

Location: Concow School 2771 Pentz Rd. Oroville, CA 95965 (530) 533-3467

Time: 4:30 PM Closed Session 5:00 PM Open Session

*For persons wishing to review the full agenda packet, one is available in the lobby at each school site. Meeting site is wheelchair accessible. Any individuals who require special accommodations should contact the superintendent (530) 533--3467 at least two days before the meeting date.*

**1.0 CALL TO ORDER – TIME:**

**BOARD OF TRUSTEES**

Deborah Ingvaldsen	President	_____
Paula Neher	Clerk	_____
Don Saul	Trustee	_____
Richard Miller	Trustee	_____
Reyna Lubner	Trustee	_____
Josh Peete	Superintendent	_____
Pearl Lankford	Executive Assistant	_____

\*Public Comment

**2.0 PUBLIC COMMENTS**

**3.0 Motion to adjourn to Closed Session**

Motion \_\_\_\_\_ Second \_\_\_\_\_ Vote \_\_\_\_\_

3.1 Conference with Labor Negotiator, Josh Peete

**4.0 PUBLIC COMMENTS**

This is the time at which the President invites anyone in the audience: including district employees, wishing to address the Board on a matter not on the agenda to stand, state your name, and address for the record. Presentations will be limited to (3) minutes; maximum of (20) minutes to each subject matter. The board is prohibited by law from taking action or discussing any item if it is not listed on the agenda, unless permitted by law. For those wishing to address items on the agenda, time will be available as each agenda item is introduced.

**5.0 REPORTS**

5.1 Superintendent School Report

5.2 CSEA

5.3 GFTA

5.4 Parents' Club

5.5 Board Members

**6.0 CONSENT CALENDAR**

6.1 Minutes June/July 2019

6.2 Warrants 6/14/19-8/15/19

6.3 Transfer Requests #1 - #2 19/20

Motion \_\_\_\_\_ Second \_\_\_\_\_ Vote \_\_\_\_\_

**7.0 INFORMATION FOR DISCUSSION**

**7.1 Attendance Report – Enrollment 47**

**7.2 Maintenance / Transportation**

**7.3 Board Goals**

**8.0 ACTION ITEMS/NEW BUSINESS**

**8.1 Resolution #1 19/20 Funding Agreement with the State Water Resources Control Board**

Motion\_\_\_\_\_Second\_\_\_\_\_Vote\_\_\_\_\_

**8.2 Declaration of Need (DON) and Statement of Need (SON) 19/20**

Motion\_\_\_\_\_Second\_\_\_\_\_Vote\_\_\_\_\_

**8.3 Instructional Minutes 19/20**

Motion\_\_\_\_\_Second\_\_\_\_\_Vote\_\_\_\_\_

**9.0 MOTION TO CONVENE TO CLOSED SESSION**

Motion\_\_\_\_\_Second\_\_\_\_\_Vote\_\_\_\_\_

**10.0 REPORT OUT**

**11.0 ADJOURNMENT** Motion\_\_\_\_\_Second\_\_\_\_\_Vote\_\_\_\_\_

# Golden Feather Union Elementary School District

RESOLUTION NO. 1

August <sup>21</sup>14, 2019

A RESOLUTION AUTHORIZING ENTERING INTO A FUNDING AGREEMENT WITH THE STATE WATER RESOURCES CONTROL BOARD AND AUTHORIZING AND DESIGNATING Josh Peete/Pearl Lankford FOR THE Funding for Bottled Water/Hauled Water State Water Resources Control Board Cleanup and Abatement Account

Whereas, Golden Feather School District has submitted an application to the State Water Resources Control Board for funding for the bottled water; and

Whereas, prior to the State Water Resources Control Board's executing a funding agreement, Golden Feather UESD is required to adopt resolution authorizing an agent, or representative, to sign the funding agreement, amendments, and requests for reimbursement on behalf of Golden Feather UESD, and to carry out other necessary Project-related activities;

Now, therefore, be it resolved and ordered, that Golden Feather UESD is hereby authorized to carry out the Project, enter into a funding agreement with the State Water Resources Control Board, and accept and expend State funds for the Project; and

Be it further resolved and ordered, that the Superintendent or the Executive Assistant, is hereby authorized and designated to sign, for and on behalf of Golden Feather UESD, the funding agreement for the Project and any amendments thereto; and

Be it further resolved and ordered, that the Superintendent or Executive Assistant, is hereby authorized and designated to represent the Golden Feather UESD in carrying out Golden Feather UESD responsibilities under the funding agreement, including approving and signing invoices and requests for reimbursement of Project costs.

Be it further resolved and ordered, that any and all actions, whether previously or subsequently taken by Golden Feather UESD, which are consistent with the intent and purposes of the foregoing resolution, shall be, and hereby are, in all respects, ratified, approved and confirmed.

## CERTIFICATION

I hereby certify that the foregoing is a full, true, and correct copy of a resolution duly and regularly adopted by the Golden Feather UESD governing board) at the meeting thereof held on August 14, <sup>21</sup>2019.

Ayes: \_\_\_\_\_  
Noes: \_\_\_\_\_  
Abstained: \_\_\_\_\_  
Absent: \_\_\_\_\_

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

Paula Neher  
GFUESD Board Clerk



## DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS

- ☒ Original Declaration of Need for year: 19/20  
☐ Revised Declaration of Need for year: \_\_\_\_\_

### FOR SERVICE IN A SCHOOL DISTRICT

Name of District: GOLDEN FEATHER UNIFIED ESD District CDS Code: \_\_\_\_\_

Name of County: BUTTE COUNTY County CDS Code: \_\_\_\_\_

By submitting this annual declaration, the district is certifying the following:

- A diligent search, as defined below, to recruit a fully prepared teacher for the assignment(s) was made
- If a suitable fully prepared teacher is not available to the school district, the district will make a reasonable effort to recruit based on the priority stated below

The governing board of the school district specified above adopted a declaration at a regularly scheduled public meeting held on 8/21/19 certifying that there is an insufficient number of certificated persons who meet the district's specified employment criteria for the position(s) listed on the attached form. The attached form was part of the agenda, and the declaration did NOT appear as part of a consent calendar.

► **Enclose a copy of the board agenda item**

With my signature below, I verify that the item was acted upon favorably by the board. The declaration shall remain in force until June 30, \_\_\_\_\_.

Submitted by (Superintendent, Board Secretary, or Designee):

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Title</i>
_____	_____	_____
<i>Fax Number</i>	<i>Telephone Number</i>	<i>Date</i>
_____		
<i>Mailing Address</i>		
_____		
<i>Email Address</i>		

### FOR SERVICE IN A COUNTY OFFICE OF EDUCATION, STATE AGENCY OR NONPUBLIC SCHOOL OR AGENCY

Name of County \_\_\_\_\_ County CDS Code \_\_\_\_\_

Name of State Agency \_\_\_\_\_

Name of NPS/NPA \_\_\_\_\_ County of Location \_\_\_\_\_

The Superintendent of the County Office of Education or the Director of the State Agency or the Director of the NPS/NPA specified above adopted a declaration on \_\_\_\_/\_\_\_\_/\_\_\_\_, at least 72 hours following his or her public announcement that such a declaration would be made, certifying that there is an insufficient number of certificated persons who meet the county's, agency's or school's specified employment criteria for the position(s) listed on the attached form.

The declaration shall remain in force until June 30, \_\_\_\_\_.

► **Enclose a copy of the public announcement**

Submitted by Superintendent, Director, or Designee:

Name	Signature	Title
Fax Number	Telephone Number	Date
Mailing Address		
Email Address		

- *This declaration must be on file with the Commission on Teacher Credentialing before any emergency permits will be issued for service with the employing agency*

### AREAS OF ANTICIPATED NEED FOR FULLY QUALIFIED EDUCATORS

Based on the previous year's actual needs and projections of enrollment, please indicate the number of emergency permits the employing agency estimates it will need in each of the identified areas during the valid period of this Declaration of Need for Fully Qualified Educators. This declaration shall be valid only for the type(s) and subjects(s) identified below.

This declaration must be revised by the employing agency when the total number of emergency permits applied for exceeds the estimate by ten percent. Board approval is required for a revision.

Type of Emergency Permit	Estimated Number Needed
<input type="checkbox"/> CLAD/English Learner Authorization (applicant already holds teaching credential)	_____
<input type="checkbox"/> Bilingual Authorization (applicant already holds teaching credential)	_____
List target language(s) for bilingual authorization: _____	_____
<input type="checkbox"/> Resource Specialist	_____
<input type="checkbox"/> Teacher Librarian Services	_____
<input type="checkbox"/> Visiting Faculty Permit	_____

### LIMITED ASSIGNMENT PERMITS

Limited Assignment Permits may only be issued to applicants holding a valid California teaching credential based on a baccalaureate degree and a professional preparation program including student teaching.

Based on the previous year's actual needs and projections of enrollment, please indicate the number of Limited Assignment Permits the employing agency estimates it will need in the following areas:

TYPE OF LIMITED ASSIGNMENT PERMIT	ESTIMATED NUMBER NEEDED
Multiple Subject	
Single Subject	
Special Education	
TOTAL	

### **EFFORTS TO RECRUIT CERTIFIED PERSONNEL**

The employing agency declares that it has implemented in policy and practices a process for conducting a diligent search that includes, but is not limited to, distributing job announcements, contacting college and university placement centers, advertising in local newspapers, exploring incentives included in the Teaching as a Priority Block Grant (refer to [www.cde.ca.gov](http://www.cde.ca.gov) for details), participating in state and regional recruitment centers and participating in job fairs in California.

If a suitable fully prepared teacher is not available to the school district, the district made reasonable efforts to recruit an individual for the assignment, in the following order:

- A candidate who qualifies and agrees to participate in an approved intern program in the region of the school district
- An individual who is scheduled to complete initial preparation requirements within six months

### **EFFORTS TO CERTIFY, ASSIGN, AND DEVELOP FULLY QUALIFIED PERSONNEL**

Has your agency established a District Intern program? ☐ Yes ☐ No

If no, explain. \_\_\_\_\_

Does your agency participate in a Commission-approved college or university intern program? ☐ Yes ☐ No

If yes, how many interns do you expect to have this year? \_\_\_\_\_

If yes, list each college or university with which you participate in an intern program.

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If no, explain why you do not participate in an intern program.

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## **ANNUAL STATEMENT OF NEED 30-DAY SUBSTITUTE and DESIGNATED SUBJECTS CAREER TECHNICAL EDUCATION 30-DAY SUBSTITUTE TEACHING PERMITS**

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### **INSTRUCTIONS TO THE EMPLOYER**

This statement of need must be filed at the school district office each school year when employing holders of Emergency 30-Day Substitute Permits. The employing agency will complete a single statement of need form (below) and retain the form at the school district office.

The form must be completed annually, indicating that either no credentialed person is available or that those available are not deemed qualified for substitute teaching and details of the circumstances that necessitate the use of emergency permit holders rather than fully credentialed teachers.

This statement of need form does not require listing specific employees or their positions. The form must be signed by the superintendent of the employing school district. It does not need to be co-signed by the county superintendent of schools.

A copy of the form does not need to be submitted to the county or the Commission with each Emergency 30-Day Substitute Teaching Permit application; however, the county superintendent of schools, whose responsibilities include areas such as district payroll or district substitute placement, may request a copy of the district's statement of need form to accurately fulfill these duties.

County superintendent of schools offices employing holders of the Emergency 30-Day Substitute Teaching Permit are also required to annually file, at their office, this completed statement of need form. The county superintendent of schools will sign the form.

The Commission does not require that the school board approve the statement of need. The individual school district may establish its own policy regarding this matter.

*References: California Education Code, Sections 44225 and 44300 and California Code of Regulations, Title 5, Sections 80023, 80025 and 80026*



**This form must be signed by either:**

☐ The district superintendent of schools and filed at the school district office if the holder of any Emergency 30-Day Substitute Teaching Permit will be employed as a substitute in a public school operated by a school district.

**OR**

☐ The county superintendent of schools and filed at the county superintendent of schools' office if the holder of any Emergency 30-Day Substitute Teaching Permit will be employed as a substitute in a county-operated school.

**Certification and Authorized Signature**

The district superintendent of schools or the county superintendent of schools has reviewed the information contained in this statement of need and certifies one the following:

☐ Either a credentialed person is not available or one or more credentialed persons are available, but are not deemed qualified by the district or county, as applicable, to serve as a day-to-day substitute teacher.

**OR**

☐ The situation or circumstances that necessitate the use of an emergency permit holder are as follows:  
(Attach additional sheets, if necessary.)

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I hereby certify that all of the information contained in this statement of need is true and correct.

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*Signature of the District Superintendent*

*District*

*Date*

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*Signature of the County Superintendent of Schools*

*County*

*Date*

*It is not necessary to submit this form to the Commission on Teacher Credentialing.*