

**EAST STROUDSBURG AREA SCHOOL DISTRICT
BOARD OF EDUCATION
REGULAR MEETING – November 21, 2016**

Carl T. Secor Administration Center – Board Room

7:00 P.M.

Addendum A

XI. PERSONNEL ITEMS

B. Support Staff

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

RECOMMENDATION: Motion to approve the workday hour and salary changes for the support staff designated, in accordance with the approved applicable policies, procedures *[subject to proper completion of all necessary documents and obtaining all necessary positive clearances]* and contractual agreement.

10. Workday Hour Changes

	Last Name	First Name	Position	Location	From:	To:	Effective:
c.	Donald	Dawn	Student Aide	High School North	7.0 hours	7.25 hours	8/29/16
d.	Meduri	Nancy	Student Aide	High School North	7.25 hours	7.0 hours	8/29/16
e.	Perry	Raymond	Student Aide	High School North	7.75 hours	7.25 hours	8/29/16
f.	Watts	Carlotta	Student Aide	High School North	6.75 hours	7.0 hours	8/29/16

12. Salary Changes

	Last Name	First Name	Position	Location	From:	To:	Effective:
a.	Albornoz	Doris	Front Desk Receptionist	Lehman Intermediate	\$12.30	\$12.80	9/28/16
b.	Altreche	Ricardo	Security Officer	High School North	\$15.18	\$16.18	9/23/16
c.	Holden	Kira	Secretary	Lehman Intermediate	\$14.06	\$14.56	7/12/16
d.	Korzenowski	Shelly	Health Room Nurse	Itinerant	\$16.77	\$17.27	10/7/16
e.	Long	Damon	Custodian (part time)	Bushkill Elementary	\$14.98	\$15.48	7/28/16
f.	Morabito	Deana	BOP II – Payroll Clerk	Business Office	\$17.57	\$18.07	10/14/16

I. Professional Staff

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

RECOMMENDATION: Motion to approve the Settlement Agreement between the East Stroudsburg Area School District and the East Stroudsburg Education Association with respect to Grievance #16-17-01 regarding Long Term Substitute positions as Bargaining Unit positions.

(See pages 4-5)

J. 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 salary changes for the professional staff designated, in accordance with the approved applicable policies, procedures [*subject to proper completion of all necessary documents and obtaining all necessary positive clearances*] and contractual agreement.

1. Change of Status

Name	Appointment
a. Matisko, Danielle	From: Guidance Counselor – J. M. Hill Elementary (LTS) To: Guidance Counselor - J. M. Hill Elementary (TPE) Salary: \$46,824.00, prorated (Step 2 Column 7) Effective Date: August 29, 2016 Danielle replaces Carley Chamberlin who resigned. This position includes an additional thirteen (13) supplemental days for the 2016-2017 fiscal year.

2. Salary Changes

	Last Name	First Name	Position/location	From:	To:	Effective:
a.	Angelopolous	Eleni	Grade 6/J. T. Lambert Intermediate	\$50,681.00 (Step 4 Col. 7)	\$50,681.00 (Step 6 Col. 7)	8/23/16
b.	Dreisbach	Ashley	Kindergarten/Smithfield Elementary	\$50,681.00 (Step 4 Col. 7)	\$50,681.00 (Step 6 Col. 7)	8/23/16
c.	Orak	Linda	Special Education/High School South	\$46,824.00 (Step 3 Col. 7)	\$50,681.00 (Step 4 Col. 7)	8/23/16

XIV. STUDENT ITEMS

D. Agreements

1.

RECOMMENDATION: Motion to approve the Agreed Upon Expulsion, Waiver of School Board Hearing and Release Agreement(s) for the case(s) listed in substantially the same form, as presented at this meeting [*contingent upon the receipt of any Manifestation Determinations indicating the infractions were not manifestations of a disability, where applicable*], subject to final review by the school district’s administration and legal counsel.

(See pages 6-30)

- a) 16319
- b) 16320
- c) 16642
- d) 16928
- e) 17177

2.

RECOMMENDATION: Motion to approve the Recommendation to Modify the Expulsion Requirement, Waiver of School Board Hearing and Release Agreement(s) for the case(s) listed in substantially the same form, as presented at this meeting, subject to final review by the school district’s administration and legal counsel.

(See pages 31-36)

- a) 17400

XVIII. FISCAL ITEMS

P. Use of Facilities

1.

RECOMMENDATION: Motion to approve the requests 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)

BUILDING	ORGANIZATION	EVENT	DATE TO/FROM	FACILITY FEES	PERSONNEL FEES
ESE	FC Pocono	Soccer Practice	12/7/16, 12/14/16, 12/21/16 (Wednesdays)	No	No
Middle Smithfield	Mad Science (Science-Based After School Enrichment Program)	Joint Partnership with ESASD- Title I Grant Funding	1/30/17, 2/6/17, 2/13/17, 2/27/17, 3/13/17, 3/20/17	No	No

(See pages 37-39)

3.

RECOMMENDATION: Motion to approve the request for use of facilities as listed for Class 3 Non-School Related Use of Facilities. Q of ESU (Color Guard) is requesting a waiver of both facility and personnel fees for their practices as the ESU Gymnasium is unavailable due to other events. ESU has offered in kind services for the use of their facilities for ESASD events as needed.

CLASS 3 – NON-SCHOOL RELATED USE OF FACILITIES

BUILDING	ORGANIZATION	EVENT	DATE TO/FROM	FACILITY FEES	PERSONNEL FEES
H.S. South	Q of ESU Color Guard	Practice	12/3/16 (Saturday)	Yes/No (Approximately \$500 for the first three hours and \$125 per additional hour)	Yes/No (Approximately \$35 per hour)

(See page 40)

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization FC Pocono Today's Date 10 / 28 / 16

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees?
Yes no If yes, amount \$ 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: Soccer Practice
Name of School Requested East Stroudsburg Elementary

Table with columns: DAY(S) from DATE(S) to, HOURS from to, DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
Handwritten: 10/21/16 to 4/12/17 Wednesdays only, 6:30 to 8:30, practice

Facility Required: Auditorium, Cafeteria, Gymnasium, All-Purpose Room, Stadium, Kitchen/Preparation, Swimming Pool, Stage, Fields, Scoreboard, Classrooms, Other

Equipment Required: (*must be operated/attended by school personnel)
Kitchen Equipment, Sound System, Record Player/Stereo Equip, Stage Lighting, Motion Picture Projector, Overhead Projector/Screen, Scoreboard, Athletic Equipment, Other

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:

\$ 1,000,000 Bodily Injury Liability (\$500,000 minimum)
\$ 1,000,000 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 Walter Bejar Address 18 Morningside ave Stroudsburg PA 18360 Phone 718-812-4250
Name Cheryl Torres Address Phone 646-391-9651

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 Manuella Torres VP Phone (day) 570 977-3393 (eve.)
Billing Address P.O. Box 617 East Stroudsburg PA 18301

APPROVALS: Principal Irene C. Longtin Date 11 / 17 / 16
Business Administrator Date
copy to:
[] stage manager [] athletic director [] cafeteria manager [] head custodian [] librarian [] a/v coordinator [] other Date

FACILITIES USE INVOICE
For office use only:
Facilities/Equipment used: Charges: \$
Personnel Employed: (attach time sheets) 37 Charges: \$
Other (specify): Charges: \$

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization MAO Science of Lehigh Valley Today's Date 10 / 10 / 16

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees? yes no
 yes no yes no
If yes, amount \$ 75/student 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: Science Based after school enrichment club

Name of School Requested Moore Smithfield Elementary

DAY(S) from — DATE(S) — to	from — HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
<u>1/30, 2/6, 2/13, 2/27, 3/13, 3/20</u>	<u>3:15 4:15</u>	<u>After school science club</u>

Facility Required:

<input type="checkbox"/> All-Purpose Room	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Swimming Pool (requires proof of certified lifeguard)	<input type="checkbox"/> Stadium	<input type="checkbox"/> Kitchen/Preparation	<input type="checkbox"/> Kitchen/Serving
<input type="checkbox"/> Stage	<input checked="" type="checkbox"/> Classrooms #	<input type="checkbox"/> Fields (specify)	<input type="checkbox"/> Other (specify)

Equipment Required: (*must be operated/attended by school personnel)

<input type="checkbox"/> Kitchen Equipment*	<input type="checkbox"/> Sound System	<input type="checkbox"/> Record Player/Stereo Equip.	<input type="checkbox"/> Piano
<input type="checkbox"/> Stage Lighting*	<input type="checkbox"/> Motion Picture Projector	<input type="checkbox"/> Overhead Projector/Screen	<input type="checkbox"/> Folding Stands
<input type="checkbox"/> Scoreboard*	<input type="checkbox"/> Athletic Equipment	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tables and/or Chairs

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:

\$ 1,000,000 Bodily Injury Liability (\$500,000 minimum) \$ 1,000,000 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 Donna Peterson Address 2321 51st Drive Easton PA Phone 610-436-0232
 Name Bill Peterson Address 2321 51st Drive Easton PA Phone 610-436-0232

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 Donna Peterson Responsible Organization Official Phone (day) 610-436-0232 (eve.) _____

Billing Address _____

APPROVALS: Principal [Signature] Date 10 / 11 / 16

copy to: Business Administrator _____ Date _____

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 1</u>	Charges: \$ _____
_____	\$ _____
_____	\$ _____
Personnel Employed: <u>38</u>	Charges: \$ _____
(attach time sheets)	\$ _____
_____	\$ _____
Other (specify): _____	Charges: \$ _____
_____	\$ _____

East Stroudsburg Area School District
MIDDLE SMITHFIELD ELEMENTARY
5180 MILFORD ROAD
EAST STROUDSBURG, PA 18302
WWW.ESASD.NET

570-223-8082

570-223-2110 FAX

MR. DAVID BAKER, PRINCIPAL

October 5, 2016

Dear East Stroudsburg School Board Members,

Please accept this letter as a request to waive the use of facilities fee for the Mad Science organization. During our Summer School program, this group presented Science workshops to our students, which complemented our STEM based program. Additionally, our Reading Specialists, RtII Teacher and a second grade teacher are sponsoring four workshops presented by this group to highlight connections between Science concepts and reading and writing. These workshops will be held throughout the year for our students and parents.

The after school program the Mad Science group is hoping to facilitate will provide students with an additional opportunity to engage in scientific inquiry-based learning. All of the programs *are* designed to ~~are~~ meet the Pennsylvania Department of Education Grade 4 Science Standards. They currently have programs in place in some of our neighboring districts.

Sincerely,

Barbara A. Miller
Barbara Miller
MSE Reading Specialist
District Reading Chairperson

Patricia Heeter
Patricia Heeter
MSE RtII/MTSS Coordinator/Teacher

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Q of ESU Today's Date 11 / 18 / 16

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

Specific purpose of use: Rehearsal for color guard

Name of School Requested JTL

Table with columns: DAY(S) from DATE(S) to, HOURS from to, DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
12/3/16 12/3/16 12 pm 9 pm rehearsal

Facility Required: Auditorium, Cafeteria, Gymnasium, All-Purpose Room, Stadium, Kitchen/Preparation, Kitchen/Serving, Swimming Pool, Stage, Fields, proof of certified lifeguard, Classrooms #, Other

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), Tables and/or Chairs

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) on file

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 Franko Robinson Address 133 Pebble Beach Ct. E. Stroudsburg Phone 474-515 8493
Name Nellie Youn Address 133 Pebble Beach Ct. E. Stroudsburg Phone 570-801-1376

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.

Signature — Responsible Organization Official Phone (day) 570-801-1376 (eve.)

Billing Address 133 Pebble Beach Ct E. Stroudsburg PA 18302

APPROVALS: Principal Date Business Administrator Date
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: Charges: \$
Personnel Employed: 40 Charges: \$
Other (specify): Charges: \$