

**EAST STROUDSBURG AREA SCHOOL DISTRICT
BOARD OF EDUCATION
REGULAR MEETING – September 19, 2016**

Carl T. Secor Administration Center – Board Room

7:00 P.M.

ADDENDUM A

XI. PERSONNEL ITEMS

A. Support Staff

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

RECOMMENDATION: Motion to approve the reassignments of 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.

14. Reassignments

Name	Position Held
a. Botke, Beth	From: Student Aide - Middle Smithfield Elementary To: Student Aide (7 hour) - J. T. Lambert Intermediate Effective Date: August 29, 2016 This position was moved due to District needs.
b. Cali, Charlotte	From: Student Aide - Lehman Intermediate To: Student Aide (6.75 hour) - Resica Elementary Effective Date: September 6, 2016 This position was moved due to District needs.
c. Hinds, Yira	From: Student Aide - Smithfield Elementary To: Student Aide (6.75 hour) - Middle Smithfield Elementary Effective Date: August 29, 2016 This position was moved due to District needs.
d. Hutchinson, Diana	From: Student Aide - Middle Smithfield Elementary To: Student Aide (6.5 hour) - Bushkill Elementary Effective Date: August 29, 2016 Moved with student.
e. Johnson, Mark	From: Student Aide - High School North To: Student Aide (6.75 hour) - Lehman Intermediate Effective Date: August 29, 2016 This position was moved due to District needs.
f. Rue, Viola	From: Student Aide - Middle Smithfield Elementary To: Student Aide (6.5 hour) - East Stroudsburg Elementary Effective Date: August 29, 2016 This position was moved due to District needs.

g. Stitch, Melody

From: Student Aide - J. T. Lambert Intermediate
To: Student Aide (6.75 hour) - Lehman Intermediate
Effective Date: August 29, 2016
Melody replaces Charlotte Cali who was reassigned.

h. Watts, Carlotta

From: Student Aide - High School South
To: Student Aide (6.75 hour) - High School North
Effective Date: August 29, 2016
Carlotta replaces Mark Johnson who was reassigned.

G. Professional Staff

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

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

10. Reassignment - Voluntary

Name

Appointment

a. Watson, Mark

From: French teacher – Lehman Intermediate and High School North
To: French teacher - J. T. Lambert Intermediate
Effective Date: August 23, 2016
Mark replaces Vincent Griseto who resigned.

I. Extra Responsibility Positions

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

RECOMMENDATION: Motion to approve the appointments in accordance with the terms of the District's existing collective bargaining agreements as amended and supplemented.

2. Extra Responsibility Positions for the 2016-2017 School Year (Compensations Reflect 2015-16 Schedule B Pay Rates)

	Last Name	First Name	Position	Building	Rate
lll.	Maye	Riley	Boys' Basketball Varsity Assistant Coach	High School South	\$4,102.84 (plus \$250.00 longevity stipend)
mmm.	Boylan	Brian	Intramural Baseball Co-Advisor	High School South	\$23.46/hour (12 hour maximum)
nnn.	Furst	Kane	Intramural Baseball Co-Advisor	High School South	\$23.46/hour (12 hour maximum)
ooo.	Doll	Donald	Volunteer Wrestling Coach	High School South	not applicable
ppp.	Hougaling, Jr.	Richard	Volunteer Wrestling Coach	High School South	not applicable
qqq.	Hubbard	Jeremy	Volunteer Wrestling Coach	High School South	not applicable
rrr.	Hubbard	Jeremy	Volunteer Wrestling Coach	J. T. Lambert Intermediate	not applicable
sss.	Gollinge	Lisa	Intramural Internet Café Advisor (Grade 8)	Lehman Intermediate	\$23.46/hour (48 hour maximum)

J. Support Staff - Domenick Renna

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

RECOMMENDATION: Motion to approve a weekly stipend for Dominick Renna, custodian assigned to the High School South, in the amount of \$110.00 effective August 3, 2016 through November 11, 2016. This stipend is for additional duties resulting from the absence of Kieran Pryor, Head Custodian at the High School South.

XII. CONTRACTS

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

1.

RECOMMENDATION: Motion to approve the contracts listed for their specific services, rates and effective dates totaling under \$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
44.	Agosto, Caroline	Parent Workshop Facilitator	\$28.56/per hour (not to exceed \$357.00)	KtO Grant	9/29/16, 10/6/16, 10/13/16, 10/20/16 & 10/27/16
45.	Camfel Productions	Interactive Assembly	\$895.00	J.T. Lambert Principal's Special Activity Fund	9/8/16
46.	Ramos, Hector L.	D.J. Services for the H.S. South Tailgate event.	\$200.00	H.S. South Principal's Special Activity Fund	9/9/16

(See pages 5-7)

XIII. STUDENT ITEMS

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

C. Release and Settlement Agreement

RECOMMENDATION: Motion to approve the Release and Settlement Agreement between the East Stroudsburg Area School District and the parents of the student with case #2016-0001 as presented at this meeting.

(See pages 8-18)

XXI. FISCAL ITEMS

U. Use of Facilities

1.

RECOMMENDATION: Motion to approve the request for use of facilities as listed for Class 1 school-related activities (no facility or personnel fees will be incurred for 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 & JTL	Pocono Fire AAU	Youth Basketball Practice	9/29/16-12/4/16 (Thursdays & Fridays-JTL) (Fridays-ESE)	No	No

(See page 19)

EAST STROUDSBURG AREA SCHOOL DISTRICT

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider: Caroline Agosto

Employee # 7408

Date(s) of Services: Up to 5 Sessions: Sept. 29, Oct. 6, 13, 20 & 27, 2016

Title of Presentation/Service: Teach Me to Read at Home

Purpose of Presentation/Service: Facilitator – Parent/Child Workshops

Total Time Required for Presentation/Service: 2.5 hours per session, not to exceed a total of 12.5 hours.

Presentation/Service Facility: Middle Smithfield Elementary

Maximum Number of Participants: 100

Presentation/Service Rate: \$28.56 per hour

Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$357.00

Budget Account Number to be charged: KtO Grant 10-3300-120 -415-10-00-85

Audio/Visual Equipment Needed: n/a

Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.

Signature of Initiator: [Signature]

Initiator sends to Provider to sign

9/13/16
DATE

Signature of Provider: Caroline Agosto

Provider sends to Assistant Superintendent for Curriculum & Instruction

9/14/16
DATE

Approvals:

Assistant Superintendent

For Curriculum & Instruction: _____

Send to the Superintendent's Office

DATE

After Board Approved

Board Approval Date _____

Superintendent: _____

Send back to the Initiator

DATE

Upon Completion of Presentation/Service the Initiator will complete.

Comments on services _____

Total due provider _____ Approved for payment _____

Initiator will distribute the copies:

- ☐ Business Office (payroll) for payment
- ☐ Human Resources – Place in Presenter's File
- ☐ Staff Development Secretary
- ☐ Initiator
- ☐ Provider

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Camfel Productions

A non-profit corporation
15709 Arrow Hwy., Ste. 2
Irwindale, CA 91706-2092
(626) 960-6922 Fax (626) 960-2185
Tax ID #95-2760042

**Invoice**

Invoice #	14958
Contract #	15371

Invoice Date 4/19/2016

Payment Due Date 9/8/2016

Bill To:

JT Lambert Intermediate School
Ms Aliya Grindle
2000 Milford Rd.
East Stroudsburg, PA 18301

Invoice Items

<u>Item Description</u>	<u>Qty</u>	<u>Price</u>	<u>Total</u>
Presentation of Camfel's Interactive Assembly on September 8, 2016	1	\$895.00	\$895.00

Invoice Total	\$895.00
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Please MAIL payment to the Irwindale address immediately following the performance. To insure that your payment is credited properly, please include Invoice or Contract number on the check stub.

THANK YOU!

Hector Ramos

INVOICE

1

Bill To:

South High School

Date: Sep 9, 2016

Payment Terms: 200.00

Due Date: Sep 9, 2016

Balance Due: \$0

Item	Quantity	Rate	Amount
Hector L. Ramos - DJ	1	\$ 200	\$ 200

Subtotal: \$ 200

Total: \$ 200

Amount Paid: \$ 200

Notes:

DJ Services for the East Stroudsburg South Tailgate.
Required to bring all equipment

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APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Pocono Fire AAV Today's Date 9/16/16Non-Profit?
☒ yes ☐ noWill an admission fee be charged?
☐ yes ☐ no
If yes, amount \$ _____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: Youth Basketball - Grades 6 + 7Name of School Requested JTL, ESS

DAY(S)		DESCRIPTION	
from — DATE(S) — to	from — HOURS — to	(meeting, practice, game, rehearsal, performance,...)	
JTL - 9/29	12/13 Thurs 6:30	9:00	Practice
ESS - 9/30	12/14 Fridays 6:30	9:00	Practice

Facility Required:

☐ All-Purpose Room ☐ Auditorium ☐ Cafeteria ☒ Gymnasium
☐ Swimming Pool (requires proof of certified lifeguard) ☐ Stadium ☐ Kitchen/Preparation ☐ Kitchen/Serving
☐ ☐ Stage ☐ Fields (specify) _____
☐ ☐ Classrooms # _____ ☐ Other (specify) _____

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 ESAD as co-insured as follows:

\$ _____ Bodily Injury Liability (\$500,000 minimum) \$ _____ Property Damage Liability (each occurrence) (\$500,000 minimum) Pending Certificate of 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. CPA 892-8369

Name Patricia McAllister Address 306 Patel Lane ES, PA 18302 Phone 570-223-2009
 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.

Patricia McAllister Phone (day) 201-892-8369
 Signature — Responsible Organization Official (eve.) 570-223-2009

Billing Address 306 Patel Lane East Stroudsburg, PA 18302

APPROVALS: Principal _____ Date ____/____/____
 Business Administrator _____ Date ____/____/____
 copy to: _____ 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: Class 1 - no fees Charges: \$ _____
 _____ Charges: \$ _____
 _____ Charges: \$ _____
 Personnel Employed: _____ Charges: \$ _____
 (attach time sheets) 19 _____ Charges: \$ _____
 _____ Charges: \$ _____
 Other (specify): _____ Charges: \$ _____
 _____ Charges: \$ _____