

SNEC PRINCIPAL'S HANDBOOK



2023-2024



Beverley Bucknor - Superintendent
Brian Allison - Associate Superintendent
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Monthly Submission Forms

Forms to be submitted to the SNEC Office of Education by the end of each month.

August

- [Board Meeting Schedule](#)
- [Board Member Contact Information](#)
- Board Minutes
- [New Employee/Volunteer Forms](#)
- [Payroll Report for Locally Funded employees](#)
- [Staff Meeting Schedule](#)
- [Teacher/Staff Contact Information](#)
- [Tuition Rates/Fees Form](#)
- Make Sure Opening Report Updated on Dashboard

September

- Board Minutes
- [Conflict of Interest Statements](#)

October

- Board Minutes
- Date/Time/Place of Holiday Programs
- [Academy Set Funds Forms](#)

November

- Board Minutes

December

- Board Minutes

January

- Board Minutes
- Employee Intent Forms
- [Student Retention Request](#)

February

- Board Minutes
- [Proposed Local School Budget](#)
- [Student Retention Request](#)

March

- Board Minutes
- [Eighth Grade Diploma Order](#)
- School Calendar for Next Year
- [Student Retention Request](#)
- Academy SET Funds Forms

April

- Board Minutes
- Equipment Appropriation Request
- School Day Tally/Plan for Make-up Days
- Supply Order Form

May

- Board Minutes
- Date/Time/Place of Graduation/Programs

June

- Accreditation Follow-up Report
- Board Minutes
- Inventory Forms
- School Constitution
- Post-week Checklist
- Make sure Closing Report is Updated on Dashboard

Monthly Reminders

August

- Send completed Background Check forms for all individuals you will be using as substitutes teachers, teachers-aid and volunteers including:
 - Education Ministry Volunteer Form (*first time only, designated person at the school calls the three references and documents*)
 - CORI/SORI/Volunteer (*everyone*)
 - I-9 and W-4 Forms (*substitute teachers and locally funded hires*)
 - Fingerprint (*All full-time employees, local hires, teacher substitute, teachers-aid, bus drivers*)

No person should be in the classroom or volunteering in any way until these forms have been completed and approval given by the Education Office.

- Make sure all new students and students in grades 1, 4, 7, and 10 have their medical forms completed.
- All students must have a copy of their up-to-date immunizations on file.
- Principal, or designee, is to manage/update your school's student list in NAD Dashboard by the end of the second week of school.
- Every student must have an NAD ID number in Dashboard including new students. Students will need their correct ID number for MAP testing in September.

September

- Request the cumulative folders for new students.
- Send the cumulative folders of students who have not returned to your school to the Education Office.
- Inform the public-school system of any students who have not moved yet have not returned to your school.
- Be sure your student list in Dashboard is current/managed.
- Be sure the Opening Report is accurate in Dashboard.
- Place orders for NAD online subscriptions before deadline.
- Prepare for MAP Growth testing.
- Schedule Fall Week of Prayer.

October

November/December

- Happy Thanksgiving and Christmas Seasons.
- Please inform the Office of Education of any special programs including date, time, and place.

January

- Prepare for MAP Growth testing.
- Schedule Spring Week of Prayer.

February

- Prepare your proposed budget for the next school year, have the School Board vote on it, and submit it to the Education Office.

March

- Plan the calendar for next school year, have the School Board vote on it, and submit it to the Education Office.
- All Retention Requests for students must be submitted by the end of this month!

April

- Do not forget to submit your Equipment Appropriation Request!

May

- Prepare for MAP Growth testing.
- Please inform the Education Office of date, time, and place of eighth grade graduation and/or end-of-year programs.

June

- Check to be sure that you and your teachers are on-track with certification requirements.
- Be sure forms for any professional development have been submitted to the Education Office.
- Update cumulative folders.
- As you receive requests for records of students who have graduated or are not returning, please be sure the cumulative folder is updated, then send the request along with the cumulative folder to the Education Office as soon as possible.
- Close the year out in FACTS/Jupiter SIS.
- Update Dashboard correcting all errors.
- Make sure Closing Report is Accurate in Dashboard.
- After errors corrected, freeze data.
- After data is frozen, progress FACTS/Jupiter SIS to the new year.

Beginning of Year Tasks

Pre-Week School Responsibilities

1. **First Day of Pre-Week** - The teacher should report to the principal or school board chairman and be prepared to give attention to the following duties during the preschool period:
 - Get acquainted with school equipment and textbooks.
 - Arrange for ordering of pupils' textbooks and school supplies if this has not been done previously.
 - Prepare for the first week's classes.
 - Send your own mailing and e-mail addresses and telephone number(s) to the conference superintendent of schools.
 - Make the classroom pleasant and attractive, ready to open on the first day of class according to the conference calendar.
 - Post a daily schedule.
 - Work with school board members and church pastors to encourage 100% enrollment of the children of the church.
 - Update the cumulative folders, if necessary.
 - Review the SIS and input/update information in preparation for school registration and beginning the school year.
 - Meet with the school board, if applicable.
 - Plan to meet with the church on Sabbath.

2. **Immunizations (AUCOE CODE # 1669:04)**
 - Governmental immunization requirements apply to Seventh-day Adventist schools. Proof of immunization must be presented to the school as part of the application process before a child is registered. It is the responsibility of the principal or school nurse to enforce these regulations and to ensure that an up-to-date record is maintained for each student. Parents who conscientiously object to immunizations must obtain exemption from governmental health authorities and provide written proof of exemption before the student can be admitted.

3. Emergency Drills/Safety Drills

Each school must have a detailed safety plan and conduct regular safety drills. All exits must be clear at all times.

- A. Fire, disaster, hostage/shooter, earthquake, and other emergency drills are required during the first week of school until satisfactory proficiency is attained, and once a month thereafter. The type of drill, the date, and the time must be recorded.
- B. **RED** (*Ready Emergency Documents*) The documents contained in the red, secure, emergency document holder provided by the Atlantic Union Conference and maintained by each teacher.
- C. The red holder is to have up-to-date contact information for students' parents/guardians, students' physicians' telephone numbers; fire, police, ambulance numbers; and relevant government numbers.
- D. **RED** are to be accessible instantly if evacuation is necessary.

E. Procedure (Sample)

- a. Determine the type of drill, such as fire, disaster, hostage/shooter, earthquake, work in cooperation with local authorities.
- b. Determine and practice the signal to be used.
- c. Determine when the drill is to be done, during class or lunch, PE, assembly, or after school.

F. General guidelines:

- a. Students exit room or go to the assigned area(s) in the classroom.
- b. Students in classrooms other than their own are to remain with that class until given permission by both teachers to rejoin their class.
- c. If exiting, students evacuate the room/building by designated routes to the assigned areas (posted on maps).
- d. Students are not to talk.

G. Teachers:

1. Take the RED which includes current parent/student contact information.
2. Check that all students are out of the classroom/area.
3. Close classroom door. Do not lock the door; reentry may be required.
4. In the assembly area, take roll and account for each child.
5. Have students remain in orderly and silent lines until all clear signal is given.

Teacher/Staff Contact Information

School: _____ **School Year:** _____

Name: _____ **Position:** _____

Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____

Name: _____ **Position:** _____

Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____

Name: _____ **Position:** _____

Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____

Name: _____ **Position:** _____

Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____

Name: _____ **Position:** _____

Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____
Name: _____ **Position:** _____
Address: _____
Mailing Address: _____
Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____
Name: _____ **Position:** _____
Address: _____
Mailing Address: _____
Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____
Name: _____ **Position:** _____
Address: _____
Mailing Address: _____
Email: _____ Home Phone: _____ Cell: _____

School: _____ **School Year:** _____
Name: _____ **Position:** _____
Address: _____
Mailing Address: _____
Email: _____ Home Phone: _____ Cell: _____

Note: Make more copies if necessary

Staff Meeting Schedule

All schools with 2 or more teachers should hold staff meetings. It is very important to have communication between members of the school staff for collaborating, planning, and building relationships. Staff meetings should be held monthly at a minimum and more frequently as needed. Please list staff meeting dates or schedule (for example: every Monday).

Month:

August _____

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

June _____

Calendar Change Request Form

Name of School: _____ **School Year:** _____

We request permission to change the Southern New England Conference calendar.

The specific date/changes are listed below:

The reason we request the changes is: _____

The school board voted its approval/recommendation of the change on: _____

Principal/ Head Teacher: _____ Date: _____

Conference Superintendent: _____ Date: _____

SNEC Education Calendar

SOUTHERN NEW ENGLAND CONFERENCE 2023-2024 School Calendar



July 2023						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	9 School Days	

September 2023						
S	M	T	W	T	F	S
20 School Days						
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	20 School Days			

November 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	20 School Days	

December 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						15 School Days

Updated 2/8/2023

Beginning/End of Contract	Vacation/No School Days
Teacher In-service	Testing Dates
First/Last Days of School	5 & 6 Outdoor School

August	Teacher Contracts Begins	7
	Teacher's Convention	7-10
	School Pre-Week	14-18
	First Day of School	21
September	Labor Day - No School	4
	MAP Growth Testing	18-29
October	Grades 5 & 6 Outdoor School	5
	Columbus Day - No School	9
	Teacher In-service - No School	10
	End of First Quarter	27
November	Teacher Professional Development - 1/2 Day	16
	Thanksgiving Vacation	23-24
December	Christmas Break - No School	22-Jan. 1
January	School Resumes	2
	End of Second Quarter	12
	Martin Luther King, Jr. Day - No School	15
	MAP Growth Testing	22-Feb. 2
	Teacher Professional Development - 1/2 Day	25
February	Presidents' Day	19
	Winter Break - No School	20-23
March	Teacher In-service - No School	11
	End of Third Quarter	22
April	Patriots' Day	15
	Spring Break - No School	16-19
	MAP Growth Testing	29-30
May	MAP Growth Testing	1-10
	Teacher Professional Development - 1/2 Day	9
	Memorial Day - No School	27
	Last Day of School	31
June	Teacher Post Week	3-7
	Teacher Contracts Ends	7

IMPORTANT NOTES

This calendar is intended for use by all schools, elementary and secondary, in the Southern New England Conference. It consists of 180 days.

Extenuating circumstances in some schools and/or communities may necessitate minor local revisions to this calendar. Changes require:

- a majority vote of the local school board, and
- specific approval by the Superintendent of Schools.

Any proposed revision *must* reflect:

- a minimum of 180 teaching days;
- no more than eight minimum days (defined as at least four hours of instruction, excluding the lunch period);
- no Sabbaths counted as teaching days; and
- no teaching days which conflict with conference-wide in-service meetings or fall outside of the teacher contract period.

Weekdays & Sundays events at which all faculty and students are expected to participate, and which meet the minimum hour requirement mentioned above, may be counted as teaching days. Examples include a community service day, a school picnic, or a special excursion. At least five days must be reserved for post-school activities.

In the event of emergency closure days in which remote learning did not occur, make-up days will be required if the total number of school days drops below 180.

Each school board should develop their own specific school calendar that meets the requirements of the Conference calendar, then submit that calendar to the Office of Education for approval.

January 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	21 School Days		

February 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	16 School Days	

March 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						20 School Days

April 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	17 School Days			

May 2024						
S	M	T	W	T	F	S
22 School Days						
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Total Teaching Days - 180 Days

P37 Conflict of Interest Declaration

Statement of Acceptance

A signed Conflict of Interest Statement is REQUIRED ANNUALLY from each administrator and teacher paid by the conference. The original signed statements must be submitted to the conference by September 15 and copies kept in the local school files.

Principals/Head Teachers are to collect signed statements from school board and committee members, treasurers, bookkeepers, accountants, and all workers paid by the local church or school. These Conflict of Interest forms are to be kept in the school files. See Policy statement on back.

1. I am in full compliance with North American Division P35 as to “Conflict of Interest”, as printed on the reverse side of this instrument, and have been complying at all times during the past twelve months except as to specific exclusions attached hereto and incorporated herein by reference.
2. I have had no financial interest or business relationship, which competes with or conflicts with the interest of the Southern New England Conference.
3. I have had no financial interest in; been an employee, officer, director, or trustee of; received financial benefits either directly or indirectly from any enterprise (excluding less than ten percent (10%) ownership in any entity with publicly traded securities), which is or has been doing business with a competitor of Southern New England Conference.
4. I have received no substantial payments or gifts (other than a token value) from suppliers or agencies doing business with the Southern New England Conference.
5. I have not served as an officer, director, trustee, or agent of any organization affiliated with or subsidiary to Southern New England Conference in any decision-making process involving financial or legal interest adverse to Southern New England Conference.

THIS DECLARATION applies, to the best of my knowledge, to all members of my immediate family (spouse, children, parents) and its provisions shall protect any organizations affiliated with or subsidiary to Southern New England Conference. In the event facts change in the future that may create potential conflict of interest, I agree to notify the Southern New England Conference in writing.

Name: _____ Position: _____

School Name: _____ Date: _____

Signature: _____

P35 Conflict of Interest

- 1. P35 05 Statement of Policy** – Individuals included – All trustees, officers, and employees of denominational organization have a duty to be free from the influences of any conflicting interest when they represent the organization in negotiations or make representations with respect to dealing with third parties, and they are expected to deal with all persons doing business with the organization on a basis that is for the best interest of the organization without favor or preference to third parties or personal considerations.
- 2. Definition of Conflict** – A conflict arises when a trustee or an employee of the organization has such a substantial personal interest in a transaction or in a party to a transaction that it reasonably might affect the judgment he exercises on behalf of the organization. He is to consider only the interest of the organization, always avoid sharp practices, and faithfully follow the established policies of the organization.
- 3. Conditions Constituting Conflict** – Although it is not feasible in a policy statement to describe all the circumstances and conditions that might have the potentiality of being as conflicts of interest, the following situations are considered to have the potentiality of being in conflict and therefore are to be avoided:
 - a. Engaging in outside business or employment that permits encroachment on the denominational organization's call for the full service of its employees even though there may not be any other conflict.
 - b. Engaging in business with or employment by an employer that is anyway competitive or in conflict with any transaction, activity, or objective of the organization.
 - c. Engaging in any business with or employment by a non-denominational employer who is a supplier of goods or services to the denominational organization.
 - d. Making use of the fact of employment by denominational organization to form outside business or employment or associating the denominational organization or its prestige with an outside business or employment.
 - e. Owning or leasing any property with knowledge that the denomination's organization has an active or potential interest therein.
 - f. Lending money to or borrowing money from any third person who is a supplier of goods or services or a trustor who is in any fiduciary relationship to the denominational organization or is otherwise regularly involved in business transactions with the denominational organization.
 - g. Accepting any gratuity, favor, benefit, or gift greater than nominal value beyond common courtesies usually associated with accepted business practice or of any sort in connection with work for the denominational organization other than the compensation agreed upon between the denominational organization and the employee.
 - h. Making use of any confidential information acquired through employment by the denominational organization and the employee.
- 4. Statement of Acceptance** – The chief administrative officer of the organization concerned shall present the statement of acceptance of the policy on conflict of interest to denominational administrators and department leaders and to each member of the board of trustees and all employees of denominational associations and institutional corporations having responsibility in connection with the handling of trustee funds, and such statements shall be signed and made available to the responsible auditors. The boards of trustees of such organizations shall be appraised annually by auditors of inherent exposures to denomination's assets.

Administration of Curriculum

Length of School Week

The school week shall include a minimum number of hours of classroom instruction each five-day week, exclusive of the lunch period, according to the following table. The conference office of education must approve any exceptions to the minimum time requirements.

Grades K-2	26 hours
Grades 3-4	28 ½ hours
Grades 5-8	31 hours

Class Time Requirements

A. Elementary

Minutes may be adjusted to ensure mastery of needed skills.

Elementary Suggested <u>Daily</u> Minutes Per Subject—Minimum		
Subject	Grades 1-4	Grades 5-8
Worship	15 minutes daily	15 minutes daily
Bible	30-45 minutes daily	45-50 minutes daily
Language Arts*	150 minutes daily	130 minutes daily
Mathematics	40-55 minutes daily	70 minutes daily
Science	30 minutes daily	30-45 minutes daily
Social Studies	30 minutes daily	30-45 minutes daily
P.E.-Health	80-120 minutes weekly	80-120 minutes weekly
Art, Music	60 minutes weekly	60 minutes weekly
Practical Arts	60 minutes weekly	60 minutes weekly
*Language Arts includes Reading, Writing, English, Spelling, and Handwriting		

Elementary Suggested <u>Weekly</u> Minutes Per Subject—Minimum		
Worship	75 minutes weekly	75 minutes weekly
Subject	Grades 1-4	Grades 5-8
Bible	150-225 minutes weekly	225-250 minutes weekly
Language Arts*	750 minutes weekly	650 minutes weekly
Mathematics	160-235 minutes weekly	235-310 minutes weekly
Science	60-120 minutes	150-200 minutes weekly
Social Studies	60-120 minutes weekly	150-200 minutes weekly

P.E.-Health	80-120 minutes weekly	80-120 minutes weekly
Art, Music	60 minutes weekly	60 minutes weekly
Practical Arts	60 minutes weekly	60 minutes weekly
*Language Arts includes Reading, Writing, English, Spelling, and Handwriting		

Recommended Maximum Teacher/Student Ratio Without a Teacher Assistant	
1 teacher: Pre-Kindergarten	13-36 months; 4 children per teacher
	37 months and up: 6 children per teacher
1 teacher: Kindergarten	12
1 teacher: Pre-K/Kindergarten	10
	11-18 students
1 teacher: Kindergarten* and Grade 1	15
1 teacher: Kindergarten* and Grades K-2	12
1 teacher: 1 grade, Grade 1	24
1 teacher: 1 grade, Grades 2-8	27
1 teacher: 2 grades, no 1st grade	27
1 teacher: 2 grades, with 1st grade	22
1 teacher: 3 grades, Grades 1-8	18
1 teacher: 4 grades, no 1st grade	22
1 teacher: 4 grades, Grades 1-4	20
1 teacher: 4 grades, Grades 5-8	22
1 teacher: 6 grades, no 1st grade	18
1 teacher: 6 grades, with 1st grade	15
1 teacher: 7 or more grades	7
Multigrade: 1 teacher: 3 grades, Grades 7-9	18

*National Association for the Education of Young Children, 2013.

Academy Curriculum—Grades 9-12

The adopted course of study for Grades 9 through 12 should include instruction in the following areas by a teacher endorsed in the subject:

- A. Bible/Religion—Instruction which has as its basic purpose the revelation of God and the development of a saving relationship with Him. The denominational textbooks, together with the Bible and the writings of Ellen G. White, are the basic materials to be used.
- B. English—Instruction including the English standards of reading, writing, listening, and speaking.
- C. Mathematics—Instruction designed to develop mathematical understanding, operational proficiency, insight into problem solving procedures, and development of skills relevant to the world of work.

- D. Science—Instruction in biological and physical sciences with emphasis on basic concepts, theories, the processes of scientific investigation, and with appropriate applications of the interrelationship and interdependence of the sciences. Basic to this approach is a growing understanding of the relationship of scientific methods and theories to biblical concepts and principles.
- E. Social Studies—Instruction in world history, United States history, and local, state, and national governments with consideration of the mission of the church, the fulfillment of Bible prophecy, contemporary societal issues, contributions of ethnic groups, and the American legal system.
- F. Career Education—Instruction that stresses the development of the whole person learning to relate to the world of work with emphasis on discovering career interests and developing good work ethics.
- G. Fine Arts—Instruction that includes opportunities for the development of aesthetic appreciation, skills of creative expression, and use of creative imagination. Applied and appreciation courses may be offered such as music, art, drama, photography, and graphics.
- H. Health, Physical Fitness, and Recreation—Instruction and participation in activities designed to promote physical development, motor skills, healthful living, and lifelong wellness habits.
- I. Practical Arts—Instruction in applied practical arts such as home arts, mechanical drawing, auto mechanics, woodworking, gardening, and robotics. These also may be taught as nonlaboratory classes.
- J. Business Education—Instruction and ethical practice of the processes, knowledge, and use of tools related to business that cover the human ability to shape and change the world.
- K. Digital Technology Education—Instruction and ethical practice of the processes, knowledge, and use of tools related to technology that cover the human ability to shape and change the world.
- L. Service-Learning—Instruction which places special emphasis on the social and spiritual responsibility of service to others. Twenty-five (25) hours per school year of service-learning experiences should be designed to elevate practice to a level with theory and to enhance positive interpersonal relationships.
- M. Other Studies—Instruction in other studies as authorized by the school board in counsel with the Atlantic Union Conference Office of Education.

Graduating Class—Senior Academy

The graduating class is composed of seniors who prior to graduation will have met the conditions given below. Consult Code 2500 Introduction, 2510:06, 2511:05, 2512:05, 2513:05, 2514:93, 2515:93, 2525:93 for more information about graduation requirements.

- A. Earned a minimum of 220 semester units.
- B. Placed all credits from other schools on file in the registrar's office.
- C. Removed all incompletes.
- D. Completed all distance education or extension schoolwork and submitted final grades to the school registrar according to academy regulations.
- E. Completed 25 hours of service learning for each year of attendance at the academy.

Minimum Number of School Days

The minimum number of school days in the school year shall be 180, except where local law requires a greater number.

Any reduction in the required minimum number of school days due to an emergency requires superintendents to have approval from their conference board of education and from the Union Office of Education.

Minimum Hours in a School Day

The minimum number of hours in a school day is four hours of teacher student contact excluding the lunch period.

A student-teacher contact day is one that students and teachers are required to attend, attendance is taken, there is meaningful content, and the day meets a minimum of four hours excluding lunch.

Up to eight minimum days, apart from early closure on Fridays, may be scheduled for the year. Schools that dismiss early on Fridays must ensure that the length of the school week meets the minimum time requirements (*Code 2420:07*).

Employment Background Check Packet

Southern New England Conference and its schools is concerned about our children’s safety. For this reason, we have instituted a procedure that all volunteers must follow.

To volunteer or work in any capacity at any of the SNEC schools, the following must be completed and submitted:

FORM/TRAINING	WHO NEEDS IT?	HOW OFTEN?
SNEC Education Ministry Volunteer Information Form	All volunteers	Every 3 years
CORI/SORI	All volunteers, employees, and substitutes	Every 3 years
Child Protection Screening - Sterling Volunteers (<i>Online class - instructions attached</i>)	All volunteers, employees, and substitutes	Every 3 years
Volunteer Driver Information Documentation Sheet	Anyone driving students	Every school year
Fingerprinting	All employees, substitutes, and bus drivers	One time

1. Please note that it can take up to one month to process approval, so submit all your forms and complete the *Child Protection Screening* training as soon as possible.
2. After completing the online training *Child Protection Screening*, please print the “Certificate of Completion”. You must also authorize the **Background Check** on Step 9. This does not replace the CORI/SORI paperwork.
3. Please note that drivers must submit the *Volunteer Driver Information* form, the vehicle Insurance Policy and a copy of the driver’s license every school year.
4. All forms must be submitted in person with a government issued ID to your school principal or other indicated person at your local school.

Thank you for volunteering. We need you!

Education Ministry Volunteer Form

www.sneconline.org/ministries/child-protection

This form should be completed along with the other paperwork included in the Background Check packet.

PERSONAL INFORMATION

Full Name: _____
Last
First
M.I.

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Mobile Number: _____

E-mail Address: (please PRINT) _____

Volunteer Areas (check all that applies): School Name: _____

- Classroom
 Chaperone
 Grading
 Sports Coach
 Individual Tutoring
 Classroom Supervision
 Recess Supervision
 Substitute
 Car Driver
 Bus Driver
 Other (please explain) _____

PERSONAL REFERENCES

(Three references are required. Only one reference may be filled by a relative.)

Name: _____ Contact Telephone: _____ Relation: _____

Name: _____ Contact Telephone: _____ Relation: _____

Name: _____ Contact Telephone: _____ Relation: _____

PERSONAL CONDUCT QUESTIONNAIRE

The following questions are designed to help us promote a safe, secure, and loving environment for the children who participate in our programs. This information will be kept confidential. Answering yes to any of these questions will not necessarily disqualify you from volunteering.

1. Have you ever been accused of, participated in, pled guilty to, or been convicted of child abuse, child neglect, or any other crime against a minor? Yes No

If yes, please explain: _____

2. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, other crimes of violence (physical or sexual), theft, or motor vehicle violations)? Yes No

If yes, please explain: _____

3. Do you currently use any prescription(s) or other drugs that may limit your balance/ mobility or driving capabilities? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Contact Telephone: _____ Relation: _____

VOLUNTEER AGREEMENT AND RELEASE

The information contained in this application is true and correct to the best of my knowledge. I authorize the school/conference designee to contact any references. I release the school and the Southern New England Conference, its agents, and all such references and organizations from any and all liability in connection with my volunteer application. I understand that taking child protection training and background screening designated by SNEC is required before I can begin my volunteer service. In addition, I have read through the NAD Child Protection (FB-20) and Code of Conduct policies and agree to abide by such guidelines.

Signature of Volunteer Applicant: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Completed Date: _____

Training: _____ Screening: _____ Referencing: _____

Eligibility Volunteer Status: Eligible Not Eligible Eligible as a Non-Driver Other _____

The child protection training & screening process must be completed every three years:

Re-Screening Date: _____

Signature of Coordinator Date

Keep in a safe and locked storage cabinet. Please inform the school administrator and conference child protection coordinator of any concerns that arise from the application process for this volunteer.

*Confidential Form (file Locked in cabinet)

Ministry Volunteer Reference Form

(To be filled out by the school reference screener)

REFERENCE #1

Reference Name _____ Date of Contact _____

- 1) In what capacity do you know the volunteer? _____
- 2) How long have you known the volunteer? _____
- 3) Are you aware of any areas of concern with this individual that would inhibit them from serving as a school volunteer?
 Yes No If yes to question #3, please explain: _____
- 4) Would you be willing to have this volunteer work with your child? Yes No
If no to question #4, please explain: _____

REFERENCE #2

Reference Name _____ Date of Contact _____

- 1) In what capacity do you know the volunteer? _____
- 2) How long have you known the volunteer? _____
- 3) Are you aware of any areas of concern with this individual that would inhibit them from serving as a school volunteer?
 Yes No If yes to question #3, please explain: _____
- 4) Would you be willing to have this volunteer work with your child? Yes No
If no to question #4, please explain: _____

REFERENCE #3

Reference Name _____ Date of Contact _____

- 1) In what capacity do you know the volunteer? _____
- 2) How long have you known the volunteer? _____
- 3) Are you aware of any areas of concern with this individual that would inhibit them from serving as a school volunteer?
 Yes No If yes to question #3, please explain: _____
- 4) Would you be willing to have this volunteer work with your child? Yes No
If no to question #4, please explain: _____

School Trip Chaperone Guidelines

Thank you for your interest in being a field trip chaperone. The role of a chaperone is an important one, and while enjoyable, requires accepting certain responsibilities. These guidelines help ensure that school sponsored field trips result in safe and rewarding experiences for all participants.

Becoming a School Trip Chaperone

Atlantic Union Conference policy requires that school administrators must have confirmation and verification of background checks and safety training for all personnel. In addition, chaperones must:

- Support the mission of the school and the Seventh-day Adventist Church.
- Be physically able to participate in all activities associated with the trip.
- Show that students' safety is the primary focus and supersedes personal interests.
- Understand and promote all school trip guidelines.
- Attend the pre-trip orientation for students and chaperones (multi-day & overnight trips only)

General Guidelines for Chaperones

1. Please leave other children at home. The students assigned to your group will need your full attention during the entire field trip.
2. Familiarize yourself with the general instructions given to the students prior to the field trip and enforce these instructions throughout the trip.
3. Teachers reserve the right to assign and/or re-assign students to groups.
4. The students in your assigned group are your responsibility. Know exactly how many students are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.
5. Always be safety conscious. You are responsible for the continuous monitoring of your group's activities.
6. Be on time for designated meeting places and departure.
7. Keep your assigned group of students with you throughout the field trip, including time on the bus. Never allow individuals to leave the group, except in emergencies and then only with a partner.
8. You have the authority to enforce the rules and appropriate behavior. The responsibilities for assigning consequences, or using physical restraint, rest with the school staff or trip supervisor. Report any major and/or continued infractions to the teacher as soon as possible.
9. For the protection of both students and chaperones, do not place yourself in situations in which you are alone with a student.
10. Please do not purchase items or provide opportunities that are not offered to all students in the class or pre-approved by the teacher.
11. Sensitive information you may learn about a student's abilities, relationships, or background must be kept confidential.
12. To ensure that you can devote your full attention to the important responsibilities of chaperoning, restricting cell phone use to emergencies only.

13. Please be aware that some students have photo restrictions; this means their parents have formally requested they not be photographed at school or school activities. Do not post photos of students on your personal social media.

Multi-Day/Overnight Guidelines for Chaperones

1. A chaperone assigned the responsibility for maintaining emergency contact and medical information for participating students and adults must keep this information secure and readily available.
2. No chaperone shall stay in a room with a student unless the chaperone is the student's parent or legal guardian.
3. Only same gender students shall occupy a room at any time.
4. Adults shall not bathe or be in a state of undress with students under any circumstances.
5. Chaperones will cooperate with the plans made by the trip supervisor to account for weather delays, illness and/or vehicle emergencies.
6. Chaperones will organize a system for communicating and performing student counts.

If you have questions about any aspect of the field trip or the expectations of chaperones, please ask for assistance from the teacher or staff member in charge. We hope you enjoy your field trip experience.

I have read, understand, and agree to comply with the guidelines if I am selected to be a field trip chaperone.

Signature: _____

Printed Name: _____

Date: _____

Sterling Volunteers

Step 1: Go to <https://www.nadadventist.org/asv> and click on the first-time registrant button

Step 2: Select the state where your program is located and then select the conference (*Southern New England Conference*)



Step 3: Create a user ID and a password you can easily remember. It's recommended to use your email address for your username.

Sterling Volunteers

Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use.
Common abbreviations like 'jsmith' and 'mjones' are also likely to already be in use.
We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.
Your password must be at least 8 characters long.

[Important note about selecting passwords](#)

Already have an account?

Step 4: Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

Step 5: Select your primary location where you work or volunteer (South Lancaster Academy) and click continue. If you work or volunteer in another location, please select 'Yes' and then select the location.

Sterling Volunteers

Please select the primary location where you work or volunteer.

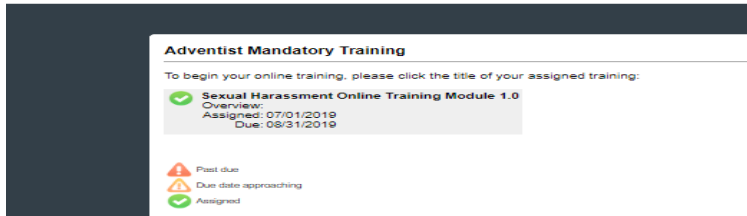
Location:

If you are associated with multiple locations, please choose the primary (work) location first.
Then click the continue button to select additional locations such as those where you volunteer

Step 6: Select your role(s) within the organization (multiple may be selected).

Step 7: Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate.

Sterling Volunteers



Additional Details:

Once the online training and the submission of your background check is completed, you can [login to your account](#) and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

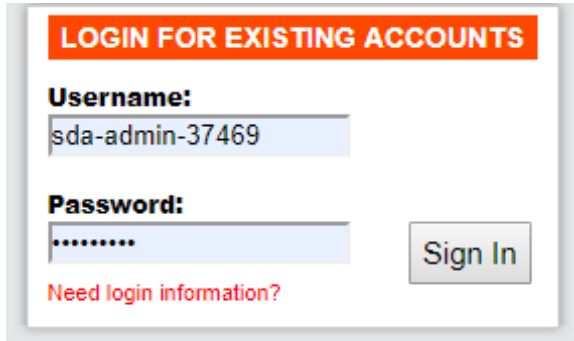
Step 8: Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour)

Step 9: Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process



Step 1: Go to <https://www.nadadventist.org/asv> and click on the login for existing accounts button

Step 2: Enter in the username and password created during your initial registration. If you are having trouble remembering this information, select the need login information button



Step 3: upon login, you will be directed to complete any piece of the process that is not completed. If training is still required, the training prompt will display and if the background check is required you will have a display that directs you complete the background check process

To review your program information, select the “My Report” option on the left hand side:

My Report

BACKGROUND SCREENING

Date	Type & Provider	Name Submitted	Run By	Status	Results
07/23/2019	L2 WV		REGISTRATION	Pending Submission	

TRAINING

None

If you need to update your registration information, select the Update My account information in the upper right- hand corner:

Volunteer Driver Information

PLEASE NOTE: all drivers must be at least 21 years of age and have a valid driver's license, vehicle registration, and vehicle insurance. This is mandatory for anyone driving minors.

Volunteer Driver's License Information:

Full Name: _____ Date of Birth: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone Number(s): Home _____ Mobile _____

Driver's License Number: _____ License: _____ Exp. Date: ___ / ___ / ___

Have you had any violations within the last 5 years? Yes No

If yes, please explain:

(Attach copy of your valid Driver's License)

Volunteer Vehicle Information:

Name of Owner: _____ Year of Vehicle: _____

Address of Owner: _____

Make of Vehicle: _____ Model of Vehicle: _____

Date of most recent state inspection: ___ / ___ / ___

License Plate Number: _____ Expiration: ___ / ___ / ___

(The above information must be provided for each vehicle being used.)

Volunteer Vehicular Insurance Requirement Information - *(Please attach a copy of your insurance coverage's.)*

IMPORTANT! Volunteers who use personal vehicles on an infrequent basis for ministry purposes (such as Pathfinder events) must carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability. A copy of your Statement of Coverage must be attached!

CERTIFICATION: I certify that to the best of my knowledge, the above information is correct and accurate. I understand that in order to provide transportation for school related activities; I must be at least 21 years of age and possess a valid driver's license, current vehicle registration and the required insurance coverages. I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Southern New England Conference of the Seventh-day Adventist Church.

Signature: _____

Date: ___ / ___ / ___



CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Southern New England Conference is registered under the provisions of M.G.L. c. 6, § 172 to receive **CORI** for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Southern New England Conference to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Southern New England Conference may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Southern New England Conference must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



SUBJECT INFORMATION: (An asterisk denotes a required field.)

*Last Name *First Name Middle Name Suffix

Maiden Name (Or other name(s) by which you have been known.)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ft. _____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

CURRENT AND FORMER ADDRESSES:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification (photocopy or copies attached):

VERIFIED BY:

Name of Authorized, Verifying Employee (Please Print)

Signature of Authorized, Verifying Employee Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Form fields for Section 1: Last Name, First Name, Middle Initial, Other Last Names Used, Address, Apt. Number, City or Town, State, ZIP Code, Date of Birth, U.S. Social Security Number, Employee's E-mail Address, Employee's Telephone Number.

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

Attestation options: 1. A citizen of the United States, 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work. Includes document number fields and QR code area.

Signature of Employee and Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Form fields for Preparer and/or Translator: Signature, Today's Date, Last Name, First Name, Address, City or Town, State, ZIP Code.

STOP Employer Completes Next Page STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:				
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

W-4

Department of the Treasury
Internal Revenue Service

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.**

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
Do **only one** of the following.

Multiple Jobs or Spouse Works

(a) Reserved for future use.
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
	Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter:

{	• \$25,900 if you're married filing jointly or qualifying widow(er)
	• \$19,400 if you're head of household
	• \$12,950 if you're single or married filing separately

 **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	2,220	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	3,340	3,340	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	3,540	4,520	5,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,480	13,160	15,860	18,390	20,920	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,860	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Fingerprinting

In January of 2013, the governor of Massachusetts signed “An Act Relative to Background Checks” into law. This new law expands what public, private, and parochial schools already do in conducting state Criminal Offender Record Information (CORI) checks on all employees at least once every three years – **it requires all public and private K-12 school employees in Massachusetts, as well as early educators, to submit to fingerprint-based state and national criminal background checks.**

All employees (*including substitute teachers, teacher’s aides, contract teachers, etc.*) and bus drivers must be fingerprinted prior to working with students.

The cost is \$35.00 for non-certified staff and \$55.00 for certified staff (including substitutes). The school Board voted that the employee will be responsible for the full cost of fingerprinting.

Where do I go to be fingerprinted?

To set up an appointment to be fingerprinted, please go to www.IdentoGo.com and enter your school’s provider ID/Org Code:

Bayberry Christian School	00200810
Cedar Brook Adventist School	02470805
Greater Boston Academy	02840815
South Lancaster Academy	01470840
South Shore Adventist School	00400830
Wachusett Hills Christian School	01030805
Warren Adventist School	03110830
Worcester Adventist School	03480945

Questions?

Please contact the SNEC Office of Education. We will do our best to track down answers for you!

Last Updated 3/2/2022

Adventist Risk Management, Inc. **Personal Vehicle Usage Guidelines**

Adventist Risk Management does not recommend the use of non-owned autos on approved events. If non-owned vehicles are used, however, adhere to the following guidelines:

Adventist Risk Management's auto insurance policy provides coverage for non-owned vehicles on an excess basis. It is designed to protect the organization, not the vehicle owner. In the event of an accident, the vehicle owner must go to his/her insurance company first.

- Make sure drivers understand that their personal auto insurance is "primary".
- Refer to the North American Division Working Policy, section P 50 26 Vehicle Insurance and Section X 30 Automobile Policy.
- Drivers must be at least 21 years old.
- Request and have on file a copy of the Driver's License.
- Employees and volunteers who use personal vehicles on an infrequent basis must carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability. (See Section X 30 20 3.a for regular use insurance requirements.)
- Copy of the driver's proof of insurance (insurance card).
- Do not allow a person with a poor driving record (at-fault accidents, moving violations) to operate a vehicle on behalf of the church.
- Make sure the owner understands that his insurance is responsible for any damage done by the vehicle or to the vehicle.
- If someone other than the owner is driving the vehicle, obtain information on the owner's insurance (company name, policy number, and policy term) and give this information to the person who will be driving the vehicle. The driver will need this information if an accident occurs.
- Verify that the vehicle is in good working order.
- Agree with the owner or driver on who will be responsible for any comprehensive or collision deductibles that might apply to damage done to the borrowed vehicle.
- Do not overload vehicles.
- Require occupants to wear seatbelts.
- For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

Every insurance policy contains limits, conditions, and exclusions. Read the policy carefully because it may not respond to all claims for damage.

ARM-7/02

End of the Year Accreditation Follow-up Form

This **Annual Progress Report** fosters continuous school improvement by holding schools accountable to the school's continuous improvement plan and the accreditation visiting committee report. The annual report of a school's progress on the implementation of its continuous school improvement plan provides accountability to the accrediting agencies, the school board, and the constituency.

ANNUAL PROGRESS REPORT

School Year: _____ - _____

Submitted to

The _____ Union Conference of Education.

For all Schools accredited by
The Accreditation Association of Seventh-day Adventist Schools



Submitted by:

School

Principal

Date

Administrator Completing Report

Insert the school's continuous school improvement plan and provide an update in the "Progress" column.

Commission on Accreditation

NORTH AMERICAN DIVISION

School Profile Summary Report

SCHOOL IDENTIFICATION:

School Name:		School ID:
Address:		
Conference:		
Principal:	E-mail:	
School Type:	No. of Constituency Churches	Membership:

ENROLLMENT DATA:

Opening Enrollment History and Projected Total for ALL Grades					
3 Years Ago	2 Years Ago	1 Year Ago	This Year	Next Year	In 2 Years

Percentage of Current Students from Adventist Homes: _____ %

PERSONNEL DATA: (Current School Year)

Total Number of Staff (FTE):	
Administrative:	Certificated Instructional:
Number of Staff (Head Count):	
Part-Time:	Classified/Support Staff:

FINANCIAL DATA: (Last Fiscal Year)

Total Operating Expense: \$	Year-End Gain (Loss): \$
Total Tuition/Fees Income: % (as% of all income)	Operating Expense per Student: \$

ACCREDITATION DATA:

Date of Last Full Evaluation Visit:	Term Granted:
Date of Any Additional Visits:	Type of Visit:

VERIFICATION:

Completed By: _____ Date: _____

Accreditation Attachments

Please attach the following in digital format:

1. Current class schedules with daily/weekly clock hours.
2. Copy of the school board minutes, with date, showing that the school board has reviewed the continuous school improvement plan and the visiting committee recommendations during the last 12 months.
3. If needed add additional sheets to respond to recommendations.

REPORT ON VISITING COMMITTEE RECOMMENDATIONS:

Recommendation	School Response
Recommendation # _____	
Recommendation # _____	
Recommendation # _____	

CONTINUOUS SCHOOL IMPROVEMENT PLAN

School Name:		Principal:	
Website:		Contact email:	
School Mission:		School Vision:	

This Continuous School Improvement Plan identifies our school goals in the areas we have identified as needing special focus as we strive for excellence in Adventist education as described in the North American Division Standards for Accreditation. We understand that this Plan will continue to develop and be revised as we annually review our data and make progress toward our goals.

The following school-wide goals have been identified through a comprehensive needs assessment process involving all school stakeholders and using multiple measures of data. (Research suggests that a maximum of 3-5 schoolwide goals should be considered at any one time.)

	Standard addressed	Goal	
Goal #1			
Goal #2			
Goal #3			
Goal #4			
Goal #5			

Goal #1:

Standard addressed:

Description of sections to be completed below:

- **School-wide Learning Outcomes:** the applicable student learning outcomes and/or core values addressed by this goal.
- **Rationale:** how this goal relates to results of the comprehensive needs assessment, mission and vision, and accreditation standards.
- **Objectives:** specific outcomes to support the goal above.
- **Measurement:** evidences to be used to demonstrate completion of each task.
- **Tasks:** action steps for accomplishing the goal above.
- **Person(s) Responsible:** the individual(s) responsible for implementing, or overseeing the implementation of, each step.
- **Resources needed:** may include financing, reference materials, resource personnel, etc.
- **Timeline:** target date for each specific task to be completed.
- **Progress:** to be reported annually.

School-wide Learning Outcome(s) addressed:

Rationale:

Objectives	Measurement	Tasks (Action Steps)	Person(s) Responsible	Resources needed	Timeline	Progress

Goal #2:								Standard addressed:
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Description of sections to be completed below:

- **School-wide Learning Outcomes:** the applicable student learning outcomes and/or core values addressed by this goal.
- **Rationale:** how this goal relates to results of the comprehensive needs assessment, mission and vision, and accreditation standards.
- **Objectives:** specific outcomes to support the goal above.
- **Measurement:** evidences to be used to demonstrate completion of each task.
- **Tasks:** action steps for accomplishing the goal above.
- **Person(s) Responsible:** the individual(s) responsible for implementing, or overseeing the implementation of, each step.
- **Resources needed:** may include financing, reference materials, resource personnel, etc.
- **Timeline:** target date for each specific task to be completed.
- **Progress:** to be reported annually.

School-wide Learning Outcome(s) addressed:

Rationale:

Objectives	Measurement	Tasks (Action Steps)	Person(s) Responsible	Resources needed	Timeline	Progress

Goal #3:						Standard addressed:

Description of sections to be completed below:

- **School-wide Learning Outcomes:** the applicable student learning outcomes and/or core values addressed by this goal.
- **Rationale:** how this goal relates to results of the comprehensive needs assessment, mission and vision, and accreditation standards.
- **Objectives:** specific outcomes to support the goal above.
- **Measurement:** evidences to be used to demonstrate completion of each task.
- **Tasks:** action steps for accomplishing the goal above.
- **Person(s) Responsible:** the individual(s) responsible for implementing, or overseeing the implementation of, each step.
- **Resources needed:** may include financing, reference materials, resource personnel, etc.
- **Timeline:** target date for each specific task to be completed.
- **Progress:** to be reported annually.

School-wide Learning Outcome(s) addressed:

Rationale:

Objectives	Measurement	Tasks (Action Steps)	Person(s) Responsible	Resources needed	Timeline	Progress

"Seek ye first the kingdom of God and His righteousness, and all these things shall be added unto you. (Matthew 6:33)"

Rationale:						
Objectives	Measurement	Tasks (Action Steps)	Person(s) Responsible	Resources needed	Timeline	Progress
Goal #5:						
Standard addressed:						

Description of sections to be completed below:

- **School-wide Learning Outcomes:** the applicable student learning outcomes and/or core values addressed by this goal.
- **Rationale:** how this goal relates to results of the comprehensive needs assessment, mission and vision, and accreditation standards.
- **Objectives:** specific outcomes to support the goal above.
- **Measurement:** evidences to be used to demonstrate completion of each task.
- **Tasks:** action steps for accomplishing the goal above.
- **Person(s) Responsible:** the individual(s) responsible for implementing, or overseeing the implementation of, each step.
- **Resources needed:** may include financing, reference materials, resource personnel, etc.
- **Timeline:** target date for each specific task to be completed.

"Seek ye first the kingdom of God and His righteousness, and all these things shall be added unto you." (Matthew 6:33)

- *Progress: to be reported annually.*

School-wide Learning Outcome(s) addressed:

Rationale:

Objectives	Measurement	Tasks (Action Steps)	Person(s) Responsible	Resources needed	Timeline	Progress

Visiting Team Recommendations

If the accreditation visiting team makes recommendations that are not reflected in one of the goals addressed by the school in its Continuous School Improvement Plan, these recommendations should be added and addressed here.

Recommendation(s)	Standard addressed	Progress

Current School Inventory

School Name: _____ **Date:** _____

Location	Dollar Value
General Classrooms	_____
Home Economics Classrooms	_____
Science Classrooms	_____
Secretarial Classrooms	_____
Gymnasium and Chapel	_____
Kitchen, Cafeteria and Custodial	_____
Library and Miscellaneous	_____
Offices	_____
Shop and Industrial Arts	_____
Grand Total	_____

School _____ **Date** _____

Post Week Checklist

Teacher/Principal _____ School _____

By checking the following areas, I affirm that:

1. All cumulative folders have been updated to include attendance and scholarship information for the completed school year. The "Home and School Residence" section has been updated for students who are transferring or graduating. I am aware that cum folders may be the only record kept on file forever, so I have been accurate and complete!
 - Cum Folders for eighth- grade graduates and the inactive/transferring students have been or will be mailed or hand-delivered to the SNEC Office of Education.
2. Attendance and scholarship records in Jupiter or FACTS SIS are accurate and complete, including birthdates, final grades, grades promotions, transfers and withdrawal dates and progress to the new year.
3. Textbooks have been ordered.
4. My classroom is in order, supplies have been stored, and any necessary repair requests have been submitted. Principals of multi-teacher schools: please confirm this for all classrooms!
5. Principals Only: Our last day of classes for the current school year is:

6. My summer contact information is:

Address: _____

Email: _____ Phone: _____

7. I am leaving employment with the Southern New England Conference. My new contact information will be:

Address: _____

Email: _____ Phone: _____

For a more detailed list of Post- Week Responsibilities, please review the Atlantic Union Education k-12 (AUCOE) Code # 1606:10.

School Supplies Form

Teacher/ Principal _____

School _____

Teachers, please complete this form for the classroom and give to the principal to include in the total school order. Principals, please collect orders from each of your teachers, compile them with your own, and send one total order for your school to the Southern New England Conference Office of Education.

_____ Cumulative Folders


_____ Lesson Plan Books

_____ Class Record Books

Delivery Options:

Please indicate when/how you would like to receive your supplies:

 I would like to pick up my order from the SNEC Education Office on _____

 Please mail/ship my order to this address: (please PRINT) _____

*I understand that my school will be charged for postage/ shipping costs.

Facilities

Yearly Asbestos Notification Form from Schools

Subject: Required notification to parents, teachers, and employees

Copies of this dated notification shall be distributed to the organization of parents, teachers, and employees, or in the absence of such organizations, to the individual parents, teachers, and employees (per Federal Law 40 CFR 763.93), Once each calendar year. This is to be done for every school whether it has asbestos-containing-products or not.

The inspection and management plan for Asbestos- Containing Building-Materials (ACBM) required by the Federal Asbestos Hazards Emergency Response Act (AHERA) has been performed for this school. The management plan has been submitted to the star for review and approval. A copy is on file at the school office and is available for public inspection upon reasonable notice. If desired, a copy of the plan may be obtained upon payment of a reasonable reproduction cost.

*Method of distribution of this form _____

(This form was distributed by one of the following methods: Mailed, handed directly to parents at registration [not via students], or printed in the school newsletter or handbook. The school is to include a complete copy of its dated notification in its asbestos management plan folder.)

*School will indicate the method of distribution in space provided

Name of School: _____

School Address: _____

County _____

Date _____

Send a copy to SNEC and place a copy in the school's Asbestos management file.

Asbestos Management Plan

AHERA: Asbestos Hazard Emergency Response Act

Schools are required to maintain asbestos-containing materials in good condition, in accordance with the EPA’s Asbestos-Containing Materials in Schools Rule, 40 CFR 763.80 through 763.99. This regulation is commonly known as “AHERA.”

AHERA applies to public and private not-for-profit elementary and secondary schools, K-12, including charter schools and schools with religious affiliation.

Schools are required to:

1. identify asbestos-containing materials in their buildings.
2. maintain asbestos-containing materials in good condition.
3. notify occupants.
4. maintain records.

For specific details, refer to <http://www2.epa.gov/asbestos/school-buildings#resources>

School Name: _____ Principal: _____

AHERA Designated Person: _____ Training Date: _____

List any additional people in your school who need asbestos training:

Date of last asbestos inspection/reinspection: _____

Principal’s Signature: _____ Date: _____

Pesticide Plan

Follow link below to create!

<https://massnrc.org/ipm/schools-daycare/child-protection-act-2000/full-text.html>

School Self-Inspection Form

School _____ Date _____

Evaluators _____ Number of Students _____

Retrieved 2/14/2011 from http://www.adventistrisk.org/pdfs/schoolself_inspectionform.pdf. Minor adaptations have been made.

	Yes	No	Description	Location	Recommendation Made	Date Corrected
Section A						
General						
1. Written Disaster Plan (fire, earthquake, hurricane, tornado, violence, as applicable)						
2. Evacuation Plans posted						
3. Assembly room occupant capacity posted						
4. Two fire drills conducted during first month of school. One drill per month during the remainder of the school year						
5. Fire alarm system tested during drills						
6. Automatic sprinkler systems receive annual professional maintenance						
7. Earthquake or other drills, as required by local jurisdiction						
8. Dormitory fire drills conducted at least quarterly						
9. Fire extinguishers properly placed and current tag (inspected and maintained annually by licensed technician)						
10. School personnel visually inspect extinguishers monthly for adequate pressure or tampering						
11. Lighting adequate						
12. Area is kept neat and clean						
13. Doors in good repair						
14. Exit doors open in direction of exit travel						
15. All exit doors kept unlocked during occupancy						
16. Main exit doors equipped with panic hardware						
17. Locking and chain devices prohibited on panic hardware						
18. Building free from signs of roof or pipe leakage						

19. Windows free of cracks and breaks						
20. Electrical wiring in good repair						
21. Covered trash containers throughout						
22. GFCI Protection within 6' of sinks, etc.						
Section B						
Electrical/Mechanical Rooms						
1. Multipurpose fire extinguisher provided						
2. Smoke/heat detectors provided						
3. 3-foot clearance maintained in front of and below electrical panels and equipment						
4. Room is free of flammable and combustible storage						
5. Access door fire rated and self-closing						
6. Mechanical, electrical and air-conditioning systems inspected and serviced annually						
7. Area is kept neat and clean						
8. No holes in walls or ceilings (poke-throughs)						
Section C						
Corridors/Hallways						
1. Corridors, exits and stairs free of storage or other obstructions						
2. All dead-end corridors properly labeled						
3. Exit signs and lights in place and working properly						
4. Smoke/fire doors kept closed						
5. Emergency lighting in place/tested/operating properly						
6. Fire extinguishers provided and tagged						
Section D						
Walking and Working Surfaces						
1. Floor surfaces, steps, etc. in good repair						
2. Uniform step heights on stairs						
3. Handrails at all steps						
4. Handrails properly secured						
5. Mid-rails on open sides of steps						
6. Rails, mid-rails and toe boards for balconies and overhead storage						
7. Floors free of tripping hazards and slippery surfaces						

8. "Wet Floor" signs used after mopping operations						
9. Carpets free of tears and wrinkles						
10. Floor openings properly guarded						
11. Full-length glass doors and windows properly marked with trim or decals						
12. Proper lighting						
Section E						
Cafeteria/Kitchen						
1. Hood and duct fire suppression with semi-annual service/maintenance (tag current)						
2. Multi-purpose extinguisher provided/tagged						
3. Vents/filters cleaned regularly – documented						
4. Smoke/heat detectors in good repair						
5. Food is not stored on floors						
6. Food in coolers/freezers covered						
7. Safety latches on all coolers/freezers						
8. Floors kept clean/free of spills						
9. Portable signs used to indicate wet floors/ hazards in kitchen and lunchroom						
10. All exits clearly marked with visible approved signs						
11. Table and chairs in good repair						
12. Unused folding chairs and tables stored in racks – not leaned against walls						
13. Periodic knife sharpening						
14. Bowl lock handles operable and used on Hobart mixers						
15. Hot water tanks secured and equipped with pressure relief valves						
16. Hot foods held above 140° F (60°C)						
17. Freezer at 0° F (-17.8° C)						
18. GFCI Protection within 6' of sinks, etc.						
Section F						
Offices/Workrooms						
1. Fire extinguisher available/tagged						
2. Electrical cords/plugs in good repair						
3. Aisles and lanes free of electrical cords, phone cords, or other hazards						

4. No extension cords used (limited power strip use acceptable)						
5. Finger guards on paper cutters, and cutting arm stays up when raised and released						
6. Storage rooms are kept neat and clean						
7. Good ergonomic positioning of computer workstations						
8. Adequate access to equipment						
Section G						
Science Rooms/Labs						
1. Heat/smoke detectors present where open flame used						
2. Non-asbestos fire blankets provided						
3. Emergency eyewash provided/tested regularly						
4. Emergency shower provided/tested regularly						
5. Safety goggles provided and used						
6. Fire Extinguisher with current tag						
7. First aid kit provided/maintained						
8. Chemical containers labeled and stored properly						
9. Material Safety Data Sheets (MSDS) for all chemicals						
10. Posted lab safety rules/procedures						
11. Area is kept neat and clean						
12. Emergency gas shutoffs in each lab						
13. GFCI Protection within 6' of sinks, etc.						
Section H						
General Classrooms						
1. Aisles and lanes free of electrical cords, phone cords or other hazards						
2. Finger guards on paper cutters, and cutting arm stays up when raised and released						
3. Hazardous chemicals stored in locked cabinets or out of the reach of children						
4. Audiovisual equipment strapped to wide-base, stable carts						
5. Storage closets are kept neat and clean						
6. GFCI Protection within 6' of sinks, etc.						
7. No extension cords used (limited power strip use acceptable)						

8. Evacuation Plans posted in each classroom						
Section I						
Industrial Arts/Shop						
1. Smoke/heat detectors provided						
2. Sprinkler system provided/serviced and tagged						
3. Fire extinguisher(s) with current tag						
4. Non-asbestos fire blanket						
5. Emergency eyewash provided and tested						
6. Emergency shower provided/tested regularly (if needed)						
7. Safety glasses provided and used						
8. First aid kit provided and maintained						
9. Material Safety Data Sheets (MSDS) maintained for all chemicals/hazardous materials						
10. Power shutoffs provided/accessible						
11. Lockout/tagout procedures in place						
12. Adequate equipment operating space						
13. Aisles marked around equipment						
14. Machine guards provided and used						
15. Radial arm head returns to starting position when released						
16. All electrical equipment double-insulated or grounded						
17. Electrical cords/plugs in good repair						
18. Electrical panels accessible (3-foot clearance)						
19. Dust collection systems provided and maintained						
20. Good ventilation provided						
21. Spray booths filtered/sprinklers provided/explosion-proof fixtures and boxes						
22. Area is kept neat and clean						
23. Safety rules posted						
24. Oily rags stored in covered containers						
25. Flammables stored in flammable storage cabinet						
26. Compressed gas cylinders properly secured						

27. Overhead storage prohibited unless OSHA approved ladders, railings, and toe boards are provided						
Section J Gymnasiums/Auditoriums						
1. Emergency lighting provided and maintained						
2. Lighted exit signs provided and maintained						
3. Fire extinguisher properly located/tagged						
4. Access to exits unobstructed						
5. Bleachers/seating in good repair						
6. Smoke/heat detectors over stage						
7. Sprinklers over stage						
8. Curtains/scenery treated with flame retardant						
9. Access to catwalks/elevated stairs controlled						
10. Fly weights ropes, cables in good repair						
11. Electrical wiring for stage lights grounded/maintained						
12. Storage of combustibles limited						
13. Area is kept neat and clean						
Section K Locker Rooms						
1. Emergency lights provided/maintained						
2. Access to exits in good repair						
3. Lockers secured to walls						
4. Lighting fixtures sealed						
5. GFCI Protection within 6' of sinks, etc.						
6. Housekeeping is adequate						
7. No lint buildup behind clothes dryers						
Section L Maintenance Shops						
1. Smoke/heat detectors provided						
2. Sprinkler system provided/serviced and tagged						
3. Fire extinguisher(s) with current tag						
4. Non-asbestos fire blanket						
5. Emergency eyewash provided and tested						
6. Emergency shower provided and tested (if needed)						

7. Safety glasses provided and used						
8. First aid kit provided and maintained						
9. Material Safety Data Sheets (MSDS) maintained for all chemicals/hazardous materials						
10. Power shutoffs provided/accessible						
11. Lockout/tagout procedures in place						
12. Adequate equipment operating space						
13. Aisles marked around equipment						
14. Machine guards provided and used						
15. Radial arm head returns to starting position when released						
16. All electrical equipment double-insulated or grounded						
17. Electrical cords/plugs in good repair						
18. Electrical panels accessible (3-foot clearance)						
19. Good ventilation provided						
20. Dust collection systems provided and maintained						
21. Spray booths filtered/sprinklers provided/explosion proof fixtures and boxes						
22. Housekeeping is adequate						
23. Safety rules posted						
24. Flammables stored in flammable storage cabinet						
25. Flammables kept away from open flame, hot surfaces and electrical exposure						
26. Overhead storage prohibited unless OSHA approved ladders, railings and toe boards are provided						
27. Ladders in good repair						
28. Only fiberglass or wood ladders used near electrical exposures						
29. Oily rags and mops stored in covered containers						
30. Compressed gas cylinders properly secured						
Section M						
Home Economics						
1. Smoke/heat detectors provided						
2. Non-asbestos fire blanket provided						

3. Fire extinguisher available/tagged						
4. Electrical cords/plugs in good repair						
5. Emergency gas shut offs provided/accessible						
6. Safety rules posted						
7. GFCI Protection within 6' of sinks, etc.						
Section N						
Building Exterior						
1. Sidewalks in good repair						
2. Parking lots in good repair						
3. Handrails provided on all steps						
4. Weeds, trees, shrubs, trash adequately controlled						
5. No broken windows						
6. Brickwork in good condition						
Section O						
Security						
1. Employment applications required						
2. Employee background checks performed						
3. Facility access controlled (fenced and gated)						
4. Key control measures in effect						
5. Facility periodically re-keyed						
6. Night watch						
7. Lighting adequate						
8. Written weapons policy						
9. Shrubbery trimmed to eliminate shadows/hiding areas						
Section P						
Employee Safety						
1. Adult and student employees trained and experienced for tasks/equipment operated, etc.						
2. Training documented						
3. Chemical/Hazardous Material training provided						
4. Material Safety Data Sheets (MSDS) maintained for all chemicals						
5. Fall protection equipment used per OSHA standards						
6. Lockout/tagout policy in place						
Section Q						
Transportation						
1. Scheduled maintenance of owned and non-owned vehicles used in school activities						

2. Vehicle maintenance documented						
3. Vehicles have current registration						
4. Vehicle use restricted only to official school activities						
5. Keys removed and vehicles locked when not in use						
6. Vehicles with a passenger capacity of 15 or more, and crossing state lines, registered with US Department of Transportation (state laws may vary)						
7. Federal Department of Transportation number (#) posted prominently in applicable vehicles						
8. Seat belt policy strictly enforced for drivers and passengers						
9. Driver Training for vans with a passenger capacity of 15 or more (state laws may vary); buses; 1-ton trucks or larger; semi-truck/trailer rigs						
10. Policy forbidding staff and/or students in back of pickups and/or trucks						
11. Drivers required to adhere to approved routes						
12. Drivers not allowed to carry unauthorized passengers						
13. Drivers complete daily vehicle check-off list						
14. Drivers complete a driver's application form						
15. Drivers at least 21 years of age						
16. Drivers in good health						
17. Driver's license current and suitable for the type of vehicle being driven						
18. No more than two traffic citations during the past three years						
19. No at-fault accidents during the past three years						
Section R						
First Aid						
1. Specific area set aside for medical aid						
2. All medicines and equipment locked away and strictly controlled						
3. Each activity accompanied by adult supervisors certified in first aid						
4. First aid kits located throughout the school facilities						

Section S						
Playgrounds						
1. Playground complies with Consumer Product Safety Commission guidelines (Download free <i>Handbook for Public Playground Safety</i> at https://www.cpsc.gov/s3fs-public/325.pdf)						
2. Resilient materials beneath equipment						
3. Adequate separation from equipment						
4. No splinters or projections						
5. Equipment and surfaces inspected and maintained						
6. Supervision present						
Section T						
Activities/Field Trips						
4. Field Trip Pre-Planning						
5. Permission Slips obtained						
6. Medical Release Forms available in each vehicle						
7. Ample supervision provided for all activities						
8. Knowledgeable supervision for each activity						
9. Protective equipment used as required by specific activities						
10. Sports activities require warm-up period						

Field Trips

Field Trip Guidelines

1. All parents must be notified that you plan to take the students off school premises:
 - One week in advance for daytime trips,
 - Two weeks in advance for overnight trips
 - Out of Union Tours- see Atlantic Union Education [AUCOE] Code 2326:93
 - Tours abroad- see Atlantic Union Education [AUCOE] Code 2327:93 B
2. Permission Slips signed by parents or guardian must be obtained before the trip. Permission given by phone is **not** acceptable.
3. Trips taken during school hours must be in conjunction with class work. There must be a specific purpose, proper preparation, and follow-up for each trip.
4. Denominational employees must have liability limits of \$250,000/\$500,000/\$50,000. Additional drivers should have ample notice.
5. The school administration will be responsible to verify that adequate insurance coverage is carried on all vehicles, school or private, used in transporting students, according to Atlantic Union Conference Policy. [AUCOE, K-12 Code 2345:14 B/Vehicles]

“Non-school –owned vehicles used in school activities shall be currently insured to comply with state law.”

GENCON Loss Control Manual

Field Trip/Outing Planner

Class/Organization _____ Number of Attendees _____

Outing/Destination _____

Planned Activities _____

TRANSPORTATION	ONE OR MORE	NOTES	
Public Transportation			
Rental Vehicle			
School/Church Vehicle			
Private (Personal) Auto (Not recommended)			
NOTE: A "No" response may indicate a need for additional safety/risk, management measures	Yes	No	N/A
Qualified Drivers (Good driving record/current MVR, Age 21+, valid and current license per type of vehicle etc. See NAD Working Policy S60 31)			
Vehicle(s) --Safe Well-Maintained Condition			
Tires —Proper Size and rating			
Meet safe, Legal tread wear limits			
Vehicle Properly Insured			
• Special Vehicle Insurance Coverage (Mexico)			
Fire Extinguisher			
Emergency Road Kit (Reflectors, etc.,)			
First Aid Kit			
Seat Belts Required			
Seating and load capacity Adhered to			
Transportation in the Back of Open Vehicles Prohibited (Pickup trucks, Flat beds, etc.)			
Follow-up Vehicles Provided (Bike and Walkathons, Etc.)			
ADMINISTRATIVE			
Permission Slips			
Medical Release Forms (Available for all children under 18)			
Volunteer Forms Signed/ Filed (Child Abuse)			
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)			
Requirements by Proper Authorities Met			
Certificates of Insurance Obtained as Needed			
Accident Medical Insurance			
• Miscellaneous Accident			
• Volunteer Labor Construction (as needed)			
• Short Term Travel (If outside U.S. Canada)			
Traveler's Advisory Checked			
SUPERVISION			
Adequate Number of Supervisors* (Minimum of two required- Additional supervision based on risk)			
Supervision Qualified for Activity			
First Aid trained Staff			

Current CPR and Lifeguard Certification			
EMERGENCY PLANNING			
NOTE: In many regions, weather conditions can change dramatically in a short period of time; clear and warm to a blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited.)			
Emergency/Disaster Plan Prepared			
Cellular Phone			
Portable Two-way Radios			
Citizen Band and /or Marine Radio			
AM/FM or Weather Band Radio			
Additional Clothing Requirements			
Shelter Requirements			
Emergency Water			
Emergency Food			
Wool or Space Blankets			
Clothing and Equipment Lists Distributed			
ACTIVITY SAFETY			
Safety Equipment Available for All Participants (Life Jackets, Safety Harnesses, Helmets, Knee and Elbow Pads, etc.)			
Safety Equipment's Required for All Participants			
Safety Equipment Checked Prior to Trip			
Safety Equipment Inspected Before Each Use			
All Work Projects Adhere to OSHA and International Standards (Strongest Shall Be Used)			
All Child Labor Laws Observed			
ADDITIONAL NOTES AND COMMENTS:			

*See Supervisions attachment pertaining to examples of supervision requirements for various activities.

Requested by _____ Date _____

Title _____

Approved by _____ Date _____

Title _____

NOTE: Safety elements included in this form are suggested as Minimal considerations. Other additional measures will generally be required for every activity. The maintenance of Safety premises, operations, activities, and equipment are the legal responsibility of the insured. Adventist Risk Management assumes no responsibility for the management or control of the insured's premises, operations, and activities or for the safety elements of procedures used by the insured. Liability on the part of Adventist Risk Management for loss is hereby disclaimed.

School Outing and Field Trip Request Form

*School Board and Conference approval **must** be obtained for an out-of-conference or an overnight trip. Local boards approve in-conference day trips. Approval must be gained before a trip.*

School: _____

Teacher: _____ Current Date: _____

Class/Group Involved: _____

Destination of Field Trip _____

Contact Person(s): _____ Phone: _____

Date of Field Trip: _____ Return Date: _____

Time of Departure: _____ Time Returning: _____

Number of Students: _____ Number of Adults: _____

List of Chaperons: *(Please just use chaperones with updated background checks!!)*

1. _____ 2. _____ 3. _____	Updated Background Check <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	4. _____ 5. _____ 6. _____	Updated Background Check <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
----------------------------------	---	----------------------------------	---

Acceptable Ratios
 Grades K-2: 5:1; Grades 3-6: 8:1; Grades 7-10: 10:1; Grades 11-12: 12:1

Transportation: Bus Van Car Walk Other: _____

(If van or car) number of vehicles needed: _____

Cost per Student: \$ _____ **Cost per Adult:** \$ _____ **Total Entrance Fee:** \$ _____

Purpose of Trip: _____

Signature of Requesting Teacher

Signature of Principal

Signature of School Board Chair

Signature of Superintendent

Vehicle Information

Information from Jeff Linthwaite, SNEC Property Manager- Vehicle Information for SNEC school principals

If your school or church desires to purchase a vehicle, van, bus, car, plow truck, etc. please get approval from your appropriate board or better yet, church in business session or constituency meeting.

Then inform SNEC that you plan to purchase a vehicle.

You are then welcome to shop for the vehicle of your dreams and negotiate a purchase. I do have the ability to purchase vehicles at a dealer only auction. This would require a deposit of funds at SNEC because the vehicle at auction must be paid for the same day. This works best on late model low mileage vehicles. Each year a van is purchased for the camp and many schools and churches enjoy them.

If you purchase the vehicle, ask the seller to only endorse the title DO NOT fill in any other information.

All vehicles are "owned" by SNEC. I will secure the registration and insurance and bill the church or school. The church or school will need to get safety inspection.

ARM does not insure vehicles in MA. They do provide the umbrella about the 1 million to 24 million. Therefore, 15-passenger vans are not allowed.

Please do not purchase vehicles in the name of members or the church or school. The RMV will not ask the correct questions about corporate ownership and legal liability. If you are using a vehicle that is titled to a member or specific church or school you may not be covered in the event of an accident. This is a huge risk for students, parents, church, school, SNEC, etc. We all become exposed when ownership and operation are confused or unclear. Accidents do happen.

SNEC does need a list of drivers from each school. Please list the name, DOB; driver's license number of anyone you think will drive the vehicle. If you have not done this recently, please do so ASAP. Send it to Ruthie or myself.

USAGE

These vehicles cannot be used like a school bus. You can NOT pick up and drop off kids as a school bus would. A school bus requires a completely different set of actions and regulations. If you are using a vehicle for student transportation you are only allowed to "carpool". This means that the riders meet the van at a predetermined location, and ride together to another location. If parents cannot get the child to the "pick up location" you can NOT stop by the house and get them. Understand the difference.

Vehicles and schools and states other than MA - We have some vehicles with registrations in CT and RI...these are very difficult to manage because the "owner" is in MA. Therefore, we are told to corporate ownership MA registration is ok.

Designate a vehicle care giver...the fewer drivers the better, accustomed to noise/rattles/feel/ handling.

Finances Proposed School Budget

Submitted for the _____ School Year

School Name: _____

Principal: _____

Number of Students (expected) per Grade:

Pre-K _____ K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____
9 _____ 10 _____ 11 _____ 12 _____

TOTAL

ANNUAL INCOME:

Entrance Fee (* Fee _____) x (# students _____ -) \$ _____ -
(*usually equal to 1 month's tuition)

Tuition Rates	_____ Amount	x _____ Students	x 10 Months	\$ _____ -
Tuition Rates	_____ Amount	x _____ Students	x 10 Months	\$ _____ -
Tuition Rates	_____ Amount	x _____ Students	x 10 Months	\$ _____ -
Tuition Rates	_____ Amount	x _____ Students	x 10 Months	\$ _____ -
Church Subsidy	\$ _____			\$ _____ -
Special Fundraising Projects {citrus program, etc.}		List _____		\$ _____ -
TOTAL INCOME				\$ _____ -

ANNUAL EXPENSES:

Teacher Cost	\$ _____ -
Teacher's Aide (if necessary)	\$ _____ -
Building Insurance	\$ _____ -
Building Maintenance	\$ _____ -
Copy Machine Expense (paper, repair, supplies)	\$ _____ -
Custodial Service (equipment, salary, supplies)	\$ _____ -
Equipment & Furniture (desk, chairs, maps, etc.)	\$ _____ -
Grounds Expense	\$ _____ -
Heat, Lights, Rent, Water	\$ _____ -
Library Books & Magazines	\$ _____ -
Miscellaneous School Supplies	\$ _____ -
Student Accident Insurance Fee	\$ _____ -
Technology Purchases (computer, printer, software)	\$ _____ -
Telephone	\$ _____ -
Textbook Purchases	\$ _____ -
Total Anticipated Delinquent or Worthy Students Accounts	\$ _____ -
Contingencies/Reserves	\$ _____ -
TOTAL EXPENSES	\$ _____ -
DIFFERENCE	\$ _____ -

To have a balanced budget, the TOTAL INCOME and TOTAL EXPENSES must match.

The above Balanced Budget

Approved by the Southern New England

Submitted by: _____

Conference Pre-K •12 Education Board: _____

School Board Chair Signature / Date

Superintendent of Education Signature / Date

Educational Equipment Appropriation Request

SOUTHERN NEW ENGLAND CONFERENCE

School boards should undertake ways to periodically improve and upgrade their school equipment. To encourage and assist in this endeavor, the Conference has established an educational equipment fund that is used to help **elementary schools** provide teaching equipment.

Once each year the Conference will appropriate, on a dollar-for dollar basis, up to \$100 for a one-room school, and up to \$50 for each classroom in larger schools of two or more teacher. Receipts verifying the appropriate equipment purchases(s) should be attached to a copy of this request form and submitted to the Office of Education **no later than April 30** of each year.

These funds do not accumulate from one year to the next; therefore, a school that does not submit its request for educational equipment funds by the date specified, permanently forfeits its opportunity for funds in that year.

Name of School: _____

Equipment Purchased: _____

Date of Purchase: ____ / ____ / ____

Cost of Equipment: _____

Reminders:

- **Attach receipt(s)** for the equipment purchased.
- **Submit before April 30** to: Office of Education
P.O. Box 1169
South Lancaster, MA 01561

Substitute Teacher Pay Guidelines

Conference pays 100% of the normal daily substitute rate for:

- Attendance at meetings required by the conference.
- Participation in a school evaluation at the request of the Superintendent.
- Personal days (one per semester)
- Bereavement time (up to five days)
- Jury duty
- Moving days- Conference authorized only.
- Professional days- if authorized by the Superintendent.
- Visitation of another school- if requested by the Superintendent.
- Sports days- when approved by the Superintendent.
- Any day that a teacher must miss class to attend a conference –wide, but not necessarily conference-sponsored event (i.e., Music Clinic, etc.)

Conference shares the cost of the normal daily substitute rate with the schools 50/50 for:

- Regular sick days
- Medical Appointments
- IEP appointments- ONLY when the teacher is serving as a team member for a student from his/her classroom

Schools pay 100% of the normal daily substitute rate for:

- Professional days (i.e., Seminar attendance), when authorized by the school
- Visitation of another school, when authorized by his/her local school
- Class trips/school field trips
- Senior survival trips
- Responsibilities assigned by the school that take the teacher from his/her classroom
- Any day granted by the school that has not been approved by the Conference

Teachers/Employees pay 100% of the normal daily substitute rate for:

- Days taken immediately before or after a holiday.
This is a new procedure enforcing an old policy. The policy states that teachers are not to take a day off to extend a holiday. If a teacher chooses to do this, he/she is now required to pay for the substitute (via payroll deduction) unless his/her school board/ administration authorizes the absence, and the school covers the expense.
- Days taken- Above and beyond the two personal days allowed- for family –related appointments for the conduction of personal business and for other items/events of personal nature not addressed in these guidelines. In these instances, teachers must be prepared to pay the cost of the substitute teacher via payroll deduction.

Pregnancy (long-term):

- Conference pays 100% of long-term substitute rate beginning with the first day the pregnant teacher must be away from the classroom for the birth of the child.

Long-term Illness/Surgery (Doctor-diagnosed):

- The first two weeks, or ten school/classroom days, of this type of long-term will be treated as a regular sick leave (Conference shares the normal daily substitute rate with the local school on a 50/50 basis). Following these two weeks when the situation has been assessed and verified to be medically necessary long-term leave, the Conference will cover 100% of substitute expense at the long-term substitute rate.

Leave of Absence:

- Must be approved, and parameters outline by the Conference.

(For provisions and stipulations see the Atlantic Union Education Code 3433:14)

Substitute Teacher Report

Southern New England Conference Office of Education
PO Box 1169, South Lancaster, MA 01561
Phone: 978-365-4551 ■ Fax: 978-365-3838

PART I: (To be completed by SNEC teacher)

School: _____

Name of Classroom Teacher: _____

Reason for Absence: _____

Date(s) of Absence: _____

(Please include month-day{ }-year)

Total Number of Days Absent: _____

Teacher Signature: _____

PART 2: (To be completed by substitute or school office. Administrator signature required. *)

Name of Substitute Teacher: _____

Address of Substitute Teacher: _____

Is Address New? Yes No

Phone Number: _____

1-9, W-4, Background Release* Information: Paperwork Attached Previously Submitted

(*CORI, SORI, and Out-of-state Inquiry Release Forms, for substitutes are to be re-submitted yearly.)

Substitute Rate of Pay: _____/per day.

*Signature of Principal/Treasurer (Required): _____

*Principal... Indicate party responsible for substitute expense: Conference School Shared (Conf/Sch) Teacher

PART 3: (to be completed by the Office of Education)

	X		=	
Number of Days		Daily Rate		Payable to Substitute
Amount to be paid by school:		_____		
Amount to be paid by SNEC:		_____		
Amount to be paid by teacher:		_____		

Local Payroll Form- Part Time Employees

Southern New England Conference of Seventh-day Adventists

PO Box 1169, South Lancaster, MA 01561

LOCAL PAYROLL REPORT—PART TIME EMPLOYEES

(978) 365-4551

⇒ Attach Completed I-9 & W-4 Forms with first report

⇒ Submit Check & Time Card with each report

PLEASE PRINT CLEARLY

Report for Month of _____

Employee Full Name _____ Job Title _____

Mailing Address _____

City/State/Zip _____

Check if new address

Employee Retirement Contribution %

Office Use Only: ID#

PAY CALCULATION:

HOURS WORKED _____ x Hourly Rate \$ _____ = \$ _____
(Hours worked must match Time Card total) Pay

Employer (local organization) portion of Social Security \$ _____ x .0765 = \$ _____
(FICA) (Pay Amount) FICA

Retirement Matching (if applicable/ See note 3 below) \$ _____ x = \$ _____
(Pay Amount) (3% Max./ .0300) Retirement Matching

**Workers Compensation (see table below) \$ _____ x = \$ _____
(Pay Amount) Workers Compensation

TOTAL REMITTANCE TO CONFERENCE (Check Enclosed) \$ _____
DUE CONFERENCE

NOTE-The Local Organization Should Understand the following:

1. Payment must be made with this report
2. If no payment is received or is late, no paycheck can be made until the following payroll. These workers are not eligible for payroll advances.
3. Part-time employees may contribute to the Adventist Retirement Plan. If they do, you, their employer must match their contributions up to 3% of their pay. (They may contribute more if they wish, but the employer will still only match up to 3%.) Employees wishing to contribute to their retirement account must submit a completed *Salary Reduction Agreement & Beneficiary Designation Form* (available from the conference office).

** Workers Compensation Table estimates based on work hazards as follows:

- Office Workers01
- Janitor/Maintenance/Grounds/Physical Labor07
- Bus Driver17

These are final rates. You will not receive adjusted billing for any changes.

Organization Submitting Report _____

Full Address _____

Authorized Signature & Title _____

Signature of Pastor, Treasurer, Principal, or School Board Chairman (not the employee)

Tuition Rates/Fees

School: _____

Year: _____

	<i>Constituent</i>	<i>Non-Constituent</i>	<i>Non-SDA</i>	<i>Discounts</i>
Registration Fee	_____	_____	_____	_____
Pre-Kindergarten	_____	_____	_____	_____
Kindergarten	_____	_____	_____	_____
Grade 1	_____	_____	_____	_____
Grade 2	_____	_____	_____	_____
Grade 3	_____	_____	_____	_____
Grade 4	_____	_____	_____	_____
Grade 5	_____	_____	_____	_____
Grade 6	_____	_____	_____	_____
Grade 7	_____	_____	_____	_____
Grade 8	_____	_____	_____	_____
Grade 9	_____	_____	_____	_____
Grade 10	_____	_____	_____	_____
Grade 11	_____	_____	_____	_____
Grade 12	_____	_____	_____	_____

Please indicate below any additional information/explanation about your school's tuition plan and payment schedules: _____

Southern New England Conference Application for Secondary Education Trust (SET) Funds 2023-2024 School Year

ONLY one SET Fund application per academic year is required. Funds will be awarded twice yearly, in late fall and late spring, following Conference verification that the student remains enrolled at the school/academy indicated below. Should a student transfer midyear and all eligibility requirements continue to be met, it is the parent's responsibility to notify the Education Office of the transfer if that student is to receive spring semester SET Funds.

Eligibility Requirements (All requirements must be met)

1. Student and/or parent must reside in the Southern New England Conference.
2. Student or parent is a member of a church of the Southern New England Conference.
3. Student is attending any Adventist academy, grades 9-12, worldwide (*self-supporting schools excluded*)

Application Procedure Parents must:

1. Read the eligibility requirements.
2. Fill out the **ENTIRE** application. Missing information may delay fund distribution.
3. Sign the application.
4. Mail application by **October 31, 2023**, to:

**Southern New England Conference
Office of Education
P.O. Box 1169, South Lancaster MA 01561-1169**

Student Information (Please PRINT)

Name: _____

Address: _____

Parent Information (Please PRINT)

Name: _____

Address: _____

**Student is a member of the following SNEC Church:
(Please PRINT)**

**Parent is a member of the following SNEC Church:
(Please PRINT)**

Student is attending the following School: (Please PRINT)

Grade Level (*circle one*): 9 10 11 12

Boarding School? Yes No

Parent Signature

Date Signed

Office Use Only	
Date Received	_____
Ch. Member Verified	_____
School Enrollment Verified	_____

Medical Continuing Consent to Treatment

We, the undersigned parents, or legal guardians of (name of minor) _____,

do hereby consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of (name of the physician) _____
_____ or any physician the school may call, whether diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnoses or treatment which might be required and is given to authorize (Name of School into Whose Custody Minor is entrusted) _____

_____ or to the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This shall remain in continuous effect until revoked in writing and delivered to the physician's name above or to the school entrusted with the custody of said minor.

Signature of Father: _____

Date: ___ / ___ / ___

Signature of Mother: _____

Date: ___ / ___ / ___

Signature of Legal Guardian: _____

Date: ___ / ___ / ___

Signature of Witness: _____

Date: ___ / ___ / ___

NAME _____

MEDICAL HISTORY (give dates)

Accidents _____	Ear Infections _____	Measles _____	Scarlet Fever _____
Allergy _____	Encephalitis _____	Meningitis _____	Strep. Throat _____
Chicken Pox _____	German Measles _____	Mumps _____	Tonsillitis _____
Congenital Anomaly _____	Heart Disease _____	Operations _____	Tuberculosis _____
Convulsions _____	Hernia _____	Poliomyelitis _____	Whooping Cough _____
Diabetes _____	Kidney Disease _____	Rheumatic Fever _____	Other _____

PERTINENT FAMILY MEDICAL HISTORY

PHYSICIAN'S EXAMINATION

(O) Normal (X) Abnormal (Comment: Specify consultation requested)

Age _____ BP _____ / _____ Pulse _____ Hgt. _____ Wgt. _____

Physical Development _____

Nutritional Status _____

Skin _____

Eyes _____ Sclera _____ Pupils _____ Light & Distance: r. _____ l. _____ Glasses _____

Ears _____ Canals: r. _____ l. _____

Drums: r. _____ l. _____

Nose _____ Septum _____ Turbinates _____

Mouth _____ Lips _____ Tongue _____

Teeth _____ Gingiva _____

Neck _____ Mobility _____ Lymph nodes _____ Thyroid _____

Throat _____ Shape _____ Symmetry _____

Lungs _____

Heart _____ Rate _____ Rhythm _____ Murmur _____

Abdomen _____ Liver _____ Spleen _____ Hernias _____

Ano-Genital _____ Anus _____ Penis _____ Testicles: r. _____ l. _____

Labia _____

Spine _____

Lower Extremities _____ Range of Motion _____ Development _____ Strength _____

Upper Extremities _____ Range of Motion _____ Development _____ Strength _____

Cranial Nerve _____ I-XII _____ Gait _____ Coordination _____

Date of Exam _____ Physician's Signature _____

Physician's Name _____
Address, Phone No. _____
(Please Print) _____

Incident Report Form



PO Box 15369
Springfield, MA 01115-5369
(877) 657-5039
specialriskCS@wellfleetinsurance.com
fax: (413) 733-4612

PLEASE FULLY COMPLETE THIS FORM

ATTACH ITEMIZED BILLS

MAIL ALL INFORMATION TO THE ABOVE ADDRESS

PART I – POLICYHOLDER'S REPORT

Participating Group Number: SR511027K2	Policyholder Number: MP0000762345	Policyholder Name: South Lancaster Academy	Event, Activity or Sport	
Claimant's Name (Injured Person)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	E-Mail Address

Address of Injured Person and Best Contact Phone Number (Include Area Code)

Date and Time of Accident	Place where Accident Occurred	The injured person was a: <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other		
---------------------------	-------------------------------	--	--	--

Dental Claim	Indicate which Teeth were Involved in the Accident	Describe Condition of Injured Teeth Prior to Accident: <input type="checkbox"/> Whole, Sound & Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial			
--------------	--	---	--	--	--

Type of Injury (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.)	Did Injury Result in Death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	-----------------------------	------------------------------	-----------------------------

Describe How Accident Occurred – Give All Possible Details

Did Accident Occur (Check Yes or No for Each of the Following):

- A. During a policyholder programmed, sponsored & supervised, or sanctioned activity? Yes No
- B. On activity premises? Yes No
- C. While traveling directly and uninterruptedly to or from the event? Yes No
- D. During intercollegiate/scholastic athletic practice or competition? Yes No

I certify that the above information is correct to the best of my knowledge and belief, that the person named above is insured by the policy, and that his or her insurance was in effect on the date the accident occurred.

Signature of Plan Sponsor	Name, Title and Telephone Number of Plan Sponsor	Date
---------------------------	--	------

PART II – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer or other source? Yes No

If yes name of insurance company: _____ Policy #: _____

Other Insurance Carrier ID# _____ Other Insurance Carrier Telephone# _____

Mother's (Guardian's) primary employer name, address & telephone: _____

Father's (Guardian's) primary employer name, address & telephone: _____

Are you eligible to receive benefits under any governmental plan or program, including Medicare?
 Yes No If yes, please explain: _____

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim.

I agree that should it be determined at a later date there is another insurance (or similar), to reimburse Wellfleet Group to the extent of any amount collectible.

SIGNATURE _____ DATE _____

PART III – AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I authorize medical payments to physician or supplier for services described on any attached statements enclosed. If not signed, please provide proof of payment.

SIGNATURE _____ DATE _____

I authorize any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to Wellfleet Group, L.L.C. A photo static copy of this authorization shall be considered as effective and valid as the original.

I agree that should it be determined at a later date there is other insurance (or similar), to reimburse Wellfleet Group to the extent of any amount collectible.

I certify that the above information is correct to the best of my knowledge and belief. I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNATURE _____ DATE _____

Teacher Certification

Certification Guidelines

All teachers should have SDA Denominational Certification. Academic courses and/or CEUs are required to maintain certification status based on the type of certification held by the teacher. It is the responsibility of the teacher to maintain current certification status. Teachers may review their certification by logging in to the NAD Dashboard. <https://dashboard.nadeducation.org/login>

Types of Teaching Certificates:

- Basic
- Standard
- Professional
- Administrator
- Designated Subject
- Conditional

For information about the types and requirements of teaching certificates see the Atlantic Union Education website at <https://atlantic-union.org/education/teacher-certification/> or the NAD K-12 Educators' Certification Manual at https://atlantic-union.org/wordpress/wp-content/uploads/2016/07/Certification-Manual_042116.pdf.

Employment Status

Provisional: Employee has fewer than three years of full-time educational experience in a position that requires certification. OR Employee is new to the conference, whether by initial entry into the Adventist educational system or by transfer and has three or more years of educational experience. Provisional Status may be a period of one to three years at the recommendation of the superintendent of schools and at the discretion of the conference board of education.

Regular: Employee completes a minimum of three years of full-time employment, holds a current denominational Standard or Professional Certificate, and gives evidence of competent performance as determined by professional evaluation.

Probationary: Probationary Employment Status is a restriction placed on an employee by the conference board of education at any time during the agreement year, limited to a reasonable period of time for the employee to overcome an identified problem.

For more information about employment status please the Atlantic Union Education Code 3318:14, 3321:19, 3323:14.

CEU Form

ATLANTIC UNION CONFERENCE OFFICE OF EDUCATION CERTIFICATE RENEWAL APPLICATION FOR NON-ACADEMIC CREDIT

DEADLINE: *All credits must be applied for within the year of the activity.*

Send this signed copy to your Conference Office of Education. The Conference will forward application to the Union Office of Education.

Teacher _____ Date _____

Conference _____ School _____

Current Certification Standard Professional Administrator

Conditional and Basic Certification do not qualify for non-academic credit activities

DESCRIPTION OF ACTIVITIES REPORTED (meetings, tours, Professional Growth Books, etc.). Check section 4.7 in the **Certification Requirements** manual for approved activities. **Clock Hours**

Conference/School Sponsored _____

Professional Meetings _____

of Days

Description of Education Tours _____

Total Clock Hours: _____

Teachers Signature

Superintendent's Signature

Number of Semester Hours approved: _____

A teacher holding a **Standard Certificate** may substitute up to six semester hours of non-academic credit activities towards the renewal of the Standard Certificate. A teacher holding a **Professional Certificate** is required to submit 6 semester credits which may be academic or non-academic credits (10 clock hours = 1 CEU and 3 CEUs = 1 semester hour). One semester hour of non-academic credit is granted for each week of an educational tour. One semester hour of credit is granted for Professional Growth Books

**REMIT IMMEDIATELY AFTER EACH ACTIVITY TO YOUR
LOCAL CONFERENCE EDUCATION OFFICE**

Teacher Mileage Report Form

(This form must be turned in within 30 days of the event. Authorized travel – Please attach the receipts)

Teacher's Name: _____ **School:** _____

Meeting: _____ **Date:** _____

Location: _____

Mileage: _____

_____ (Round Trip)

Room: _____ X _____ (Nights)

Meals: _____ (Per Diem)

Tolls: _____

Office Use Only

Subtotal: _____

TOTAL: _____

Teacher's Signature: _____

Date: ____ / ____ / ____

Principal/Board Chair Approval: _____

Date: ____ / ____ / ____

Superintendent's or Designee's Approval: _____

Date: ____ / ____ / ____

Professional Development Resources

Excerpted from NAD K-12 Educators' Certification Manual:

Continuing Education Units (CEU) are earned by participation in professional learning activities that extend and enhance professional capacity such as:

- a) Web-based and distance learning programs.
- b) Conferences, seminars, and workshops.
- c) NAD, union and local conference in-services and conventions.
- d) Committee membership (curriculum, policy development councils, etc.)
- e) Evaluation visiting committee membership.
- f) Mentoring/student teacher supervision.
- g) Assigned leadership role responsibility.
- h) Professional presentations.
- i) Authoring/editing published works.
- j) Observation with analyses and reporting
- k) Pre-approved topic specific independent study.
- l) Professional reading program.
- m) Educational travel and mission trips.

Continuing Education Units (CEU) as an industry standard are equivalent to ten clock hours of participation in a professional learning activity (1 CEU = 10 clock hours).

The CEU equivalent to academic credit is calculated in the following manner:

- | | |
|----------------------------|---------------------------|
| 1 quarter academic credit | = 2 CEUs (20 clock hours) |
| 1 semester academic credit | = 3 CEUs (30 clock hours) |

Satisfactory involvement in professional learning activities shall be verified by the local conference superintendent of schools or academic principal. It must be reported to the union certification registrar at the end of each school year.

Additional Resources with links can be obtained from the Atlantic Union Education Website <https://atlantic-union.org/education/teacher-certification/>

Professional Development

- Consortium Catalog
- Pbsteacherline.org
- TeachMe Online Professional Development
- Learner's Edge
- Advancement Courses

Additional Resources from the North American Division

- Adventist Learning Community
- SimpleK12 Teacher Learning Community
- NAD Professional Growth Books
- NAD Professional Development Webinars

Accreditrac Information

The Adventist Accrediting Association (AAA) is the denominational accrediting authority for all educational institutions operated in the name of the Seventh-day Adventist Church. It fosters close cooperation among the educational institutions of the Adventist system and effective working relationships with other educational organizations or institutions, accrediting agencies, and government departments of education.

The AAA provides a process by which the educational community holds an institution accountable for its own objectives. It assures the church and constituency that an accredited Adventist educational institution offers programs of quality to the youth of the church and provides professional personnel who meet both church and national/provincial standards. This process ensures a basis for reciprocity among Adventist schools.

The standards for accreditation of Seventh-day Adventist schools and early childhood programs are the basis for the evaluation and accreditation of all educational institutions in the North American Division.

The accreditation process:

- Assists each school in appraising the total program to determine the level to which the purposes and functions outlined in its statement of philosophy and goals for learner learning are accomplished, and the extent to which these purposes and functions address the standards for accreditation.
- Involves the administration, faculty, staff, local governing board, constituency, learners, and parents in a meaningful evaluation of the program.
- Provides an independent review of the Self-study Report.
- Provides the basis for action plans to address areas needing improvement.
- Provides the basis for determining a term of accreditation.
- Assists in providing external validation with regional and/or national accrediting associations.

The accreditation school profile forms and self-study can be accessed through the Accreditrac 2.0 website at <https://nad2.accreditrac.com/>

School Board School Board Meeting Schedule

Please notify the SNEC Office of Education of all changes and cancellations.

The school board shall meet at a regular time and place at least six times during the school year, and as often as needed during the summer months. (Atlantic Union Education Code 1330:99)

School: _____ **School Year:** _____

Month:

Date and Time of Meeting:

August

September

October

November

December

January

February

March

April

May

June

July

School Board Member Contact Information Form

School: _____

Year: _____

Principal: _____

Please supply all School Board member names, addresses, and preferred phone numbers. A separate list may be submitted in place of this sheet if you prefer, but please be sure that all contact information is provided.

Name (Chairman): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Treasurer): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Home & School Leader): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Board Member): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Board Member): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Board Member): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name (Board Member): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please add additional sheets for additional members.

School Board Minutes Form

Name of School: _____

Meeting Date/Time: _____

Members Present: _____

ACTIONS TAKEN

Year: Action # _____ Voted _____

Year: Action # _____ Voted _____

Year: Action # _____ Voted _____

Year: Action # _____ Voted _____

(Make additional copies as needed of this form)

Send to:

Office of Education
Southern New England Conference
PO Box 1169
South Lancaster, MA 01561

Secretary

Board Chair

Guidelines for Writing School Board Minutes

School Board Minutes should have a heading or title that includes:

- Name of school
- Address
- Type of document, i.e., School Board Minutes or School Board Executive Session Minutes
- Location of meeting
- Date and time of meeting

Information to include:

- Members who are present and those who are absent
 - ✓ Full names should be used.
- Voted items
 - ✓ Voted items should have a vote number. Some numbers include year and then the vote number, i.e. 19:01.
- Discussion Items
 - ✓ Discussion items are a personal preference. They can be added but are not required.
- Signature
 - ✓ Minutes should be signed by the board chair and the secretary

School Board Minutes are a legal document. They may be viewed by anyone who requests to see them. Please keep this in mind when recording your minutes. Simply record voted items or a brief note about discussions without naming board members. Sensitive information, such as a student's name in relation to overdue tuition should not be included in your minutes.

Student Records Forms

Access to Student Record Information

(1) Log of Access. A log shall be kept as part of each student's record. If parts of the student record are separately located, a separate log shall be kept with each part. The log shall indicate all persons who have obtained access to the student record, stating: the name, position and signature of the person releasing the information; the name, position and, if a third party, the affiliation if any, of the person who is to receive the information; the date of access; the parts of the record to which access was obtained; and the purpose of such access. Unless student record information is to be deleted or released, this log requirement shall not apply to:

- (a) authorized school personnel under 603 CMR 23.02(9)(a) who inspect the student record;
- (b) administrative office staff and clerical personnel under 603 CMR 23.02(9)(b), who add information to or obtain access to the student record; and
- (c) school nurses who inspect the student health record.

(2) Access of Eligible Students and Parents. The eligible student or the parent, subject to the provisions of 603 CMR 23.07 (5), shall have access to the student record. Access shall be provided as soon as practicable and within ten days after the initial request, except in the case of non-custodial parents as provided in 603 CMR 23.07 (5). Upon request for access, the entire student record regardless of the physical location of its parts shall be made available.

- (a) Upon request, copies of any information contained in the student record shall be furnished to the eligible student or the parent. A reasonable fee, not to exceed the cost of reproduction, may be charged. However, a fee may not be charged if to do so would effectively prevent the parents or eligible student from exercising their right, under federal law, to inspect and review the records.
- (b) Any student, regardless of age, shall have the right pursuant to M.G.L. c. 71, section 34A to receive a copy of his/her transcript.
- (c) The eligible student or the parent shall have the right upon request to meet with professionally qualified school personnel and to have any of the contents of the student record interpreted.
- (d) The eligible student or the parent may have the student record inspected or interpreted by a third party of their choice. Such third party shall present specific written consent of the eligible student or parent, prior to gaining access to the student record.

(3) Access of Authorized School Personnel. Subject to 603 CMR 23.00, authorized school personnel shall have access to the student records of students to whom they are providing services, when such access is required in the performance of their official duties. The consent of the eligible student or parent shall not be necessary.

(4) Access of Third Parties. Except for the provisions of 603 CMR 23.07(4)(a) through 23.07(4)(h), no third party shall have access to information in or from a student record without the specific, informed written consent of the eligible student or the parent. When granting consent, the eligible student or parent shall have the right to designate which parts of the student record shall be released to the third party. A copy of such consent shall be retained by the eligible

student or parent and a duplicate placed in the temporary record. Except for information described in 603 CMR 23.07(4)(a), personally identifiable information from a student record shall only be released to a third party on the condition that he/she will not permit any other third party to have access to such information without the written consent of the eligible student or parent.

(a) A school may release the following directory information: a student's name, address, telephone listing, date and place of birth, major field of study, dates of attendance, weight and height of members of athletic teams, class, participation in officially recognized activities and sports, degrees, honors and awards, and post-high school plans without the consent of the eligible student or parent; provided that the school gives public notice of the types of information it may release under 603 CMR 23.07 and allows eligible students and parents a reasonable time after such notice to request that this information not be released without the prior consent of the eligible student or parent. Such notice may be included in the routine information letter required under 603 CMR 23.10.

(b) Upon receipt of a court order or lawfully issued subpoena the school shall comply, provided that the school makes a reasonable effort to notify the parent or eligible student of the order or subpoena in advance of compliance.

(c) A school may release information regarding a student upon receipt of a request from the Department of Social Services, a probation officer, a justice of any court, or the Department of Youth Services under the provisions of M.G.L. c. 119, sections 51B, 57, 69 and 69A respectively.

(d) Federal, state and local education officials, and their authorized agents shall have access to student records as necessary in connection with the audit, evaluation or enforcement of federal and state education laws, or programs; provided that except when collection of personally identifiable data is specifically authorized by law, any data collected by such officials shall be protected so that parties other than such officials and their authorized agents cannot personally identify such students and their parents; and such personally identifiable data shall be destroyed when no longer needed for the audit, evaluation or enforcement of federal and state education laws.

(e) A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. This includes, but is not limited to, disclosures to the local police department and the Department of Social Services under the provisions of M.G.L. c. 71, section 37L and M.G.L. c. 119, section 51A.

(f) Upon notification by law enforcement authorities that a student, or former student, has been reported missing, a mark shall be placed in the student record of such student. The school shall report any request concerning the records of such child to the appropriate law enforcement authority pursuant to the provisions of M.G.L. c. 22A, section 9.

(g) Authorized school personnel of the school to which a student seeks or intends to transfer may have access to such student's record without the consent of the eligible student or parent, provided that the school the student is leaving, or has left, gives notice that it forwards student records to schools in which the student seeks or intends to enroll. Such notice may be included in the routine information letter required under 603 CMR 23.10.

(h) School health personnel and local and state health department personnel shall have access to student health records, including but not limited to immunization records, when such access is required in the performance of official duties, without the consent of the eligible student or parent.

(5) Access Procedures for Non-Custodial Parents. As required by M.G.L. c. 71, § 34H, a non-custodial parent may have access to the student record in accordance with the following provisions.

- (a) A non-custodial parent is eligible to obtain access to the student record unless:
1. the parent has been denied legal custody or has been ordered to supervised visitation, based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody or supervised visitation, or
 2. the parent has been denied visitation, or
 3. the parent's access to the student has been restricted by a temporary or permanent protective order, unless the protective order (or any subsequent order modifying the protective order) specifically allows access to the information contained in the student record, or
 4. there is an order of a probate and family court judge which prohibits the distribution of student records to the parent.
- (b) The school shall place in the student's record documents indicating that a non-custodial parent's access to the student's record is limited or restricted pursuant to 603 CMR 23.07(5)(a).
- (c) In order to obtain access, the non-custodial parent must submit a written request for the student record to the school principal.
- (d) Upon receipt of the request the school must immediately notify the custodial parent by certified and first class mail, in English and the primary language of the custodial parent, that it will provide the non-custodial parent with access after 21 days, unless the custodial parent provides the principal with documentation that the non-custodial parent is not eligible to obtain access as set forth in 603 CMR 23.07 (5)(a).
- (e) The school must delete all electronic and postal address and telephone number information relating to either work or home locations of the custodial parent from student records provided to non-custodial parents. In addition, such records must be marked to indicate that they shall not be used to enroll the student in another school.
- (f) Upon receipt of a court order that prohibits the distribution of information pursuant to G.L. c. 71, §34H, the school shall notify the non-custodial parent that it shall cease to provide access to the student record to the non-custodial parent.

Regulatory Authority:
603 CMR 23.00: M.G.L. c. 71, 34D, 34E.

Cumulative Folder Information

Southern New England Conference Office Education

Right to Privacy- Student records are kept at the school until the student leaves and should contain only the information necessary for the process of education. Cumulative folders must be available for review by a student and his/ her parents if the student is under 18 years of age but must not be accessible to unauthorized individuals.... Records pertaining to a student's mental health contain entries made under the direction of the student's physician and should be kept separate from academic records. These records should be released only at the student's or parents request if the student is under 18 years of age, or by lawful subpoena. [NAD Policy FEA45 15; AU Education Code 1624:15C]

IMPORTANT: Cumulative folders are to be updated each year. Enter dates (school year and transfer or withdraw dates as applicable), attendance, grades, and current teacher/school/parent information on the folder itself. They should be kept in a locked fireproof file, or cabinet.

Cumulative Folders should contain:

- Attendance records
- Standardized test results
- Academic records/ Report cards
- Portfolio (if used)
- Legal documents such as restraining orders, custody statements
- Kindergarten/ First grade screening- discard after 5th grade
- Previous records from other schools attended

Documents to be maintained/filed in a separate location:

- Health/ medical records
PLEASE NOTE! For confidentiality, the latest and most complete set of medical records for each student is to be kept in a separate folder in a separate, locked location, and returned to parents when the student withdraws.
- Discipline record
- MAP/IEP/504 Plan (follow local government regulations)
- Psychological reports

Documents to be removed from the cumulative folders before transfer:

- Registration/Admission/Enrollment forms
- Acceptance letter
- Consent for treatment forms
- Copies of social security cards (must be shredded!)

- Reference forms
- Financial information /agreements
- Field trip consents
- School work
- Multiple copies of documents already included in the cum folder

Elementary Cumulative Folder {AU Education Code 1624:15 C}

- When a student transfers during the school year, update that student's folder and send it to the Office of Education within one school week.
- When a Records Release Request is received, it should be forwarded to the Office of Education within one school week. **It is the responsibility of the Conference to send students records to a requesting school.**
- Schools should never send a student cum folder or a copy of one to another school, - with one exception. If graduating eight grade students, will be attending the South Lancaster Academy, you may send his/her cum folder directly to the SLA registrar. (AU Education Code # 1625:15 D)
- If a graduating eight grader is transferring to an academy outside of the Southern New England Conference, or to the public system, his/her cum folder is to be sent to the Office of Education.
- Cumulative folders and records request cannot be held due to financial obligations.

Secondary Cumulative Folders

- Cumulative records of secondary students are kept at the secondary school. Cumulative records of secondary students are kept at the secondary school. This includes the student's elementary records and academy records. (AU Education Code # 1624:15 E)
- When a Records Release Request is received, the school must send copies of the student's record to the requesting school within one school week.
- Cumulative Folders and record request cannot be held due to financial obligations.

If you have any question about cum folders, please contact the SNEC Office of Education. Thank you.

Eighth Grade Diploma Order

School	Date of Graduation	Number of Graduates
---------------	---------------------------	----------------------------

1. Please print or type the names, full mailing addresses and phone numbers of all eighth-graders eligible or graduation.
2. **A parent or legal guardian must approve** the name of a student wishing to appear on his/her diploma. A middle named or initials may be used if desired.
3. If you have this information on the computer, you may send a hard copy of that file instead of completing this form.
4. Don't forget to print and sign your name at the bottom of this form.
5. Please remember to include a phone number.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Date Completed: ____ / ____ / ____

Signature: _____

Photo/Video Release Form

Under 18 Years of Age

I hereby consent and authorize _____ School and/or Southern New England Conference Office of Seventh-day Adventists or its assigns to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as _____ School believes appropriate without any compensation, whether print, digital or electronic publishing via Internet. I understand that student confidentiality and safety are of the utmost importance to the school.

I hereby release _____ School from all liability in connection with all such uses.

Additional comments (if any): _____

Dated this _____ day of _____, 20_____.

_____ I certify that I am a custodial parent. On behalf of the student, I do do not give my consent to all stipulations and conditions mentioned above.

Please **PRINT** Name _____
Please **SIGN** Name

Address: _____

_____ Phone Number: _____

Additional Minor Family Members to Whom the Release Applies:

Witness:

_____ (Please **PRINT** Name) _____ (Please **SIGN** Name) _____ (Date)

Student Record Release Form

The student named below has enrolled in our school. Please forward the following school records:

- Academic Transcript
- Standardized Test Results
- Health and Immunization Records
- Individual Education Plan (if applicable)
- Psychological/Confidential Records
- Any other information that may aid us in planning an educational program for this student

Name of Student: _____

Date of Birth: ____ / ____ / ____

Please send records to the school indicated below:

- | | |
|---|--|
| <input type="checkbox"/> Amesbury Adventist School | 285 Main Street, Rt. 107A, South Hampton, NH 03827 |
| <input type="checkbox"/> Bayberry Christian School | 2736 Falmouth Road, Osterville, MA 02655 |
| <input type="checkbox"/> Cedar Brook Adventist School | 24 Ralsie Road, Rehoboth, MA 02769 |
| <input type="checkbox"/> Greater Boston Academy | 108 Pond Street, Stoneham, MA 02180 |
| <input type="checkbox"/> Laurel Oaks Adventist School | 14 West Shepard Avenue, Hamden, CT 06514 |
| <input type="checkbox"/> South Lancaster Academy | P.O. Box 1129, South Lancaster, MA 01561 |
| <input type="checkbox"/> Wachusett Hills Christian School | 100 Colony Road, Westminster, MA 01473 |
| <input type="checkbox"/> Warren Adventist School | 1570 Southbridge Road, West Brookfield, MA 01585 |
| <input type="checkbox"/> Worcester Adventist School | 2 Airport Drive, Worcester, MA 01602 |

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Southern New England Conference Office of Education
Application for Student Retention K-8

In accordance with the policies contained in the Atlantic Union Conference **EDUCATION CODE #2488:16**

School _____ Date _____

Student _____ Grade _____

Date of Birth _____ Age _____ Total Years in School _____

1. State reasons why retention seems advisable. _____

2. Indicate results of a standardized achievement test which has been administered within the last calendar year.
Name and Form of Test _____ Date Administered: _____

Total Reading _____ Total Language _____ Total Math _____ Composite _____

3. Give a brief evaluation of student's performance in present grade. Include levels of reading and mathematics as well as specific weaknesses. _____

4. Has the student been previously retained? _____ When? _____

5. List dates on which parents and student have been advised of possible retention.
1st quarter _____ 2nd quarter _____ 3rd quarter _____ 4th quarter _____

After counseling with the teacher and principal, we agree or do not agree to this recommendation for retention because:

Date

Signature of Parent

6. Outline proposed changes, on the backside of this form, showing the student's program if retention is approved.

After careful evaluation, it is my recommendation that this student be retained.

Date

Signature of Parent

Date

Signature of Principal

To be completed by SNEC Office of Education before a student is permitted to be retained.

Application Approved _____

Application Denied _____

Date

Signature of Associate Superintendent

School Safety Bloodborne Pathogen Information

OSHA[®] FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that 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), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



Fire Department Inspection

This form should be dated and signed below to officially note that the local fire department inspected the school during the current school year. A copy of the official inspection report has been filed at the school site.

School: _____

Principal: _____

Local Fire Department Town/District: _____

Date of Inspection: _____

Signature of Principal: _____

Schools - Risk Control Guidelines

This text is intended to provide only a general review of risk control measures. The recommendations must be tailored to individual circumstances and, where appropriate, an expert should be consulted for specific information.

Leadership

The administration of each school needs to lead out in the prevention of all losses. This includes accidents that result in injury or adversely affect the physical assets of the school.

Each location should have loss control standards tailored to the school's activities. Qualified supervision and established safety standards are necessary for many common activities and sports, including basketball, softball, soccer, floor/roller hockey, roller skating/roller blades, skateboards, bicycling, BMX biking, mountain biking, exercise/weight training, playground equipment, archery, and hayrides.

Hazardous activities, such as swimming, water skiing, wind surfing, surfboarding, snorkeling, canoeing, boating, jet skiing, wave runners, hiking, snowmobiling, snowboarding, snow skiing and gymnastics, require highly qualified supervision and careful adherence to safety standards.

Extra hazardous activities, because of their high level of risk, require stronger safety measures and a high degree of professional supervision. In addition, these activities may be prohibited by, or excluded from current insurance policies.

Before sponsoring any of the following activities, administrators must ensure that insurance coverage for these activities is obtained and that qualified supervisors and staff ratios are available. (Observe age and other restrictions as noted.) If coverage is not available, do not participate in the activity.

Extra hazardous activities include horseback riding, climbing walls, rock climbing, rappelling, rope courses, tackle football, hardball baseball, ice hockey, sea sledding, "the blob," scuba diving, white water rafting, ATVs, go karts, dune buggies, motorcycles, rebounding equipment, including trampolines, mini-tramps and springboards, use of private aircraft, sky diving, hang gliding, kite/parasailing, mud olympics, spelunking, war/survival games, bungee jumping, the use and sale of fireworks, and the use or possession of firearms.

Supervision standards need to be set for the number of adult supervisors to the number of students, depending upon the degree of risk. For example, a high-risk activity (mountain climbing) requires one adult for every four students. A mild risk activity (field trip) requires one adult for every 12 students. A low-risk activity (classroom) requires one adult for every 25 students.

Transportation

Drivers of school owned vehicles or drivers who drive personal vehicles on behalf of the school shall have an acceptable driving record with not more than two traffic citations and no at-fault accidents while driving any vehicle. When a driver does not meet the above driving standard, he/she shall not be assigned to or be retained for a driving position.

Transporting students in the back of open pickups or trucks is prohibited. Seatbelts should always be worn. This implies adhering to the seating capacity of the vehicle. Non-school owned vehicles used in school activities should be currently insured to comply with state laws.

Screening of School Personnel

All school staff and volunteers need to have background checks and fill out application forms.

Safety Committee

A safety committee needs to be set up to plan and review all school activities. Its assignment should include investigation and review of all accidents occurring at the school. The committee needs to conduct a safety inspection of the school premises each year. (One or more members of the safety committee should perform a walk-through inspection monthly.)

Safety committees are to refrain from inspecting exposures to loss where the insurance carrier requires professional expertise, such as electrical safety, boiler inspection, heating, air-conditioning, and major losses undergoing investigation.

Employee Risk Control Training

Safety procedures should be incorporated in the employee handbook. Safety training should be a part of the orientation process.

Disaster Preparedness

Each school needs to determine which specific disasters have a high probability of occurring (fire, flood, earthquake, bomb threat, explosion, chemical spill, etc.) Written preparedness procedures should be adopted.