogens Exposure and Treatment

Health Care Professional's (HCP) Written Opinion

Source Individual's Consent Form

Authorization for Use or Disclosure of Health Information

Post Exposure Follow-Up Report

HBV Vaccination Informed Consent/Waiver Form

New Employee Training Sign-In Sheet

Sharps Injury Log

Exposure Determination Worksheet

**EXPOSURE TO BLOOD BORNE PATHOGENS AND
EVALUATION OF CIRCUMSTANCES**

EXPOSURE TO BLOODBORNE PATHOGENS EVALUATION OF CIRCUMSTANCES

Exposure Incident

First Aid Incident

1. Date of Incident: _____
Time: _____
2. Location of Incident: _____
3. Witnesses: _____
4. Route of exposure: _____
5. Exposure Circumstances: _____
 - a) Employee's activity at time of exposure: _____
 - b) Cause of exposure: _____
 - c) Part of body contaminated: _____
 - d) Other employees exposed: _____
 - e) Blood or OPIM present – describe: _____
6. Source individual; or accident victim(s) name; or source subject: _____

Position: _____
Individual #2: _____
Position: _____
7. Exposed individual (name): _____
Position: _____
8. Exposure incident ID #: _____

Prepared _____ by _____ (name): _____

Position: _____
9. Individuals rendering first aid:
 1. _____ Phone _____ PPE: _____
 2. _____ Phone _____ PPE: _____
 3. _____ Phone _____ PPE: _____

****IMMEDIATELY TAKE COMPLETED FORM TO PROGRAM ADMINISTRATOR****

**RECORD OF BLOOD BORNE PATHOGENS
EXPOSURE AND TREATMENT**

RECORD OF BLOOD BORNE PATHOGENS EXPOSURE AND TREATMENT

Exposed Employee's Name:	
Department:	
Employee's Social Security Number:	
Exposure Incident ID#:	
Date Exposed:	
Exposure to Blood Borne Pathogens Report Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I have been counseled by the school nurse regarding recommendations and reasons for post exposure evaluation by a HCP.</p> <p>I understand that testing for HIV/HBV/HCV is not mandatory but may be necessary for establishing baseline status and that all expenses for the testing will be paid by the NUCS. Following an initial HIV/HBV/HCV test, additional testing may be scheduled to determine if a Blood Borne Pathogen has been transmitted.</p> <p>I understand that I will be provided the test results and counseled by my physician, and that all information regarding the exposure, HIV/HBV/HCV testing, and test results will remain confidential.</p> <p>I <input type="checkbox"/> do <input type="checkbox"/> do not request to be evaluated and tested for HIV/HBV/HCV by a physician of my choice.</p>	
Employee's Signature	Date
School Nurse Signature	Date

**HEALTH CARE PROFESSIONAL'S (HCP)
WRITTEN OPINION**

Health Care Professional's (HCP) Written Opinion

Name of HCP: _____ Phone: _____

Address: _____

Name of Employee: _____ DOB: _____

Phone: _____ Address: _____

Information provided to HCP on: _____

- A copy of the Title 8, CCR 5193 (f) (1)-(6)
- Hepatitis B Vaccine Status
- Copy of Blood Borne Pathogen Exposure Report

HCP Written Opinion

- Was HB Vaccine given Yes No
- Will follow up vaccines be required Yes No

If yes, when is next shot due? _____

- Is follow-up care required? Yes No

If yes, when? _____

- The employee was informed of results of this evaluation Yes No
- The employee has been told about any medical conditions that could result from exposure to blood or OPIM that may require further evaluation or treatment Yes No

Please sign and return this form to: Northern United Charter Schools Office
Address:
ATTN: Human Resources Department

HCP Signature

Date

SOURCE INDIVIDUAL CONSENT FORM

SOURCE INDIVIDUAL CONSENT FORM

_____ has been identified as the source of blood or bodily fluid involved in an occupational exposure incident at _____, on _____, 20____. Pursuant to Cal/OSHA regulations governing blood borne pathogens, and the Exposure Control Plan enacted by NUCS, I have been requested to consent to the testing of blood to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

Accordingly,

_____ I refuse to grant my consent for such testing.

_____ I grant my consent for testing of my child's blood and/or bodily fluid in order to ascertain whether the HIV virus, Hepatitis B virus, or Hepatitis C virus are present. My consent is hereby given voluntarily of my own free will. My consent has not been obtained through duress, coercion or pressure.

_____ I am signing a release so that the results of the testing will be given to the physician of the employee exposed to my child's blood or body fluids. I understand the test results will be given to the employee by his/her physician with information on confidentiality.

Dated: _____, 20____

Child's Name

Child's DOB

Parent/Guardian's Signature

Parent/Guardian's Printed Name

DISCLOSURE OF HEALTH INFORMATION FORM

School District

Address:

Authorization for Use or Disclosure of Health Information to School Districts

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal Laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE INFORMATION

Patient/Student Name:	Last	First	MI	Date of Birth
-----------------------	------	-------	----	---------------

I, the undersigned, do hereby authorize (name of agency and/or health care providers):

(1)	(2)
-----	-----

To provide health information from the above-named medical record to and from:

School District to Which Disclosure is Made	Address/City and State/Zip Code
Contact Person at School District	(Area Code) and Phone Number

The disclosure of health information is required for the following purpose:

The requested information shall be limited to: All health information; or Disease-specific information as described

DURATION

This authorization shall become effective immediately and remain in effect until

or for one year from the date of signature, if no date is entered.

Date

RESTRICTIONS

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or such disclosure is specifically required/permitted by law.

YOUR RIGHTS

I understand that authorization is voluntary and I have the following rights with respect to this Authorization: *I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.* I have a right to receive a copy of this authorization. I understand my child has a right to receive health services at school whether this authorization is signed or not. However, signing this authorization may be required for my child to obtain safe and appropriate services at school.

RE-DISCLOSURE

I understand the Requestor (School District) will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and the information becomes a part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

APPROVAL

Printed Name

Signature

Date:

Relationship to Student

(Area Code) and Phone Number

POST EXPOSURE FOLLOW-UP REPORT

POST EXPOSURE FOLLOW-UP REPORT FORM

Post Exposure evaluation performed by:

Name: _____ Phone: _____

Position: _____

Exposure Incident ID #: _____

Source Individual

Identity: Student Other: _____

Consent for source individual HBV, HCV, and HIV test obtained (attached)

Date: _____

Consent denied: (attached)

Date: _____

Permission for results of source individual's blood to be made available to exposed employee's physician by source individual's physician obtained

Permission for results of source individual's blood to be made available to exposed employee's physician by source individual's physician denied

Exposed Employee seen by Health Care Professional

Date: _____

Information Provided to Health Care Professional

Date Provided

A. _____ Copy of Blood Borne Pathogen Standard

B. _____ Copy of Exposure Incident

C. _____ HBV Vaccine Status

Health Care Provider's Written Opinion

Provided to exposed employee

Date: _____

HCP providing written opinion

Name: _____ Phone: _____

Address: _____

**HBV VACCINATION
INFORMED CONSENT/WAIVER FORM**

HEPATITIS B VIRUS (HBV) VACCINE – INFORMED CONSENT/WAIVER FORM

Name: _____ Position Held: _____
School Site: _____

I hereby acknowledge that I have been given a copy of the fact sheet concerning HBV Vaccines. I attended a Hepatitis B Virus (HBV) education and training class on _____. I have also been given the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risks of taking the HBV Vaccine. I realize that the HBV immunization must be given in three (3) separate injections. I will be responsible for presenting myself to _____ on prescribed dates in order to complete the entire series.

FOR FEMALE EMPLOYEES: I hereby acknowledge I should not receive the HBV Vaccine if I am pregnant or suspect a possible pregnancy.

My signature below indicates that I have authorized _____ to administer the HBV Vaccine to me.

Date: _____ Signed: _____
Witness: _____
(Licensed Personnel)

HBV VACCINE SERIES DOCUMENTATION

Dose #1: Date: _____ Lot #: _____
Given by: _____
Comments: _____

Dose #2: Date: _____ Lot #: _____
(at least four Given by: _____
weeks after dose #1) Comments: _____

Dose #3: Date: _____ Lot #: _____
(at least four Given by: _____
months after dose #2) Comments: _____

HBV VACCINE WAIVER

- I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine, at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with HBV vaccine, I can receive the vaccination series at no charge to me.
- I have already received the HBV Vaccine. My last injection was given on _____.
- I **did** receive follow-up titer testing post-vaccine. I **did not** receive follow-up titer testing post-vaccine.

Date: _____ Signed: _____

Note: *Original to Personnel/District Office (D.O.). Copy to be taken each time immunization received. Return a copy to personnel/D.O. when filled out and series completed.*

EMPLOYEE TRAINING SIGN-IN SHEET

Northern United Charter Schools
Employee Training

Subjects Covered Include: Sexual Harassment, Mandated Reporting, Confidentiality, Blood Borne Pathogens, Universal Precautions, Hepatitis B Vaccine, Unprotected Blood Exposure Procedure

Name	Signature	Job Title	Date

SHARPS INJURY LOG

Northern United Charter Schools

Needle-Stick/Sharps Injury Log 2018-19

Date of Injury	Employee Job Title/Category	Location of Incident Work Area	Brand/Type of Sharp	Description of Incident

SHARPS INJURY LOG

1. Date and time of the exposure incident: _____

2. Type and brand of sharp involved in the exposure incident:

3. Description of the exposure incident:

Job Classification of the exposed employee: _____

Department or work area where the exposure incident occurred: _____

Describe the procedure that the exposed employee was performing at the time of the incident:

Describe how the incident occurred:

List the body part(s) involved in the exposure incident: _____

Did the sharp have engineered sharps injury protection and was it activated or not?

If there were no ESIP, what is the injured employee's opinion as to whether and how such a mechanism could have prevented the injury?

What is the employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury?

EXPOSURE DETERMINATION WORKSHEET

**Bloodborne Pathogens
Job Classification Exposure Determination Form
Northern United Charter Schools**

Job Classification	All Have Exposure	Some Have Exposure: List Person/Job Title	None Have Exposure
<p>Central Office Administrators Building Administrators Secretaries Regular Education Teachers Special Education Teachers Substitute Teachers School Nurse Custodians Other Maintenance Personnel: _____ _____</p> <p>Instructional Aides/Paraprofessionals Coaches/Asst. Coaches Athletic Trainers Athletic Director Food Service Personnel Lunchroom Aides Physical Therapist (PT) PT Assistants Occupational Therapist (OT) OT Assistants Recreational Therapists</p> <p>Health-care Aides Bus Drivers Transportation Aides Guidance Counselors School Psychologists School Social Workers Substitutes Librarians Library Aides <i>Health Room Volunteers</i> <i>Other_Volunteers</i> Other: _____ _____ _____</p>	<p align="center">All certificated and classified personnel have a risk of exposure</p>		

EXPOSURE DETERMINATION WORKSHEET

Please complete one form for each job classification, which lists duties that may cause an employee to be exposed.

DISTRICT:

Employee Position Classification: _____

Locations where this position is assigned:

<u>Tasks and Procedures</u>	<u>Exposure Risk:</u> <u>Indicate if risk is</u> <u>routine or occasional</u>	<u>If all employees in this</u> <u>Classification are at risk</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional comments regarding potential risks:

Supervisor's Signature Date

Employee's Signature Date

We have discussed the potential risks of exposure pertaining to the above job duties and believe this represents the exposure determination to the best of our knowledge.

APPENDIX

APPENDIX A

DEFINITIONS

1. **Affected Employee** – An employee who meets the occupational exposure definition based on their job duties. These employees must be included in the District's Bloodborne Pathogens Program.
2. **Bloodborne Pathogens (BBP):** Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
3. **Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.
4. **Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.
5. **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and ends of dental wires.
6. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples: Sharps disposal containers, self-sheathing needles, etc.
7. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious substances/materials that result from the performance of an employee's duties.
8. **Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other parenteral contact with blood or other potentially infectious substances/materials that may result from the performance of an employee's duties.
9. **Other Potentially Infectious Substances/Materials (OPIM):**
 - A. The following human body fluids: Semen, vaginal secretions, cerebro-spinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as in emergency response).
 - B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - C. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

10. **Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts and abrasions.
11. **Personal Protective Equipment (PPE):** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.
12. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling, contaminated sharps and pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes "medical waste" as regulated by California Health and Safety Code, Chapter 6.1.
13. **Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.
14. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

APPENDIX B

EMPLOYEE CATEGORIES COVERED

The following job titles/classifications have been determined to meet the occupational exposure definition herein and are therefore included in the Northern United Charter Schools Bloodborne Pathogens Program.

Category I Employees are those in which all employees in that job classification have potential occupational exposure.

CATEGORY I		
DEPARTMENT/PROGRAM	POSITION/EMPLOYEES	ACTIVITY WITH POTENTIAL EXPOSURE
Special Education	Teacher	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.
	Teacher Assistant Resource Aide	Supervision of students. Possible exposure to wounds, blood/body fluids.
	Occupational Therapist Early Start Team Specialist	Provision of hands on therapy Possible exposure to wounds, blood/body fluids.
	Licensed Vocational Nurse	Provision of health services to students. Possible exposure to wounds, blood/body fluids.
	Pupil Transportation Supervisor Teacher Assistant/Bus driver Teacher Assistant/Driver	Transportation and supervision of students. Possible exposure to wounds, blood/body fluids.
	Vocational Technician	Supervision of students. Possible exposure to wounds, blood/body fluids.
Maintenance Department	Supervisor of Maintenance, Operations, & Transportation Custodian-Maintenance Custodian-Maintenance-Bulk Purchase	Cleaning up blood/body fluid spills. Handling soiled feminine hygiene products.
Health Services Department	Director of Health Services	Provision of health services to students Possible exposure to wounds, blood/body fluids.
	School Nurse	Provision of health services to students Possible exposure to wounds, blood/body fluids.

CATEGORY I (Continued)		
DEPARTMENT/PROGRAM	POSITION/EMPLOYEES	ACTIVITY WITH POTENTIAL EXPOSURE
Curriculum and Instruction	Outdoor School Director Outdoor School Asst. Director	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.
	Foster Youth Service Liaison	Intervention services to youth. Possible exposure to wounds, blood/body fluids.
Early Head Start Preschools	Teacher Teacher Assistant Home Visitor	Instruction and supervision of students. Possible exposure to wounds, blood/body fluids.

Category II Employees are those in which some of the employees in that job classification have potential occupational exposure.

CATEGORY II		
DEPARTMENT/PROGRAM	POSITION/EMPLOYEES	ACTIVITY WITH POTENTIAL EXPOSURE
Special Education	Program Managers	More adult than student contact
	School Psychologists Speech Therapist Vision Specialist Hard of Hearing Specialist Workability Specialist	Student contact only in academic setting.
	Associate Superintendent/ SELPA Director Executive Assistant	More adult than student contact
SAFE	Director Area Coordinator	More adult than student contact.
Early Head Start Preschool	Director Family and Community Specialist Health and Nutrition Educator Administrative Secretary Secretary Cook Education and Disability	Children are present, slight chance of possible exposure to wounds, blood/body fluids.

	Specialist	
Health Services Department	HIV Coordinator	Student contact only in academic setting.

Category III Employees are those in which there is little or no risk for potential occupational exposure.

CATEGORY III		
DEPARTMENT/PROGRAM	POSITION/EMPLOYEES	ACTIVITY WITH POTENTIAL EXPOSURE
Curriculum and Instruction	Assistant Superintendent Executive Assistant Administrative Secretary Secretary, SAFE Student Services Director Technology Analyst Technology Support Director of Categorical Programs Instructional Media Center Director Media Technician	None in job description
Business Department	Associate Superintendent Executive Assistant Budget Technician Accounting Technician External Fiscal Services Officer Internal Fiscal Services Officer	None in job description
Human Resources Department	Human Resources Manager Executive Assistant	None in job description
Administration	Superintendent Executive Assistant Coordinator, Local Planning Council	None in job description
Health Services Department	Administrative Secretary	None in job description

APPENDIX C

CURRENT MEDICAL CONTRACTOR

<i>Insert Medical Provider Info Here</i>
Tell the receptionist you have had an exposure to blood or other potentially infectious materials and need an appointment immediately.

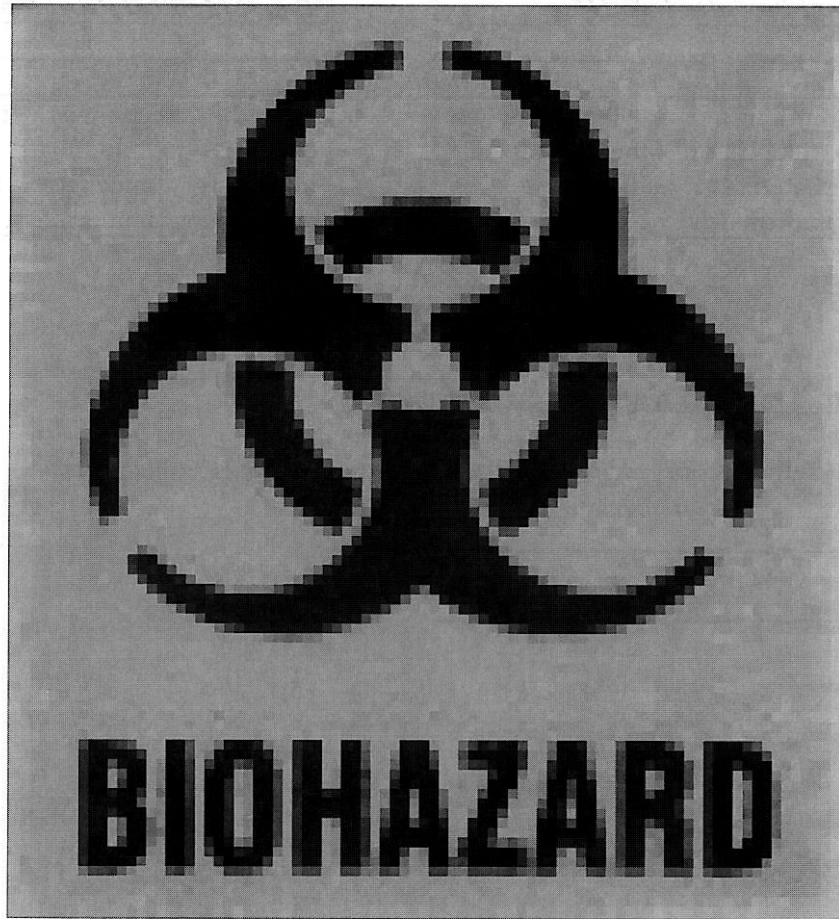
<i>Insert Medical Provider Info Here</i>
Tell the receptionist you have had an exposure to blood or other potentially infectious materials and need an appointment immediately.

Work-Related Injury Treatment Authorization

For treatment authorization and worker's compensation referrals, contact:

APPENDIX D

AUTHORIZED LABELING



BIOHAZARD

Or in the case of Regulated Waste the Legend:

BIOHAZARD WASTE

As described in Health & Safety Code Sections 25080-25082.

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

APPENDIX E

Northern United Charter Schools Hepatitis B Vaccine Procedure Series of three shots

Employee attends the school nurse's Mandated Topics presentation that includes Blood Borne Pathogen Training.

The school nurse reviews the Hepatitis B Vaccine Information Form with the employee. Employee and school nurse fill out and sign Vaccine Consent/Waiver Form. The nurse makes a copy of the form for NUCS Human Resources Dept. (HRD). Employee keeps original consent form, the Hepatitis B Vaccine (HBV) Information Flyer, these instructions, and a copy of the schedule of the Public Health Department Immunization Clinics. *Should the employee decide not to have the vaccine, the waiver will be signed with the understanding that the employee may decide to have the vaccine in the future. If the employee has received the HBV series at an earlier time, he/she will sign the Form in the correct area. A copy of the record if available will be given to NUCS and it will be entered into the employees personnel file.*

The school nurse or administrator will give a copy of the consent to the Health Services Department Director who will forward the request to the Human Resources Department.

The employee will be notified by the HRD when the check is ready, and where to pick it up. The employee picks up check and takes the Vaccine Consent Form and check to the Public Health Department Immunization Clinic.

PHD administers the vaccine and documents it on the Consent Form. **The employee must obtain a receipt that the shot has been given.** A copy of the record and the receipt will be given to the Health Services Department secretary by the employee.

Employee keeps the Consent Form until all three shots are received. At least one week before the next shot is due (2nd shot is due at least 4 weeks after first, third shot 4-6 months after second), employee should contact the Health Services department secretary to process the check and pick up check when it is ready. The HSD secretary will maintain a flow sheet of who is in the process of receiving the HBV series and when shots are due.

After all three shots are received, the employee should save a copy of the completed Vaccine Form and must give the original to the department to be placed in the employee's personnel file at the Northern United Charter Schools Human Resources Department.

Questions regarding this procedure should be directed to NUCS Human Resource Office at 707-445-2660.

APPENDIX F

Northern United Charter Schools Blood Borne Pathogen Exposure Procedure

If an employee experiences an unprotected blood exposure (a specific eye, mouth, mucous membrane, or non-intact skin with blood or other potentially infectious material; or a contaminated sharps injury) while at work, the following steps shall be taken:

Wash area thoroughly with soap and water. For an eye, nose or mouth exposure, rinse area with large amounts of water.

Report exposure immediately to:

Human Resources Department (HRD), () _____-_____
Health Services Director (HSD) or the school nurse (see nursing assignments),
() _____-_____

The HSD or school nurse will help employee to:

Complete *Exposure to Blood Borne Pathogens and Evaluation of Circumstances Form*
Determine degree of risk and where medical evaluation and possible treatment/tests will be conducted
Complete *Record of Blood Borne Pathogens Exposure and Treatment*
Obtain same day medical evaluation or have employee sign declination of services form

The HSD or school nurse will:

Contact source individual (or parent) to request for consent to be tested and authorization for disclosure of results be signed. If consent is given, information will go directly from source Individual's Health Care Professional (HCP) to employee's HCP.
If consent and release are signed, assist source individual (or parent) to obtain same day testing by his/ her HCP, walk-in clinic, or emergency room.

Should employee consent to Medical evaluation:

Primary source of care will be employee's private medical doctor (PMD)
Secondary source of care will be walk in clinic or local emergency room
The employee will bring to the appointment:
Blood borne pathogen regulations
Completed forms
Health Care Professional's (HCP) Written Opinion Form

After evaluation, employee should verify that the HCP will complete the form and return it to the HRD

Employee is responsible to follow-up with the HCP or Public Health Department for any recommended vaccines, treatments, or tests with assistance from the HRD or his/her department.

A confidential file of the exposure incident will be kept by the HRD for 30 years. Post Exposure Follow-Up Report will be completed and in the file.

Blood Borne Pathogen Regulations

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

Exception: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
 - a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 - b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.
2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:
 - a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.
 - i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
 - A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.
 - B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).
 - ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.
 - b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.
 - c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.
3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and
2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

Agenda Item 7.
ADMINISTRATION

Subject:

7.4 Discussion of Student Records Location and Storage

Action Requested:

None

Previous Staff/Board Action, Background Information and/or Statement of Need:

Currently our student records are stored and maintained in Petrolia at the records office.

Fiscal Implications:

None

Contact Person/s: Shari Lovett



Shari Lovett <slovett@nuarters.org>

Records Office Procedures

1 message

Roxy Kennedy <rkennedy@nuarters.org>

Fri, Sep 21, 2018 at 3:15 PM

To: Rosemary Kunkler <rkunkler@nuarters.org>, Shari Lovett <slovett@nuarters.org>

Hi Rosemary,

I am the registrar for NU and previously Mattole, my name is Roxy. I may have spoken to you over the years if you called the Records office in Petrolia. We try to tune into the board meetings on zoom when we can, just to listen while we work. But if we get phone calls and requests, we do miss quite a bit.

I heard that the question of procedures with cumulative records came up at yesterday's meeting. I was zoomed in, but missed that part, due to phone calls.

This question was brought up in a past meeting with Jere Cox, so I recently emailed him, to see if I could answer his concern, and help him understand more about how it works in our school. So I am just sharing the same information with you now.

I have been here 15 years and was trained by Linda Huddleston and Cindy Weber who have since retired. Tina Wickeraad has been here 8 months, and was trained by myself and Linda Huddleston before she retired.

I realize you are a parent at ELC, previously NCLA. So while most of our learning centers have always kept their student CUMs in the Records office, NCLA did have them on site until two years ago. Now ALL students CUMs are kept in the Records office, which frees up learning centers of a huge maintenance task.

Here is our procedure:

1-Teachers send Enrollment Packets to the Records Office and Roxy enters their data and checks off their arrival in an intake binder. Then Roxy communicates any missing pieces with staff, notes and flags the files, and follows up with staff until files are complete.

2- Tina receives Enrollment Packets from Roxy and requests the cumulative file from previous schools. Then Tina sets up the Northern United file for each new student. If a student is marked on the enrollment forms to have a special education file, the request is forwarded to the special education department, who sends an additional request to the previous school for all SpEd records. SpEd keeps and maintains their files in the Cutten and Yreka offices. Only regular education files are kept in the Records office.

3- CUMs arrive by mail, HCOE courier, or the Cutten Resource Center. As they arrive they are logged to arrange priority for review.

4-Tina (or Roxy) reviews them on first come basis, but high school students are given priority. Priority is also given to students when a teacher urgently needs to see their cumulative file.

5- Tina reviews the entire file. As a rule of thumb, the previous two years of records are scanned to the teacher. Teachers are encouraged to ask for more if they would like. (We have some that want to see everything, so they get *EVERYTHING*). The records scanned include, testing, report cards, attendance, behavioral issues, psych evals, any sped records (they usually aren't with the CUM), health concerns, custody issues, restraining orders, awards and achievements, SARB, suspensions/expulsions, essentially anything noteworthy. Scanned items are sent to teachers and any other applicable parties are cc'd. Those cc'd might be Mitch (504s/Psych), Miranda (All high school students), Valerie (Sped), Shari (Suspensions, major red flags), Amy (Behavioral interventions), Jamie (PE testing), and school nurses/health team (ie if a student requires an Epi pen).

6- If an issue comes up during the year that would lead a teacher or admin to want to review the cum file, the teacher/admin will call Roxy/Tina to request a review of a particular item or the entire contents. Roxy/Tina email the

needed item immediately. Additionally in the rare instance where there is a CUM with an excessive amount of concerning content, then the CUM is sent to Cutten to physically be reviewed by admin or SpEd or psychologist, etc.

These documents are scanned and sent through our private school gmail accounts. There was some concern this was not safe and in alignment with FERPA. But Shari spoke with Tim who assured us it is safe. It is free, and more efficient than the option that our SIS offers (which cost \$\$\$).

I know of no instance where there was a crisis or need that could not be met with this system. There have been no complaints of this process from our teachers, and most have been overly appreciative of the service we provide. Often times CUMs do have a lot of material that is not organized. This service abbreviates the time it takes for a teacher to review a file so they can focus on teaching.

I hope that addresses any concerns you have. Please feel free to visit our office, or ask any questions, at any time. Thanks so much for your work on our board!

Sincerely,

Roxy (and Tina!)

--

Roxy Kennedy
Registrar
Northern United Charter Schools
Admissions and Records Office
phone: 707-629-3634
fax: 629-3649
mail: 210 Lindley Rd, Petrolia, CA 95558

Agenda Item 7.
ADMINISTRATION

Subject:

7.5 Presentation of Data on Local Indicators for the California School Dashboard for NU-HCS

Action Requested:

Information

Previous Staff/Board Action, Background Information and/or Statement of Need:

The California School Dashboard is a website hosted by the California Department of Education. It is a website that allows members of the public to view data associated with a school's performance on the eight state priorities. Each year schools are required to submit data into the California School Dashboard for the local priorities. Before submitting the data, the data must be shared with the board. See attached report.

Fiscal Implications:

None

Contact Person/s: Shari Lovett

**Northern United-Humboldt Charter School
Ca School Dashboard**

(Priority 1) - Appropriately Assigned Teachers, Access to Curriculum-Aligned Instructional Materials, Safe, Clean and Functional School Facilities

- Missassignments of teachers - 0%
- Students without access to standards-aligned instructional materials - 0%
- Facilities that do not meet the “good repair” standard - 0%

(Priority 2) - Self Reflection Tool for Implementation of State Academic Standards (Survey) - Rating how the local LEA has done in implementing each of the academic standards

13 Teachers participated in the survey

Rating Scale (lowest to highest):

1 – Exploration and Research Phase; 2 – Beginning Development; 3 – Initial Implementation; 4 – Full Implementation; 5 – Full Implementation and Sustainability

Results:

- 4 - Full Implementation in LA and Common Core Mathematics.
- 3 - Initial Implementation in Next Generation Science Standards.
- 2 - Beginning Development in History/Social Science. This is in part due to the fact that we have not adopted new History/Social Science curriculum because it has just been recently released.
- 2 - Beginning Development in Career Technical Education. We continue to have discussions about our CTE pathways and how best to implement this in our school.
- 3 - Initial Implementation in Health Education
- 4 - Full Implementation in Physical Education Content Standards
- 3 - Initial Implementation in Visual and Performing Arts
- 3 - Initial Implementation in World Language

(Priority 3) - Self - Reflection Tool for Parent Engagement

Northern United - Humboldt Charter School distributed two local surveys to the parents/guardians of all students that the school serves.

- The first survey, a parent satisfaction survey had 31 parents respond. Of those parents, 95.5% responded that they feel they are provided with ample opportunities to be active participants in their child's education.
- The second survey was a parent input survey and it asked for parents to give input in school decision making regarding school priorities. We had 15 parents help in decision making.

- Northern United - Humboldt Charter School chose these surveys because they target parent input and parent satisfaction. The findings of the parent satisfaction survey relate to Goal 3 within the LCAP. This goal addresses parent participation, satisfaction and input. The parent input survey findings guide the school priorities which help Northern United - Humboldt Charter School form all LCAP goals and actions.

(Priority 6) - School Climate

Northern United- Humboldt Charter School administered a survey to students in grades K through 12 addressing school climate. There were 49 students who responded.

- When asked if they were happy to be at this school, 100% of K-5th grade students responded with strongly agree, 89.3% of 6th - 8th graders strongly agree and 86.4% of 9th - 12th grades responded strongly agree.
- When asked if they feel safe in their school, 91.3% of K-5th grade students, 92.9% of 6th-8th grade students and 95.5% of 9th-12th grade students responded that they strongly agree.
- This same survey was also given to parents with 31 responding. Parents were asked if teachers communicate with parents about students expectations and 93.5% responded that they strongly agree.
- Also, 97.8% of parents responded that they believe staff takes parent concerns seriously. Teachers also responded to the survey.
- Of the 10 teachers who responded, 97.4% strongly agreed that teachers feel connected to their students. Overall, students, parents and teachers feel a sense of safety and school being connected.

(Priority 7) - Self Reflection Tool - Access to a Broad Course of Study

- **Identify the locally selected measures to track students enrolled in a broad course of study** - In using our student information system (SIS), School Pathways LLC, Northern United - Humboldt Charter School accesses current and historical data concerning students enrollment in courses. We track and monitor class schedules, progress reports and all transcript data. This data is disaggregated to analyze course access and enrollment for all students, including students in unduplicated groups and statistically significant subgroups. The SIS is available to all teachers which informs all decision making on how to create a master schedule which allows a broad course of study to all of our student population. This personalized learning software is rich with database maps and reports that can be pulled to ensure a broad course of study is offered to and accessed by all students. Our information concerning students and their courses of study, whether it be by grade level, unduplicated student groups or

individuals with exceptional needs is well informed by the tool we've chosen to track all of our students.

- **Summarize the extent to which students have access to and are enrolled in a broad course of study** - Because we are a nonclassroom based, independent study charter school, all students have equal access to a broad course of study. All students have a personalized course of study. The school offers a wide range of course options, including live classes, online platforms, and dual enrollment. Students are able to select any of these options in consultation with their teacher and family. Because the school is independent study, most of the courses can be accessed at the convenience of the student as there is no master schedule within the school. In providing all that has been mentioned, all of our students have access to and are enrolled in a broad course of study.
- **Identify any barriers preventing the LEA from providing a broad course of study** - The barriers that we face are usually in the two areas of internet access and transportation. Given that we as an LEA are geographically challenged with our rural students, it is pertinent that we stay abreast of any internet access issues and transportation issues that student may face in interfacing with our online platforms of study or transportation issues in attending college courses or live classes at our learning centers. We are ever aware of these challenges and have worked diligently to overcome any barriers that our students and their families may face.
- **What revisions, decisions or new actions will the LEA implement, or has implemented to ensure access to a broad course of study?** - Knowing that we face geographical challenges with rural students, we provide internet to all students who are in need. Often times, it's an internet hotspot so students may access all of our online course platforms. Providing for internet service providers through phone lines or satellite is also an option. For students with transportation issues that may create barriers to access their education, we provide bus tickets as well as gas for students and families who may choose to enroll in local college courses or have difficulty attending learning center courses or meetings with teachers. In making these decisions, we have allowed all of our students equal access to a broad course of study.

Agenda Item 7.
ADMINISTRATION

Subject:

7.6 Presentation of Data on Local Indicators for the California School Dashboard for NU-SCS

Action Requested:

Information

Previous Staff/Board Action, Background Information and/or Statement of Need:

The California School Dashboard is a website hosted by the California Department of Education. It is a website that allows members of the public to view data associated with a school's performance on the eight state priorities. Each year schools are required to submit data into the California School Dashboard for the local priorities. Before submitting the data, the data must be shared with the board. See attached report.

Fiscal Implications:

None

Contact Person/s: Shari Lovett

**Northern United - Siskiyou Charter School
Ca School Dashboard**

(Priority 1) - Appropriately Assigned Teachers, Access to Curriculum-Aligned Instructional Materials, Safe, Clean and Functional School Facilities

- Missassignments of teachers - 0%
- Students without access to standards-aligned instructional materials - 0%
- Facilities that do not meet the “good repair” standard - 0%

(Priority 2) - Self Reflection Tool for Implementation of State Academic Standards (Survey) - Rating how the local LEA has done in implementing each of the academic standards

Individual Rating Scale (lowest to highest):

- 1 – Exploration and Research Phase; 2 – Beginning Development Phase;
- 3 – Initial Implementation Phase; 4 – Full Implementation Phase;
- 5 – Full Implementation and Sustainability Phase

10 Teachers participated in the survey

1. Professional Learning: Average Score

Rate the local educational agency's progress in PROVIDING PROFESSIONAL LEARNING for teaching to the recently adopted academic standards and/or curriculum frameworks identified below.

English Language Arts - Common Core	English Language Development - Aligned to English Language Arts Standards	Mathematics - Common Core	Next Generation Science Standards	History Social Science
4	2.5	3	3.5	3

2. Instructional Materials: Average Score

Rate the local educational agency's progress in MAKING INSTRUCTIONAL MATERIALS that are aligned to the recently adopted academic standards and/or curriculum frameworks identified below AVAILABLE in all classrooms where the subject is taught.

English Language Arts - Common Core	English Language Development - Aligned to ELA Standards	Mathematics - Common Core	Next Generation Science Standards	History Social Science
3	1.5	4	3.5	3

3. Instructional Improvement: Average Score

Rate the local educational agency's progress in IMPLEMENTING POLICIES OR PROGRAMS to support staff in identifying areas where they can improve in delivering instruction aligned to the recently adopted academic standards and/or curriculum frameworks identified below (e.g., collaborative time, focused classroom walkthroughs, teacher pairing)

English Language Arts - Common Core	English Language Development - Aligned to ELA Standards	Mathematics - Common Core	Next Generation Science Standards	History - Social Science
3	3	3	3	3

4. Standards: Average Score

Rate the local educational agency's progress IMPLEMENTING each of the following ACADEMIC STANDARDS adopted by the State Board of Education for all students.

Career Technical Education	Health Education Content Standards	Visual and Performing Arts	World Language	Physical Education Model Content Standards
2	3.5	4	3.5	3.5

5. Other: Average Score

During the 2017-18 school year (including summer 2018), rate the local educational agency's success at engaging in the following activities with teachers and school administrators: Average Score

Group PL Needs	Individual PL Needs	Standards Support
Identifying the professional learning needs of groups of teachers or staff as a whole	Identifying the professional learning needs of individual teachers	Providing support for teachers on the standards they have not yet mastered
3.5	3.5	3

(Priority 3) - Self - Reflection Tool for Parent Engagement

Northern United - Siskiyou Charter School distributed two local surveys to the parents/guardians of all students that the school serves.

- The first survey, a parent satisfaction survey had 15 parents respond. Of those parents, 93% responded that they feel they are provided with ample opportunities to be active participants in their child's education.

- The second survey was a parent input survey and it asked for parents to give input in school decision making regarding school priorities. We had 15 parents help in decision making.
- Northern United - Siskiyou Charter School chose these surveys because they target parent input and parent satisfaction. The findings of the parent satisfaction survey relate to Goal 3 within the LCAP. This goal addresses parent participation, satisfaction and input. The parent input survey findings guide the school priorities which help Northern United - Siskiyou Charter School form all LCAP goals and actions.

(Priority 6) - School Climate

Northern United- Siskiyou Charter School administered a survey to students in grades K through 12 addressing school climate. There were 23 students who responded.

- When asked if they were happy to be at this school, 100% of K-5th grade students responded with strongly agree, 85% of 6th - 8th graders strongly agree and 85% of 9th - 12th grades responded strongly agree.
- When asked if they feel safe in their school, 100% of K-5th grade students, 80% of 6th-8th grade students and 90% of 9th-12th grade students responded that they strongly agree.
- This same survey was also given to parents with 20 responding. Parents were asked if teachers communicate with parents about students expectations and 95% responded that they strongly agree.
- Also, 95% of parents responded that they believe staff takes parent concerns seriously. Teachers also responded to the survey.
- Of the 8 teachers who responded, 100% strongly agreed that teachers feel connected to their students. Overall, students, parents and teachers feel a sense of safety and school being connected.

(Priority 7) - Self Reflection Tool - Access to a Broad Course of Study

- **Identify the locally selected measures to track students enrolled in a broad course of study** - In using our student information system (SIS), School Pathways LLC, Northern United - Siskiyou Charter School accesses current and historical data concerning students enrollment in courses. We track and monitor class schedules, progress reports and all transcript data. This data is disaggregated to analyze course access and enrollment for all students, including students in unduplicated groups and statistically significant subgroups. The SIS is available to all teachers which informs all decision making on how to create a master schedule which allows a broad course of study to all of our student population. This personalized learning software is rich with database

maps and reports that can be pulled to ensure a broad course of study is offered to and accessed by all students. Our information concerning students and their courses of study, whether it be by grade level, unduplicated student groups or individuals with exceptional needs is well informed by the tool we've chosen to track all of our students.

- **Summarize the extent to which students have access to and are enrolled in a broad course of study** - Because we are a nonclassroom based, independent study charter school, all students have equal access to a broad course of study. All students have a personalized course of study. The school offers a wide range of course options, including live classes, online platforms, and dual enrollment. Students are able to select any of these options in consultation with their teacher and family. Because the school is independent study, most of the courses can be accessed at the convenience of the student as there is no master schedule within the school. In providing all that has been mentioned, all of our students have access to and are enrolled in a broad course of study.
- **Identify any barriers preventing the LEA from providing a broad course of study** - The barriers that we face are usually in the two areas of internet access and transportation. Given that we as an LEA are geographically challenged with our rural students, it is pertinent that we stay abreast of any internet access issues and transportation issues that student may face in interfacing with our online platforms of study or transportation issues in attending college courses or live classes at our learning centers. We are ever aware of these challenges and have worked diligently to overcome any barriers that our students and their families may face.
- **What revisions, decisions or new actions will the LEA implement, or has implemented to ensure access to a broad course of study?** - Knowing that we face geographical challenges with rural students, we provide internet to all students who are in need. Often times, it's an internet hotspot so students may access all of our online course platforms. Providing for internet service providers through phone lines or satellite is also an option. For students with transportation issues that may create barriers to access their education, we provide bus tickets as well as gas for students and families who may choose to enroll in local college courses or have difficulty attending learning center courses or meetings with teachers. In making these decisions, we have allowed all of our students equal access to a broad course of study.

Agenda Item 7.
ADMINISTRATION

Subject:

7.7 Presentation of Plan for Annual School Goals

Action Requested:

Information

Previous Staff/Board Action, Background Information and/or Statement of Need:

The board adopted annual school goals at the September board meeting. Administration created a plan to address these goals. See attached.

Fiscal Implications:

None

Contact Person/s: Shari Lovett

2018-2019
Northern United Charter Schools
Annual Goals with Plan

Goal #1:

Northern United Charter Schools will improve student performance outcomes in the core academic areas.

Plan:

1. Each 3rd-high school teacher will be required to administer an interim CAASPP Block in math and reading during the fall semester
2. Each 3rd-high school teacher will be required to administer an interim CAASPP Performance Task in math and reading during the spring semester.
3. The Admin Team will create incentives to entice students to put forth their best effort when taking CAASPP.
4. Renaissance Star Math & Reading Assessments are performed three times a year beginning with the fall Screening by October 5th to determine baseline performance.
5. Content specialists contact teachers who have students who have not done the Star Math & Reading Assessments and also have a check in period.
6. The second Star Assessment closes December 21st and the last April 12th, both with reminders and admin check in dates already posted.
7. Content Specialist work closely with teachers, which includes creating a plan for intervention along with progress monitoring for any students needed.
8. A Student Success Team (SST) process has been created for students with academic needs. The SST is composed of admin, content specialists, the school counselor, the school psychologist, and SPED staff. The SST will meet monthly to review data.
9. The SST has written Progress Monitoring Plan that each teacher will implement.
10. Admin and SPED staff have streamlined the academic RTI process. The updated process was presented at our Fall Summit.

Goal #2:

Northern United Charter Schools will ensure that all students have access to an appropriate education and are provided ample opportunity to learn in environments that reflect 21st century learning.

Plan:

1. Teachers will offer courses via Zoom to students who are unable to attend learning centers regularly.
2. Teachers will encourage dual enrollment at our local colleges, whether it be at a college campus or courses offered at one of our learning centers.
3. Teachers will continue to be trained in the online learning platforms that we provide.
4. High school teachers will ensure that students have a broad course of rigorous study that meets the A-G requirements.
5. Both schools will be AVID certified. Teachers will attend AVID trainings and use and encourage the use of Avid strategies. In particular, creativity, collaboration and critical thinking all of which truly reflects 21st century learning.
6. Internet and computers will be provided to students in order to access their education.
7. Educational field trips are offered throughout the year.

Goal #3:

Northern United Charter Schools will improve school climate and parent/community involvement to promote and cultivate a positive, safe environment for all.

Plan:

1. PBIS will be implemented at all learning centers in both schools. A PBIS refresher courses will be offered in the fall. All new staff will attend this training.
2. A PBIS consultant will be contracted.
3. A Student Success Team (SST) process has been created for students with behavioral needs. The SST is composed of admin, content specialists, the school counselor, the school psychologist, and SPED staff. The SST will meet monthly to review data.
4. The SST has written Progress Monitoring Plan that each teacher will implement.
5. Admin and SPED staff have streamlined the behavioral RTI process. The updated process was presented at our Fall Summit.
6. Teachers will track data on student behavior enabling the school and families to communicate and set realistic goals to improve student's progress.
7. A school-wide information system will be adopted. These are Dial My Calls in Humboldt and Remind in Siskiyou.
8. Learning centers send out weekly progress reports in order to keep parents/guardians in the know about the academic progress of their student.

9. Learning centers/teachers host Back-to-School Nights, parent/teacher conferences, student performances and community events throughout the year.
10. A stakeholder satisfaction and school climate survey will be distributed in the spring.
11. Learning centers/teachers distribute newsletter is sent to all families on a regular basis. This newsletter provides families with all important dates at a glance along with school related activities inviting parent/guardian participation.
12. We host a NUCS website with information about our school and with parent resources. Parents/guardians can access all information regarding counseling services, both academic and social emotional.
13. Second Step is a social/emotional curriculum taught in our elementary learning centers.
14. Some learning centers/teachers offer parents the opportunity to utilize the parent portal portion of our school database.
15. A comprehensive safe school plan and a bloodborne pathogen plan will be adopted.
16. Staff will be trained in safety procedures.
17. NUCS will become an ALICE organization.
18. A parent/student handbook will be created and distributed.

Agenda Item 8.

CURRICULUM AND INSTRUCTION

No Items

Subject:

No Items

Action Requested:

None

Previous Staff/Board Action, Background Information and/or Statement of Need:

None

Fiscal Implications:

None

Contact Person/s: Shari Lovett

Agenda Item 9.

FACILITIES

Subject:

No Items

Action Requested:

No Items

Previous Staff/Board Action, Background Information and/or Statement of Need:

No Items

Fiscal Implications:

No items

Contact Person/s: Shari Lovett

Agenda Item 10.

FUTURE AGENDA PLANNING

Subject:

10.1 Items for consideration for future agendas

Action Requested:

None

Previous Staff/Board Action, Background Information and/or Statement of Need:

The Board may consider items for future Board meeting agendas. Board members or the public may suggest agenda items. The Board President and the Director determine whether an item is placed on the agenda based upon if it is related to school business and within the jurisdiction of the Board.

Fiscal Implications:

None

Contact Person/s: Shari Lovett, Jere Cox

Agenda Item 11.

FUTURE BOARD MEETINGS

Subject:

11. FUTURE BOARD MEETINGS

11.1 Future Board meetings - November 15th, December 20th

Action Requested:

Approve

Previous Staff/Board Action, Background Information and/or Statement of Need:

The December 20th date needs to be moved to a date prior to December 15th. This is because the first interim report must be certified by December 15th each year. Having meetings on the third Thursday of the month will always create this issue for first and second interim certifications. Alternative dates are December 12th or 14th.

Fiscal Implications:

None

Contact Person/s:

Shari Lovett, Jere Cox

Agenda Item 12.

ADJOURN