

Mission: *Lifelong learners will be inspired and developed through effective teaching in a safe and caring environment.*

Vision: *Respect - Pride - Excellence for All*

AGENDA
BOARD OF EDUCATION – SPECIAL MEETING
Instructional Planning Center/Huron Arena
Monday, February 22, 2021
5:30 p.m.

The meeting can be viewed live from a link on the School's website at <http://huron.k12.sd.us/watch-school-board-meetings/>. In the days following the meeting, the meeting can also be viewed on the local cable TV public access channel 6.

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

February 26	5:00 p.m. – Deadline for Filing Nominating Petitions for School Board Election
March 3	Early Release
March 8	Board of Education Meeting – 5:30 p.m. – IPC
March 12	Spring Break – No School
March 19	Spring Break – No School
March 22	Board of Education Meeting – 5:30 p.m. – IPC
April 13	School Board Election
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)
8. **CONSENT AGENDA**

The Superintendent of Schools recommends approval of the following:

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

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

 - 1) Sam Erickson/Substitute Teacher - \$120 per day/Substitute Para-Educator - \$15.39 per hour
 - 2) MaKiah Schweigert/TAP Site Greeter-\$13.85 per hour/TAP Classroom Leader-\$18.11 per hour
 - b) **Contracts for Board Approval**
 - 1) Jessica Rodacker/Family & Consumer Science Teacher-HHS/\$46,469 per year

- c) **Resignations for Board Approval**
1)
- d) **Consideration and Approval of Bills**
- e) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Gymnastics
Name of Award Julie King
Name of Funder Spirit Card
Amount to be Requested American Bank & Trust
Project Focus \$1,500.00
Buy a Vault \$4,700.00
- f) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Destination Imagination
Name of Award Colleen Jensen
Name of Funder Huron Youth Leadership Council Grant
Amount to be Requested Student United Way - HYLC
Project Focus \$500.00
Creative problem solving-foster divergent thinking skills, innovation, communication
- g) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Destination Imagination
Name of Award Colleen Jensen
Name of Funder American Bank & Trust Spirit Card
Amount to be Requested American Bank & Trust
Project Focus \$1,400.00
Creative problem solving-foster divergent thinking skills, innovation, communication
- h) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Destination Imagination
Name of Award Colleen Jensen
Name of Funder Dakota Provisions
Amount to be Requested Dakota Provisions
Project Focus \$2,000.00
Creative problem solving-foster divergent thinking skills, innovation, communication
- i) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Destination Imagination
Name of Award Colleen Jensen
Name of Funder Northwestern Energy Charitable Giving
Amount to be Requested Northwestern Energy
Project Focus \$750.00
Creative problem solving-foster divergent thinking skills, innovation, communication
- j) **Intent to Apply for Grant Funding**
Group Applying
Contact Person Huron Destination Imagination
Name of Award Colleen Jensen
Name of Funder Walmart Community Grant
Amount to be Requested Walmart – Huron, SD
Project Focus \$500.00
Creative problem solving-foster divergent thinking skills, innovation, communication

- k) **Intent to Apply for Grant Funding**
Group Applying HS Language Arts
 Contact Person Marianne Trandall
 Name of Award Spirit Card
 Name of Funder American Bank & Trust
 Amount to be Requested \$80
 Project Focus Subscription to Quill.org
- l) **Request Approval of the Huron School District 18-21 Transition Program Application**
- m) **Advertising Agreement Renewal – Huron Arena:**
Farmers Union Service Organization of South Dakota
Tiger Stadium
Farmers Union Service Organization of South Dakota

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

9. **EXCHANGE OF NEGOTIATION PACKAGES**

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

CONGRATULATIONS:

- **Malachi Mann, Maggie Knippling, Gracee Thompson, Cameran Rathjen, Jake Holforty, Angel Olivo Porcayo, Gonzalo Quispe-Laura, and Joy Trautman** for being selected to the 2021 South Dakota All-State Band. Congratulations also to James Stueckrath, Band Director – Huron High School.

THANK YOU TO:

- **Marie Chase** for her donation of coats to the Buchanan K-1 Center
- **First Congregational Church** for their donation of hats & gloves to the Madison 2-3 Center

11. **REPORTS TO THE BOARD**

- a) **Presentation of the 2019-2020 Audit by ELO**

12. **NEW BUSINESS**

- a) **Approve 2019-2020 Audit Report**

13. **REPORTS TO THE BOARD**

- a) **Classified Employee of the Month** – Presented by Mike Radke
Hezekiah Moo, ESL Para-Educator – Huron High School has been selected as Classified Employee of the Month for March 2021. Nomination comments are included in this packet. Congratulations Hezekiah!
- b) **Good News Report – Ashley Armstrong, Elizabeth Katz, & Heidi Blue** – 8th grade Science projects / Introduction and overview of this year’s HMS Science Fair
- c) **LAN Report** – Tim Van Berkum
- d) **Superintendent’s Report**

14. **OLD BUSINESS**

- a)

15. NEW BUSINESS

- a) Request to Use the Madison School Gym – Jennifer Porisch, on behalf of a 2nd/3rd grade girls basketball team, would like to request the use of the Madison Gym during the months of March and April 2021 for basketball practice two times a week. Mrs. Porisch understands the practice sessions need the Board’s approval if the district is still operating in “yellow”.
- b) Request to Use the Tiger Activity Center (TAC) – Nichole Wenz, Huron Parks & Recreation, on behalf of the City of Huron and the Summer Gymnastics Program, would like to request the use of the TAC this summer for the Gymnastics Program. Ms Wenz understands the program needs the Board’s approval if the district is still operating in “yellow”.
- c) Request to Use the Middle School Gyms for Youth Events – Shelly Buddenhagen, or behalf of the Nordby Center, would like to request use of the Middle School Gyms for youth events, specifically – volleyball tournaments during the months of April and May 2021. Mrs. Buddenhagen understands the program needs the Board’s approval if the district is still operating in “yellow”.
- d) Request to Use the Tiger Activity Center (TAC) – Julie King, Rebecca Sadler, Lynne Hanten, and Marcia Ready would like to request the use of the TAC - April into May - Wednesday night and Sunday afternoon for Gymnastics for the younger youth in Huron – boys or girls. They understand they need the Board’s approval if the district is still operating in “yellow”.
- e) Policy GDA-19 Support Service Positions (Custodian) – Introduction
- f) Policy GDA-19.1 Support Service Positions (HHS/HMS Foreman Custodian) - Introduction

16. EXECUTIVE SESSION

1-25-2 Executive or closed meetings may be held for the sole purposes of:
 (4) Preparing for contract negotiations or negotiating with employees or employee representatives.

17. ADJOURNMENT

TEACHER'S CONTRACT
Huron School District No. 2-2, Huron, South Dakota

Jessica Rodacker

February 11, 2021

YOU ARE HEREBY OFFICIALLY NOTIFIED, that you have been elected as a **Teacher** in the Huron School District No. 2-2, whose address is City of Huron on the annual salary basis of **\$ 46469** for the school term, or the remaining part thereof, of the designated number of teaching days, inclusive of days arranged for pre-school planning, beginning **8/16/2021** and subject to the calendar, or modifications of the same, as adopted by the Board of Education. The salary is to be paid the twentieth day of each of the twelve calendar months.

Your election is subject to the school laws of the State of South Dakota and to the salary schedule and contractual elements rules and regulations of the Board of Education of the Huron School District No. 2-2, which are hereby by reference, incorporated in and made a part of this contract as though set forth herein at length, subject to the right of said Board to terminate the contract for cause, to be determined upon by the Board, and subject to your right to resign upon giving thirty (30) days notice thereof, in writing to said Board within 15 days of issuance of contract.

It is further contracted and agreed that your failure to complete the term of teaching prescribed herein for any cause, including but not limited to dismissal or resignation, constitutes a financial damage to the Huron School District No. 2-2 and that from the nature of the case it might be impractical or difficult to fix the actual damage. **THEREFORE**, it is understood and agreed that your failure to complete the term provided herein shall result in the following liquidated damages: failures occurring May 15 through May 31 for the ensuing year, damages shall be assessed at \$250.00. For breaking a contract June 1 through June 10, damages shall be assessed at \$500.00, for breaking of a contract June 11 through June 20, \$750.00 and for breaking of a contract June 21 through June 30, \$1000.00. For breaking a contract July 1 through July 31, damages shall be assessed at \$2,000.00 and breaking of contract August 1 and for the duration of the first semester, damages shall be assessed at \$3,000.00. Damages will be assessed at \$1,500.00 for breaking of a contract anytime during the 2nd semester. The Board reserves the right to request the Department of Education to suspend the employee's certification for one year in lieu of monetary damages in accordance with SDCL 13-42-9. Teachers who are not full-time employees of the district shall be assessed damages at a percentage which matches their percent of employment.

It is further understood and agreed that resignations shall not become effective until approved by the Board of Education at the next meeting following receipt of said resignation. Further, it is hereby agreed that you will pay to the Huron School District No. 2-2, or the Huron School District No. 2-2 will withhold or appropriate from any monies owed by them to you, and you hereby authorize such withholding or appropriation, the appropriate sum herein above set forth as liquidated damages due to your failure to complete said term.

This agreement becomes a binding contract when signed by the teacher and the Board of Education.

BA
Hired 2018-2019 W/BA and 3 years of teaching experience/2021-2022 moving from FACS Teacher at MS to FACS Teacher at HS;

CONTRACT MUST BE SIGNED AND RETURNED TO THE SUPERINTENDENT'S OFFICE BY WEDNESDAY, FEBRUARY 17, 2021

SCHOOL DISTRICT NO. 2-2 OF THE CITY OF
HURON, BEADLE COUNTY, SOUTH DAKOTA

ATTEST:

.....
Business Manager of the School District

By
Chairman of School District Board

TO THE BOARD OF EDUCATION OF THE HURON SCHOOL DISTRICT NO. 2-2
CITY OF HURON, BEADLE COUNTY, SOUTH DAKOTA

I hereby accept the position mentioned in the foregoing contract of hiring in the Public Schools of Huron, South Dakota, at the salary and upon and under the terms and conditions of the above and foregoing contract and have carefully read said contract and am fully informed as to the contents. I agree to attend such pre-school planning days as are scheduled exclusive of the designated number of teaching days. "I clearly understand that it is my responsibility to be fully certified with the State of South Dakota for the duration of this contract. I accept that my pay will cease on October 1, and my employment may be terminated or suspended without pay until such time that I meet the certification requirements of the job."

Witness my hand this 12th day of February, 2021

Witness: Randi Pyke

Print Name: Jessica Rodacker

Sign here: Jessica Rodacker

Teacher



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/7/21 Contact Person: Julie King

Group Applying: Huron Gymnastics

Name of Grant/Award: Spirit Card

Name of Funder: American Bank and Trust Contact Person Jessica Beck

Amount to be Requested: \$1500 Funder's Submission Due Date: _____

Project Focus: Buy a vault \$4700

How awarded amount received? Full amount up front Reimbursement

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: [Signature] 2-8-21
Building/Department Administrator Date

Signature: [Signature] 2-8-21
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Signature] 2-8-21
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/1/2021 Contact Person: Colleen Jensen

Group Applying: Huron Destination Imagination

Name of Grant/Award: Huron Youth Leadership Council Grant

Name of Funder: Student United Way-HYLC Contact Person Jen Bragg

Amount to be Requested: \$500.00 Funder's Submission Due Date: February 26, 2021
(any donation will be greatly appreciated)

Project Focus: Destination Imagination is a creative problem-solving program, for K-12 youth, fostering divergent thinking skills, innovation, communication, collaboration etc.
How awarded amount received? Full amount up front Reimbursement

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: Laura Wilkensen 2/08/2021
Building/Department Administrator Date

Signature: Linda J Pietz 2/8/2021
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: Kelly Christopherson 2/9/2021
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/1/2021 Contact Person: Colleen Jensen

Group Applying: Huron Destination Imagination

Name of Grant/Award: American Bank and Trust Spirit Card

Name of Funder: American Bank and Trust Contact Person _____

Amount to be Requested: \$ 1400.⁰⁰ Funder's Submission Due Date: 2/5/2021
(any donation will be greatly appreciated)

Project Focus: Huron Destination Imagination is a creative problem-solving program for K-12 youth, fostering divergent thinking skills, innovation, communication, collaboration, risk-taking, rapid ideation and implementation.
How awarded amount received? X Full amount up front _____ Reimbursement

Are any follow up reports required? _____ Yes X No If yes, when are they due? _____

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

If yes, please list by dollar amount and/or in-kind service/support. Please be specific.

- 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 A copy of the completed grant application must be available upon request.
 - o The person or group applying will need to submit the following documentation to the business offices:
 - 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: [Signature] 2/08/2021
Building/Department Administrator Date

Signature: [Signature] 2/8/2021
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Signature] 2-9-2021
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/1/2021 Contact Person: Colleen Jensen

Group Applying: Huron Destination Imagination

Name of Grant/Award: Dakota Provisions

Name of Funder: Dakota Provisions Contact Person Cindy Lowery

Amount to be Requested: \$2000.⁰⁰ Funder's Submission Due Date: application can be submitted any-time

Project Focus: Huron Destination Imagination is a creative problem-solving program for K-12 youth, fostering divergent thinking skills, innovation, communication, collaboration, risk taking, rapid ideation + implementation.
How awarded amount received? Full amount up front Reimbursement
(any amount will be greatly appreciated)

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: [Signature] 2/8/2021
Building/Department Administrator Date

Signature: [Signature] 2/8/2021
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Signature] 2-9-2021
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
 Director of Curriculum,
 Instruction & Assessment
 Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/1/2021 Contact Person: Colleen Jensen

Group Applying: Huron Destination Imagination

Name of Grant/Award: Northwestern Energy Charitable Giving

Name of Funder: Northwestern Energy Contact Person: Corporate Community Works Director

Amount to be Requested: \$750.⁰⁰ Funder's Submission Due Date: anytime

Project Focus: Huron Destination Imagination is a creative problem-solving program for K-12 youth, fostering divergent thinking skills, innovation, communication, collaboration, risk taking, rapid ideation, + implementation.
 How awarded amount received? Full amount up front Reimbursement
 (any amount will be greatly appreciated)

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: Laura Wille Date: 2/8/2021
 Building/Department Administrator

Signature: Linda J Pietz Date: 2/8/2021
 Linda J Pietz, Director of Curriculum, Instruction & Assessment

Signature: Kelly Christopherson Date: 2-9-2021
 Kelly Christopherson, Business Manager

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/1/2021 Contact Person: Colleen Jensen

Group Applying: Huron Destination Imagination

Name of Grant/Award: Walmart Community Grant

Name of Funder: Walmart - Huron, SD Contact Person store manager

Amount to be Requested: \$500.00 Funder's Submission Due Date: any time 2/1/2021 - 12/31/2021

Project Focus: Huron Destination Imagination is a creative problem-solving program for K-12 youth, fostering divergent thinking skills, innovation, communication, collaboration, risk taking, rapid ideation, + implementation.
How awarded amount received? Full amount up front Reimbursement
(any amount will be greatly appreciated)

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: [Signature] 2/8/2021
Building/Department Administrator Date

Signature: [Signature] 2/8/2021
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Signature] 2-9-2021
Kelly Christopherson, Business Manager Date

Presented to School Board: _____



Linda J Pietz
Director of Curriculum,
Instruction & Assessment
Linda.Pietz@k12.sd.us

SCHOOL DISTRICT

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: 2/12/21 Contact Person: Marianne Trandall

Group Applying: Marianne Trandall - HS Language Arts

Name of Grant/Award: Spirit Card

Name of Funder: Am. Bank + Trust Contact Person Whitney McDonald

Amount to be Requested: \$80 Funder's Submission Due Date: 2/8 3/21

Project Focus: subscription to Quill.org

How awarded amount received? \$80 Full amount up front Reimbursement

Are any follow up reports required? Yes No If yes, when are they due? _____

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. Please be specific.

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 A copy of the completed grant application must be available upon request.
- o The person or group applying will need to submit the following documentation to the business offices:
 - 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: [Signature] 2/15/21
Building/Department Administrator Date

Signature: [Signature] 2/15/21
Linda J Pietz, Director of Curriculum, Instruction & Assessment Date

Signature: [Signature] 2-16-2021
Kelly Christopherson, Business Manager Date

Presented to School Board: _____

Application Purpose and Guidelines

Huron School District 18-21 Transition Program

This application will help identify and outline the student's skills and abilities. This provides the selection committee with information that is necessary in determining if the student's skills and abilities meet the criteria for placement. The selection committee may establish contact with the student, parents or legal guardians, past, present, or current employer, in addition to previous school faculty, e.g., principals, teachers, and counselors, to collect, confirm or validate additional information. Information will be used to identify and satisfy eligibility requirements for program acceptance. The overall goal of the Huron School District's 18-21 Transition Program is to identify students who will benefit from the program. Students who reside in the Huron School District are eligible to apply. Students who currently attend school in another resident district may apply as an out-of-district student and will follow the same procedures for selection. Availability of openings within the program are dependent upon the district's capacity for the upcoming school year.

The Selection Process includes the following

1. All potential students, both in-district and out-of-district, must visit the Transition Program to observe the culture, possible rotations in the day, and meet the instructor and skills trainer(s) before acceptance into the program. Application must be completed prior to the program visit and skill rotations.
2. An IEP will be developed with the IEP team for the upcoming school year for all students accepted into the program for the fall of 2020. For students accepted who currently are not residents of the Huron School District, IEP development will take place with the home district team. Transition program staff may be invited by the home district as additional team members.
3. Send completed application to:
Huron 18-21 Transition Program
Attention: Amanda Katzenberger, Transition Teacher
150 5th St. SW
Huron, South Dakota. 57201

Huron School District 18-21 Transition Program Selection Criteria

1. Student must be between the age of 18 – 21 years of age and working towards completing all requirements for graduation to receive a regular or modified diploma.
2. Student must be actively working toward a goal of becoming an independent member of society.
3. The student must have good work ethic such as strong attendance and a willingness to take direction.
4. Student must be able to function with **minimal** supervision and support.
5. Student must meet eligibility requirements for Vocational Rehabilitation Services.
6. Student must have independent personal hygiene and grooming skills.
7. Student must have independent living skills (toileting, transferring, continence, eating, dressing).
8. Student must maintain appropriate behavior and social skills in the program, community, and workplace.
9. Student must take direction to change behavior.
10. Student must be able to communicate effectively.
11. Student must have a desire to explore transportation options, including public transportation when available, and be trained to travel independently.
12. Student should have previous successful experience in a work environment. This could be paid or unpaid.
13. Student must have the ability to pass a drug screen or felony check (if requested by employer).
14. Student must have immunizations up to date and provide a copy of a certified birth certificate.
15. Student must have a desire to work competitively and participate in community activities such as volunteer work and accessing community resources.

16. Parental involvement is encouraged (support child's independence and paid employment, attend meetings, return paperwork, overall support).
17. For non-resident students, a signed contract between the home school district and the Huron School District is required. The home district will need to sign a contract agreeing to pay the Huron School District \$8,000/semester to attend the day program offered by the Huron School District.
18. For non-resident students, home district will be responsible for special education case management with annual IEP development, re-evaluations, and all paper work associated with the student's special education programming. All related service expenses such as transportation or job coaching are the responsibility of the home district. Transition instructional staff are always available as valuable team members to provide needed input for development of any program specific items as it relates to the student's IEP.

I understand all of the criteria for the Huron School District's 18-21 Transition Program and that a selection committee will review my application for consideration into the program. I will be informed on whether I am accepted into the program or not by April 15th, 2021.

Student Name	Student Signature	Date
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Parent/Guardian Name	Parent Signature	Date
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Please complete the below enrollment form and student application form. School district personnel are also required to complete a portion of the application.

18 – 21 Transition Program Enrollment Form & Student Application

The Admission Committee will notify you of its decision as soon as your admission file is complete. A completed admission file includes:

- Completed Application
- One letter of recommendation
- High School Transcript
- Current Evaluation or Multi-Disciplinary Evaluation Report
- Current Eligibility Determination Documenting Disability
- Current IEP/ISP and Consent for Services

Name (First, Middle, Last)		
Date of birth:	SSN:	Phone:
Current Address:		
City:	State:	Zip Code:
Email:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Enroll in Fall Semester 20__
Health Concerns: (medications will be requested in the student application section)		
Is the applicant his/her own legal guardian? If <i>guardianship has been established by a parent(s) or another party at age 18, please answer no to this question.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no , please provide the Legal Guardian's name: _____ Phone: _____		
Home Phone (Landline): _____ (if applicable)		
Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Deceased (identify) _____		
Please list any changes in family status this past year. (births, deaths, parent or guardian status) _____		
Vocational Rehabilitation Services		
Have you applied and been made eligible for Vocational Rehabilitation Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your counselor's name: _____		
If you currently are not eligible for Vocational Rehabilitation Services please contact your local office at http://dhs.sd.gov/drs/		
High School Information – Resident District Information		
High School:	Attended from _____	to _____
Address (Street, City, State, Zip Code): _____		
Have you received a signed diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Special Education teacher or case manager in high school: _____		
Phone number of case manager: _____		

Family Information

SIBLINGS: Please list siblings.

Name (First, M.I., Last)	Date of Birth	Relationship to student	School status
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

ADULTS: Please list all adults who live at the address listed above. (parents, guardians, other adults)

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			_____

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			_____

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			_____

SECONDARY HOUSEHOLD: If we should send double mailings to another household, please indicate the information here.

Name: (First, M.I., Last)	Relationship to student:	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Address: _____				
(Street)	(City)	(County)	(State)	(Zip)
Place of Employment	Email Address			Active Military? Yes No
_____	_____			_____

ALTERNATE EMERGENCY: In case of an emergency, the school will attempt to contact you to secure your assistance and care. Because you may not always be available, please list other persons available during school hours whom the school is authorized to contact so that your child may be given assistance.

Name: (First & Last)	Relationship to student:	Home Phone:	Cell Phone:	Work Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ETHNICITY: Circle one:

Is student Hispanic or Latino? (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race) Yes / No

RACE: Circle all that apply: What is student’s race? *Regardless of how you answered the first question, circle all that apply.*

1. **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
2. **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. **Black or African American** (A person having origins in any of the black racial groups of Africa.)
4. **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

LANGUAGE:

A local school district may administer a home language survey to students enrolled in the district as the first screening process to identify students with limited English proficiency.

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____
5. What language do you prefer the school communicate with you? _____
6. Did your family move to the district for agriculture related work/jobs? Yes / No

PERMISSIONS:

I give permission for my child to attend: (Please circle)

Field trips – Yes / No

School activities – Yes / No

To use photo for publication in local newspaper, newsletters, yearbook, or school website – Yes / No

NEWSLETTER: Our newsletter will be available on our website.

➔ SIGNATURE of Parent or Guardian _____ **Date** _____

revised 2-09-2021

Student Application

A. School Use only (Please have a Principal, School Counselor, or Case Manager Complete This Section)

Does the student have the necessary credits for graduation? _____ Yes _____ No

Days absent by grade: 11th grade _____ 12th grade _____

Times Tardy: 11th grade _____ 12th grade _____

Comments about attendance: _____

Arrangements must have been made to defer the High School diploma. Has this been completed?

_____ Yes _____ No

Comments: _____

Agreement by Resident School District

My school is aware of the \$8,000 per semester charge that is to be paid by the home district if I am selected to participate in the Huron School District's 18-21 Transition Program. My district is aware that any special education case management with annual IEP development, re-evaluations, and all paper work associated with my special education programming is their responsibility as the home district. My home district is aware that all related service expenses such as transportation or job coaching are the responsibility of the home district.

Authorized School Official Name: _____ Date: _____

Authorized School Official Signature: _____ Date: _____

B. Employment Information and Work History

1. Employer: _____ Supervisor's Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Wage: Starting: _____ Ending: _____
Dates of Employment: _____ - _____ Wage: Unpaid _____
Job Duties: _____

2. Employer: _____ Supervisor's Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Wage: Starting: _____ Ending: _____
Dates of Employment: _____ - _____ Wage: Unpaid _____
Job Duties: _____

Have you ever been fired or let go from a job? _____ Yes _____ No

If yes, please explain? _____

C. Medications

Please list any prescription medication(s) you are taking?

Prescription 1 Name:
Time taken and dosage:
Side Effects:
How long have you been on this medication?
Prescription 2 Name:
Time taken and dosage:
Side Effects:
How long have you been on this medication?
Prescription 3 Name:
Time taken and dosage:
Side Effects:
How long have you been on this medication?
Prescription 4 Name:
Time taken and dosage:
Side Effects:
How long have you been on this medication?

Over the counter medications currently taking: _____

Please describe any health or medical issues that may impact a successful job placement?

Please describe any limitations that may impact an employment position through Project Skills, volunteer work, or community service?

Do you have any severe allergies such as latex, bees, peanuts, gluten, or shellfish that we should be aware of? Yes No If yes, please explain: _____

D. Behavioral Summary

Do you have any behavior or interactions with peers or adults that might impact a successful placement employment position through Project Skills, volunteer work, or community service? Yes No

If yes, please describe all behaviors and characteristics: _____

Have you ever been suspended, expelled, or removed from the school environment for any reason?

Yes No

If yes, please explain: _____

E. Student Response Questions

Why do you want to participate in the 18-21 Transition Program in the Huron School District?

What goals do you want to accomplish while attending the 18-21 Transition Program?

F. References (These should be individual that are not family – example might be a teacher, job coach, principal, or counselor).

<i>Name of Reference</i>	<i>Relation to You</i>	<i>Phone Number</i>	<i>Email Address</i>
1.			
2.			
3.			

Non-Discrimination Policy

The Huron School District will not discriminate in any of its policies and programs on the basis of age, race, color, creed, national origin, ancestry, religion, sex, marital status, or disability, and will not violate any provisions of applicable federal programs, statutes or regulations (e.g., Title IX, Title I, Rehabilitations Act, Americans with Disabilities Act [ADA] Section 504). The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Terry Nebelsick, Superintendent
150 5th St SW, Huron, SD 57350
605-353-6990

For further information on notice of non-discrimination, see Office for Civil Rights, U.S. Department of Education, One Petticoat Lane, 1010 Walnut St, 3rd Fl. Ste 320, Kansas City, MO 64106

Telephone: 816-268-0550, FAX: 816-268-0599; TDD: 800-877-8339

Email: OCR.KansasCity@ed.gov Website: www.ed.gov

If you are accepted into the 18-21 Transition Program in the Huron School District you must abide by the following terms and conditions and you will be required to sign a student participation contract:

- *I understand that I am deferring my high school diploma while I participate in the Huron School District's 18-21 Transition Program and will accept my diploma upon completion of the program. This is the last day of school year during the year I turn 21. (Huron School District School Calendar).*
- *I understand that the 18-21 Transition Program is a Huron School District Program, and I will adhere to District policies and procedures, unless otherwise specified.*
- *I will attend the program every day as scheduled, following the Huron School District calendar, unless excused due to absence or other circumstances approved ahead of time.*
- *I will call the Transition Program if I am absent or tardy.*
- *I will follow the rules established by the program and any community stakeholders that I may be involved in through job experiences, volunteer work, and community service projects.*
- *I will attend and actively participate in all meetings with my vocational rehabilitation counselor, parents, teachers, IEP team members, and other program affiliates such as Independent Living Choices, Family Support 360, Department of Labor, etc.*

I will obtain a state issued identification card and provide a copy on or before the first day of the program.

This application has been completed by:

Name	Title	Phone Number	Date

Signature: _____

Release of Records: *The records for the student identified above may be shared with the Huron School District, to the members of the Selection Committee, and all program affiliates from his/her School of Residence to establish eligibility, and potential acceptance, pending review.*

Student Signature	Parent Signature	Date

HURON ARENA ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 16 day of February, 2021, by and among FARMERS UNION SERVICE ASSOCIATION OF SD ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement for the Huron Arena dated June 30, 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 2 (two) years from and after January 1, 2021, and ending on December 31, 2022.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be a 15% discounted rate of \$5,100 (five thousand one hundred dollars) per year, 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 KR

Owner Initial _____

4. Clarification. Daktronics has a limited non-exclusive right to use Farmers Union Insurance's trademarks and brands only in the manner and for the purposes set forth in this Agreement, subject to Farmers Union's prior approval.

PAYMENT SCHEDULE

Agreement year 2021: For services rendered January 1, 2021 to December 31, 2021.

Agreement year 2022: For services rendered January 1, 2022 to December 31, 2022.

Please select a renewal option:

Renewing Huron Arena for \$5,100 per year.

Huron Arena Payment Schedule for 2021

Payment #1: \$ 5100 Payment due on or before 3/31/21

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

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

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

Huron Arena Payment Schedule for 2022

Payment #1: \$ 5100 Payment due on or before 3/31/21

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

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

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

ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.

Advertiser Initial KR

Owner Initial _____

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

ADVERTISER: Farmers Union Service Association of SD

By *Kevin Ressler*
[authorized signature only]

Kevin Ressler
[print or type name clearly]

Title Chief Sales, Marketing, & BRAND OFFICE
Dated 2/14/21

Address: 3801 Memorial Hwy #A PMB#103
City, State, Zip: MANDAN, ND 58554
Phone: 701-957-1144
Fax: 701-757-4438
Email Address: Kevin.Ressler@Funic.com

OWNER: Huron School District 2-2

By _____
Huron Board of Education

Board Approved _____

TIGER STADIUM ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 16 day of February, 2021, by and among FARMERS UNION SERVICE ASSOCIATION OF SD ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement for Tiger Stadium dated May 11, 2010 (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 2 (two) years from and after August 1, 2021, and ending on July 31, 2023.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be a 15% discounted rate of \$2,975 (two thousand nine hundred seventy-five dollars) per year, 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 FR

Owner Initial _____

4. Clarification. Daktronics has a limited non-exclusive right to use Farmers Union Insurance's trademarks and brands only in the manner and for the purposes set forth in this Agreement, subject to Farmers Union's prior approval.

PAYMENT SCHEDULE

Agreement year 2021: For services rendered August 1, 2021 to July 31, 2022.

Agreement year 2022: For services rendered August 1, 2022 to July 31, 2023.

Please select a renewal option:

Renewing Tiger Stadium for \$2,975 per year.

Tiger Stadium Payment Schedule for August 2021-July 2022

Payment #1: \$ 2975 Payment due on or before May 31, 21

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

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

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

Tiger Stadium Payment Schedule for August 2022-July 2023

Payment #1: \$ 2975 Payment due on or before May 31, 21

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

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

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

ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.

Advertiser Initial HR

Owner Initial _____

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

ADVERTISER: Farmers Union Service Association of SD

By Kevin Ressler
[authorized signature only]

Kevin Ressler
[print or type name clearly]

Title Chief Sales, Marketing, & BRAND OFFICER
Dated 2/14/21

Address: 3801 Memorial Hwy #A RmB#103
City, State, Zip: MANDAN, ND 58554
Phone: 701-952-1147
Fax: 701-751-4438
Email Address: Kevin.Ressler@Fumio.com

OWNER: Huron School District 2-2

By _____
Huron Board of Education

Board Approved _____



427 SOUTH CHAPELLE
C/O 500 EAST CAPITOL
PIERRE, SD 57501-5070
(605) 773-3595

RUSSELL A. OLSON
AUDITOR GENERAL

February 11, 2021

Kelly Christopherson, Business Manager
Huron School District No. 2-2
PO Box 949
Huron, SD 57350

We have reviewed and accepted your audit report on the:

Huron School District
(For the Fiscal Year Ended June 30, 2020)

Our review was limited to the report and did not include a review of the working papers.

Please present a copy of this letter to the governing board to indicate our acceptance of the audit report.

Yours very truly,

Russell A. Olson
Auditor General

RAO:sld

cc: ELO Prof. LLC
Certified Public Accountants
PO Box 249
Mitchell, SD 57301

Classified Employee of the Month

Name	<u>Hezekiah Moo</u>
Position	<u>ESL Para Educator</u>
Date	<u>March 2021</u>

Hezekiah receives high praise from every teacher he works with. In the classroom, Hezekiah works with EVERY student that needs help in class. It doesn't matter if the student speaks Karen, Spanish, or English. He is a constant student as well. If he doesn't understand something, he is not afraid to ask the teacher for clarification.

I regularly have students start mid-year or students who are frequently absent. Mr. Moo will take those students and work with them one on one and get them caught up without me asking him to. He has very good rapport with the students and they respect him

He is outstanding at his job. He is always circulating and helping with assignments. In fact, once we start work on the day's assignment, he never sits down. He is always looking for someone to help. His enthusiasm for the job makes him an outstanding candidate for Classified Employee of the Month.

Here at Huron Middle School, great things are happening in the science department. The pandemic has actually brought us access to resources and people that were never an option before. Thanks to Zoom, students have been able to speak with scientists from across the state and country!

Ashley Armstrong, MS

Huron Middle School
8th Grade Science

SDSTA - President Elect



Venables, Dolly

From: Jennifer <murphyj54@hotmail.com>
Sent: Thursday, February 11, 2021 4:12 PM
To: Nebelsick, Terry
Cc: Venables, Dolly
Subject: [EXT] Board request for the Madison school gym

Dear Mr. Nebelsick,

I am making a formal request to the Board for the use of the Madison school gym. I am hoping to start a 2nd/3rd grade girls basketball team and want to start practicing next month if possible. We hope to have two practices a week for the months of March and April with the times depending on the availability of the facility. Let me know if there is anything further I need to do at this time. Thank you and have a great week!

Sincerely,

Jennifer Porisch
605-461-9065

From: Nichole Wenz <rec.spec@huronsd.com>
Sent: Thursday, February 11, 2021 3:59 PM
To: Rotert, Terry <Terry.Rotert@k12.sd.us>
Subject: [EXT] TAC

Good Afternoon!

Wanted to touch base with you and make sure it was ok for the City to use the TAC for our summer gymnastics program again this summer? Normal years it isn't a issue, but with everything that is going on I wanted to make sure it was fine before we start advertising!

Thanks!

Nichole Wenz
Recreation Specialist
City of Huron Parks & Recreation
PO Box 1369
333 9th St. SW
Huron, SD 57350
605-353-8533
rec.spec@huronsd.com



Nordby Center for Recreation Tournament COVID protocol

Purpose of the volleyball tournaments:

To keep our Huron athletes playing and maintain some normalcy in this pandemic by offering tournaments in our own city and facility and offering opportunities for families to avoid traveling to other parts of the region.

Protocol:

- 1) We are requesting use of the gyms only and not the commons area.
- 2) Participants and spectators will enter through the NCR doors for gate.
- 3) **Limit of 4 spectators per player.**
- 4) Score tables: score team only.
- 5) **Hand sanitizer:** available at all tables and at gate
- 6) **Masks:** worn by all unless on the court playing. This will include officiating team, coaches, bench.
- 7) **Physical distancing** will be requested and monitored.
- 8) Concession stand in the NCR – not using the commons. Limited and already packaged food.
- 9) Follow USA guidelines for **cleaning equipment and game equipment.** ****See attached.**
- 10) Follow Huron School District suggested guidelines/regimen for cleaning schedule and requirements.
- 11) Staff will monitor and enforce all rules/guideline.

Tenative dates:

April 10th : Crush-It Tournament: ages 10s, 12 & under, 14 & under.

April 11th: Crush-it Tournament: ages 16 & under, 18 & under.

May 1: May Madness: ages 12 & under, 14 & under.

May 2: May Madness: ages 16 & under, 18 & under.



RETURN TO PLAY REQUIREMENTS & BEST PRACTICES



	MANDATORY REQUIREMENTS	RECOMMENDED BEST PRACTICES	OTHER USEFUL INFO & IDEAS
EVENT MANAGEMENT	<ul style="list-style-type: none"> <input type="checkbox"/> Adhere to the most stringent federal, state or local guidelines in your area CDC COVID-19 Website Click Here <input type="checkbox"/> All participants, spectators, volunteers and employees must adhere to physical distancing practices <input type="checkbox"/> Develop a formal Event Operations Plan including a 1) medical plan, 2) healthcare resource list for participants, 3) facility ingress/egress plan, 4) venue capacity allowance and corresponding implementation plan, 5) signage plan, 6) authority notification if required and 7) vendor safety plans <input type="checkbox"/> Establish an Event Management Team <input type="checkbox"/> Match times should be staggered to allow for space between team arrivals <input type="checkbox"/> All individuals must be "surveyed" as they enter the facility - they should be asked if they, or anyone in their family, are experiencing, or have recently experienced, any COVID 19 symptoms including coughing, sneezing, shortness of breath <input type="checkbox"/> Determine event admission/ticket sales procedures <input type="checkbox"/> Eliminate team and officials check-in on site if possible <input type="checkbox"/> Limit overall number of vendors/exhibitors allowed on site <input type="checkbox"/> Develop an emergency communication plan and secure necessary "tools" including a list of "textable" numbers in case an outbreak occurs during an event <input type="checkbox"/> All requirements must be shared with all players, coaches, spectators, officials, volunteers, employees, partners prior to their arrival at the venue 	<ul style="list-style-type: none"> <input type="checkbox"/> Know current level of virus spread in the community where the activity is taking place <input type="checkbox"/> Be familiar with county and city information as well <input type="checkbox"/> Put special focus on vulnerable groups including seniors and children <input type="checkbox"/> Make sure to designate an isolated room at the site in case someone becomes ill; have medical personnel on site <input type="checkbox"/> Include a licensed medical doctor who can assist with developing the medical plan <input type="checkbox"/> In addition, try to allow for time between matches so teams can disperse when their match is complete prior to other teams taking the court <input type="checkbox"/> Temperature checks at entry are also an option; however, please weigh risk vs. reward <input type="checkbox"/> Eliminate on-site admission sales if possible <input type="checkbox"/> Teams must be registered in advance with rosters submitted no later than the deadline set <input type="checkbox"/> Make sure to coordinate with facility and their vendors as well <input type="checkbox"/> Utilize the information collected from the online waiver <input type="checkbox"/> Communicate important information several times PRIOR to the event and reiterate it during the event. 	<ul style="list-style-type: none"> <input type="checkbox"/> MN Dept of Health COVID-19 <input type="checkbox"/> MI Dept of Health and Human Services COVID-19 <input type="checkbox"/> ND Dept of Health COVID-19 <input type="checkbox"/> ID Dept of Health COVID-19 <input type="checkbox"/> Provide this information to participants well in advance of the tournament or activity <input type="checkbox"/> There are many health care professionals in the volleyball community - ask for volunteers <input type="checkbox"/> The AES Tournament Scheduling software is a useful tool to assist with match timing <input type="checkbox"/> Create a "waiver" document given to participants and guests as they enter the event stating that they have represented at entrance that they are virus and symptom free to the best of their knowledge <input type="checkbox"/> On-line sales options like Square Up may be of interest <input type="checkbox"/> If officials receive team schedules and rosters in advance electronically, they could check in teams (players/coaches) on the court prior to the match <input type="checkbox"/> Vendors must provide their own safety plan in advance of the event <input type="checkbox"/> Coaches should proactively track who is in attendance with an athletes at an activity in case contact tracing is required <input type="checkbox"/> Social media is a good tool to communicate during an event - make sure individuals know how to follow you
FACILITY	<ul style="list-style-type: none"> <input type="checkbox"/> Adhere to the most stringent federal, state or local guidelines in your area <input type="checkbox"/> All participants, spectators, volunteers and employees must adhere to physical distancing practices <input type="checkbox"/> Masks required for all individuals in the facility (except for athletes on the court playing) <input type="checkbox"/> Sanitize the site prior to the start of the tournament, between tournament days and following the event <input type="checkbox"/> Do not provide communal water stations for participants or attendees <input type="checkbox"/> Eliminate unnecessary equipment <input type="checkbox"/> Courts should be spaced out - at least 25 feet between <input type="checkbox"/> Provide sanitary stations (including hand sanitizer) throughout site <input type="checkbox"/> No coolers allowed <input type="checkbox"/> Create/post COVID-19 signage including required federal, state and local regulations, guidelines and best practices 	<ul style="list-style-type: none"> <input type="checkbox"/> Know your current allowable venue capacity (e.g. 10 people or less per indoor court currently in MN) <input type="checkbox"/> Develop a plan for spacing of spectator seating (including court level and bleachers) and standing spaces - mark with tape <input type="checkbox"/> Over communicate this information to all participants <input type="checkbox"/> Request the facility's cleaning plan prior to the event <input type="checkbox"/> Disable any public water fountains <input type="checkbox"/> Remove tables and chairs that are not needed <input type="checkbox"/> Use air walls or dividers when possible <input type="checkbox"/> Designate specific restrooms for use - locker rooms should remain closed if possible <input type="checkbox"/> Have concessions available for purchase <input type="checkbox"/> Post signage throughout the venue but also provide participants with this information prior to the event 	<ul style="list-style-type: none"> <input type="checkbox"/> Post signage throughout the venue stating this capacity information <input type="checkbox"/> Ask spectators to bring their own small chairs (e.g. soccer) - if the chair is left, it will be disposed of immediately following the event <input type="checkbox"/> Have some masks on hand to sell for a nominal fee if someone insists they don't have their own mask <input type="checkbox"/> All commonly touched surfaces should be REGULARLY cleaned and sanitized throughout the event <input type="checkbox"/> Make sure bottled water is available for purchase <input type="checkbox"/> Team camps could be created with tape markings on the floor but no tables/chairs <input type="checkbox"/> If possible, prop gym doors open in order to provide better air circulation <input type="checkbox"/> Make sure to assign someone to oversee these stations during the event <input type="checkbox"/> Best case is to catch the coolers at the door before they enter the event <input type="checkbox"/> NCR COVID 19 Printable Signage Art
PLAY/COURT	<ul style="list-style-type: none"> <input type="checkbox"/> Adhere to the most stringent federal, state or local guidelines in your area <input type="checkbox"/> All participants, spectators, volunteers and employees must adhere to physical distancing practices <input type="checkbox"/> Masks required for all individuals in the facility (except for athletes on the court playing) <input type="checkbox"/> Eliminate or modify certain volleyball rules, procedures and protocol <p style="text-align: center;"><i>(See a list of modification suggestions to the right)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> No Lost and Found <input type="checkbox"/> Sanitize courts, volleyballs, official stands, scorer's tables, rakes (outdoors) after each match and supply each court with its own "sanitation" kit <input type="checkbox"/> A clean, disinfected game ball must be rotated in after each match <input type="checkbox"/> Game balls will be provided for each tournament match; practice balls are not provided <input type="checkbox"/> Restructure work team assignments, scorer's table layout and scoring materials to minimize close interaction and sharing of items 	<ul style="list-style-type: none"> <input type="checkbox"/> Know your current "risk" scenario (e.g. at the present time MN does not allow for volleyball competitions to take place; outdoor practices can be 25 or less, indoor practices can be 10 or less - but still no contact) <input type="checkbox"/> Establish maximum number of players/coaches allowed on the "bench" <input type="checkbox"/> Coaches, officials, scorers, spectators and non-playing athletes must wear masks <input type="checkbox"/> Discontinue protocol for teams switching sides for indoor play <input type="checkbox"/> Implement modified coin toss <input type="checkbox"/> No handshakes, high fives, huddles, etc. <input type="checkbox"/> Implement "no touch" procedures for awards <input type="checkbox"/> Modify warm-up times <input type="checkbox"/> Collect and dispose of all trash or left over items at each court directly following match <input type="checkbox"/> The sanitation kit should include trash bags, cleaning supplies, hand sanitizer, paper towels (not cloth) <input type="checkbox"/> Develop disinfecting protocol and procedures and make sure participants are aware of the process <input type="checkbox"/> Teams should plan to provide their own practice/warm-up balls <input type="checkbox"/> Utilize a larger table, eliminate certain documents, R1 keeps track of score from ref stand; research scoring apps that can be used electronically 	<ul style="list-style-type: none"> <input type="checkbox"/> See your local health department website for current guidelines <input type="checkbox"/> Consider removing actual chairs/benches and taping off space for the teams on the court <input type="checkbox"/> Notify participating teams well in advance <input type="checkbox"/> Exception is if by not changing, one team has a competitive advantage or disadvantage <input type="checkbox"/> Refer to current USAV Indoor Volleyball Rules Book <input type="checkbox"/> One option would be to mail the awards to clubs/teams <input type="checkbox"/> Challenge your team to create a fun and "contact free" greeting/ending gesture <input type="checkbox"/> Officials will need to oversee this modification on court <input type="checkbox"/> Reusable water bottles left at the court will be thrown away immediately <input type="checkbox"/> Work with your facility manager to implement <input type="checkbox"/> Molten USA Advice on Cleaning Volleyballs <input type="checkbox"/> Coaches (or another team representative) are responsible for sanitizing their practice/warm-up balls after each use <input type="checkbox"/> Make sure to communicate this information IN ADVANCE to coaches/teams and officials

* Per the CDC, symptoms may include cough, shortness of breath or difficulty breathing, fever, chills, fatigue, muscle pain, headaches, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.

DISCLAIMER - These guidelines are provided for general informational purposes only and are not intended as, or should be relied upon as, specific medical or legal advice. All participants are strongly encouraged to consult with qualified medical personnel and/or public health officials for medical advice. Also consult with federal, state and local orders and/or laws for legal considerations. If you use any considerations provided herein, you do so at your own risk and specifically release from any and all liability, North Country Region, their directors, officers, employees, volunteers and agents in connection with your use of the enclosed guidelines. North Country Region makes no warranties or statements as to the completeness, reliability, and accuracy of the information contained herein.

From: King, Julie M - Huron
Sent: Tuesday, February 16, 2021 2:51 PM
To: Venables, Dolly
Subject: Re: Spring gymnastics

Who-Julie King, Rebecca Sadler, Lynne Hanten and Marcia Ready

When-April into May Wednesday night and Sunday afternoon

Where-TAC

Why-Gymnastics for the younger youth in Huron boys or girls

Julie M. King

Middle School Physical Education Teacher

Head Gymnastics Coach

Assistant Cross Country Coach

Middle School Track Coach



Huron School District #2-2

Policies and Regulations

Code:
GDA-19 Support Service
Positions (Custodian)

SUPPORT SERVICE POSITIONS (CUSTODIAN)


QUALIFICATIONS

1. Similar work experience desirable.
2. Good health and physical ability to perform duties of custodian.
3. Must be able to lift 50#.

RESPONSIBILITIES

1. Performs daily housekeeping tasks of cleaning building and maintaining grounds and equipment, utilizing proper cleaning methods.
2. Performs duties as assigned by foreman custodian (HHS/HMS), building principal and the buildings and grounds director.
3. Inspects building and grounds and corrects or reports any unsafe conditions.
4. Checks fire alarm system as required by law and reports any deficiencies to the building principal or buildings and grounds director.
5. Reports acts of vandalism and person(s) responsible to building principal.
6. Presents a neat appearance and professional manner at all times.
7. Is able to work without direct supervision while performing their duties.
8. Establishes good rapport with pupils, administrators, staff and public.
9. Is punctual and follows building schedule.
10. Attends custodial workshops and demonstrations when requested.
11. Is knowledgeable about school policies.
12. Assumes other duties as may be assigned.

*Is supervised by foreman custodian (HHS/HMS), building principal and buildings and grounds director.

	Huron School District #2-2	Code: GDA-19.1 Support Service Positions (HHS/HMS Foreman Custodian)
	Policies and Regulations	

SUPPORT SERVICE POSITIONS (HHS/HMS FOREMAN CUSTODIAN)

QUALIFICATIONS

1. Similar work experience desirable.
2. Good health and physical ability to perform duties of custodian and supervisor.
3. Must be able to lift 50#.

RESPONSIBILITIES

1. Responsible for the overall cleanliness and maintenance of the (HHS/HMS) building.
2. Responsible for the maintenance of but not limited to roof top units, boilers, motors, minor plumbing issues, and minor electrical issues.
3. Responsible for ensuring the custodians within the building are performing duties as required.
4. Performs daily housekeeping tasks of cleaning building and maintaining grounds and equipment, utilizing proper cleaning methods.
5. Performs duties as assigned by building principal and the buildings and grounds director.
6. Inspects building and grounds and corrects or reports any unsafe conditions.
7. Checks fire alarm system as required by law and reports any deficiencies to the building principal or buildings and grounds director.
8. Reports acts of vandalism and person(s) responsible to building principal.
9. Presents a neat appearance and professional manner at all times.
10. Is able to work without direct supervision while performing their duties.
11. Establishes good rapport with pupils, administrators, staff, and public.
12. Is punctual and follows building schedule.
13. Attends custodial workshops and demonstrations when requested.
14. Is knowledgeable about school policies.
15. Assumes other duties as may be assigned.

*Is supervised by building principal and buildings and grounds director.