

**Mission:** *To develop lifelong learners through effective teaching in a safe and caring environment.*

**Vision:** *Educational excellence for every child – setting the standard others aim for.*

**AGENDA**  
**BOARD OF EDUCATION – SPECIAL MEETING**  
**Instructional Planning Center/Huron Arena**  
**November 28, 2016**  
**5:30 p.m.**

1. **Call to Order**
2. **Roll Call**
3. **Pledge of Allegiance**
4. **Adoption of the Agenda**
5. **Dates to Remember**

December 6	HHS Parent/Teacher Conferences 5:30 – 8:45
December 7	Early Release
December 12	Board of Education Meeting – 5:30 p.m. – IPC
December 23	Parent/Teacher Comp Day – No School
December 26-30	Christmas Break – No School
January 1	Happy New Year!
January 9	Board of Education Meeting – 5:30 p.m. – IPC
January 11	Early Release
January 16	Martin Luther King Day – No School
January 21	Credit Recovery Day
January 23	Board of Education Meeting – 5:30 p.m. – IPC
January 30	HHS Registration Open House 5:30 – 8:45
6. **Community Input on Items Not on the Agenda**
7. **Conflict Disclosure and Consideration of Waivers** – The School Board will review the disclosures and determine if the transactions or the terms of the contracts are fair, reasonable, and not contrary to the public interest.
  - a) **Director of Curriculum & Instruction Sherri Nelson – WR2017-46**
8. **CONSENT AGENDA**

**The Superintendent of Schools recommends approval of the following:**

  - a) **Board Approval of New Hires**

As was mentioned previously, classified personnel and substitute teachers/classroom aides must be approved in order to be covered by our workers' compensation plan.

    - 1) Luanne Thompson / Substitute – Full-Time Personnel / \$15.76 per hour
    - 2) Kristle Christensen / SPED Tutor / \$31.00 per hour
  - b) **Contracts for Board Approval**
    - 1)
  - c) **Resignations for Board Approval**
    - 1) Clela Henson / Administrative Assistant-Curriculum Office / 37 years
  - d) **Consideration and Approval of Bills – See Attached List**

e) **Renew Arena Advertising for 2017**

- 1) Prostrollo General Motors
- 2) Precision Auto Body Design
- 3) Carr Chiropractic Clinic

f) **Intent to Apply for Grant Funding**

<b>Group Applying</b>	<b>TAP</b>
Contact Person	Sherri Nelson
Name of Award	Imagine Learning Online Literacy Intervention Grant
Name of Funder	SD Department of Education
Amount to be Requested	One License per TAP Student
Project Focus	Reading Support for Struggling Students

(The consent agenda may be approved with one motion. However, if a board member wishes to separate an item for discussion, he may do so.)

9. **CELEBRATE SUCCESSES IN THE DISTRICT:**

**CONGRATULATIONS:**

- The following teams/groups qualified for the SDHSAA Academic Achievement Team Award by collectively achieving a combined GPA of 3.0 or higher:
  - Boys Golf Team
  - Girls Cross Country Team
  - Boys Cross Country Team
  - All-State Chorus
  - All-State Orchestra
  - Football Team
  - Football Cheerleaders
  - Competitive Cheer Team
  - Competitive Dance Team
  - Volleyball Team
  - Oral Interpretation
  - Boys Soccer Team
  - Girls Soccer Team
- Karissa Schroder – VB All Tournament Team
- Lisa Kissner – One of four state level finalists for the 2016 Presidential Award for Excellence in Elementary Mathematics Teaching.

**THANK YOU TO:**

- Thank you to all the 4th and 5th grade teachers for the outstanding job done during the parent/teacher conferences. Parent / Teacher conferences were well attended.
- Thank you to Mrs. Kattner, the 4th/ 5th grade teachers, and the 4th/5th grade scholars for doing an outstanding presentation honoring our Veterans on Veterans' Day. Standing room only.
- Thank you to the Washington 5th grade HUB members for helping all the United Way Board members sign in at the office, get their lunch in the commons, and escorting the members to the correct room where the meeting was to be held.

**10. REPORTS TO THE BOARD:**

- a) **Classified Employee of the Month – Presented by Mrs. Heinz**  
Tricia Wehrmann, Para-Educator, Buchanan K-1 Center, has been selected as Classified Employee of the Month for November 2016. Nomination comments are included in this packet. Congratulations Tricia!
- b) **Business Manager’s Report**
- c) **Superintendent’s Report**

**11. OLD BUSINESS**

- a) **TAP Handbook Revisions – 1<sup>st</sup> Reading**

**12. NEW BUSINESS**

- a)

**13. EXECUTIVE SESSION**

1-25-2 Executive or closed meetings may be held for the sole purpose of:  
(1) Discussing the qualifications, competence, performance, character or fitness of any public officer or employee or prospective public officer or employee. The term “employee” does not include any independent contractor.

**14. ADJOURNMENT**

## REQUEST FOR SCHOOL BOARD WAIVER

Date: November 22, 2016

Name of the school board member, school administrator or school business manager requesting the waiver: Sherri Nelson

Brief explanation of the potential conflict of interest: The *Power of ICU* team is hiring me to speak at an education conference at Pipestone Area Schools.

Brief explanation of the essential terms of the contract(s) or transaction(s) from which a potential conflict of interest may arise, including:

(1) all parties to the contract: Sherri Nelson and *Power of ICU* team

(2) the person's role in the contract or transaction: Conference Speaker

(3) the purpose(s)/objective(s) of the contract: Providing professional development services on behalf of the *Power of ICU* team for Pipestone Area Schools.

(4) the consideration or benefit conferred or agreed to be conferred upon each party: In exchange for speaking, I will receive a check from the *Power of ICU* team.

(5) the length of time of the contract: 1 day – January 16, 2017

(6) any other relevant information: I will use January 16<sup>th</sup> as one of my paid holidays.

Brief explanation of how or why the transaction or the terms of the contract are fair, reasonable, and not contrary to the public interest such that a waiver should be granted.

I will use January 16<sup>th</sup> as one of my paid holidays.

Signature of Person Requesting Waiver: *Sherri Nelson*

**THIS IS A PUBLIC DOCUMENT**

**Huron School District  
New Hire Justification**

**Date:** 11/22/16

**Applicant Information**

**Applicant Name:** Kristle Christenesn

**Address:** 1930 Kansas SE, Huron, SD

**Phone:** 605-412-0233

**Education:** Bachelors Degree

**Experience:**

**References:**

**Reason for New Hire**

**New Position:** SPED Tutor

**Replacement:**

**Position Information**

**Department:** SPED

**Position:** Tutor

**Supervisor:** Lori Wehlander

**Responsibilities:** SPED Tutor

**Hours:** 4 hours per week

**Hiring Information**

**Wages:** \$31.00

**Classification:**

**Wage Justification:**

**Start Date:** Fall 2016

**Requested by:** Lori Wehlander (Administrator)

November 21, 2016

To: Huron School Board, Mr. Nebelsick, Mr. Christopherson

Please accept this as my official notice of resignation. My last day will be June 19, 2017.

Thank you for the opportunity to serve many wonderful students and parents in our district. For the past 36 years I have enjoyed working for and with some wonderful administrators and staff. I would also like to thank the Huron School District for the excellent education my son received throughout his school years.

Sincerely,

A handwritten signature in cursive script that reads "Clela Henson". The signature is written in black ink and is positioned above the printed name.

Clela Henson

<u>Vendor Name</u>		<u>Vendor Description</u>	<u>Amount</u>	
Checking	1			
Checking	1	Fund: 10 GENERAL FUND		
CITY OF HURON		UTILITIES	3,202.32	
MAILFINANCE		LEASE	1,338.00	
NORTHWESTERN ENERGY		UTILITIES	1,566.69	
		Fund Total:		6,107.01
Checking	1	Fund: 22 SPECIAL EDUCATION FUND		
PARENT		MILEAGE PD PARENT	699.07	
		Fund Total:		699.07
		Checking Account Total:		6,806.08

## ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 14<sup>th</sup> day of NOVEMBER, 2016, by and among PROSTROLLO GENERAL MOTORS ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement dated October 1, 2004 (as amended, the "Advertising Agreement") (a copy of the "Advertising Agreement" is attached); and

WHEREAS, the parties desire to extend and modify the Advertising Agreement as set forth herein.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Renewal/Extension of Term. Effective as of the date hereof, the Term set forth in the Advertising Agreement shall be extended to run for 1 (one) year from and after January 1, 2017, and ending on December 31, 2017.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be \$8,000 (eight thousand dollars), payable in advance in accordance with the attached Payment Schedule.
3. Ratification. Except as expressly modified hereby, the remaining terms and conditions of the Advertising Agreement are hereby ratified and confirmed, and shall remain in full force and effect.

Advertiser Initial

gel

Owner Initial

\_\_\_\_\_



**PAYMENT SCHEDULE**

**Agreement year 2017:** For services rendered January 1, 2017 to December 31, 2017.

Payment #1: \$ 2000. Payment due on or before 2-1-17

Payment #2: \$ 2000. Payment due on or before 5-1-17

Payment #3: \$ 2000. Payment due on or before 8-1-17

Payment #4: \$ 2000. Payment due on or before 10-1-17

**ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.**

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.

**ADVERTISER: Prostrollo General Motors**

By John Deniger  
[authorized signature only]

JOHN DENIGER  
[print or type name clearly]

Title PRESIDENT  
Dated 11-14-16

Address: PO Box 1415  
City, State, Zip: Huron SD 57350  
Phone: 605-352-6411  
Fax: 605-352-9286  
Email Address: info@prostrollo.com

**OWNER: Huron School District 2-2**

By \_\_\_\_\_  
Huron Board of Education

Board Approved \_\_\_\_\_

## ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 8<sup>th</sup> day of November, 2016, by and among PRECISION AUTO BODY DESIGN ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement dated February 8, 2016 (as amended, the "Advertising Agreement") (a copy of the "Advertising Agreement" is attached); and

WHEREAS, the parties desire to extend and modify the Advertising Agreement as set forth herein.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Renewal/Extension of Term. Effective as of the date hereof, the Term set forth in the Advertising Agreement shall be extended to run for 1 (one) year from and after January 1, 2017, and ending on December 31, 2017.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be \$2,500 (two thousand five hundred dollars), payable in advance in accordance with the attached Payment Schedule.
3. Ratification. Except as expressly modified hereby, the remaining terms and conditions of the Advertising Agreement are hereby ratified and confirmed, and shall remain in full force and effect.

Advertiser Initial WS

Owner Initial \_\_\_\_\_

**PAYMENT SCHEDULE**

**Agreement year 2017:** For services rendered January 1, 2017 to December 31, 2017.

Payment #1: \$ 1250<sup>00</sup> Payment due on or before 1-1-17

Payment #2: \$ \_\_\_\_\_ Payment due on or before \_\_\_\_\_

Payment #3: \$ 1250<sup>00</sup> Payment due on or before 6-1-17

Payment #4: \$ \_\_\_\_\_ Payment due on or before \_\_\_\_\_

**ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.**

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.

**ADVERTISER: Precision Auto Body Design**

By Warren W Storm  
[authorized signature only]

Warren W. Storm  
[print or type name clearly]

Title President/Owner

Dated November 8, 2016

Address: 1278 Lincoln Ave. S.W.

City, State, Zip: Huron, SD. 57350

Phone: 605-352-5353

Fax: 605-352-5566

Email Address: Warren@precisionautobodydesign.com

**OWNER: Huron School District 2-2**

By \_\_\_\_\_  
Huron Board of Education

Board Approved \_\_\_\_\_

## ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 15 day of Nov., 2016, by and among CARR CHIROPRACTIC CLINIC ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement dated October 1, 2004 (as amended, the "Advertising Agreement") (a copy of the "Advertising Agreement" is attached); and

WHEREAS, the parties desire to extend and modify the Advertising Agreement as set forth herein.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Renewal/Extension of Term. Effective as of the date hereof, the Term set forth in the Advertising Agreement shall be extended to run for 1 (one) year from and after January 1, 2017, and ending on December 31, 2017.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be \$2,500 (two thousand five hundred dollars), payable in advance in accordance with the attached Payment Schedule.
3. Ratification. Except as expressly modified hereby, the remaining terms and conditions of the Advertising Agreement are hereby ratified and confirmed, and shall remain in full force and effect.

Advertiser Initial AC

Owner Initial \_\_\_\_\_

**PAYMENT SCHEDULE**

**Agreement year 2017:** For services rendered January 1, 2017 to December 31, 2017.

Payment #1: \$ 1500 Payment due on or before Nov. 25<sup>th</sup>, 16

Payment #2: \$ 1000 Payment due on or before Dec. 25, 16

Payment #3: \$ \_\_\_\_\_ Payment due on or before \_\_\_\_\_

Payment #4: \$ \_\_\_\_\_ Payment due on or before \_\_\_\_\_

**ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.**

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.

**ADVERTISER: Carr Chiropractic Clinic**

By Kathryn R Carr  
[authorized signature only]

Kathryn R Carr  
[print or type name clearly]

Title Office Administrator  
Dated 11-15-16

Address: 2065 Campbell Dr.  
City, State, Zip: Huron SD 57350  
Phone: 352 5264  
Fax: 352 9776  
Email Address: \_\_\_\_\_

**OWNER: Huron School District 2-2**

By \_\_\_\_\_  
Huron Board of Education

Board Approved \_\_\_\_\_

PO Box 949  
Huron, SD 57350  
605-353-6992



Sherri Nelson  
Director of Curriculum,  
Instruction, and Assessment  
Sherri.Nelson@k12.sd.us

**INTENT TO APPLY FOR GRANT FUNDING --- Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.**

Date: 11/21/16 Group Applying: TAP Contact Person: Sherri Nelson

Name of Grant/Award: Imagine Learning Online Literacy Intervention Grant

Name of Funder: SD Department of Education Contact Person: Teresa Berndt

Amount to be Requested: one license per TAP student Funder's Submission Due Date: 12/2/16

Project Focus: reading support for struggling students

How awarded amount received?  Full amount up front \_\_\_\_\_ Reimbursement  
This grant shall commence on January 1, 2017 and shall end on the second Friday in June of 2019.

Are any follow up reports required?  Yes \_\_\_\_\_ No If yes, when are they due?  
Each school shall provide the state with aggregate benchmark assessment data for each grade level and all benchmark periods by the end of May on an annual basis for the entirety of the agreement.

Is any District funding, resource, or in-kind commitment required now or in the future? Yes  No \_\_\_\_\_

If yes, please list by dollar amount and/or in-kind service/support. Be specific:  
Imagine Learning will provide districts training in order to successfully implement the program. The Imagine Learning consultant will work with the district to schedule installation dates and onsite and online training dates. Training for TAP site coordinators is estimated to be 3 hours per person at a cost to the TAP program of \$ 608.88. The district's technology must also meet the requirements needed to operate the online program. This will not be a problem, as we currently use the program for select students in our district.

Please note:

- o Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- o The person or group applying will need to submit the following documentation to the curriculum and business offices:
  - o A copy of the completed grant application.
  - o If and when the grant is awarded, a copy of the award letter.
  - o If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: Sherri Nelson Date: 11-22-16  
Building/Department Administrator

Signature: Sherri Nelson Date: 11-22-16  
Sherri Nelson, Director of Curriculum, Instruction & Assessment

Signature: Kelly Christopherson Date: 11-22-16  
Kelly Christopherson, Business Manager

Date Presented to School Board: \_\_\_\_\_

## Classified Employee of the Month

Name Tricia Wehrmann  
Position Para-Educator – Buchanan K-1 Center  
Date November 28, 2016

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The staff at Buchanan Elementary would like to nominate Tricia Wehrmann, Para-Educator, for the Classified Employee of the Month. Tricia is a hard worker and a team player. She possesses the characteristics for the Classified Employee of the Month. She works with children one on one, in small groups, and completes various tasks for teachers. Below are some of the things Tricia's co-workers wrote about her.

- She has great rapport with the students and staff.
- She is a very hard worker, and always goes above and beyond what is expected of her.
- She is an excellent Para.
- She cares about the students and is always trying to find ways to help them be successful.
- She cares about Buchanan as a whole.
- She never says no and always wants the best for all of the students.
- She has high expectations for the students.
- She works with all staff and students in a positive manner.
- She has an eye for efficiency.

Tricia is one of the keys to making the Buchanan K/1 Center a pleasant place to work. Way to go Tricia!!

# **TIGER AFTER- SCHOOL PROGRAM (TAP)**



**Parent Handbook  
2016-2017**



## TABLE OF CONTENTS

<b>Introduction .....</b>	<b>1</b>
<b>Program Mission .....</b>	<b>1</b>
<b>Program Objectives.....</b>	<b>1</b>
<b>TAP Program Description.....</b>	<b>1</b>
<b>Program Components .....</b>	<b>1</b>
<b>General Policies:</b>	
<b>Registration.....</b>	<b>2</b>
<b>Staff.....</b>	<b>2</b>
<b>Child Abuse and Abandoned Children Policy.....</b>	<b>2</b>
<b>Attendance Policy .....</b>	<b>2</b>
<b>Cost .....</b>	<b>2</b>
<b>Hours .....</b>	<b>2</b>
<b>Transportation.....</b>	<b>2</b>
<b>Location.....</b>	<b>2</b>
<b>Accidents, Illness, Medications, Allergies, and Other Emergencies.....</b>	<b>3</b>
<b>Emergency Contact .....</b>	<b>3</b>
<b>Sign-Out/Attendance Policy for Grades K-5 .....</b>	<b>3</b>
<b>Behavior/Discipline .....</b>	<b>4</b>
<b>Termination of Services .....</b>	<b>4</b>
<b>Notification of TAP Closing .....</b>	<b>4</b>
<b>Snack .....</b>	<b>4</b>
<b>Confidentiality of Records.....</b>	<b>4</b>
<b>Job Duties.....</b>	<b>5</b>
<b>Volunteer Opportunities.....</b>	<b>5</b>
<b>TAP Contacts.....</b>	<b>5</b>
<b>K-12 Building Principals .....</b>	<b>5</b>
<b>Appendix “A” (Registration Form) .....</b>	<b>6</b>
<b>Appendix “B” (Student Accident Form).....</b>	<b>7</b>
<b>Appendix “C” (Behavior Incident Report).....</b>	<b>8</b>

**Introduction:**

The information in this handbook is provided for all parents/guardians of students enrolled in the Tiger After-school Program (TAP). Please contact the Program Director if you have any questions about the program that are not addressed in this handbook.

**Program Mission:**

Provide academic support and enrichment, wellness activities and caring relationships in a safe and secure environment beyond the school day.

**Program Objectives:**

1. Students will develop and improve in reading, math and science knowledge and skills to be academically successful.
2. Students will develop physical fitness habits through organized gym and movement activities.
3. Students will practice good health and nutrition habits.
4. Students will grow culturally, socially and emotionally through positive interaction with peers and adults.
5. Students will be enriched by art, music and community service activities.

**TAP Program Description****Program Components:**

1. Academic Support and Enrichment:
  - KidzLit and KidzMath programs (Developmental Studies Center)
  - Academic enrichment clubs are held at Huron Middle School, as well as study time, if requested.
  - Study Time (will vary depending on grade level)
  - 9-12 tutoring at the Huron High School will end by 4:20 each day.
2. Wellness Activities:
  1. Healthy Snack
  2. Structured games and free play
3. Community Partnerships
4. Activities from partnering entities

## **GENERAL POLICIES:**

### **Registration:**

Registration forms are available at each school building and in the Instructional Planning Center in the Huron Arena. Registration forms must be returned before a student can attend the program. Registration papers must be completed and signed by a parent for each program year. Registration forms must be updated as information changes concerning phone numbers, addresses, emergency contacts as well as schedule changes. A signed student registration is considered acceptance by the parent/guardian of the policies and regulations laid out in this handbook and in the school district policy.

All records and information about children and their families will be protected with the strictest confidentiality. Any changes to the schedule will be communicated as soon as possible to the parents/guardians.

Parent support, communication, and involvement are key factors of each child's development and are essential for the successful operation of TAP. We will work closely with parents/guardians to understand your child's needs.

### **Staff:**

Staff members at TAP are screened before hiring. A thorough orientation process is completed with each staff member.

### **Child Abuse and Abandoned Children Policy:**

As a public school district, all Huron School District staff and volunteers are under obligation by law to report any suspected cases of child abuse or neglect.

### **Attendance Policy:**

It is the responsibility of the parent/guardian to contact the Site Coordinator if your child will NOT be attending as scheduled.

### **Cost:**

There will be no charge for any student attending TAP.

### **Hours:**

Program hours are from 3:30-5:30 Monday through Friday for grades K-8. Grades 9-12 will end at 4:20 each day. These are examples of when there will be **no TAP--school vacation days, early release teacher in-service days, Parent-Teacher Conference, when school is canceled, or when school is dismissed early due to weather conditions**. Parents will be notified by the site coordinator when TAP will not occur by sending notes home with students, 'NO TAP' signs on front doors of school, placed in school announcements, etc.. **TAP will begin on September 19, 2016 and end on Friday, May 12, 2017.**

If a child has not been picked up from the After-school Program by 5:30 p.m., the Site Coordinator will attempt to contact the parent and other adults listed on the child's registration form. If the parent is not at the school at this time, the Site Coordinator has been instructed to call the district's resource officer.

### **Transportation:**

Transportation to and from TAP is the responsibility of the parent/guardian.

### **Location:**

Check-in/out for TAP will be at a specific location within each building.

### **Accidents, Illness, Medications, Allergies and Other Emergencies:**

When your child is absent from school because of illness, or becomes ill during school, please **DO NOT** allow your child to attend TAP. When a child becomes sick at TAP, parents will be notified and expected to make arrangements to pick up the child immediately.

When a child becomes ill or is injured during the after school program, the parent/ guardian will be notified and expected to make arrangements to pick up the child immediately.

Children who become ill and need to be excluded because of a communicable illness will be separated from other children and monitored until they are picked up. The program will follow the Department of Health's recommendations for addressing a communicable disease and will notify the Department of Health of those illnesses that are required to be reported.

If the parent cannot be reached, our staff will adhere to the emergency contact information on your child's registration form. Please notify us immediately if changes occur in addresses, phone numbers or emergency contacts for your family. Should we not be able to reach anyone, we will call 911 for transport to needed medical facilities. Our staff will complete the Student Accident Report and send it to the TAP Director. (Appendix B)

Our staff will not dispense any type of medication to our students.

If your child has any allergies, please note that information on the enrollment forms. We will further discuss this information with you to develop a plan to prevent exposure to allergens and to treat your child in the event of an allergic reaction.

Children enrolled in the program have submitted verification of current immunizations when they enrolled in school. Our program does not collect this information again as it is already on file with the school.

Staff receive training when hired, on the handling and storage of hazardous materials and the disposal of bio-contaminants, and are required to follow recommended procedures as outlined in the training and as set in policy by this program.

Our program has developed an emergency preparedness and response plan to address emergency issues that may arise at the program. Staff review this plan upon hire and the plan is reviewed again on a yearly basis to make changes and updates as needed.

### **Emergency Contact:**

Registration forms must have at least one emergency contact listed of someone over the age of 18. Emergency contacts can be friends, neighbors, relatives or co-workers. If this adult is picking up your child, they must show photo identification.

### **Sign-Out/Attendance Policy for Grades K-5:**

Attendance will be documented daily before snack time.

Children will not be released to persons not listed on the enrollment form without written authorization (signed and dated by the parent/guardian). Family or friends authorized to pick up your child/children **must be over the age of 18 and** must show photo identification. Do not be offended if the site coordinator calls for verification, we are concerned for your child's well being. Children will only be allowed to walk home with written permission from the parent/guardian (please specify a time in which they can leave). The Huron School District will not be responsible for children after they leave the building.

**Behavior/Discipline:**

The Huron School District discipline/behavior policies will be in effect during TAP. Realizing that all children require discipline at one time or another we feel that consistent, pre-taught discipline and consequences are very important. We will use positive guidance, redirection and removal.

Brief separation or removal from an activity will be used to discourage unacceptable behavior. If unacceptable behavior is chronic or extreme, the parent/guardian will be contacted immediately by the Site Coordinator so we can work together to find a solution. A child who is a threat to other children or staff at TAP will be removed from the program. Please share with us discipline practices that are successful for you at home. The TAP staff will complete the Behavior Incident Form (Appendix C) and send to the Director of TAP.

Should a student continue to be disruptive in TAP, the following applies:

1. Staff will give a verbal reminder/warning describing the behavior.
2. Time out for disruptive students will be used and the parent/guardian will be notified by staff in writing or via e-mail of the child's behavior.
3. A conference will be held with the parent/guardian, program staff, and Program Director to discuss the student's disruptive behavior and to develop a behavior plan.

**Termination of Services:**

Students may be suspended or permanently dismissed from the program due to excessive late pick-up or discipline problems.

**Notification of TAP Closing:**

Parents will be notified through a note sent home, provided by the Site Coordinator with input from the TAP Coordinator, of any closure dates. TAP will be **closed if the regular school is closed due to inclement weather, or if conditions are such that travel might be dangerous.** In case of **early school release**, all bus students will be sent home on their regular buses. If you live in an area not served by a school bus, you must arrange to have your child picked up immediately. Announcements are made over the district-wide message service (Campus Messenger) and on our TAP Facebook page.

**Snack:**

The After-school Program will provide a healthy snack each day. Please let us know of any special dietary needs and we will accommodate those requests.

**Confidentiality of Records:**

It is the responsibility of the Huron School District employees to provide proper administration of student records.

Confidential information about TAP students, either written or verbal may be shared with school staff members, Nurse, parent/guardian, the student themselves, and Federal and Government officials who are privileged to conduct record inspections. TAP staff will share information with parents/guardians concerning their child's health, development and behavior.

**Job Duties:**

The TAP Coordinator and Site Coordinators will be responsible for activities and snack planning. Also to ensure that TAP is sufficiently staffed to provide for the children in care and that substitute staff is available to replace regular staff that is unable to work. The Site Coordinator and classroom leaders will have daily involvement in preparation of activities, and assisting students with homework, when needed.

The Program Director will provide notification to a parent/guardian when a significant change happens with center services or policies.

Huron School District Board Policies and/or school handbooks will be in effect for the Tiger After-school Program.

**Volunteer Opportunities:**

The Tiger After-School Program has opportunities for parental involvement. If you would like to volunteer to assist in this program, please contact the TAP Director or TAP Coordinator.

**TAP Contacts:**

Parents are required to contact the school office or Site Coordinator if an emergency occurs and also make other arrangements for having their child picked up.

**Superintendent:** Mr. Terry Nebelsick

Email: [Terry.Nebelsick@k12.sd.us](mailto:Terry.Nebelsick@k12.sd.us)

Office phone: 605- 353-6990

**TAP Program Coordinator:** Marcia Ready

Email: [Marcia.Ready@k12.sd.us](mailto:Marcia.Ready@k12.sd.us)

**TAP Program Director:** Sherri Nelson

Email: [Sherri.Nelson@k12.sd.us](mailto:Sherri.Nelson@k12.sd.us)

Office phone: 605-353-6992

**K-12 Principals:**

Buchanan K-1 Center

Principal: Mrs. Peggy Heinz

Email: [Peggy.Heinz@k12.sd.us](mailto:Peggy.Heinz@k12.sd.us)

Phone: 605-353-7875

**TAP Site Coordinators:**

Laci Hettinger—[Laci.Hettinger@k12.sd.us](mailto:Laci.Hettinger@k12.sd.us)

Hannah Dean—[Hannah.Dean@k12.sd.us](mailto:Hannah.Dean@k12.sd.us)

Robin Axtmann—[Robin.Axtmann@k12.sd.us](mailto:Robin.Axtmann@k12.sd.us)

Madison 2-3 Center

Principal, Mrs. Heather Rozell

Email: [Heather.Rozell@k12.sd.us](mailto:Heather.Rozell@k12.sd.us)

Phone: 605-353-7885

Jennifer Fuchs—[Jennifer.Fuchs@k12.sd.us](mailto:Jennifer.Fuchs@k12.sd.us)

Colleen Jensen—[Colleen.Jensen@k12.sd.us](mailto:Colleen.Jensen@k12.sd.us)

Kristi Winegar—[Kristi.Winegar@k12.sd.us](mailto:Kristi.Winegar@k12.sd.us)

Washington 4-5 Center

Principal, Mrs. Beth Foss

Email: [Beth.Foss@k12.sd.us](mailto:Beth.Foss@k12.sd.us)

Phone: 605-353-7895

Bobbie Matthews—[Bobbie.Matthews@k12.sd.us](mailto:Bobbie.Matthews@k12.sd.us)

Amanda.DeJong—[Amanda.Dejong@k12.sd.us](mailto:Amanda.Dejong@k12.sd.us)

Huron Middle School

Principal: Mr. Mike Taplett

Email: [Mike.Taplett@k12.sd.us](mailto:Mike.Taplett@k12.sd.us)

Phone: 605-353-6900

Huron High School

Principal: Mr. Mike Radke

Email: [mike.radke@k12.sd.us](mailto:mike.radke@k12.sd.us)

Phone: 605-353-7800

**Appendix A:**

Huron School District  
**Tiger After-School Program (TAP)**  
**REGISTRATION**

**Please complete the form and return to your child's school by September 13<sup>th</sup>.  
TAP will begin on Monday, September 19, 2016 and end May 12, 2017.**

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School of Attendance: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

The Huron School District is a proud recipient of the 21<sup>st</sup> Century After-School Program Grant and will begin serving children on **Monday, September 19<sup>th</sup>** from 3:30-5:30 Monday through Friday. There will be no charge to attend TAP.

**ALL TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT.**

With parent signature, parent accepts responsibility for the following:

- Ensure that children will attend on the designated days, unless prior arrangements have been made.
- Children **must be** picked up by 5:30 pm. Pick up location will be determined at each program site.
- If there is no school such as an early release, inclement weather, school vacation, etc, there will be no after-school program.
- There will be no TAP if the building has parent-teacher conferences, a music program or etc. This may vary from building to building. Please check with the building site coordinator if you have questions.

**This program has limited enrollment. Preference will be given to full time students. You will receive notification if your child has been accepted into the TAP program.**

CONTACT INFORMATION:

Mother's Name: \_\_\_\_\_ Mother's Mailing Address: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_  
(Please print clearly)

Father's Name: \_\_\_\_\_ Father's Mailing Address: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_  
(Please print clearly)

**First emergency contact person and number:** \_\_\_\_\_

**Second emergency contact person and number:** \_\_\_\_\_

**Please complete back page** 

For 5:30 pick up from the program, my child should do the following:  
(Please discuss these instructions with your child)

\_\_\_\_\_ Have my child remain at school until I pick him/her up

\_\_\_\_\_ Walk/Ride Bike home

\_\_\_\_\_ Ride the People's Transit Bus (arrangements must be made with People's Transit 353-0100)

\_\_\_\_\_ Send my child with: \_\_\_\_\_  
(List names of all adults who the child can be released to. These adults must show ID before child will be released to their care)

\_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by the TAP (Tiger After-School Program) for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

I hereby give permission for emergency medical treatment for my child, if needed by the after-school site coordinator.

Your child will receive a healthy snack every day as part of the TAP program. If your child has any special dietary needs, please indicate what they are:

\_\_\_\_\_

Please note that my child is **allergic** to the following (i.e.—medication/food/insect bites/other):

\_\_\_\_\_

It is also important to note that my child has the following special medical conditions:

\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date



**Appendix B:**

Huron Public Schools  
Tiger After-School Program  
**Student Accident Report**

*Instructions: Fill in at the time of the accident by the person who was supervising the student.*

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Person in attendance: \_\_\_\_\_

NATURE OF THE ACCIDENT		PART OF BODY INJURED		
Abrasion	Head Injury*	Abdomen	Eye*	Head
Bump/Bruise	Fracture	Ankle*	Face	Knee*
Burn	Laceration	Arm*	Finger*	Leg*
Cut	Puncture	Back	Foot*	Teeth
Convulsion	Shock	Chest	Hand*	Wrist*
Dislocation	Sprain	Elbow		
Other:		Other:		
<i>*Fill out head injury sheet to send home</i>		<i>*Left, right, both</i>		

How did It happen?

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

Were parents notified? Yes      No      When:

Was a nurse notified? Yes      No      When:

Doctor called? \_\_\_\_\_ When:

Treatment and disposition:

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

Follow-up:

\_\_\_\_\_  
Signature

**Appendix C:**

**TIGER AFTER SCHOOL PROGRAM BEHAVIOR INCIDENT FORM**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

DESCRIPTION OF INCIDENT:

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ACTION TAKEN and/or FURTHER ACTIONS NEEDED (in accordance with TAP Handbook):

- Verbal reminder/warning describing the behavior.
  - Time out requiring parent notification.
  - Other \_\_\_\_\_
- 

Conference with parent, program staff, and Program Director to discuss behavior plan.

Suspension or permanent dismissal due to excessive discipline problems.

STAFF COMPLETING FORM \_\_\_\_\_

What action would you like the TAP Director to take due to this behavior?

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