

**EAST BUCHANAN COMMUNITY SCHOOL DISTRICT**  
**AGENDA - Regular School Board Meeting**  
**January 13, 2021 at 5:00 p.m. in Library - Middle School Entrance**

<https://us02web.zoom.us/j/87856284006?pwd=d1FOdDcvdUprMnU2TzIKMEIEVtBQUT09>

Meeting ID: 878 5628 4006

Passcode: HAgV7G

1. **CALL TO ORDER**
2. **MISSION STATEMENT** - To challenge students to think critically, communicate effectively, develop values and contribute to society.
3. **PUBLIC FORUM** - During this time we welcome interested persons who may wish to present comments, suggestions, or concerns in regard to any programs operated by the school district. However, an item must be included on the Agenda before the Board can officially act upon it.
4. **APPROVE AGENDA**
5. **APPROVE CONSENT AGENDA**
  - a. Minutes from Regular Meeting on December 9, 2020
  - b. List of Bills
  - c. Financial Reports
  - d. Personnel Changes
  - e. Early Graduate Request
6. **COMMUNITY/PROGRAM PRESENTATIONS**
7. **ADMINISTRATIVE UPDATES & REPORTS**
  - a. Eric Dockstader - Secondary Update
  - b. Dan Fox - District/Elementary Update
  - c. Facilities Update
8. **AGENDA**
  - a. Covid-19 Guidelines Review
  - b. FFCRA Leave Policy Extension
  - c. Precision Drive LLC Drivers Education contract
  - d. Board Policy Review - 2nd Reading - 100-104 Series
9. **BUCCANEER BRAG-ABOUT**
10. **STUDENT QUESTIONS**
11. **ADJOURN**

**East Buchanan Community School District  
Regular Board Meeting Minutes – December 9, 2020**

**Call to Order:** President Greg Schmitt called the meeting to order at 5:00 pm. The board recited the East Buchanan Mission Statement. Board members present were Greg Schmitt, Shawn Stone, Scott Cooksley, Andy Sperflage, and Heather Steffens. Administration attending were Dan Fox, Superintendent/Elementary Principal; Eric Dockstader, MS/HS Principal; Teresa Knipper, Business Manager/Board Secretary. Several visitors attended.

**Approve Agenda:** Motion to approve the agenda was made by Sperflage, second by Stone. Motion carried with all ayes.

**Approve Consent Agenda:** Motion to approve the Consent Agenda was made by Stone, second by Steffens. Motion carried with all ayes. Items included on the Consent Agenda: minutes from the regular meeting on November 11, 2020; minutes from the School Improvement Advisory Committee (SIAC) meeting on November 12, 2020; financial reports; expenditures listed; hiring of Keira Hellenthal as van associate; and the list of early graduation requests.

**Administrative Updates and Reports:** Fox reported that the virtual elementary conferences went well, all concerts will be held virtually the rest of the school year, and he is working with the PTO regarding plans for the playground.

**SBRC Application for At Risk/Drop out Prevention:** Motion by Stone, second by Sperflage to approve the application to the SBRC in the amount of \$128,712.00 for the At Risk/Dropout Prevention Program for the 2021-2022 school year. Motion carried with all ayes.

**SIAC Member List:** Fox presented the list of people that attended the last SIAC meeting as the member list. He noted that everyone is welcome to attend the meetings. Motion by Cooksley, second by Stone to approve the SIAC member list. Motion carried with all ayes.

**Covid-19 Guidelines:** Fox provided information regarding the proclamation extension announced by the governor on December 9<sup>th</sup> including guidance from the IGHSA and IHSAA. Motion by Cooksley, second by Sperflage to follow the guidelines and use the local protocol the district already has in place. Motion carried with all ayes.

**Board Policy Review:** Motion by Stone, second by Sperflage to approve the first reading of board policies 100 – 104 series. Policy 105 is tabled. Motion carried with all ayes.

**Buccaneer Brag About:** The district is doing a great job keeping students in school and supporting those in activities by attending events as much as possible based on what is allowed for spectators.

**Student Questions:** Two students asked about continuation of activities during covid.

**Adjourn** – Motion by Cooksley, second by Steffens to adjourn the meeting at 5:56 pm. Motion carried with all ayes.

Next regular meeting is scheduled for January 13, 2021 at 5:00 pm.

The above are not official minutes until approved at the next regular board meeting. A copy of the official minutes may be viewed in the office of the Board Secretary any Monday through Friday between 8:00 a.m. and 4:00 p.m.

Checking Account: 2		Activity Fund	
Check Number:	12662	Check Type:	Check
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
AA83JQWACAT	11/09/2020		
Check Number: 12663	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
I17249610	12/11/2020	21-0218	
I17249610	12/11/2020	21-0218	
Check Number: 12664	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
2783124623	08/11/2020	21-0219	
Check Number: 12665	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12666	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12667	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12668	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12669	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12670	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12671	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121520	12/15/2020		
Check Number: 12672	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
121720	12/17/2020		
Check Number: 12673	Check Type: Check		
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>PO Number</u>
Check Date: 12/09/2020	Vendor: CHASCARD	Check Total:	199.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Mini Blizzards		199.00	
CHASE CARD SERVICES			
<u>Chart of Account Number</u>			
21 0000 1400 950 7011 618			
Check Date: 12/11/2020	Vendor: SHOPScriP	Check Total:	192.74
<u>Detail Description</u>		<u>Detail Amount</u>	
Scrip Cards		184.24	
Shipping		8.50	
SHOP WITH SCRIP			
<u>Chart of Account Number</u>			
21 0000 1400 950 7010 618			
21 0000 1400 950 7010 899			
Check Date: 12/11/2020	Vendor: MATBOSS	Check Total:	399.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Mat Boss Video Stats Subscription		399.00	
MATBOSS			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 810			
Check Date: 12/16/2020	Vendor: DILLTRAV	Check Total:	105.00
<u>Detail Description</u>		<u>Detail Amount</u>	
BB Official - 12/15/20		105.00	
DILLTRAV			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: JOHNJOSH	Check Total:	115.00
<u>Detail Description</u>		<u>Detail Amount</u>	
BB Official - 12/15/20		115.00	
JOHNJOSH			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: JOHNROGE	Check Total:	105.00
<u>Detail Description</u>		<u>Detail Amount</u>	
BB Official - 12/15/20		105.00	
JOHNROGE			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: HUBEAUST	Check Total:	85.00
<u>Detail Description</u>		<u>Detail Amount</u>	
BB Official - 12/15/20		85.00	
HUBEAUST			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: PEEPJAMA	Check Total:	90.00
<u>Detail Description</u>		<u>Detail Amount</u>	
BB Official - 12/15/20		90.00	
PEEPJAMA			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: BECKGREG	Check Total:	110.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Wrestling Official - 12/15/20		110.00	
BECKGREG			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/16/2020	Vendor: FANKRON	Check Total:	100.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Wrestling Official - 12/15/20		100.00	
FANKRON			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/23/2020	Vendor: MAYANDR	Check Total:	110.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Wrestling Official - 12/17/20		110.00	
MAYANDR			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			
Check Date: 12/23/2020	Vendor: NABEBILL	Check Total:	100.00
<u>Detail Description</u>		<u>Detail Amount</u>	
Wrestling Official - 12/17/20		100.00	
NABEBILL			
<u>Chart of Account Number</u>			
21 0000 1400 920 6600 345			

Checking Account: 2 Activity Fund

Invoice Number	Invoice Date	Check Type	Check	PO Number	Detail Description	Chart of Account Number	Detail Amount
121720	12/17/2020	Check	12674		Wrestling Official - 12/17/20	21 0000 1400 920 6600 345	100.00
					Check Date: 12/23/2020 Vendor: GENFUND	GENERAL FUND	Check Total: 75.00
122120	12/21/2020	Check	12675		MS G-BB Official-K. Hesner-12/21/20	21 0000 1400 920 6600 391	75.00
					Check Date: 12/23/2020 Vendor: STEFPHIL	Philip Steffen	Check Total: 75.00
122120	12/21/2020	Check	12676		MS G-Basketball Official-2/21/20	21 0000 1400 920 6600 345	75.00
					Check Date: 12/23/2020 Vendor: CAMPBOB	BOB CAMP	Check Total: 105.00
122220	12/22/2020	Check	12677		Basketball Official - 12/22/20	21 0000 1400 920 6600 345	105.00
					Check Date: 12/23/2020 Vendor: HUBEAUST	AUSTIN HUBER	Check Total: 85.00
122220	12/22/2020	Check	12678		Basketball Official - 12/22/20	21 0000 1400 920 6600 345	85.00
					Check Date: 12/23/2020 Vendor: KELEJERR	JERRY KELEHER	Check Total: 105.00
122220	12/22/2020	Check	12679		Basketball Official - 12/22/20	21 0000 1400 920 6600 345	105.00
					Check Date: 12/23/2020 Vendor: NIEHJEFF	JEFF NIEHAUS	Check Total: 115.00
122220	12/22/2020	Check	12680		Basketball Official - 12/22/20	21 0000 1400 920 6600 345	115.00
					Check Date: 12/23/2020 Vendor: PEEPJAMA	JAMAAL PEEPLES	Check Total: 90.00
122220	12/22/2020	Check			Basketball Official - 12/22/20	21 0000 1400 920 6600 345	90.00

\*Denotes Expensed Invoice Item

Checking Account ID: 2

Total without Voids: 2,360.74

East Buchanan Community School  
12/10/2020 11:26 AM

Vendor ID HOGLBUS  
Vendor Name HOGLUND BUS CO., INC.

**Invoice Listing - Summary - by Fund**  
Posted - All; Batch Description PPEL-Extra-Dec 2020; Processing Month 12/2020

Invoice Number 1972  
Description SCHOOL BUS

Invoice Date 12/09/2020  
Check Date 12/11/2020  
Checking Account ID 3  
Check Number 1596

Page: 1  
User ID: TMK

Invoice Amount 96,579.00  
Report Total: 96,579.00

East Buchanan Community School  
12/15/2020 1:57 PM

Vendor ID BOBSCNC  
Vendor Name Bob's CNC  
Batch Description: General-Extra Checks-Dec 2020

**Invoice Listing - Summary - by Fund**  
Unposted; Batch Description General-Extra Checks-Dec 2020

Invoice Number 20201215  
Description IND ARTS EQUIPMENT  
Processing Month: 12/2020

Invoice Date 12/03/2020  
Check Date 12/15/2020  
Checking Account ID 1  
Check Number 29051

Page: 1  
User ID: TMK

Invoice Amount 878.00

Batch Total: 878.00

Report Total: 878.00

Invoice Listing - Summary - by Fund

Vendor ID	Vendor Name	Invoice Number	Description	Processing Month:	Invoice Date	Check Date	Checking Account ID	Check Number	Invoice Amount
Batch Description: General/Etc-January 2021									
* AGVAFS	AgVantage FS	76010051	GREENHOUSE LP	01/2021	12/29/2020				385.21
ALLIUTIL	ALLIANT ENERGY	20210107	GAS/ELECTRIC		01/01/2021				14,406.66
AMPLIFIEDI	Amplified IT	27809	WeVideo - CB Video App		12/18/2020				1,600.00
BLACKHAWK	BLACK HAWK WAST DISP, INC.	1291	GARBAGE		01/02/2021				693.00
CDWG	CDW GOVERNMENT, INC	5762642	MS Office License Renewal		12/21/2020				2,300.00
CDWG	CDW GOVERNMENT, INC	ZR00157654	AWS SERVICES		12/15/2020				141.26
CEDACSD	CEDAR RAPIDS CSD	34384	CONTRACTED SERVICES		01/06/2021				305.76
CHASCARD	CHASE CARD SERVICES	0327449	DBT for HS/MS BLT		12/17/2020				336.48
CHASCARD	CHASE CARD SERVICES	1516232	PE EQUIPMENT		12/21/2020				250.31
CHASCARD	CHASE CARD SERVICES	20210107	EMPLOYEE APPRECIATION		12/11/2020				99.00
CHASCARD	CHASE CARD SERVICES	20210107-0001	HARBOR FREIGHT-IND ARTS SUPPLIES		12/05/2020				367.37
CHASCARD	CHASE CARD SERVICES	3110605	health supplies		12/04/2020				103.62
CHASCARD	CHASE CARD SERVICES	3561847	AMAZON-Early Lit Supplies		01/07/2021				29.98
CHASCARD	CHASE CARD SERVICES	92030940	GRIZZLY-IND ARTS SUPPLIES		12/04/2020				7.49
CITYLAUN	CITY LAUNDERING CO.	1613767	TRANSPORTATION PURCHASED SERVICE		12/01/2020				53.65
CITYLAUN	CITY LAUNDERING CO.	1621311	TRANSPORTATION PURCHASED SERVICE		12/29/2020				53.65
CITYWINT	CITY OF WINTHROP	20210107	WATER/SEWER		12/29/2020				727.35
* COMELEC	COMELEC SERVICES, INC.	0473099-IN	BUS RADIO REPAIR		12/21/2020				140.18
COPYSYST	COPY SYSTEMS INC	395933	COPIER MAINTENANCE		12/08/2020				380.96
COPYSYST	COPY SYSTEMS INC	398121	COPIER MAINTENANCE		12/30/2020				24.72
COPYSYST	COPY SYSTEMS INC	398128	COPIER MAINTENANCE		12/30/2020				252.35
* COPYSYST	COPY SYSTEMS INC	IN398842	COPIER MAINTENANCE		01/13/2021				173.68
* COPYSYST	COPY SYSTEMS INC	IN398843	COPIER MAINTENANCE		01/06/2021				302.06
DONWALT	DON & WALT L.L.C.	78167	B&G Purchased Service		12/10/2020				172.50
DUBUFIRE	DUBUQUE FIRE EQUIPMENT, INC.	159166	FIRE EXTINGUISHER SERVICE		12/29/2020				1,195.32
DUBUFIRE	DUBUQUE FIRE EQUIPMENT, INC.	159167	FIRE EXTINGUISHER SERVICE		12/29/2020				156.10
EBTELEPH	EAST BUCHANAN COOP TELEPHONE	20210107	TELEPHONE		01/01/2021				1,718.32
EPSSCHO	Educators Publishing Service	202501752130	ELEM SUPPLIES		01/07/2021				240.80
EPSSCHO	Educators Publishing Service	202501752647	Language Toolkit		12/04/2020				120.40
* NAPA	ESCHEN TARPY NAPA	905988	IND ARTS SUPPLIES		01/13/2021				49.34
FULTSAMA	Fults, Samantha	20210107	Accompanist for Winter Concert		12/14/2020				125.00
GORDFLES	GORDON FLESH CO	13157819	COPIER MAINTENANCE		12/14/2020				521.00
HAUSERSWAT	HAUSERS WATER SYSTEMS INC	58084	WATER SOFTENER SALT		12/15/2020				343.00
HIGGBRIA	Higgins, Brianna	20210108	MILEAGE		12/31/2020				226.56
HOGLBUSMN	Hoglund Bus Company	717214	BUS PARTS		12/21/2020				119.84
HOGLBUSMN	Hoglund Bus Company	900720	BUS PARTS		12/14/2020				576.66

Invoice Listing - Summary - by Fund

Unposted; Batch Description General/Etc-January 2021; Fund Description GENERAL FUND

Vendor ID	Vendor Name	Invoice Number	Description	Invoice Date	Check Date	Checking Account ID	Check Number	Invoice Amount
HOTLUNCH	HOT LUNCH PROGRAM	20210107	PS Milk	01/09/2021				103.50
HOTLUNCH	HOT LUNCH PROGRAM	20210107-0001	PS Snacks	01/07/2021				231.05
INDECS	INDEPENDENCE CSD	BG216	PURCHASED TRANSPORTATION SERVICE	12/29/2020				598.92
IOWAGOLD	Iowa Gold Distributing, Inc	742428	WASTE MATERIAL REMOVAL	12/10/2020				82.50
JWPEPPER	J.W. PEPPER & SON, INC.	363144372	Music for Variety Show	01/07/2021				176.64
JWPEPPER	J.W. PEPPER & SON, INC.	363144764	Music for Variety Show	01/07/2021				26.99
JWPEPPER	J.W. PEPPER & SON, INC.	363153535	BAND MUSIC-VARIETY SHOW	01/11/2021				70.99
KAMINOTABL	Kami Notable	209861	KAMI Subscription	12/22/2020				1,745.20
KONEINC	KONE INC.	959754368	Elevator Service Provider	01/13/2021				196.44
KULLSUPP	KULLY SUPPLY, INC	536059	B&G SUPPLIES	01/07/2021				62.95
LANDRICK	Landis, Rick	980885	INSTRUMENT COVERS	01/07/2021				270.00
LINNCOOP	LINN CO-OPERATIVE OIL CO	838607/838608	GAS/DIESEL	12/03/2020				2,091.25
LINNCOOP	LINN CO-OPERATIVE OIL CO	838702/838703	GAS/DIESEL	12/14/2020				1,325.98
MCELROYS	MCELROY'S FOOD MARKET	20210107	SCIENCE SUPPLIES	12/14/2020				19.92
MOBYMAX	MOBYMAX	214656	Moby Max All Student License - 175	12/21/2020				2,599.00
THENEWS	NEWS, THE	26238	PUBLIC NOTICES/ADVERTISING	01/01/2021				120.84
PRESTOX	PRESTO-X	39095	KITCHEN-PEST SERVICE	12/17/2020				61.00
SCHOSPEC	SCHOOL SPECIALTY INC	208126771290	INST SUPPLIES	01/05/2021				45.04
THORERIN	THORSON, ERIN	20210107	MASKS	01/05/2021				100.00
TRANEUSINC	Trane US Inc	311400867	HEAT/AC REPAIR	01/05/2021				1,504.00
TRIRIVER	TRI RIVERS CONFERENCE	20210107	CONFERENCE DUES	01/01/2021				200.00
USCELL	US CELLULAR	0414268710	Cell Phones	12/28/2020				283.26
VANMETER	VAN METER ELECTRIC SUPPLY CO	s011403939,001	ELECTRICAL SUPPLIES	12/31/2020				633.42
WALMART	WALMART COMMUNITY BRC	20210107	EMPLOYEE RECOGNITION	12/07/2020				75.28
WEBEPAPE	WEBER PAPER COMPANY	W046119B	CUSTODIAL/MAINTENANCE SUPPLIES	12/16/2020				3.38
WEBEPAPE	WEBER PAPER COMPANY	W046119C	CUSTODIAL/MAINTENANCE SUPPLIES	01/13/2021				73.20
WEBEPAPE	WEBER PAPER COMPANY	W046822	CUSTODIAL/MAINTENANCE SUPPLIES	12/10/2020				407.76
WEBEPAPE	WEBER PAPER COMPANY	W046822A	CUSTODIAL/MAINTENANCE SUPPLIES	01/13/2021				101.94
WEBEPAPE	WEBER PAPER COMPANY	W046899	CUSTODIAL/MAINTENANCE SUPPLIES	12/10/2020				64.68
WEBEPAPE	WEBER PAPER COMPANY	W046899A	CUSTODIAL/MAINTENANCE SUPPLIES	01/13/2021				407.76
WEBEPAPE	WEBER PAPER COMPANY	W046992	CUSTODIAL/MAINTENANCE SUPPLIES	12/10/2020				79.00
WHITCARE	White, Carey	20210107	DOT PHYSICAL	01/07/2021				150.00
WINTBUIL	WINTHROP BUILDING SUPPLY	20210107	B&G/TRANSPORTATION SUPPLIES	01/07/2021				203.05
WINTBUIL	WINTHROP BUILDING SUPPLY	79155	Wood stain for woodworking projects	12/21/2020				60.91

Batch Total:

42,875.43

Report Total:

42,875.43

East Buchanan Community School  
01/13/2021 11:04 AM

Vendor ID : Vendor Name  
Batch Description: General/Etc-January 2021  
NEIBINSU NEIGHBOR INSURANCE

Invoice Listing - Summary - by Fund  
Unposted; Batch Description General/Etc-January 2021; Fund Description MANAGEMENT FUND

Page: 1  
User ID: TMK

Invoice Number	Description	Processing Month	Invoice Date	Check Date	Checking Account ID	Check Number	Invoice Amount
3273	INSURANCE	01/2021	12/28/2020				447.00
Batch Total:							447.00
Report Total:							447.00

East Buchanan Community School  
01/13/2021 11:04 AM

Vendor ID : Vendor Name  
Batch Description: General/Etc-January 2021  
COPYSYST COPY SYSTEMS INC

Invoice Listing - Summary - by Fund  
Unposted; Batch Description General/Etc-January 2021; Fund Description PPEL FUND

Page: 1  
User ID: TMK

Invoice Number	Description	Processing Month	Invoice Date	Check Date	Checking Account ID	Check Number	Invoice Amount
397896	COPIER	01/2021	12/28/2020				1,395.00
Batch Total:							1,395.00
Report Total:							1,395.00



Batch Description: Activity Checks - January 2021

Processing Month: 01/2021 Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

Vendor ID: FOURSEAS 4 SEASONS FUND RAISING

Invoice Number: 49239

Amount: 1,014.60

Description: FFA Fundraiser Items

Invoice Date: 12/20/2020

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 950 7026 618 Shipping

75.00

0.00 N

21 0000 1400 950 7026 618 Fundraiser Items

N

Final

Final

Vendor ID: ALEXTIMO ALEXANDER, TIMOTHY

Invoice Number: 1521

Amount: 110.00

Description: Basketball Official - 1/05/21

Invoice Date: 01/05/2021

Due Date: 01/06/2021

Status: PP

1099 Amount: 110.00

Sequence: 1 Check Type: Check

Check Number: 12681

Check Date: 01/06/2021

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 920 6600 345 Basketball Official - 1/05/21

110.00

110.00 N

Vendor ID: ANDYMARK ANDYMARK, INC.

Invoice Number: ECP32DT\_M

Amount: 307.24

Description: Robotics Supplies

Invoice Date: 11/02/2020

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 950 7021 810 Game Sets

N

Incomplete

21 0000 1400 950 7021 810 Shipping

N

Incomplete

Vendor ID: BEATJENI BEATTY, JEREMY AND NICOLE

Invoice Number: MT2021

Amount: 689.80

Description: Refund - New Orleans Music Trip-Garrett

Invoice Date: 01/13/2021

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 910 6221 899 Refund - New Orleans Music Trip-Garrett

689.80

0.00 N

Vendor ID: BOWDJEMI BOWDEN, JEREMY AND MICHELLE

Invoice Number: MT2021

Amount: 720.00

Description: Refund - New Orleans Music Trip - Cole

Invoice Date: 01/13/2021

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 910 6221 899 Refund - New Orleans Music Trip - Cole

720.00

0.00 N

Vendor ID: CABAANDY CABALKA, ANDREW AND ELIZABETH

Invoice Number: MT2021

Amount: 323.00

Description: Refund-New Orleans Music Trip-Gwendolyn

Invoice Date: 01/13/2021

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 910 6221 899 Refund-New Orleans Music Trip-Gwendolyn

323.00

0.00 N

Vendor ID: CHASCARD CHASE CARD SERVICES

Invoice Number: 114-0030643-5551428

Amount: 197.82

Description: Face masks for dance team performance

Invoice Date: 11/30/2020

Due Date: 01/13/2021

Status: A

1099 Amount: 0.00

Sequence: 1 Check Type:

Check Number:

Check Date:

Chart of Account Number

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

21 0000 1400 920 6694 899 Face Masks for performance - red sequin

197.82

N

Final

**Vendor ID: KANGCHRI**    **CHRIS KANGAS**  
Description: Basketball Official - 1/5/21  
Sequence: 1    Check Type: Check  
Chart of Account Number    Detail Description  
21 0000 1400 920 6600 345    Basketball Official - 1/5/21

**PO Number:**    **Invoice Number: 1521**  
**Invoice Date:** 01/05/2021    **Due Date:** 01/06/2021    **Status:** PP    **1099 Amount:** 110.00  
2    **Check Number:** 12684    **Check Date:** 01/06/2021  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
110.00    110.00 N

**Amount:**  
**110.00**

\* **Vendor ID: COOKJESS**    **COOK, JESSICA**  
Description: Refund - New Orleans Music Trip - Emma  
Sequence: 1    Check Type:  
Chart of Account Number    Detail Description  
21 0000 1400 910 6221 899    Refund - New Orleans Music Trip - Emma

**PO Number:**    **Invoice Number: MT2021**  
**Invoice Date:** 01/13/2021    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 0.00  
Check Number:    Check Date:  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
648.40    0.00 N

**Amount:**  
**648.40**

**Vendor ID: DESIUNLI**    **DESIGNS UNLIMITED**  
Description: FFA Clothing  
Sequence: 1    Check Type:  
Chart of Account Number    Detail Description  
21 0000 1400 950 7026 618    FFA Clothing

**PO Number: 21-0222**    **Invoice Number: 11058**  
**Invoice Date:** 12/11/2020    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 0.00  
Check Number:    Check Date:  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
393.00    N

**Amount:**  
**393.00**

**Vendor ID: DESIUNLI**    **DESIGNS UNLIMITED**  
Description: Clothing Sales  
Sequence: 1    Check Type:  
Chart of Account Number    Detail Description  
21 0000 1400 950 7010 618    Clothing Sales

**PO Number: 21-0228**    **Invoice Number: 11089**  
**Invoice Date:** 12/18/2020    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 0.00  
Check Number:    Check Date:  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
3,061.00    N

**Amount:**  
**3,061.00**

\* **Vendor ID: FEATBRET**    **FEATHERSTON, BRETT**  
Description: Basketball Official - 1/12/21  
Sequence: 1    Check Type:  
Chart of Account Number    Detail Description  
21 0000 1400 920 6600 345    Basketball Official - 1/12/21

**PO Number:**    **Invoice Number: 11221**  
**Invoice Date:** 01/12/2021    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 115.00  
Check Number:    Check Date:  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
115.00    115.00 N

**Amount:**  
**115.00**

\* **Vendor ID: FITZMICH**    **FITZGERALD, MICHAEL**  
Description: Basketball Official - 1/12/21  
Sequence: 1    Check Type:  
Chart of Account Number    Detail Description  
21 0000 1400 920 6600 345    Basketball Official - 1/12/21

**PO Number:**    **Invoice Number: 11221**  
**Invoice Date:** 01/12/2021    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 80.00  
Check Number:    Check Date:  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
80.00    80.00 N

**Amount:**  
**80.00**

**Vendor ID: FITZMICH**    **FITZGERALD, MICHAEL**  
Description: Basketball Official - 1/5/21  
Sequence: 1    Check Type: Check  
Chart of Account Number    Detail Description  
21 0000 1400 920 6600 345    Basketball Official 1/5/21

**PO Number:**    **Invoice Number: 1521**  
**Invoice Date:** 01/05/2021    **Due Date:** 01/06/2021    **Status:** PP    **1099 Amount:** 90.00  
2    **Check Number:** 12682    **Check Date:** 01/06/2021  
Cost Center ID    Detail Amount    1099 Detail Amount    Asset/Asset Tag  
90.00    90.00 N

**Amount:**  
**90.00**

\* **Vendor ID: FULTMIND**    **FULTS, GLEN AND MINDY**  
Description: Refund - New Orleans Music Trip - Tate  
Sequence: 1    Check Type:

**PO Number:**    **Invoice Number: MT2021**  
**Invoice Date:** 01/13/2021    **Due Date:** 01/13/2021    **Status:** A    **1099 Amount:** 0.00  
Check Number:    Check Date:

**Amount:**  
**645.20**



\* Vendor ID: JOHNRISH      JOHNSON, RICK AND MICHELLE  
Description: Refund - New Orleans Music Trip-Michelle  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 910 6221 899      Refund - New Orleans Music Trip-Michelle

PO Number:      Invoice Number: MT2021      Amount: 687.50  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
687.50      N      In Full

\* Vendor ID: KNUTKUCL      Knutson, Kurt and Claire  
Description: Refund - New Orleans Music Trip - Claire  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 910 6221 899      Refund - New Orleans Music Trip - Claire

PO Number:      Invoice Number: 2021MT      Amount: 750.60  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
750.60      N      In Full

\* Vendor ID: KNUTKUCL      Knutson, Kurt and Claire  
Description: Refund - New Orleans Music Trip-Corissa  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 910 6221 899      Refund - New Orleans Music Trip-Corissa

PO Number:      Invoice Number: MT2021      Amount: 704.40  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
704.40      N      In Full

\* Vendor ID: MAQVALL      MAQUOKETA VALLEY HIGH SCHOOL  
Description: Wrestling Entry Fee  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 920 6600 810      Wrestling Entry Fee

PO Number:      Invoice Number: 010921      Amount: 80.00  
Invoice Date: 01/09/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
80.00      N      In Full

Vendor ID: MARTBROT      MARTIN BROTHERS  
Description: Gingerbread Cookies - Holiday Treat  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 950 7049 618      Gingerbread Cookies - Holiday Treat

PO Number:      Invoice Number: 8734983      Amount: 73.29  
Invoice Date: 12/16/2020      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
73.29      N      In Full

Vendor ID: MCELROYS      MCELROY'S FOOD MARKET  
Description: Feed Store Supplies - Holiday Treats  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 950 7015 618      Supplies - Holiday Treats

PO Number:      Invoice Number: 122020      Amount: 127.46  
Invoice Date: 12/31/2020      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
127.46      N      In Full

\* Vendor ID: MILLMELI      MILLER, MELISSA  
Description: Refund - New Orleans Music Trip - Lila  
Sequence: 1      Check Type:      Checking Account ID:  
Chart of Account Number      Detail Description  
21 0000 1400 910 6221 899      Refund - New Orleans Music Trip - Lila

PO Number:      Invoice Number: MT2021      Amount: 750.00  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
750.00      N      In Full

Vendor ID: MINNTECH      MINNTECH CITRUS, INC.  
Description: Fruit Sales Fundraiser  
Sequence: 1      Check Type:      Checking Account ID:

PO Number:      Invoice Number: 12720      Amount: 5,756.80  
Invoice Date: 12/07/2020      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:

Chart of Account Number  
21 0000 1400 950 7026 618  
Detail Description  
Fruit Sales Fundraiser Items

Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
5,756.80

In Full  
Final

337.20

\* **Vendor ID: MULFASHL**      **MULFORD, ASHLEY**  
Description: Refund - New Orleans Music Trip - Hannah  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip - Hannah  
Checking Account ID:

**PO Number:**      **Invoice Number: MT2021**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
337.20

In Full  
Final

657.60

\* **Vendor ID: NEWMDONN**      **NEWMAN, DONNA**  
Description: Refund - New Orleans Music Trip - Logan  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip - Logan  
Checking Account ID:

**PO Number:**      **Invoice Number: MT2021**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
657.60

In Full  
Final

666.80

\* **Vendor ID: RECKTIMO**      **RECKER, TIMOTHY AND KRISTY**  
Description: Refund - New Orleans Music Trip-Timothy  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip-Timothy  
Checking Account ID:

**PO Number:**      **Invoice Number: 2021MT**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
666.80

In Full  
Final

599.60

\* **Vendor ID: RECKTIMO**      **RECKER, TIMOTHY AND KRISTY**  
Description: Refund - New Orleans Music Trip - Lukas  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip - Lukas  
Checking Account ID:

**PO Number:**      **Invoice Number: MT2021**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
599.60

In Full  
Final

363.62

\* **Vendor ID: RIDDELL**      **RIDDELL ALL AMERICAN**  
Description: Helmet Reconditioning  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 920 6600 739  
Detail Description  
FB Helmet Reconditioning  
Checking Account ID:

**PO Number:**      **Invoice Number: 951304822**  
Invoice Date: 12/09/2020      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
363.62

In Full  
Final

750.00

\* **Vendor ID: SCHLPATR**      **Schloss, Patrick and Teri**  
Description: Refund - New Orleans Music Trip - Teri  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip - Teri  
Checking Account ID:

**PO Number:**      **Invoice Number: 2021MT**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
750.00

In Full  
Final

750.00

\* **Vendor ID: SCHLPATR**      **Schloss, Patrick and Teri**  
Description: Refund - New Orleans Music Trip - Melony  
Sequence: 1      Check Type:  
Chart of Account Number  
21 0000 1400 910 6221 899  
Detail Description  
Refund - New Orleans Music Trip - Melony  
Checking Account ID:

**PO Number:**      **Invoice Number: MT2021**  
Invoice Date: 01/13/2021      Due Date: 01/13/2021      Status: A      1099 Amount: 0.00  
Check Number:      Check Date:  
Cost Center ID      Detail Amount      1099 Detail Amount      Asset/Asset Tag  
N  
750.00

In Full  
Final

Vendor ID: THOMDANIE THOMAS, DANIEL  
Description: Basketball Official - 1/5/21  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
21 0000 1400 920 6600 345 Basketball Official - 1/5/21

PO Number: Invoice Number: 1521 Amount: 110.00  
Invoice Date: 01/05/2021 Due Date: 01/06/2021 Status: PP 1099 Amount: 110.00  
Check Number: 12685 Check Date: 01/06/2021  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag  
110.00 110.00 N

Vendor ID: WALMART WALMART COMMUNITY BRC  
Description: Supplies-Holiday Treat  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
21 0000 1400 950 7049 618 Holiday Treat

PO Number: Invoice Number: 035500278533 Amount: 100.34  
Invoice Date: 12/20/2020 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag  
100.34 N

Vendor ID: WALMART WALMART COMMUNITY BRC  
Description: Supplies - Holiday Treats  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
21 0000 1400 950 7015 618 Supplies - Holiday Treats

PO Number: Invoice Number: 122020 Amount: 297.94  
Invoice Date: 12/16/2020 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag  
297.94 N

\* Vendor ID: WESSCHAR WESSELS, CHARLES AND KIM  
Description: Refund - New Orleans Music Trip - Emma  
Sequence: 1 Check Type:  
Chart of Account Number Detail Description  
21 0000 1400 910 6221 899 Refund - New Orleans Music Trip - Emma

PO Number: Invoice Number: MT2021 Amount: 613.30  
Invoice Date: 01/13/2021 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag  
613.30 0.00 N

Batch 1099 Total: 995.00 Batch Total: 23,267.51

Report 1099 Total: 995.00 Report Total: 23,267.51

Batch Description: Nutrition Invoices - January 2021

Processing Month: 01/2021 Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

Vendor ID: BIMBAKE BIMBO BAKERIES USA

Invoice Number: 122020 Amount: 479.70

Description: Bread

Sequence: 1 Check Type:

Invoice Date: 12/31/2020 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Chart of Account Number Detail Description

61 0000 3110 000 0000 631 Food Purchased

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

479.70 N

Vendor ID: EMSDETER EMS DETERGENT SERVICES CO.

Invoice Number: 0612212001 Amount: 296.40

Description: Detergent/Rinsayde/Sanitizer/Floor Clean

Sequence: 1 Check Type:

Invoice Date: 12/21/2020 Due Date: 01/20/2021 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Chart of Account Number Detail Description

61 0000 3110 000 0000 618 General Supplies  
61 0000 3110 000 0000 632 Other Expenses

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

293.90 N  
2.50 N

Vendor ID: MARTBROT MARTIN BROTHERS

Invoice Number: 122020 Amount: 10,849.03

Description: Food/Supplies/Fees

Sequence: 1 Check Type:

Invoice Date: 12/31/2020 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Chart of Account Number Detail Description

61 0000 3140 000 0000 631 SFSP Food Purchased  
61 0000 3140 000 0000 618 SFSP General Supplies  
61 0000 3140 000 0000 632 SFSP Other Expenses

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

10,574.65 N  
123.88 N  
150.50 N

\* Vendor ID: PRAIFARM PRAIRIE FARMS DAIRY, INC.

Invoice Number: 122020 Amount: 2,225.63

Description: Milk

Sequence: 1 Check Type:

Invoice Date: 12/30/2020 Due Date: 01/13/2021 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Chart of Account Number Detail Description

61 0000 3140 000 0000 631 Milk

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

2,225.63 N

Batch 1099 Total: 0.00

Batch Total: 13,850.76

Report 1099 Total: 0.00

Report Total: 13,850.76

Fund: 21 ACTIVITY FUND

Chart of Account Number	Chart of Account Description	Beginning Balance	Expenses	Revenues	Balance Change	Balance
21 0000 729 000	Fund Balance	0.00	0.00	0.00	0.00	0.00
21 6111 729 910	DRAMA	9,134.06	845.00	0.00	0.00	8,289.06
21 6120 729 910	SPEECH	467.42	255.00	310.00	0.00	522.42
21 6210 729 910	MUSIC CLUB	779.52	38.20	0.00	0.00	741.32
21 6220 729 910	PEP BAND	729.87	9.00	0.00	0.00	720.87
21 6221 729 910	MUSIC TRIP	4,460.35	1,584.00	13,628.00	0.00	16,504.35
21 6222 729 910	COLOR GUARD	775.15	0.00	0.00	0.00	775.15
21 6600 729 920	ATHLETICS	3,562.28	2,554.00	2,588.00	0.00	3,596.28
21 6645 729 920	CROSS COUNTRY	14.50	0.00	0.00	0.00	14.50
21 6693 729 920	CHEERLEADING	862.89	0.00	0.00	0.00	862.89
21 6694 729 920	DANCE TEAM	2,215.06	0.00	0.00	0.00	2,215.06
21 6710 729 920	BOYS' BASKETBALL	1,378.72	0.00	0.00	0.00	1,378.72
21 6720 729 920	FOOTBALL	5,351.33	155.20	0.00	0.00	5,196.13
21 6730 729 920	BASEBALL	1,403.09	0.00	0.00	0.00	1,403.09
21 6740 729 920	BOYS' TRACK	1,006.59	0.00	0.00	0.00	1,006.59
21 6760 729 920	BOYS' GOLF	1,092.67	0.00	0.00	0.00	1,092.67
21 6790 729 920	WRESTLING	1,695.82	1,351.00	0.00	0.00	344.82
21 6810 729 920	GIRLS BASKETBALL	1,576.15	1,128.00	0.00	0.00	448.15
21 6815 729 920	VOLLEYBALL	780.43	0.00	0.00	0.00	780.43
21 6835 729 920	SOFTBALL	377.20	0.00	0.00	0.00	377.20
21 6840 729 920	GIRLS TRACK	393.27	0.00	0.00	0.00	393.27
21 6860 729 920	GIRLS' GOLF	216.93	0.00	0.00	0.00	216.93
21 7010 729 950	FBLA	3,408.04	2,095.73	6,112.00	0.00	7,424.31
21 7011 729 950	HS STUDENT COUNCIL	4,027.91	918.80	0.00	0.00	3,109.11
21 7012 729 950	SPANISH CLUB	1,664.45	0.00	0.00	0.00	1,664.45
21 7013 729 950	NHS	84.40	0.00	0.00	0.00	84.40
21 7015 729 950	FEED STORE	556.35	26.81	343.25	0.00	872.79
21 7016 729 950	FITNESS CLUB	37.55	0.00	0.00	0.00	37.55
21 7018 729 950	LIBRARY CLUB	2,814.16	2,303.90	4.00	0.00	514.26
21 7020 729 950	NEWSPAPER	1,586.84	0.00	0.00	0.00	1,586.84
21 7021 729 950	ROBOTICS CLUB	(60.17)	0.00	549.62	0.00	489.45
21 7025 729 950	TECHNOLOGY	906.97	0.00	0.00	0.00	906.97
21 7026 729 950	FFA	28,239.62	660.79	284.00	0.00	27,862.83
21 7027 729 950	ART CLUB	1,060.81	0.00	0.00	0.00	1,060.81
21 7040 729 950	MS STUDENT COUNCIL	339.18	0.00	0.00	0.00	339.18
21 7041 729 950	SOUND SYSTEM	1,026.50	0.00	0.00	0.00	1,026.50
21 7042 729 950	TRAPSHOOTING	2,663.94	0.00	0.00	0.00	2,663.94
21 7043 729 950	LIL BUC B-BASKETBALL	763.91	0.00	0.00	0.00	763.91

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Activity Fund Balance Report - Summary - Exclude Encumbrances  
12/2020 - 12/2020

Fund: 21 ACTIVITY FUND

Chart of Account Number	Chart of Account Description	Beginning Balance	Expenses	Revenues	Balance Change	Balance
21 7049 729 950	PBIS	3,958.52	0.00	0.00	0.00	3,958.52
21 7050 729 950	ELEM. ST. COUNCIL	4,285.81	0.00	50.00	0.00	4,335.81
21 7051 729 950	CAMP WAPSIE	7,293.05	0.00	0.00	0.00	7,293.05
21 7052 729 950	EB HOOPSTERS CLUB	2,580.66	0.00	0.00	0.00	2,580.66
21 7053 729 950	BREAKFAST CLUB	1,249.86	0.00	0.00	0.00	1,249.86
21 7076 729 950	CLASS OF 2021	2,770.93	0.00	0.00	0.00	2,770.93
21 7077 729 950	CLASS OF 2022	746.72	0.00	1,422.00	0.00	2,168.72
21 7078 729 950	CLASS OF 2023	1,178.64	0.00	0.00	0.00	1,178.64
21 7079 729 950	CLASS OF 2024	1,043.64	0.00	0.00	0.00	1,043.64
21 7080 729 950	CLASS OF 2025	410.00	0.00	80.00	0.00	490.00
21 7081 729 950	CLASS OF 2026	270.00	0.00	110.00	0.00	380.00
21 8000 729 910	ANNUAL	6,703.42	0.00	0.00	0.00	6,703.42
21 8001 729 910	BUCCANEER CLUB	3,041.63	0.00	0.00	0.00	3,041.63
21 8002 729 910	THE BUCCANEER NETWORK	1,809.81	0.00	0.00	0.00	1,809.81
21 8004 729 910	INTEREST	540.29	0.00	102.00	0.00	642.29
Fund Total: 21		125,276.74	13,925.43	25,582.87	0.00	136,934.18

**EAST BUCHANAN SCHOOL  
MILEAGE REPORT  
2020-2021**

MONTH	BUS ROUTE MILES	BUS ADMIN. MILES	BUS SPECIAL ED. MILES	BUS ACTIVITY MILES	BUS CUSTODIAL MILES	BUS TRANSP. MILES	BUS DRIVERS ED MILES	BUS OTHER MILES	BUS MISC. MILES	BUS TOTAL MILES
JULY	0	0	0	644	0	0	0	0	0	644
AUGUST	2,230	0	0	332	0	0	0	0	60	2,622
SEPTEMBER	7,083	0	0	1,262	0	0	0	0	58	8,403
OCTOBER	7,083	0	0	1,262	0	0	0	0	58	8,403
NOVEMBER	6,075	0	0	169	0	0	0	0	0	6,244
DECEMBER	5,813	0	0	993	0	0	0	0	0	6,806
JANUARY	0	0	0	0	0	0	0	0	0	0
FEBRUARY	0	0	0	0	0	0	0	0	0	0
MARCH	0	0	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0	0	0
TOTAL	28,284	-	-	4,662	-	-	-	-	176	33,122

**EAST BUCHANAN SCHOOL  
MILEAGE REPORT  
2020-2021**

MONTH	VAN/CAR ROUTE MILES	VAN/CAR ADMIN. MILES	VAN/CAR SPECIAL ED. MILES	VAN/CAR ACTIVITY MILES	VAN/CAR CUSTODIAL MILES	VAN/CAR TRANSP. MILES	VAN/CAR DRIVERS ED MILES	VAN/CAR OTHER MILES	VAN/CAR MISC. MILES	VAN/CAR TOTAL MILES
JULY	0	0	1,589	25	139	36	0	0	139	1,928
AUGUST	0	294	1,998	0	178	0	0	0	471	2,941
SEPTEMBER	0	0	9,260	761	183	58	0	0	53	10,315
OCTOBER	0	0	9,283	1,289	166	15	0	0	78	10,831
NOVEMBER	0	0	7,343	194	217	0	0	0	0	7,754
DECEMBER	0	0	7,288	466	165	21	0	0	149	8,089
JANUARY	0	0	0	0	0	0	0	0	0	0
FEBRUARY	0	0	0	0	0	0	0	0	0	0
MARCH	0	0	0	0	0	0	0	0	0	0
APRIL	0	0	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0	0	0
TOTAL	-	294	36,761	2,735	1,048	130	-	-	890	41,858
BUS/VAN TOTAL	28,284	294	36,761	7,397	1,048	130	-	-	1,066	74,980

**EAST BUCHANAN COMMUNITY SCHOOL**  
**GASOLINE/DIESEL EXPENSE REPORT**

2020-2021

MONTH	GALS. GAS PURCH.	COST PER GAL.	COST GAS PURCH.	GALS. DIESEL PURCH.	COST PER GAL.	COST DIESEL PURCH.	TOTAL COST GAS/DIESEL PURCHASED	GALS. GAS CONS.	COST GAS CONS.	GALS. DIESEL CONS.	COST DIESEL CONS.	TOTAL COST GAS/DIESEL CONSUMED
JULY	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	95.000	\$ 118.18	100.000	\$ 106.40	\$ 224.58
AUG.	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	174.000	\$ 216.46	310.000	\$ 329.84	\$ 546.30
SEPT.	507.000	\$ 1.739	\$ 881.42	686.000	\$ 1.462	\$ 1,002.94	\$ 1,884.36	691.000	\$ 1,201.30	1,041.000	\$ 1,521.94	\$ 2,723.24
OCT.	506.000	\$ 1.685	\$ 852.36	889.000	\$ 1.501	\$ 1,334.39	\$ 2,186.75	757.000	\$ 1,275.17	1,197.000	\$ 1,796.70	\$ 3,071.87
NOV.	630.000	\$ 1.611	\$ 1,014.68	640.000	\$ 1.506	\$ 963.97	\$ 1,978.65	488.000	\$ 785.97	666.000	\$ 1,003.13	\$ 1,789.10
DEC.	708.000	\$ 1.764	\$ 1,249.10	1,198.000	\$ 1.810	\$ 2,168.13	\$ 3,417.23	560.000	\$ 987.84	1,094.000	\$ 1,980.14	\$ 2,967.98
JAN.	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
FEB.	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
MARCH	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
APR.	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
MAY	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
JUNE	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	-	\$ -	\$ -
TOTALS	2,351.000		\$3,997.56	3,413.000		\$5,469.43	\$9,466.99	2,765.000	\$4,584.92	4,408.000	\$6,738.15	\$11,323.07

**RECEIPTS**

	MONTH	PRIOR RECEIPT	YEAR TO DATE
Student Breakfast	\$0.00	\$656.90	\$656.90
Student Lunch	-\$536.25	\$9,214.20	\$8,677.95
Adult Breakfast	\$49.00	\$173.60	\$222.60
Adult Lunch	\$308.00	\$908.60	\$1,216.60
Carte	\$3,119.75	\$13,755.60	\$16,875.35
Snacks	\$1,323.13	\$5,232.00	\$6,555.13
Federal Breakfast	\$0.00	\$1,119.36	\$1,119.36
Federal Lunch	\$0.00	\$7,544.16	\$7,544.16
State Breakfast	\$0.00	\$0.00	\$0.00
State Lunch	\$0.00	\$0.00	\$0.00
SFSP	\$32,686.16	\$65,700.40	\$98,386.56
Other Revenues	\$8.00	\$101.62	\$109.62
Other Purchased Services	-\$33.81	-\$522.31	-\$556.12
Rebate	\$832.15	\$302.50	\$1,134.65
Interest	\$34.59	\$172.05	\$206.64
<b>TOTAL INCOME</b>	<b>\$37,790.72</b>	<b>\$104,358.68</b>	<b>\$142,149.40</b>

2020-2021

East Buchanan

Hot Lunch

Report

**EXPENDITURES**

	MONTH	PRIOR EXPENSE	YEAR TO DATE
Food	\$14,208.75	\$40,674.91	\$54,883.66
Commodities	\$0.00	\$0.00	\$0.00
Supplies	\$472.58	\$1,489.96	\$1,962.54
Shared Contract	\$13,458.30	\$3,719.44	\$17,177.74
Purchased Services	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Other Expenses	\$128.00	\$626.35	\$754.35
Cooks Salaries	\$10,064.03	\$28,183.46	\$38,247.49
Benefits	\$3,600.23	\$13,298.40	\$16,898.63
<b>TOTAL EXPENDITURES</b>	<b>\$41,931.89</b>	<b>\$87,992.52</b>	<b>\$129,924.41</b>

**BALANCE**

	0	PRIOR BALANCE	YEAR TO DATE
Beginning Balance	\$0.00	\$38,067.87	\$38,067.87
Income	\$37,790.72	\$104,358.28	\$142,149.00
Expenditures	\$41,931.89	\$87,992.52	\$129,924.41
<b>FUND BALANCE</b>	<b>-\$4,141.17</b>	<b>\$54,433.63</b>	<b>\$50,292.46</b>

DAYS MEALS SERVED	
July	0
August	6
September	20
October	21
November	17
December	16
January	0
February	0
March	0
April	0
May	0
June	0
<b>TOTALS</b>	<b>80</b>

**MEALS SERVED**

	MONTH	PRIOR BALANCE	YEAR TO DATE
Paid Student Breakfasts	0	448	448
Reduced Student Breakfasts	0	99	99
Free Student Breakfasts	0	346	346
Second Breakfasts	15	81	96
Adult Breakfasts	35	125	160
Student Guest Breakfasts	0	0	0
Complimentary Breakfasts	0	0	0
<b>TOTAL BREAKFASTS SERVED</b>	<b>50</b>	<b>1,099</b>	<b>1,149</b>

Paid Student Lunches	0	3,082	3,082
Reduced Student Lunches	0	439	439
Free Student Lunches	0	1,373	1,373
Second Lunches	0	5	5
Adult Lunches	83	241	324
Student Guest Lunches	0	0	0
Complimentary Lunches	0	0	0
<b>TOTAL LUNCHES SERVED</b>	<b>83</b>	<b>5,140</b>	<b>5,223</b>

SFSP Breakfasts Served	2,032	6,447	8,479
SFSP Lunches Served	6,374	20,006	26,380

December 31, 2020

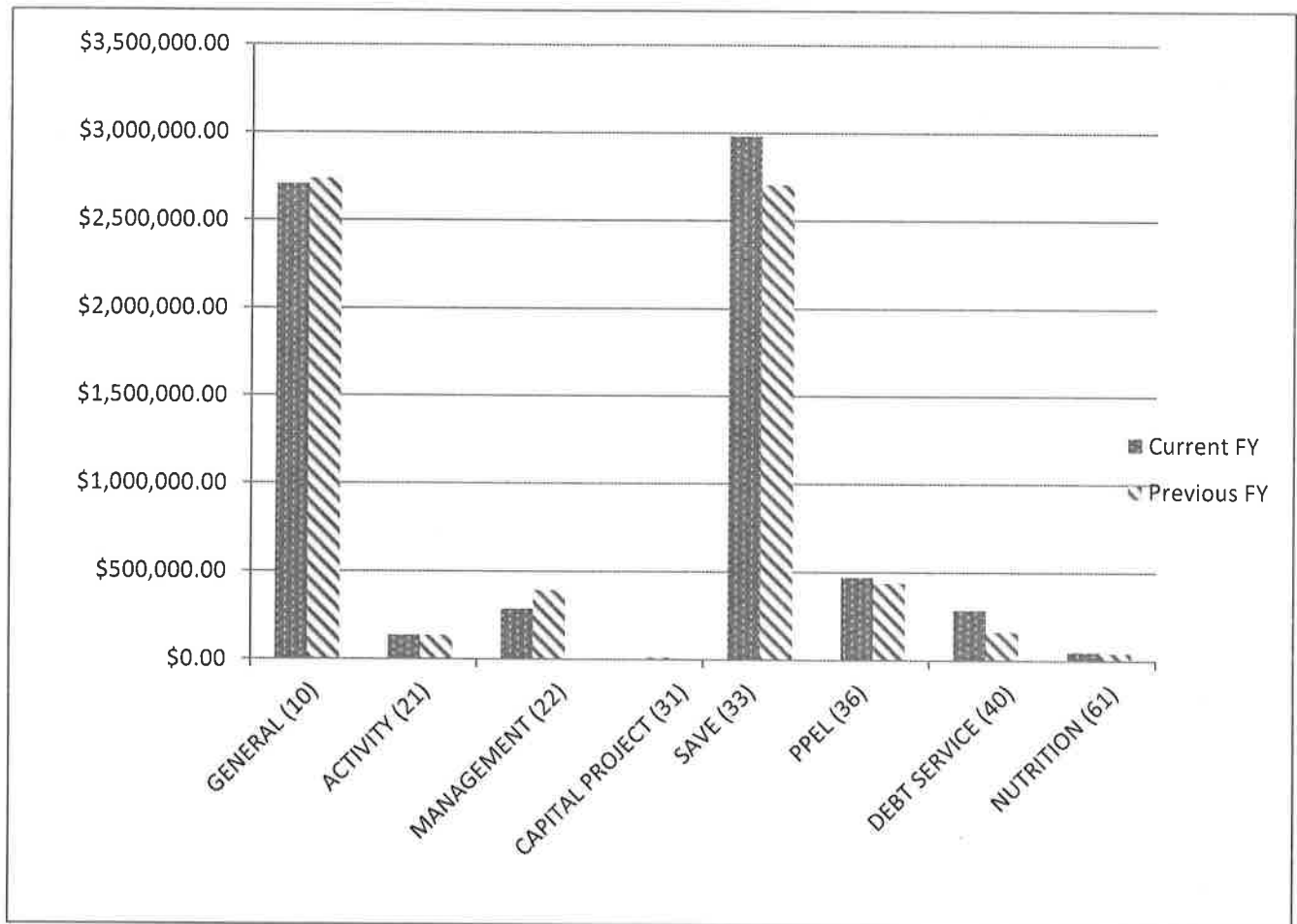
East Buchanan Community School District  
Cash Summary Report

	<u>Jul-20</u>	<u>Aug-20</u>	<u>Sep-20</u>	<u>Oct-20</u>	<u>Nov-20</u>	<u>Dec-20</u>
<b>10-GENERAL FUND</b>						
Beginning Balance	2,909,706.83	2,551,103.28	2,006,067.66	2,036,652.10	2,586,588.03	2,607,116.71
Revenue	75,623.87	184,549.91	572,539.58	1,129,664.42	573,549.00	695,632.05
Expenditures	434,227.42	729,585.53	541,955.14	579,728.49	553,020.32	597,121.63
Ending Balance	2,551,103.28	2,006,067.66	2,036,652.10	2,586,588.03	2,607,116.71	2,705,627.13
<b>21-ACTIVITY FUND</b>						
Beginning Balance	120,841.93	121,421.98	116,447.40	117,515.36	119,359.66	125,276.74
Revenue	1,030.05	4,759.54	11,240.56	17,927.20	18,340.18	25,781.87
Expenditures	450.00	9,734.12	10,172.60	16,082.90	12,423.10	14,124.43
Ending Balance	121,421.98	116,447.40	117,515.36	119,359.66	125,276.74	136,934.18
<b>22-MANAGEMENT FUND</b>						
Beginning Balance	412,941.11	313,445.76	309,036.44	316,610.51	281,694.32	286,556.56
Revenue	1,267.69	1,757.68	8,574.07	34,261.41	11,371.91	2,412.37
Expenditures	100,763.04	6,167.00	1,000.00	69,177.60	6,509.67	1,000.00
Ending Balance	313,445.76	309,036.44	316,610.51	281,694.32	286,556.56	287,968.93
<b>31-GO BONDS</b>						
Beginning Balance	10,651.12	10,653.34	6,343.52	6,345.68	6,347.91	0.00
Revenue	2.22	2.23	2.16	2.23	2,736.06	0.00
Expenditures	0.00	4,312.05	0.00	0.00	9,083.97	0.00
Ending Balance	10,653.34	6,343.52	6,345.68	6,347.91	0.00	0.00
<b>33-SAVE</b>						
Beginning Balance	2,887,242.09	2,739,739.35	2,788,337.37	2,836,881.10	2,885,554.59	2,951,983.99
Revenue	52,447.26	48,598.02	48,543.73	48,673.49	66,429.40	67,791.12
Expenditures	199,950.00	0.00	0.00	0.00	0.00	36,774.18
Ending Balance	2,739,739.35	2,788,337.37	2,836,881.10	2,885,554.59	2,951,983.99	2,983,000.93
<b>36-PPEL</b>						
Beginning Balance	421,599.20	393,850.90	393,169.78	392,659.51	497,965.31	557,666.18
Revenue	4,031.78	6,736.90	55,412.78	121,828.92	61,530.49	10,412.28
Expenditures	31,780.08	7,418.02	55,923.05	16,523.12	1,829.62	97,064.73
Ending Balance	393,850.90	393,169.78	392,659.51	497,965.31	557,666.18	471,013.73
<b>40-DEBT SERVICE</b>						
Beginning Balance	96,455.14	101,085.44	109,011.59	150,081.82	225,212.00	275,078.16
Revenue	4,643.06	8,426.15	41,070.23	164,023.93	50,166.16	29,920.86
Expenditures	12.76	500.00	0.00	88,893.75	300.00	18,221.46
Ending Balance	101,085.44	109,011.59	150,081.82	225,212.00	275,078.16	286,777.56
less: Escrow Acct	90,000.00	90,000.00	90,000.00	90,000.00	90,000.00	90,000.00
	11,085.44	19,011.59	60,081.82	135,212.00	185,078.16	196,777.56
<b>61-NUTRITION FUND</b>						
Beginning Balance	38,067.87	33,271.67	42,639.12	38,725.98	43,538.31	54,433.63
Revenue	342.46	10,862.37	8,287.54	39,655.64	48,297.37	52,025.04
Expenditures	5,138.66	1,494.92	12,200.68	34,843.31	37,402.05	56,166.21
Ending Balance	33,271.67	42,639.12	38,725.98	43,538.31	54,433.63	50,292.46
less: Received on Acct	7,940.24	15,420.02	11,890.97	11,175.27	10,134.34	9,273.09
	25,331.43	27,219.10	26,835.01	32,363.04	44,299.29	41,019.37
<b>EMPLOYER'S PAYROLL EXPENSE:</b>						
Gross Wages-hourly	17,204.78	14,702.99	36,413.50	78,940.63	84,453.02	82,630.42
Gross Wages-contract	285,337.96	285,673.25	305,073.86	308,027.08	310,429.08	302,264.61
	302,542.74	300,376.24	341,487.36	386,967.71	394,882.10	384,895.03
Employer paid deductions	42,787.71	42,244.15	50,887.20	49,758.30	51,595.91	50,474.85
Employer paid IPERS	27,911.18	27,848.72	31,367.52	35,475.29	35,952.22	34,890.56
Employer paid FICA	22,043.98	22,099.27	25,060.76	28,584.29	29,173.41	28,299.60
	92,742.87	92,192.14	107,315.48	113,817.88	116,721.54	113,665.01
<b>TOTAL</b>	<b>395,285.61</b>	<b>392,568.38</b>	<b>448,802.84</b>	<b>500,785.59</b>	<b>511,603.64</b>	<b>498,560.04</b>

## CASH SUMMARY REPORT EAST BUCHANAN COMMUNITY SCHOOL

**December 2020**

Fund Description	Beginning	Revenues	Expenditures	FY21 Ending	FY20 End Balance	Difference
GENERAL (10)	\$2,607,116.71	\$695,632.05	\$597,121.63	\$2,705,627.13	\$2,736,184.72	(\$30,557.59)
ACTIVITY (21)	\$125,276.74	\$25,781.87	\$14,124.43	\$136,934.18	\$135,221.69	\$1,712.49
MANAGEMENT (22)	\$286,556.56	\$2,412.37	\$1,000.00	\$287,968.93	\$394,293.56	(\$106,324.63)
CAPITAL PROJECT (31)	\$0.00	\$0.00	\$0.00	\$0.00	\$13,399.41	(\$13,399.41)
SAVE (33)	\$2,951,983.99	\$67,791.12	\$36,774.18	\$2,983,000.93	\$2,703,137.29	\$279,863.64
PPEL (36)	\$557,666.18	\$10,412.28	\$97,064.73	\$471,013.73	\$438,337.99	\$32,675.74
DEBT SERVICE (40)	\$275,078.16	\$29,920.86	\$18,221.46	\$286,777.56	\$162,805.35	\$123,972.21
NUTRITION (61)	\$54,433.63	\$52,025.04	\$56,166.21	\$50,292.46	\$41,963.80	\$8,328.66
TOTAL				\$6,921,614.92	\$6,625,343.81	\$296,271.11



## PPEL/VPPEL Report

<u>DATE</u>	<u>VENDOR NAME</u>	<u>EXPENSE (DR)</u>	<u>RECEIPT (CR)</u>	<u>TOTAL</u>
<b>FY 20-21</b>	Balance forward			\$ 421,599.20
7/17/20	Property Taxes	\$ -	\$ 3,649.00	\$ 425,248.20
7/31/20	VPPEL - Interest - Bank	\$ -	\$ 372.70	\$ 425,620.90
7/9/20	Mower purchase-Maverick PowerSports	\$ 10,799.00	\$ -	\$ 414,821.90
7/17/20	Van purchase-Runde Auto Group	\$ 20,971.00	\$ -	\$ 393,850.90
8/15/20	Property Taxes	\$ -	\$ 5,396.82	\$ 399,247.72
8/15/20	Receivable Property Taxes			\$ 400,077.72
8/13/20	Amazon - tablets	\$ 391.72	\$ -	\$ 399,686.00
8/13/20	Sadler Power Train - Jaltest	\$ 6,625.00	\$ -	\$ 393,061.00
8/15/20	Accts Payable	\$ 257.65	\$ -	\$ 392,803.35
8/31/20	VPPEL - Interest - Bank	\$ -	\$ 366.43	\$ 393,169.78
9/15/20	Property Taxes	\$ -	\$ 30,374.80	\$ 423,544.58
9/10/20	CDWG-printer	\$ 2,000.96	\$ -	\$ 421,543.62
9/10/20	Amazon - tablets	\$ 47.45	\$ -	\$ 421,496.17
9/10/20	CDWG - google chrome mgmt console	\$ 2,250.00	\$ -	\$ 419,246.17
9/21/20	H2I group - gym floor refinish	\$ 18,300.00	\$ -	\$ 400,946.17
9/10/20	VIPS - tables	\$ 1,630.00	\$ -	\$ 399,316.17
9/10/20	FCS room	\$ 6,596.51	\$ -	\$ 392,719.66
9/10/20	washer	\$ 5,795.00	\$ -	\$ 386,924.66
9/30/20	Sale - 2008 Ch Uplander	\$ -	\$ 750.00	\$ 387,674.66
9/30/20	Sale - 2008 Ch Uplander	\$ -	\$ 500.00	\$ 388,174.66
9/10/20	Washing machine	\$ 869.00	\$ -	\$ 387,305.66
9/30/20	Transfer from General Fund	\$ -	\$ 5,005.23	\$ 392,310.89
9/30/20	VPPEL - Interest - Bank	\$ -	\$ 348.62	\$ 392,659.51
10/15/20	VPPEL - Treasurer - Property Tax	\$ -	\$ 97,391.34	\$ 490,050.85
10/15/20	PPEL - Treasurer - Property Tax	\$ -	\$ 23,984.40	\$ 514,035.25
10/15/20	VPPEL - Equipment - Midwest Computer Products	\$ 7,339.00	\$ -	\$ 506,696.25
10/15/20	PPEL - FCS Room - Don & Walt	\$ 1,123.04		\$ 505,573.21
10/15/20	PPEL - Equipment - WalkIn Freezer - Moose Mechanical	\$ 8,061.08	\$ -	\$ 497,512.13
10/31/20	VPPEL - Interest - Bank		\$ 453.18	\$ 497,965.31
11/15/20	VPPEL - Treasurer - Property Tax		\$ 25,941.26	\$ 523,906.57
11/15/20	PPEL - Property Tax - Treasurer		\$ 6,388.50	\$ 530,295.07
11/15/20	PPEL - FCS Room - Winthrop Building Supply	\$ 500.00		\$ 529,795.07
11/15/20	PPEL - Lease - Cedar Falls CSD	\$ 1,329.62		\$ 528,465.45
11/20/20	VPPEL - Computer Buyback - Active Resources		\$ 28,715.00	\$ 557,180.45
11/30/20	VPPEL - Interest - Bank		\$ 485.73	\$ 557,666.18
12/15/20	VPPEL - Treasurer - Property Tax		\$ 6,857.50	\$ 564,523.68
12/15/20	PPEL - Treasurer - Property Tax		\$ 1,688.79	\$ 566,212.47
12/21/20	VPPEL - Sale - Bus #12		\$ 1,000.00	\$ 567,212.47
12/21/20	VPPEL - Hogland Bus - purchase bus	\$ 96,579.00		\$ 470,633.47
12/31/20	VPPEL - interest - bank		\$ 380.26	\$ 471,013.73



**Certified Budget compared to Actual Revenues/Expenditures - All Funds**

		FY21 Certified Budget	thru 12/31/2020	over / (under) budget	
Taxes Levied on Property	1	\$ 2,888,696.00	\$ 1,542,016.69		
Utility Replacement Excise Tax	2	\$ 51,316.00	\$ 91,014.28		
Income Surtaxes	3	\$ 142,295.00	\$ 106,860.00		
Tuition\Transportation Received	4	\$ 633,000.00	\$ 120,706.24		
Earnings on Investments	5	\$ 81,900.00	\$ 34,541.88		
Nutrition Program Sales	6	\$ 180,000.00	\$ 34,197.18		
Student Activities and Sales	7	\$ 196,000.00	\$ 73,989.41		
Other Revenues from Local Sources	8	\$ 117,000.00	\$ 115,961.00		
Revenue from Intermediary Sources	9	\$ -	\$ -		
State Foundation Aid	10	\$ 3,952,334.00	\$ 1,573,007.20		
Instructional Support State Aid	11	\$ 15,007.00	\$ -		
Other State Sources	12	\$ 587,620.00	\$ 292,846.98		
Commercial & Industrial State Replacement	13	\$ 21,091.00	\$ 8,635.43		
Title I Grants	14	\$ 70,000.00	\$ 8,319.17		
IDEA and Other Federal Sources	15	\$ 300,000.00	\$ 179,769.50		
Total Revenues	16	\$ 9,236,259.00	\$ 4,181,864.96		
General Long-Term Debt Proceeds	17	\$ -	\$ -		
Transfers In	18	\$ 311,010.00	\$ 224,357.91		
Proceeds of Fixed Asset Dispositions	19	\$ -	\$ -		
Special Items/Upward Adjustments	20	\$ -	\$ 570.47		
Total Revenues & Other Sources	21	\$ 9,547,269.00	\$ 4,406,793.34		
Beginning Fund Balance	22	\$ 6,100,102.84	\$ 6,100,102.84		
<b>Total Resources</b>	23	\$ 15,647,371.84	\$ 10,506,896.18		
<b>*Instruction</b>	24	\$ 5,345,000.00	\$ 1,589,638.66	\$ (3,755,361.34)	30%
Student Support Services	25	\$ 222,500.00	\$ 93,002.56		
Instructional Staff Support Services	26	\$ 480,000.00	\$ 224,685.41		
General Administration	27	\$ 265,000.00	\$ 129,797.52		
School/Building Administration	28	\$ 410,000.00	\$ 157,822.44		
Business & Central Administration	29	\$ 125,000.00	\$ 62,297.97		
Plant Operation and Maintenance	30	\$ 643,000.00	\$ 334,466.23		
Student Transportation	31	\$ 540,000.00	\$ 275,328.82		
This row is intentionally left blank	32	\$ -	\$ -		
<b>*Total Support Services (lines 25-32)</b>	32A	\$ 2,685,500.00	\$ 1,277,400.95	\$ (1,408,099.05)	48%
<b>*Noninstructional Programs</b>	33	\$ 375,000.00	\$ 125,613.39	\$ (249,386.61)	33%
Facilities Acquisition and Construction	34	\$ 300,000.00	\$ 13,242.13		
Debt Service	35	\$ 662,398.00	\$ 307,203.75		
AEA Support - Direct to AEA	36	\$ 287,251.00	\$ 107,239.20		
<b>*Total Other Expenditures (lines 34-36)</b>	36A	\$ 1,249,649.00	\$ 427,685.08	\$ (821,963.92)	34%
Total Expenditures	37	\$ 9,655,149.00	\$ 3,420,338.08		
Transfers Out	38	\$ 311,010.00	\$ 224,357.91		
Total Expenditures & Other Uses	39	\$ 9,966,159.00	\$ 3,644,695.99		
Ending Fund Balance	40	\$ 5,681,212.84	\$ 6,862,200.19		
<b>Total Requirements</b>	41	\$ 15,647,371.84	\$ 10,506,896.18		

This report shows the district's progress towards staying on budget according to the certified budget published and approved. The expenditures with \* must stay below the budgeted amount to avoid having to revise the budget by May 31st of each fiscal year. Revenues and expenses will continue for the fiscal year until the Certified Annual Report (CAR) is completed in September.

### East Buchanan CSD

#### Personnel Changes

SB Mtg date	Employee	Type	Position	Notice Date	Effective Date	Salary Schedule
1/13/2021	Jenalee McElroy	Resignation	Teacher		1/31/2021	
1/13/2021	Sharon Holt	Retirement	Asst Cook	1/4/2021	end of 20-21 school year	
1/13/2021	Kevin Hesner	Hire	Asst HS Boys BB Coach (50%)			

# EAST BUCHANAN COMMUNITY SCHOOLS

## ADMINISTRATION

Daniel J. Fox  
*Superintendent*  
 Eric Dockstader  
*Secondary Principal*  
 Daniel J. Fox  
*Elementary Principal*  
 Teresa Knipper  
*Board Secretary/Business Manager*



414 5TH STREET NORTH  
 WINTHROP, IOWA 50682

PHONE: (319) 935-3367  
 FAX: (319) 935-3749

<http://www.eastbuchananschools.com>  
 @EB\_Bucs #BucPr1de



## BOARD OF EDUCATION

*President*  
 Shawn Stone  
*Vice President*  
 Scott Cooksley  
 Andy Sperflage  
 Heather Steffens

January 8, 2021

### Early Graduation Applicants

The seniors listed below have applied for early graduation. They will graduate on February 24, 2021, at the end of trimester 2 if they have earned the required credits, reached the necessary 70 credits and their request is approved by the East Buchanan School Board.

Garrett Beatty

Thank you.

Paula McGraw, Counselor  
 Eric Dockstader, MS/HS Principal

# COVID-19 GUIDELINES



8a

Teresa Knipper <tknipper@east-buc.k12.ia.us>

---

## Mask Mandate - East Buchanan School

1 message

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**east-buc@onlinejmc.com** <east-buc@onlinejmc.com>

Thu, Nov 12, 2020 at 10:16 AM

Reply-To: dfox@east-buc.k12.ia.us

To: tknipper@east-buc.k12.ia.us

Due to the increase of COVID-19 cases in Buchanan County, the East Buchanan CSD deems it necessary to increase our protective actions. Effective immediately, Thursday, November 12th, 2020, students and staff will be **REQUIRED** to wear a face mask when they are not able to maintain six feet of social distancing between one another. This expectation is in effect for school property, school buildings, buses and school events.

This policy will be reviewed again by the Board of Directors during the January 13, 2021, school board meeting.

Dan

## New Quarantine Guidelines

1 message

east-buc@onlinejmc.com <east-buc@onlinejmc.com>

Mon, Dec 14, 2020 at 3:58 PM

Reply-To: dfox@east-buc.k12.ia.us

To: tknipper@east-buc.k12.ia.us

Good Afternoon - I would like to communicate the present guidance from Public Health when dealing with quarantine after being exposed to Covid-19.

The quarantine period for Covid-19 is 14 days, but now with the new CDC guidelines you can do one of the following for early release...

1. Quarantine for 10 days from the last day of exposure or
2. Get Covid tested on day 5 or after of quarantine. With a negative test, and you have no symptoms, you are able to return after day 7 (day 8).

### 10-day quarantine example:

If I am exposed on (12-07-2020) and I don't have any more contact with the positive person, today is day 0, Thursday 12-17-2020 is day 10 and I can return to work/school on 12-18-2020 as long as I haven't developed any symptoms.

### Test on Day 5 example:

If I am exposed on (12-7-2020) and I don't have any more contact with the positive person, day of exposure is day 0, Saturday (12-12-2020) is day 5 and the earliest I can test to end my quarantine after day 7. My earliest return to work/school date will be 12-15-2020 (day 8). I must have negative test results before I can return & should continue to be symptom free.

If you choose one of these two options...

CDC guidance says if a contact takes one of the two early releases from quarantine options, they must wear a mask at all times upon their return. If they cannot participate safely in an activity wearing a mask then they may not be able to fully comply with the early release guidelines and should stick to 14 days.

Dan

Daniel J. Fox, Superintendent/Elementary Principal

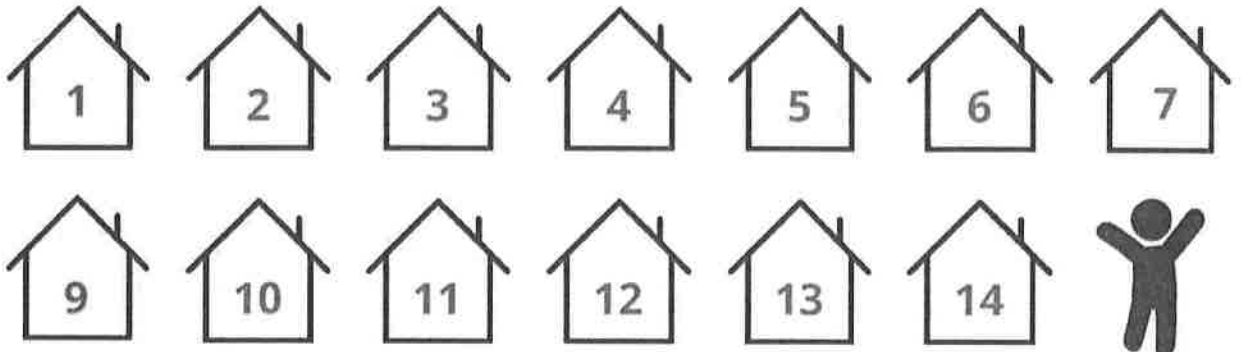
East Buchanan CSD

# Quarantine for COVID-19

14 day quarantine is the SAFEST and BEST way to prevent the spread of COVID-19!



Day 0  
Exposure



STAY HOME AND AWAY  
FROM OTHERS  
FOR 14 DAYS!

Day 15: return  
to normal  
activities!



If you develop symptoms at any time during the 14 Days:

Stay at home and separate from others. You will need to be in isolation until you can answer YES to all THREE:

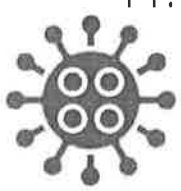
- At least 10 Days since symptoms first appeared AND
- At least 24 hours with no fever without fever-reducing medication AND
- Other symptoms of COVID-19 are improving

Call your healthcare provider and get TESTED!

# If you remain symptom free, here are two options for people WITHOUT symptoms...

## Option 1: 10 Day Isolation at Home

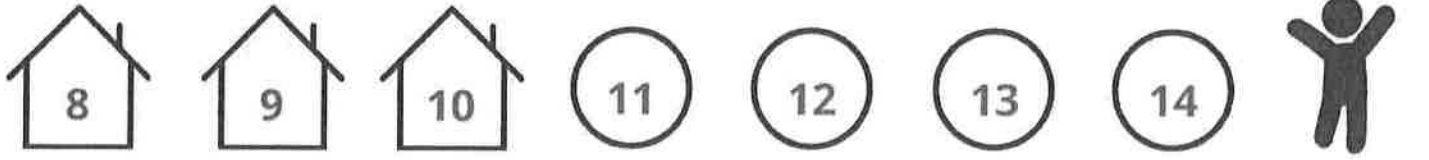
If you are symptom free for 10 Days, you may resume activities on Day 11. It is best to limit activities and exposure to others until Day 14.



Day 0 exposure



Day 1 -10: STAY HOME AND AWAY FROM OTHERS!



Day 11-14: Wear a mask and watch for symptoms

Day 15: return to normal activities if symptom free!

## Option 2: 7 Day Isolation at Home

If you are symptom free for 7 Days AND have a COVID-19 test on Day 5 (or after) and test is negative, you may resume activities on Day 8. It is best to limit activities and exposure to others until Day 14.

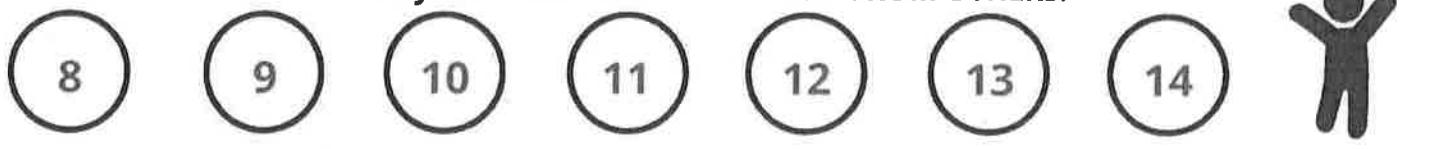


Day 0 exposure



Do not test before Day 5!!

Day 1 -7: STAY HOME AND AWAY FROM OTHERS!



Day 8-14: Wear a mask and watch for symptoms



Day 15: return to normal activities if symptom free!





## Tri-Rivers Conference Winter Activity Guidelines

*This includes all school events within the Tri-Rivers Conference*

### 2020 Tri-Rivers Conference High School Basketball Schedules

<u>2 Gyms</u>	<u>1 Gym</u>
No spectator entry until 10 minutes before game time	(Ed-Co, Prince of Peace, Easton Valley) No spectator entry until 10 minutes before game time
5:30 - JV Boys Game - Secondary Gym	4:00 - JV Girls
5:30 - Varsity Girls - Primary Gym	5:10 - JV Boys
7:15 - JV Girls (If applicable) - Secondary Gym	6:20 - Varsity Girls
7:15 - Varsity Boys - Primary Gym	7:40 - Varsity Boys

#### General Restrictions

- 6 Feet Social Distancing (between non-household groups).
- All spectators over the age of 2, MUST wear a Mask.
- Gaiters and Shields are NOT acceptable, spectators MUST properly wear a mask which covers their mouth AND nose.

#### Spectator Restrictions (updated January 8, 2021)

- Governor Reynolds issued a new proclamation that goes into effect January 8th. The new guidance for K-12 school activities states that the school organizer and all spectators must ensure **at least six feet of physical distance** between each group. Also, everyone not directly participating in the event shall wear a mask or face covering for all gatherings.
- This proclamation means that schools must create guidance that will allow our spectators to socially distance at our events. The Tri-Rivers Conference has agreed that we will allow all members of the participant's household plus the participant may invite four additional people to attend our events.
- There are schools that will be hosting events that may not be able to safely allow spectators plus 4 additional members of households to attend each event. Each school may have to set different criteria for an event to ensure spectators have the ability to safely distance
- We ask that spectators attend only the event they were invited and then exit the gym so that we have additional room for spectators at the other activities.

#### Concessions

- Concessions will vary from school to school.

Alburnett • Calamus-Wheatland • Cedar Valley Christian • Central City • East Buchanan • Easton Valley • Edgewood-Colesburg  
Lisbon • Marquette Catholic • Maquoketa Valley • Midland • North Linn • Prince of Peace Catholic • Springville • Starmont

Pep Bands, Dance, Cheerleading

- Participation by these groups is at the discretion of the home team.
- In general, schools are encouraged to limit the number of people in the gym.
- Cheerleaders will not travel to other schools.

**TRC Winter Activity Announcement - Clearing Gyms**

*This includes all school events within the Tri-Rivers Conference*

*At this time, due to state mandates, we as a conference are asking all spectators to dismiss from the facility and re-enter only if you have an admission voucher from a participating athlete. You will not be asked to pay again.*

*I apologize for the inconvenience this causes; the hope is to keep our student-athletes on the court/mat for a full season. Thank you for understanding and helping protect our student-athletes!*

**COVID-19 EMERGENCY PAID SICK LEAVE REQUEST FORM UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: \_\_\_\_\_

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Average number of hours during a typical two-week period: \_\_\_\_\_ (80 max.)

**This policy will expire on March 31, 2021, but may be rescinded at an earlier date by Board action. Any leave already used under FFCRA will be counted against the 80 maximum hours in this policy.**

**Employee Request for Leave at Full Pay**

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- 1 - I am quarantined pursuant to Federal, State, or local government order.
- 2 - I am quarantined on the advice of a health care provider due to COVID-19 concerns.
- 3 - I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

*Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected. If you are experiencing symptoms and seeking a medical diagnosis, please identify your symptoms and the date of your medical appointment.*

**Employee Request for Leave at 2/3 Pay**

Employees satisfying ~~one of the three~~ standards noted below are eligible for two weeks of leave capped at 80 hours paid at ~~the~~ 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- 4- I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider due to COVID-19. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

*Please attach the applicable government order or documentation from medical provider.*

~~6~~ I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

*Please attach the applicable government order or documentation from medical provider.*

~~5~~ I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*If you are requesting 2/3 paid leave in conjunction with Expanded Family Medical Leave to care for a child under the age of 18 affected by school or care closure due to COVID-19, please complete the "Expanded Family and Medical Leave Request Form" to submit with this form.*

I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.**

**EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FOR UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: \_\_\_\_\_

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Average number of hours during a typical two-week period: \_\_\_\_\_ (80 max.)

Employees may be entitled to expanded family medical leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards.

**Reason for Leave**

Employees satisfying the standards below are eligible for 12 weeks\* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the related instructions.

I, \_\_\_\_\_, request family and medical leave because I am unable to work or telework because I need to care for my child(ren) under 18 because my child(ren)'s elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving expanded family medical leave benefits.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*\* An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA.*

**Substitution of Paid Leave for the First Ten Days of Expanded Family Medical Leave**

In accordance with the FFCRA, the first ten days of expanded family medical leave is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the School District. If requesting Emergency Paid Sick Leave, please complete and submit an "Emergency Paid Sick Leave Request Form."

\_\_\_ Emergency Sick Leave \_\_\_ Sick Leave \_\_\_ Personal Leave

**Supplement 2/3 Pay with Accrued District Leave**

Employees may choose to supplement the 2/3 pay provided through expanded family medical leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your expanded family medical leave to supplement your 2/3 expanded family medical leave compensation. Requested leave is subject to availability based on confirmation by the District.

Emergency Sick Leave  Sick Leave  Personal Leave

After completing the first ten days of expanded family medical leave, an employee may choose to take 10 weeks of continuous leave under expanded family medical leave for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave only with the District's permission. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on expanded family medical leave unless supplemented in a manner noted above.

I am requesting (choose one):

- continuous leave
- intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave:

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I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.*

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

8b

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:

**1-866-487-9243**

TTY: 1-877-889-5627

[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



WH1422 REV 03/20

# Precision Drive LLC

Jayme Hurley – Owner/Operator  
2036 Wapsi Access Blvd.  
Independence, IA 50644  
319-334-7095 (home/business) 319-327-1324 (cell)  
precisiondrive@yahoo.com

- The per student cost will be \$325.00.
- East Buchanan Community School District will pay Precision Drive LLC the \$162.50 registration/deposit fee for free/reduced students before the start of class. If the student begins the class as scheduled, the district will be billed the remaining balance. If the deposit is made but the student does not begin the session, a \$162.50 credit will be honored for this particular student the next time the course is offered. If a student begins a session, but is dropped from the course at any time, for any reason, the district will not be refunded the cost of the course.
- Registering students must submit the first half of the registration fee (\$162.50) to reserve a spot in a particular session; this deposit is non-refundable. If a student has paid the initial \$162.50 and subsequently determines that they do not want to take part in that session, they may elect to transfer the deposit to the next available session. This request must be submitted to Precision Drive LLC (in writing), no later than 10 days prior to the start of class.
- Precision Drive LLC will furnish a dual brake vehicle and all operating/maintenance costs of said vehicle.
- East Buchanan Community School District will supply a classroom for Precision Drive LLC to utilize during each scheduled driver's education session. The classroom will sufficiently accommodate the number of students that are enrolled in the program during that session. Additionally, East Buchanan will make audio/visual equipment and printers/copiers available to Precision Drive LLC (for the purpose of serving East Buchanan students).
- Precision Drive will be allowed to utilize district means to advertise the program (including but not limited to: daily announcements at the Junior/Senior High School, district email, district website, district newsletter, flyers posted at junior/senior high school, and handouts).
- Students that have to miss class due to conflicting school-related extracurricular activities will be marked as an "Excused Absence". Students with excused absences will be allowed to make up the missed class time, at no extra charge, if they provide the instructor with advance notice of the approaching conflict. The Precision Drive LLC instructor will communicate with the student and/or parents to determine when the make up session will take place.
- During the time frame of this agreement, Precision Drive LLC will be the sole provider of driver's education services for the East Buchanan Community School District. The program offered will be a spring/summer program.
- This contract will be effective from May 1<sup>st</sup> 2021 through April 30<sup>th</sup> 2022. This contract will automatically renew at the stated terms unless either party submits a new contract or cancels the existing contract, in writing, no later than March 1<sup>st</sup>.

East Buchanan Board President or Superintendent

Precision Drive

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:



# POLICY REVIEW

## 2<sup>nd</sup> Reading

\*\*\*\*\*

Current EB policy is marked with changes based on the current IASB policy reference manual

Wording to be removed is ~~crossed-out~~

Additions are in **bold and underlined**

Decisions to be made are **highlighted**

Optional wording is in *[italics and brackets]*

\*\*\*\*\*

### Policy Code Signs & Symbols:

- R This symbol following a policy code number indicates the statement is an administrative regulation rather than a board policy
- E This symbol following a policy code number indicates the statement is an exhibit rather than a board policy.
- Legal Reference This sign indicates the legal references. They tell the user where they may find the statutes, case law, attorney general opinions, or administrative rules that give authority to a policy.
- Cross Reference Many policies in the manual relate to other policies in the manual. Cross references are provided to assist the user in finding all of the related policies.

LEGAL STATUS OF THE SCHOOL DISTRICT

Iowa law authorizes the creation of a Common Schools System. As part of this Common Schools System, this school district is a school corporation created and organized under Iowa law. This school district is known as the East Buchanan Community School District.

This school corporation is located in Buchanan County, and its affairs are conducted by elected school officials, the East Buchanan Community School District Board of Directors. This school corporation has exclusive jurisdiction over school matters in the territory of the school district.

Legal Reference: Iowa Code §§ 274.1, .2, .6, .7; 279.8; 594A.

Cross Reference: 200 Legal Status of the Board of Directors

Approved: April 11, 2001

Reviewed: February 11, 2004; January 16, 2010; March 9, 2015; January 8, 2020; January 13, 2021

EDUCATIONAL PHILOSOPHY OF THE SCHOOL DISTRICT

As a school corporation of Iowa, the East Buchanan Community School District, acting through its board of directors, is dedicated to promoting an equal opportunity for a quality public education to its students. The board's ability may be limited by the school district's ability and willingness to furnish financial support in cooperation with student's parents and school district community. The board is also dedicated to providing the opportunity to develop a healthy social, intellectual, emotional, and physical self-concept in a learning environment that provides guidance to and encourages critical thinking in the students for a lifetime.

The board endeavors, through the dedication of the school district's resources, to encourage students, who come to the school district from a variety of backgrounds, to look forward to the time when they will have jobs, homes, families, places in the school district community, and attain recognition as individuals. In order to achieve this goal, the board will seek qualified employees dedicated to development of their professional skills for the betterment of the education program and for the expertise for educational productivity.

Instruction and curriculum are the key elements of a public education. ~~Effective communication,~~ Critical thinking and problem solving skills that will assist the students' preparation for life is instructed as part of a sequentially coordinated curriculum. The school district strives to prepare students for employment, to discover and nurture creative talent and to prepare them to meet and cope with social change in an atmosphere conducive to learning.

The support and involvement of the home and the school district community are essential to achieve educational excellence in the school district. The school district strives to maintain an active relationship with the home and the school district community to create within the students an awareness of dignity and worth of the individual, civic responsibility and respect for authority.

Legal Reference: Iowa Code §§ 256.11, .11A

Cross Reference:	102	Equal Educational Opportunity
	103	Long-Range Needs Assessment
	209	Board of Directors' Management Procedures
	600	Goals and Objectives of the Education Program
	602	Curriculum Development

Approved: March 10, 2004  
Reviewed: January 16, 2010; March 9, 2015  
Revised: January 13, 2021

## GRIEVANCE PROCEDURE

It is the policy of the East Buchanan Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs) sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact:

Chad Lamker, 414-5<sup>th</sup> Street, North, Winthrop, IA 50682; clamker@east-buc.k12.ia.us

Students, parents of students, employees, and applicants for employment in the school district have the right to file a formal complaint alleging discrimination. The district has policies and procedures in place to identify and investigate complaints alleging discrimination. If appropriate, the district will take steps to prevent the recurrence of discrimination and to correct its discriminatory effects on the Complainant and others.

A Complainant may attempt to resolve the problem informally by discussing the matter with a building principal or a direct supervisor. However, the Complainant has the right to end the informal process at any time and pursue the formal grievance procedures outlined below. Use of the informal or formal grievance procedure is not a prerequisite to the pursuit of other remedies. Please note that informal processes and procedures are not to be used in certain circumstances (e.g., sexual harassment and sexual assault).

### **Filing a Complaint**

A Complainant who wishes to avail himself/herself of this grievance procedure may do so by filing a complaint with the equity coordinator(s). An alternate will be designated in the event it is claimed that the equity coordinator or superintendent committed the alleged discrimination or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The equity coordinator(s) shall assist the Complainant as needed.

### **Investigation**

Within 15 working days, the equity coordinator will begin the investigation of the complaint or appoint a qualified person to undertake the investigation (hereinafter "equity coordinator"). If the Complainant is under 18 years of age, the equity coordinator shall notify his or her parent(s)/guardian(s) that they may attend investigatory meetings in which the Complainant is involved. The complaint and identity of the Complainant, Respondent, or witnesses will only be disclosed as reasonably necessary in connection with the investigation or as required by law or policy. The investigation may include, but is not limited to the following:

- A request for the Complainant to provide a written statement regarding the nature of the complaint;
- A request for the individual named in the complaint to provide a written statement;
- A request for witnesses identified during the course of the investigation to provide a written statement;
- Interviews of the Complainant, Respondent, or witnesses;
- An opportunity to present witnesses or other relevant information; and
- Review and collection of documentation or information deemed relevant to the investigation.

Within 60 working days, the equity coordinator shall complete the investigation and issue a report with respect to the findings.

**The equity coordinator shall notify the Complainant and Respondent of the decision within 5 working days of completing the written report. Notification shall be by U.S. mail, first class.**

**Decision and Appeal**

The complaint is closed after the equity coordinator has issued the report, unless within 10 working days after receiving the decision, either party appeals the decision to the superintendent by making a written request detailing why he/she believes the decision should be reconsidered. The equity coordinator shall promptly forward all materials relative to the complaint and appeal to the superintendent. Within 30 working days, the superintendent shall affirm, reverse, amend the decision, or direct the equity coordinator to gather additional information. The superintendent shall notify the Complainant, Respondent, and the equity coordinator of the decision within 5 working days of the decision. Notification shall be by U.S. mail, first class.

The decision of the superintendent shall be final.

The decision of the superintendent in no way prejudices a party from seeking redress through state or federal agencies as provided by in law.

This policy and procedures are to be used for complaints of discrimination, in lieu of any other general complaint policies or procedures that may be available.

If any of the stated timeframes cannot be met by the district, the district will notify the parties and pursue completion as promptly as possible.

Retaliation against any person, because the person has filed a complaint or assisted or participated in an investigation, is prohibited. Persons found to have engaged in retaliation shall be subject to discipline by appropriate measures.

*NOTE: A school district may have a different coordinator for each law or consolidate the responsibilities under one employee. The Iowa Department of Education encourages districts to have no more than two (2) coordinators: one for employment and one for programs. If the district has more than one coordinator, publications of this policy and notifications must include the name, contact address, contact phone number and email address for each coordinator.*

*NOTE: The sample grievance procedures include an appeal process that ends with the superintendent. If the board chooses to have a different practice that involves the board in these grievance procedures, the procedures should be updated to reflect this practice.*

*NOTE: The Office for Civil Rights requires that the procedures must designate reasonably prompt time frames for the major stages of the complaint process. The number listed in the italic brackets for each stage includes suggested time frames based on guidance from both the United States Office for Civil Rights and the Iowa Department of Education. Districts should ensure that the time frames selected are reasonable for the individual district.*

*NOTE: Some conduct that falls under a school's equal educational opportunity policy also may trigger responsibilities under the state's anti-bullying/anti-harassment laws. By limiting the response to a specific application of its equal educational opportunity policy and the accompanying grievance procedures, a school may fail to properly consider whether the alleged conduct also results in bullying and/or harassment.*

ANNUAL NOTICE OF NONDISCRIMINATION

The East Buchanan Community School offers career and technical programs in the following areas of study:

Family Consumer Science; Industrial Technology; Business Education, Agricultural Education

It is the policy of the East Buchanan Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact:

Eric Dockstader  
414 Fifth Street, North  
Winthrop, Iowa 50682  
(319) 935-3367

*NOTE: A school district may have a different coordinator for each law or consolidate the responsibilities under one employee. The Iowa Department of Education encourages districts to have no more than two (2) coordinators: one for employment and one for programs. If the district has more than one coordinator, publications of this policy and notifications must include the name, contact address, contact phone number and email address for each coordinator.*

CONTINUOUS NOTICE OF NONDISCRIMINATION

It is the policy of the East Buchanan Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact:

Eric Dockstader  
414 Fifth Street, North  
Winthrop, Iowa 50682  
(319) 935-3367  
edockstader@east-buc.k12.ia.us

NOTICE OF SECTION 504 STUDENT AND PARENTAL RIGHTS

The East Buchanan Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. It has been determined that your child has a qualifying disability for which accommodations may need to be made to meet his or her individual needs as adequately as the needs of other students. As a parent, you have the right to the following:

- participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- receipt of free educational services to the extent they are provided students without disabilities;
- receipt of information about your child and your child's educational programs and activities in your native language;
- notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate; and
- hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.

It is the policy of East Buchanan Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact:

Dan Fox, Superintendent of Schools, 414 5<sup>th</sup> St N, Winthrop IA 50682 319-935-3767



COMPLAINT FORM  
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):  
\_\_\_\_\_  
\_\_\_\_\_

Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?  
\_\_\_\_\_  
\_\_\_\_\_

Date and place of alleged incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of any witnesses (if any): \_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee):  
\_\_\_\_\_  
\_\_\_\_\_

Date and place of alleged incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Description of incident witnessed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DISPOSITION OF COMPLAINT FORM

Date: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee):  
\_\_\_\_\_  
\_\_\_\_\_

Date and place of alleged incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Respondent (include whether the Respondent is a student or employee):  
\_\_\_\_\_  
\_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Summary of Investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LONG-RANGE NEEDS ASSESSMENT

Long-range needs assessment enables the school district to analyze assessment data, get feedback from the community about its expectation of students and determine how well students are meeting student learning goals. The board will conduct ongoing and in-depth needs assessment, soliciting information from business, labor, industry, higher education and community members, regarding their expectations for adequate student preparation.

In conjunction with the in-depth needs assessment of the school district, the board will authorize the appointment of a committee, representing administrators, employees, parents, students and community members, to make recommendations and assist the board in determining the priorities of the school district in addition to the basic skills areas of the education program.

The district will provide opportunities for local feedback on an ongoing basis. Opportunities include: parent advisory committees; district task forces; district and building-level committees; and the District Advisory Committee.

It is the responsibility of the superintendent to ensure the school district community is informed of students' progress on state and locally determined indicators. The superintendent will report annually to the board about the means used to keep the community informed.

As a result of the board and committee's work, the board will determine major educational needs and rank them in priority order; develop long-range goals and plans to meet the needs; establish and implement short-range and intermediate-range plans to meet the goals and to attain the desired levels of student performance; evaluate progress toward meeting the goals and maintain a record of progress under the plan that includes reports of student performance and results of school improvement projects; and annually report the school district's progress made under the plan to the committee, community and Iowa Department of Education.

~~The superintendent will develop a process for long range needs assessment. The process needs to include three items:~~ **The school district's long range needs assessment process includes these items:**

- ◆ provisions for collecting, analyzing and reporting information derived from local, state and national sources;
- ◆ provisions for reviewing information acquired on the following:
  - state indicators and other locally determined indicators,
  - locally established student learning goals,
  - specific data collection required by state and federal programs;
- ◆ provisions for collecting and analyzing assessment data on the following:
  - state indicators,
  - locally determined indicators,
  - locally established student learning goals

Legal Reference: Iowa Code §§ 21; 256.7; 280.12  
281 I.A.C. 12.8(1)(b).

Cross Reference:	101	Educational Philosophy of the School District
	200	Legal Status of the Board of Directors
	208	Committees of the Board of Directors
	603.1	Basic Instruction Program
	801.1	Buildings and Sites Long Range Planning
	801.2	Buildings and Sites Surveys

Approved: March 10, 2004

Reviewed: January 16, 2010; March 9, 2015

Revised: January 13, 2021

ANTI-BULLYING/ANTI-HARASSMENT POLICY

The East Buchanan Community School District is committed to providing all students, **employees, and volunteers** with a safe and civil school environment in which all members of the school community are treated with dignity and respect. Bullying and/or harassing behavior can seriously disrupt the ability of school employees to maintain a safe and civil environment, and the ability of students to learn and succeed.

Bullying and/or harassment of or by students, staff, and volunteers is against federal, state, and local policy and is not tolerated by the board.

Therefore, it is the policy of the state and the school district that **Accordingly**, school employees, volunteers, and students shall not engage in bullying or harassing behavior ~~in school, on school property, or at any school function or school-sponsored activity.~~ **while on school property, while on school-owned or school-operated vehicles, while attending or participating in school-sponsored or sanctioned activities, and while away from school grounds if the conduct materially interferes with the orderly operation of the educational environment or is likely to do so.**

**Complaints may be filed with the superintendent or superintendent's designee pursuant to the regulation accompanying this policy. Complaints will be investigated within a reasonable time frame.**

**A school employee, volunteer, or student, or a student's parent or guardian who promptly, reasonably, and in good faith reports an incident of bullying or harassment, in compliance with the procedures in the regulation, to the appropriate school official designated by the school district, shall be immune from civil or criminal liability relating to such report and to participation in any administrative or judicial proceeding resulting from or relating to the report.**

**Retaliation Prohibited**

**Individuals who knowingly file false bullying or harassment complaints and any person who gives false statements in an investigation may be subject to discipline by appropriate measures.**

**Any student found to have violated or retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have violated or retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have violated or retaliated in violation of this policy shall be subject to measures up to, and including, removal from service and exclusion from school grounds.**

**Definitions**

For the purposes of this policy, the defined words shall have the following meaning:

- "Electronic" means any communication involving the transmission of information by wire, radio, optic cable, electromagnetic, or other similar means. "Electronic" includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones, and electronic text messaging. "Harassment" and "bullying" shall mean **any repeated or potentially repeated** electronic, written, verbal, or physical act or **other ongoing** conduct toward a student **an individual** based on the individual's actual or perceived age, color, creed,

national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status, and **any trait or characteristic of the individual** which creates an objectively hostile school environment that meets one or more of the following conditions:

- (1) Places the **individual** student in reasonable fear of harm to the student's **individual's** person or property.
- (2) Has a substantial detrimental effect on the student's **individual's** physical or mental health.
- (3) Has the effect of substantially interfering with a student's **the individual's** academic **or career** performance. Has the effect of substantially interfering with the student's **individual's** ability to participate in or benefit from the services, activities, or privileges provided by a school.

- "Trait or characteristic of the **student individual**" includes but is not limited to age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status.
- "Volunteer" means an individual who has regular, significant contact with students.

**Publication of Policy**

The board will annually publish this policy. The policy may be publicized by the following means:

- Inclusion in the student handbook,
- Inclusion in the employee handbook
- Inclusion in the registration materials
- Inclusion on the school or school district's web site,
- Inclusion in the school district newsletter publications and a copy shall be made to any person at the central administrative office at 414 5<sup>th</sup> Street, North, Winthrop, IA 50682.

Legal References: 20 U.S.C. §§ 1221-1234i.  
 29 U.S.C. § 794.  
 42 U.S.C. §§ 2000d-2000d-7.  
 42 U.S.C. §§ 12001 *et. seq.*  
 Iowa Code §§ 216.9; 280.28; 280.3.  
 281 I.A.C. 12.3(6).  
*Morse v. Frederick*, 551 U.S. 393 (2007)

Cross References: 102 Equal Educational Opportunity  
 502 Student Rights and Responsibilities  
 503 Student Discipline  
 506 Student Records

Approved: February 18, 2008  
 Reviewed: January 16, 2010; March 9, 2015  
 Revised: June 15, 2016; January 13, 2021

## ANTI-BULLYING/ANTI-HARASSMENT INVESTIGATION PROCEDURES

The *East Buchanan Community School District* is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. Bullying and/or harassment of or by students, staff, and volunteers is against federal, state, and local policy and is not tolerated by the board. Bullying and/or harassing behavior can seriously disrupt the ability of school employees to maintain a safe and civil environment, and the ability of students to learn and succeed. Therefore, it is the policy of the state and the school district that school employees, volunteers, and students shall not engage in bullying or harassing behavior in school, on school property, or at any school function or school-sponsored activity.

### **Definitions**

For the purposes of this policy, the defined words shall have the following meaning:

- “Electronic” means any communication involving the transmission of information by wire, radio, optic cable, electromagnetic, or other similar means. “Electronic” includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones, and electronic text messaging.
- “Harassment” and “bullying” shall mean any electronic, written, verbal, or physical act or conduct toward a student based on the individual’s actual or perceived age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status, and which creates an objectively hostile school environment that meets one or more of the following conditions:
  - (1) — Places the student in reasonable fear of harm to the student’s person or property.
  - (2) — Has a substantial detrimental effect on the student’s physical or mental health.
  - (3) — Has the effect of substantially interfering with a student’s academic performance.
  - (4) — Has the effect of substantially interfering with the student’s ability to participate in or benefit from the services, activities, or privileges provided by a school.
- “Trait or characteristic of the student” includes but is not limited to age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status.
- “Volunteer” means an individual who has regular, significant contact with students.

### **Filing a Complaint**

A Complainant who wishes to avail himself/herself of this procedure may do so by filing **An individual who believes that the individual has been harassed or bullied may file** a complaint with the superintendent or superintendent’s designee. **The complaint form is available on the district’s website and in each school office.** An alternate **investigator** will be designated in the event it is claimed that the superintendent or superintendent’s designee committed the alleged **discrimination bullying or harassment** or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The Complainant shall receive assistance as needed.

School employees, volunteers, and students shall not engage in reprisal, retaliation, or false accusation against a victim, witness, or an individual who has reliable information about an act of bullying or harassment.

### **Investigation**

The school district will promptly and reasonably investigate allegations of bullying or harassment **upon receipt of a written complaint**. The *superintendent or the superintendent’s designee* or name the

ANTI-BULLYING/ANTI-HARASSMENT INVESTIGATION PROCEDURES

position if not the superintendent] (hereinafter "Investigator") will be responsible for handling all complaints alleging bullying or harassment.

If the Complainant is under 18 years of age, the Investigator shall notify his or her parent(s)/guardian(s) that they may attend investigatory meetings in which the Complainant is involved. The complaint and identity of the Complainant, Respondent, or witnesses will only be disclosed as reasonably necessary in connection with the investigation or as required by law or policy.

The investigation may include, but is not limited to the following:

- Interviews with the Complainant and the individual named in the complaint ("Respondent")
- A request for the Complainant to provide a written statement regarding the nature of the complaint;
- A request for the Respondent to provide a written statement;
- Interviews with witnesses identified during the course of the investigation;
- A request for witnesses identified during the course of the investigation to provide a written statement; and
- Review and collection of documentation or information deemed relevant to the investigation.

The Investigator shall consider the totality of circumstances presented in determining whether conduct objectively constitutes bullying or harassment **as defined in Board policy**. Upon completion of the investigation, the Investigator shall issue a report with respect to the findings, **and provide a copy of the report to the appropriate building principal or Superintendent if the investigation involved the building principal.**

**The complaint and identity of the Complainant, Respondent, or witnesses will only be disclosed as reasonably necessary in connection with the investigation or as required by law or policy. Similarly, evidence uncovered in the investigation shall be kept confidential to the extent reasonably possible.**

Additional suggestions for administrative procedures regarding this policy include:

- Organizing training programs for students, school employees, and volunteers regarding how to recognize bullying and harassing behavior and what to do if this behavior is witnessed; and
- Developing a process for evaluating the effectiveness of this policy in reducing bullying and harassing behavior.

**Decision**

**The investigator, building principal or superintendent, depending on the individuals involved, shall inform the Complainant and the accused about the outcome of the investigation.** If, after an investigation, a student is found to be in violation of the policy, the student shall be disciplined by appropriate measures, which may include suspension and expulsion. If after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures, which may include termination. If after an investigation a school



ANTI-BULLYING/ANTI-HARASSMENT INVESTIGATION PROCEDURES

volunteer is found to be in violation of this policy, the volunteer shall be subject to appropriate measures, which may include exclusion from school grounds.

~~A school employee, volunteer, or student, or a student's parent or guardian who promptly, reasonably, and in good faith reports an incident of bullying or harassment, in compliance with the procedures in the policy adopted pursuant to this section, to the appropriate school official designated by the school district, shall be immune from civil or criminal liability relating to such report and to participation in any administrative or judicial proceeding resulting from or relating to the report.~~

Individuals who knowingly file false bullying and/or harassment complaints and any person who gives false statements in an investigation may be subject to discipline by appropriate measures, as shall any person who is found to have retaliated against another in violation of this policy. Any student found to have retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have retaliated in violation of this policy shall be subject to measures up to, and including, exclusion from school grounds.

***NOTE: School districts must include a number of requirements in the district anti-bullying/anti-harassment policy. This regulation builds on the requirements addressed in IASB sample policy 104 by more specifically detailing sample investigation procedures. Districts should ensure that the district's practice is reflective of the policy and regulations that the district's leadership team has established. Please remember that the procedures outlined here should be consistent with the policy.***

***NOTE: Some conduct that falls under a school's anti-bullying/anti-harassment policy also may trigger responsibilities under one or more of the federal and state antidiscrimination laws. By limiting the response to a specific application of its anti-bullying/anti-harassment disciplinary policy and the accompanying procedures, a school may fail to properly consider whether the alleged conduct also results in discriminatory bullying and/or harassment.***

Approved: July 15, 2016  
Reviewed: \_\_\_\_\_  
Revised: January 13, 2021

COMPLAINT FORM  
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):  
\_\_\_\_\_  
\_\_\_\_\_

Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?  
\_\_\_\_\_

Date and place of alleged incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of any witnesses (if any): \_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other -- Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee): \_\_\_\_\_

Date and place of alleged incident(s): \_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	

Description of incident witnessed: \_\_\_\_\_

Additional information: \_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DISPOSITION OF COMPLAINT FORM

Date: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee): \_\_\_\_\_

Date and place of alleged incident(s): \_\_\_\_\_

Name of Respondent (include whether the Respondent is a student or employee): \_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Summary of Investigation: \_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BUCCANEER BRAG-ABOUT

