

EAST STROUDSBURG AREA SCHOOL DISTRICT  
BOARD OF EDUCATION  
REGULAR MEETING – January 29, 2015

Carl T. Secor Administration Center – Board Room

7:00 P.M.

ADDENDUM A

XI. PERSONNEL ITEMS

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

\_\_\_\_\_

A. Support Staff

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

\_\_\_\_\_

**RECOMMENDATION:** Motion to approve resignation of the support staff designated, in accordance with the approved applicable policies, procedures and contractual agreement.

1. Resignations

Name	Position
d. Houser, Douglas	Paraprofessional - J. M. Hill Elementary Effective: at the end of the workday on February 12, 2015.

(See page 4)

D. Professional Staff

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

\_\_\_\_\_

**RECOMMENDATION:** Motion to approve the change of status and reassignment of the professional staff designated, in accordance with the approved applicable policies and contractual agreement.

2. Change of Status (Temporary)

Name	Appointment
b. Reveron, Evelyn	From: Paraprofessional (Reading) - Bushkill Elementary To: Reading Specialist - Bushkill Elementary (LTS) Salary: \$41,599.00, prorated (Step 1 Column 1) Effective Date: February 2, 2015 through the last teacher workday of the 2014-2015 school year. Evelyn replaces Jennifer Agolino who is on a Sabbatical Leave. At the conclusion of this temporary teaching assignment, Evelyn will return to her paraprofessional position.

(See page 5)

12. Reassignment - Voluntary

Name	Appointment
a. Askins, Kendal	From: Math Edge teacher - J. T. Lambert Intermediate To: Gifted teacher - J. T. Lambert Intermediate Effective Date: February 2, 2015 through the last teacher workday of the 2014-2015 school year. Kendal replaces Sheila Bove who is on a Sabbatical Leave.

F. Central Administration Staff

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

1.

**RECOMMENDATION:** Motion to approve retirement of Irene Duggins as Assistant Superintendent for Curriculum and Instruction, K-5 effective at the end of the workday on June 30, 2015 in accordance with the approved applicable policies, procedures and Mrs. Duggins' current contract.

(See page 6)

2.

**RECOMMENDATION:** Motion to direct the Superintendent to advertise for interested candidates for the position of Assistant Superintendent for Curriculum, K-5. Notice of this action shall be provided to Irene Duggins pursuant to Section 10-1077 of the Pennsylvania School Code of 1949, as amended.

XIV. CONTRACTS

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

2.

**RECOMMENDATION:** Motion to approve the contract listed for its specific service, rate and effective dates totaling over \$10,000, subject to the review and recommendations of the Solicitor and approval of the Administration regarding the terms and conditions of any final contract, other than price or cost.

	NAME	SERVICE	RATE	PAYMENT FROM	EFFECTIVE DATE
2.	Devereux	One to One Student Aide	\$34 per hour (Not to exceed \$25,296.00)	Special Ed/District Funds	12/8/14-6/30/15

(See page 7-11)

3.

**RECOMMENDATION:** Motion to approve the contract listed for its specific service, rate and effective dates prorated on the basis of the per diem rates as presented to the District by the individual provider for the period of services rendered , not to exceed the total yearly amount as set forth below.

	NAME	SERVICE	RATE	PAYMENT FROM	EFFECTIVE DATE
1.	DeJesus, Miguel	Contract Transportation	\$5,000.00	Transportation Dept.	2014/2015 School Year

**XXI. FISCAL ITEMS**

*(The following item(s) are to be deleted from the consensus motion at Board Member(s) request.)*

**I. Use of Facilities**

1.

**RECOMMENDATION:** Motion to approve the request for use of facilities as listed for Class 1 school-related activities (no facility fees will be incurred as per Policy #707).

**CLASS 1 – SCHOOL-RELATED USE OF FACILITIES – (Sports Feeder Programs/Student Educational Enrichment Programs)**

<b>Board Agenda</b>	<b>BUILDING</b>	<b>DATE from</b>	<b>DATE to</b>	<b>ORGANIZATION</b>	<b>EVENT</b>	<b>Facility Fees Waived</b>
1/29/15	JM Hill	1/29/15	6/4/15	Girl Scouts Brownie Troop #51006	Troop Meetings	Yes

(See page 12)

8.

**RECOMMENDATION:** Motion to approve the request for use of facilities as listed for Class 3 Non-School Related Use of Facilities. Peripheral Design Solutions, LLC is NOT requesting a waiver; therefore, facility as well as personnel fees will be assessed in accordance with Policy #707 (Pending receipt of insurance).

**CLASS 3 – NON-SCHOOL RELATED USE OF FACILITIES**

<b>Board Agenda</b>	<b>BUILDING</b>	<b>DATE from</b>	<b>DATE to</b>	<b>ORGANIZATION</b>	<b>EVENT</b>	<b>Facility/ Personnel Fees Assessed</b>
1/29/15	HS South	2/14/15 or 2/21/15	2/15/15 or 2/22/15	Peripheral Design Solutions, LLC	Photographing PD Solutions products	Yes

(See page 13)

**APPLICATION FOR USE OF SCHOOL FACILITIES**

Name of Organization Girl Scouts Brownie Troop 51006 Today's Date 1/21/15  
 Non-Profit?  yes  no Will an admission fee be charged?  yes  no Are you requesting a waiver of facilities fees?  yes  no  
 If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.  
 Specific purpose of use: Girl Scout Brownie Troop 51006 meetings  
 Name of School Requested J.M. Hill

DAY(S)	DESCRIPTION
from <u>1/29/15</u> to <u>6/4/15</u> <u>Thursdays</u>	meeting
from <u>5:30</u> to <u>7:00</u>	

Facility Required:  Auditorium  Cafeteria  Gymnasium  
 All-Purpose Room  Stadium  Kitchen/Preparation  Kitchen/Serving  
 Swimming Pool (requires proof of certified lifeguard)  Stage  Fields (specify)  Other (specify) Library  
 Equipment Required: (\*must be operated/attended by school personnel)  
 Kitchen Equipment\*  Sound System  Record Player/Stereo Equip.  Piano  
 Stage Lighting\*  Motion Picture Projector  Overhead Projector/Screen  Folding Stands  
 Scoreboard\*  Athletic Equipment  Other (specify)

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:  
 \$ \_\_\_\_\_ Bodily Injury Liability (\$500,000 minimum) \$ \_\_\_\_\_ Property Damage Liability (each occurrence) (\$500,000 minimum)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.  
 Name Michelle M. Brozusky Address 4 Gilliland Dr. East Stroudsburg Phone 570-807-2425  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said School Directors, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

Signature — Responsible Organization Official Michelle M. Brozusky Phone (day) 570-807-2425  
 (eve.) 570-807-2425  
 Billing Address 4 Gilliland Dr. East Stroudsburg PA 18301

APPROVALS: Principal Michelle Arnold Date 1/23/15  
 Business Administrator Sharon D. Lawrence Date 1/23/15  
 copy to:  stage manager  athletic director  cafeteria manager  head custodian  librarian  a/v coordinator  other Date 1/1/15

FACILITIES USE INVOICE	
Facilities/Equipment used: <u>Class 1</u>	Charges: \$ _____
Personnel Employed: <u>12</u>	Charges: \$ _____
Other (specify):	Charges: \$ _____

**APPLICATION FOR USE OF SCHOOL FACILITIES**

Name of Organization Peripheral Design Solutions, LLC. Today's Date 01 / 27 / 2015

Non-Profit?  yes  no Will an admission fee be charged?  yes  no Are you requesting a waiver of facilities fees?  yes  no  
 If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: Photographing PDSolutions products including office, education and technology furniture.

Name of School Requested East Stroudsburg South High School

DAY(S) from — DATE(S) — to	from — HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
2-14-2015 to 2-15-2015	8AM to 5PM	Assemble furniture, photograph, disassemble, clean-up
or		
2-21-2015 to 2-22-2015	8AM to 5PM	Assemble furniture, photograph, disassemble, clean-up

Facility Required:  Auditorium  Cafeteria  Gymnasium  
 All-Purpose Room  Stadium  Kitchen/Preparation  Kitchen/Serving  
 Swimming Pool (requires proof of certified lifeguard)  Stage  Fields (specify) Hall space overlooking parking lot and stadium  
 Classrooms #  Other (specify) Library

Equipment Required: (\*must be operated attended by school personnel)  
 Kitchen Equipment\*  Sound System  Record Player/Stereo Equip.  Piano  
 Stage Lighting\*  Motion Picture Projector  Overhead Projector/Screen  Folding Stands  
 Scoreboard\*  Athletic Equipment  Other (specify) May we use several chairs in some of the photos?

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$                      Bodily Injury Liability (S\$500,000 minimum)      \$                      Property Damage Liability (each occurrence) Advise amount.  
 (S\$500,000 minimum)      pending insurance

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Rod Baechtold Address 110 McMichael Dr. Stroudsburg, PA Phone 570-460-4003  
 Name Vicky Baechtold Address same as above Phone 570-424-5081

*I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said School Directors, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.*

Signature — Responsible Organization Official \_\_\_\_\_ Phone (day) 570-460-4003  
 (eve.) 570-460-4003  
 Billing Address 110 McMichael Dr. Stroudsburg, PA 18360

APPROVALS: Principal \_\_\_\_\_ Date \_\_\_\_\_  
 Business Administrator Shas Lawrence Date 1/28/15  
 copy to:  stage manager  athletic director  cafeteria manager  head custodian  librarian  a/v coordinator  other Date \_\_\_\_\_

For office use only: **FACILITIES USE INVOICE**

Facilities/Equipment used: <u>Class 3</u>	Charges: \$ _____
_____	\$ _____
_____	\$ _____
Personnel Employed: _____	Charges: \$ _____
(attach time sheets) _____	\$ _____
_____	\$ _____
Other (specify): <u>13</u>	Charges: \$ _____
_____	\$ _____