



MCCPS Board of Trustees

Monthly Personnel Meeting

Amended on September 8, 2020 at 7:03 PM EDT

Date and Time

Tuesday September 8, 2020 at 7:00 PM EDT

Location

Artie Sullivan is inviting you to a scheduled Zoom meeting.

Topic: personnel meeting

Time: 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us04web.zoom.us/j/3898394128?pwd=QndLYk9jVjcyNEJ5dXZGRWhnMDhSUT09>

Meeting ID: 389 839 4128

Passcode: MCCPS

Agenda

	Purpose	Presenter	Time
I. Opening Items			7:00 PM
Opening Items			
A. Call the Meeting to Order		Artie Sullivan	2 m
B. Record Attendance and Guests		Katie Sullivan	1 m
C. Accept Remote Participation	Vote	Artie Sullivan	2 m
In light of the ongoing COVID-19 coronavirus outbreak, Governor Baker issued an emergency Order on March 12, 2020, allowing public bodies greater flexibility in utilizing technology in the conduct of meetings under the Open Meeting Law.			
This committee makes a motion to accept this Executive Order for this meeting of the Personnel Committee, on September 8, 2020.			
D. Approve Minutes	Approve Minutes	Katie Sullivan	5 m
Approve minutes for Monthly Personnel Meeting on August 11, 2020			

	Purpose	Presenter	Time
II. Old Business			7:10 PM
Personnel Committee			
A. Review Head of School Year End Review & Goals for SY20-21	Discuss	Artie Sullivan	30 m
Review, Val Ed, Board on Track, Satisfaction Survey			
B. Personnel Committee Membership	Discuss	Artie Sullivan	
Review the committee membership needs of the Personnel Committee. Identify potential candidates for membership on the committee.			
C. MCCPS Leadership Organization	Discuss	Peter Cohen	20 m
D. POLICY REVIEW	Discuss	Artie Sullivan	5 m
CONTINUE DISCUSSIONS OF POLICY REVIEW AS PERTAIN TO SCOPE OF PERSONNEL COMMITTEE			

1. Links to Personnel Policies

1. Marblehead - <https://www.marbleheadschoools.org/district/mps-policy-manual>
 1. Scroll down to section G - Personnel
2. Salem Personnel - <https://www.salemk12.org/cms/One.aspx?portalId=268138&pageId=537199>

III. New Business**IV. Action Items** **8:05 PM**

- | | | | |
|--|-----|----------------|-----|
| A. Review Action Items from Meeting | FYI | Katie Sullivan | 5 m |
|--|-----|----------------|-----|

Review Action Items form meeting, including who is responsible, item to be completed and time frame for status report or completion.

V. Closing Items **8:10 PM**

- | | | | |
|---------------------------|------|----------------|-----|
| A. Adjourn Meeting | Vote | Artie Sullivan | 5 m |
|---------------------------|------|----------------|-----|

Coversheet

Approve Minutes

Section: I. Opening Items
Item: D. Approve Minutes
Purpose: Approve Minutes
Submitted by:
Related Material: Minutes for Monthly Personnel Meeting on August 11, 2020

APPROVED



MCCPS

MCCPS Board of Trustees

Minutes

Monthly Personnel Meeting

Date and Time

Tuesday August 11, 2020 at 7:00 PM

Location

Artie Sullivan is inviting you to a scheduled Zoom meeting.

Topic: personnel meeting

Time: 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us04web.zoom.us/j/3898394128?pwd=QndLYk9jVjcyNEJ5dXZGRWhnMDhSUT09>

Meeting ID: 389 839 4128

Passcode: MCCPS

Committee Members Present

Artie Sullivan, James Rogers, Katie Sullivan, Peter Cohen

Committee Members Absent

John Steinberg, Peter Cheney

I. Opening Items

A. Call the Meeting to Order

Artie Sullivan called a meeting of the Personnel Committee Committee of MCCPS Board of Trustees to order on Tuesday Aug 11, 2020 at 7:02 PM.

B. Record Attendance and Guests

C. Accept Remote Participation

Artie Sullivan made a motion to accept remote participation citing that in light of the ongoing COVID-19 coronavirus outbreak, Governor Baker issued an emergency order on March 12, 2020 allowing public bodies greater flexibility in using technology in the conduct of meetings under the open meeting law.

James Rogers seconded the motion.

roll call vote

The committee **VOTED** to approve the motion.

D. Approve Minutes

James Rogers made a motion to approve the minutes from Monthly Personnel Meeting on 07-21-20.

Peter Cohen seconded the motion.

roll call vote

The committee **VOTED** to approve the motion.

II. Old Business

A. Review Head of School Year End Review & Goals for SY20-21

Peter shared his revised HOS Goals after last months discussion of his draft goals. Members gave feedback.

James Rogers made a motion to approve the HOS Goals for the 2020-2021 Year.

Artie Sullivan seconded the motion.

The committee **VOTED** to approve the motion.

B. Personnel Committee Membership

Members discussed ideas for who might be potential members. HR people, etc. Peter spoke about plans for giving a stronger push for parent involvement once the school year begins.

C. MCCPS Leadership Organization

D. POLICY REVIEW

III. New Business

A. Head of School Evaluation Training earlier this year and in two parts.

Tabled for next meeting

IV. Action Items

A.

Review Action Items from Meeting

Next meeting: Tuesday, Sept. 8, 2020

V. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 7:46 PM.

Respectfully Submitted,
Katie Sullivan

Coversheet

POLICY REVIEW

Section: II. Old Business
Item: D. POLICY REVIEW
Purpose: Discuss
Submitted by:
Related Material: COVID- Request for Expanded FMLA Leave Coronavirus.docx
COVID- Teacher Expectations.pdf
Protocols and Procedures for the Charter Scratch Cooking Business.docx
COVID Request for Emergency Paid Sick Leave.docx
Charter Scratch Kitchen-Business Proposal.docx
Remote Work Agreement Draft 2020.doc

Request for Expanded FMLA Leave (Coronavirus)

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and Abby Kelley Foster Charter Public School's Expanded Family and Medical Leave Policy, please complete the following request form and submit to your principal/supervisor or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Statement supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): _____

Department: _____

Principal/supervisor: _____

Requested Leave Start Date: _____ End Date: _____

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child's school or place of care, due to concerns related to COVID-19.
- The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (Intermittent Leave requests are not guaranteed)

Other:

- I am requesting consideration of a reasonable accommodation

I have attached appropriate documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Employee Statement Supporting Expanded FMLA Leave

I, _____, provide the following information in support of my request for

Name of school or place of care closed due to concerns related to COVID-19:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

IF YOU ARE REQUESTING AN ACCOMMODATION, PLEASE COMPLETED THIS SECTION:

Although I qualify for EFMLA, I request consideration for the opportunity to perform the duties of my position with the following accommodation(s): (Explain the specific accommodation you are requesting; ie; offsite work, reduced hours, special hours, etc)

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____

THIS FORM MUST BE INCLUDED WITH A REQUEST FOR LEAVE

Additional Teacher Expectations for 20-21 Academic year

General Work

- Work the normal or assigned work schedule
- Be on time and fully prepared with appropriate materials for each lesson
- Set positive tone and expectations for learning environment
- Take class attendance according to school specific protocols..
- Be dressed in a professional manner .
- Maintain a presence with the school/supervisor/team. This includes the use of appropriate technology, but not limited to a computer, email, video conferencing, phone and text messaging.
- Participate in scheduled work related meetings related to professional responsibilities as required by administration.
- Maintain ongoing communication with colleagues who serve common students (paraprofessionals, co-teachers, related service providers, counselors, the SBST team, etc.) Co-teaching pairs will plan appropriately to support their students' needs.
- Work as a grade level/content area team to plan lessons for each week as appropriate. Lessons should be presented in a similar order, fashion, and format.
- Submit lesson plans before the start of school on Monday Morning
- Appropriately differentiate instruction and activities for students to the greatest extent possible.
- Maintain student grades according to school specific protocols
- Accommodate students needs according to ELL needs, IEPs or 504s
- Complete assessments in accordance with a student's IEP within required timelines.
 - Participate in team meetings remotely or in person at the request of the school Special Education Director.

Technology

- Conduct Direct Instruction to students remotely by teaching live lessons, using videos and presentations to students by other technological methods and hold discussions.
 - Become adept with the various grade appropriate tools such as Zoom, Google Education Suite, Seesaw in order to fully utilize them.
- Have and maintain access to reliable high speed internet
- Be accessible by telephone by staff and families
- Abby Kelley is not responsible for any operating costs of any personal equipment including but not limited to computers, personal devices, cell phones or standard telephones.
- Have a professional area from which to teach that limits foot traffic and distractions

Family/Student Communication

- Communicate expectations to students and families about the instructional plan for the week, including learning objectives, required activities, assignments, links to resources, and assessments, along with any associated due dates.
- Communicate with families on a regular basis about student progress
- Make available lessons and other instructional activities for students to access later.
- Interact with groups of students and families, account for attendance, and respond to messages from students and families in a timely fashion.
- Monitor student engagement and follow school specific protocol for students of concern.
- Monitor student participation in activities, grade assignments and assessments, and provide timely feedback on work submitted by students.

Protocols and Procedures for Charter Scratch Cooking Kitchen

At MCCPS, the Food Department Staff that is involved in the preparation, set up, service to our customers and/or clean up responsibilities will work together to ensure that all meals that are prepared and sold are safe to eat and that all the appropriate food safety measures are followed.

The premises at MCCPS that will be used for food preparation, storage and sales are to be kept clean and maintained in good repair, condition and following the HACCP Plan that is set as to avoid the risk of contamination.

Hand Washing & Sanitizing

Wash hands with soap and water frequently and where it is appropriate to use hand sanitizer, however hand sanitizer never replaces routine handwashing. This includes before starting work, when changing tasks, and/or when changing gloves and face coverings. Hand sanitizer in combination with handwashing or when hand washing is not available. Hand sanitizers need to contain at least 60% alcohol. A separate facility is provided for hand washing purposes that is accessible as well as what is provided in the kitchen.

Employee Health

All Food Department Staff are required to report information about their health as they relate to COVID-19 or any diseases that are transmissible through food.

Gloves & Mask Use

Staff is required to wear gloves and a mask or cloth face covering at all times when receiving deliveries of inventory for the business, during food preparation or service and during cleaning and sanitizing tasks and to change gloves and masks when returning to work from a break, when gloves become dirty or torn or any other time when gloves/masks may have become contaminated.

Cleaning and Sanitizing Food Contact Surfaces

All food contact surfaces are washed, sanitized and disinfected properly.

Time/Temperature Control for Safety Foods

The Food Department follows the state or local Health Department requirement. All refrigeration appliances have shelf thermometers placed in each to monitor their temperatures.

Allergens, Gluten-Free and other Dietary Restrictions

When given specific notice, the kitchen will have designated work areas away from potential cross-contamination. Meals will be properly labeled if they contain Milk, Egg, Fish, Shellfish, Tree Nuts, Peanuts, Wheat, Barley, Rye and Soy.

Staff Social Distancing

MCCPS Food Service Department
August 28, 2020

The staff will practice maintaining 6 feet apart from one another when possible. When staff is prepping the meals the kitchen is equipped with two separate workstations that are 6 feet apart. Staff includes the total of 2 employees. If staff finds it impractical to be within 6 feet at any time they will practice effective hygiene procedures, cleaning, sanitizing and disinfecting of all surfaces.

Meals Pickup Policy

Meals purchased will be done as a curbside pick up to go. There is no dine in accommodation and there will be no consumption of meals on MCCPS property. Families will stay in their vehicle when picking up meals. Staff will deliver meals at the designated curbside station that has been marked and made visible. This will direct our families on where to proceed safely. There will be a table between where the staff delivers and hands off to the family. If a family opts to stay in their vehicle they will open their trunk and staff will place meal in the car. There will be no entrance to school property for any meal pick up and meals will be prepaid to eliminate any person-to-person interaction.

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Abby Kelley Foster Charter Public School's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your principal/supervisor either prior to leave or within one day of leave commencing. Verbal notice will be accepted until a form can be provided.

Employee Statement supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached appropriate documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Employee Statement Supporting Emergency Paid Sick Leave

I, _____, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

IF YOU ARE REQUESTING AN ACCOMMODATION, PLEASE COMPLETED THIS SECTION:

Although I qualify for EPSL, I request consideration for the opportunity to perform the duties of my position with the following accommodation(s): (Explain the specific accommodation you are requesting; ie; offsite work, reduced hours, special hours, etc)

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____

THIS FORM MUST BE INCLUDED WITH A REQUEST FOR LEAVE

Business Plan and Goals For The New The Charter Scratch Kitchen *Not Your Average " Lunch Ladies "*

Purpose: In addition to providing high quality nutritious meals for students, it is our goal to be able to offer the same high quality nutritious meals to our past and present Charter Families as well as the Marblehead Community to enjoy as a Meals To Go option.

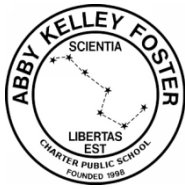
Our ideal customers would be our past and present Charter Families. These families are already familiar with our food service program. The ease and convenience of picking up homemade ready to go meals right at the school will make this an attractive option for families on the go, busy nights, or just a night off from cooking.

Our Strengths: We are uniquely positioned within the Charter School and the larger Marblehead Community making it an easy and familiar choice for meal planning. This concept is an extension of what we do everyday for our students. Creating meals in this scratch kitchen we source produce directly from our own garden or local farms. We will be able to provide the freshest ingredients. We also plan to offer a Dessert of the Week. All of the proceeds from this program will go directly back into the schools Food Service Department.

Opportunities: Potentially this could grow into other areas. To start, the offering would be shared to the immediate MCCPS community, however, with success, the offering could be made to the people of Marblehead and surrounding areas. This would allow our customer base to have a solid foundation and gain a following while later growing into the Town of Marblehead as well as other Communities where our students reside.

This opportunity would allow the Charter Food Department to expand their offerings and create additional revenue stream which again would tap into the work we are already providing,

Finally, this catering style, Meals to Go, a service that we would like to offer to our families that will deliver everyone a high quality, home cooked meals and baked goods but yet they will feel they are back at their mother's kitchen table. We could expand our options for the up-coming Holidays, Birthdays and other special events that are happening in the lives of our MPCCS families.



ABBY KELLEY FOSTER CHARTER PUBLIC SCHOOL
10 New Bond Street • Worcester, MA 01606
Phone: (508) 854-8400 • Administration Fax: (508) 854-8484
ES Fax: (508) 595-0370 • MS Fax: (508) 595-0371 • HS Fax: (508) 552-0042
Website: www.akfcs.org

Temporary Telecommuting and Remote Work Agreement

Abby Kelley Foster Charter Public School considers Telecommuting and Remote Work to be a viable, flexible work option when both the employee and the job are suited to such an arrangement. Telecommuting may be appropriate for some employees and jobs, but not for others.

This agreement, between Abby Kelley Foster Charter Public School (AKFCS) and (employee's name) _____, title _____, authorizes remote work in accordance with the following schedule. This Agreement supersedes any prior Telecommuting Agreement in place between you and Abby Kelley (if any) and may be terminated or modified at any time at the discretion of the Executive Director. This Agreement does not alter the At-Will employment relationship which means that either you or the School can end the employment relationship at any time, for any reason, with or without prior notice.

Beginning (date) _____ Ending (date) _____

Select Days: Monday Tuesday Wednesday Thursday Friday

If remote schedule is other than full day, please outline specific schedule:

Expectations of Remote Work

- You agree to maintain a presence with your Department while working remotely. This could be through the use of technology such as laptop, computer, mobile phone, email, videoconferencing, or text messaging at the times you are expected to work.
- You will maintain regular work hours during the course of every business day. This means that you will be at your work space regularly during the day and available for video calls as required. You will limit any time away during the day in the same way you will limit time away if you were working on-site at the School. If you need to take time away for personal reasons during the course of a day you will submit a request for either sick time or personal time in the same way you will do so under normal circumstances.
- While working remotely, you will work just as if you were in your regular work location and maintain your regular schedule, productivity, communication and responsiveness standards as if you were not working remotely.
- This Agreement does not change the basic terms and conditions of your employment at AKFCS. You will perform all your duties as listed in your job description, as well as those additional and or different duties that may be assigned during this time. You are obligated to follow all District policies and procedures, including dress code and confidentiality requirements.

ABBY KELLEY FOSTER CHARTER PUBLIC SCHOOL

- Providing you do not have a health condition that prevents you from coming into the building (documentation may be required), you will make yourself available to physically attend scheduled work meetings as requested by your supervisor or the Executive Director.
- Non-exempt, hourly employees may not work overtime hours (hours exceeding 40 in a workweek) without prior approval from your supervisor and you are required to take your breaks while working remotely in full compliance with federal, state, and local guidelines.
- You will be solely responsible for the set up with your remote workspace (with the exception of the school issued laptop). This includes ensuring and maintaining an appropriate and safe workspace. You will make every effort to safeguard all school property and records.
- An AKFCS issued laptop is to be used for working remotely. With prior approval by the school’s IT department, you may be authorized to use your own personal computer. Regardless of whether you are using your own or an AKFCS device, you are responsible at all times for the access, use, security and cost of those mobile devices (with the exception of the school issued laptop).

By signing this agreement, you are confirming that you have read, understood, and will comply with all provisions of this remote work agreement. I also understand that my supervisor may inform me of other specific requirements.

You acknowledge that if, at any time, your supervisor or the Executive Director deems that the remote work arrangement described in this Agreement is not working effectively, it may be terminated or modified. Every effort will be made to provide two weeks notice of such change to accommodate commuting, childcare and other issues that may arise from the discontinuation of this policy.

Understood and Agreed:

Employee’s Signature **Date**

Print Name/Title: _____

Approved By:

Supervisor’s Signature **Date**

Print Name/Title: _____

Executive Director’s Signature **Date**