Cecilia A. Massetti, Ed.D.
Superintendent of Schools

8.4

BOARD OF EDUCATION ACTION ITEM

February 13, 2018

Topic:
Consideration Request for Allowance of Attendance due to Emergency Conditions

Background:
Special Education programs located at Yosemite High School had four dates that we had to close the program due to the fires in Fish Camp and Oakhurst that caused severe air quality problems. In addition, both areas had to be evacuated and students could not be picked up. We are asking CDE for an attendance allowance for the follow dates 9/5,9/6,9/7 & 9/8, 2017.

Recommendation:
Approval of the Request for Allowance of Attendance Due to Emergency Conditions Form

Resource:
Steve Carney
Chief Business and Administrative Services Officer

1105 South Madera Avenue • Madera, CA 93637 • (559) 673-6051 • FAX (559) 673-5569
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CALIFORNIA DEPARTMENT OF EDUCATION
REQUEST FOR ALLOWANCE OF ATTENDANCE DUE TO EMERGENCY CONDITIONS
FORM J-13A, REVISED DECEMBER 2017

SECTION A: REQUEST INFORMATION

- This form is used to obtain approval of attendance and instructional time credit pursuant to *Education Code (EC)* sections 41422, 46200, 46391, 46392 and *California Code of Regulations (CCR)*, Title 5, Section 428.
- Only schools that report Principal Apportionment average daily attendance (ADA) for the purpose of calculating a K–12 Local Control Funding Formula (LCFF) entitlement should submit this form.
- Refer to the instructions and frequently asked questions at https://www.cde.ca.gov/fg/aa/pa/j13a.asp for information regarding the completion of this form.

PART I: LOCAL EDUCATIONAL AGENCY (LEA)

LEA NAME:	COUNTY CODE:	DISTRICT CODE:	CHARTER NUMBER (IF APPLICABLE):
Madera County Superintendent of Schools	20	10207	

LEA SUPERINTENDENT OR ADMINISTRATOR NAME:	FISCAL YEAR:
Cecilia A. Massetti	2017-2018

ADDRESS:	COUNTY NAME:
1105 S. Madera Avenue	Madera

CITY:	STATE:	ZIP CODE:
Madera	CA	93637

CONTACT NAME:	TITLE:	PHONE:	E-MAIL:
Claudia Rocha	Attendance Specialist	559-662-6210	crocha@mcsos.org

PART II: LEA TYPE AND SCHOOL SITE INFORMATION APPLICABLE TO THIS REQUEST (Choose only one LEA type):

☐ SCHOOL DISTRICT	☒ COUNTY OFFICE OF EDUCATION (COE)	☐ CHARTER SCHOOL
Choose one of the following: ☐ All district school sites ☐ Select district school sites	Choose one of the following: ☐ All COE school sites ☒ Select COE school sites	

PART III: CONDITION(S) APPLICABLE TO THIS REQUEST:

☒ **SCHOOL CLOSURE:** When one or more schools were closed because of conditions described in *EC* Section 41422. LCFF apportionments should be maintained and instructional time credited in Section B for the school(s) without regard to the fact that the school(s) were closed on the dates listed, due to the nature of the emergency. Approval of this request authorizes the LEA to disregard these days in the computation of ADA (per *EC* Section 41422) without applicable penalty and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *EC* Section 46200, et seq.

☒ There was a Declaration of a State of Emergency by the Governor of California during the dates associated with this request.

☐ **MATERIAL DECREASE:** When one or more schools were kept open but experienced a material decrease in attendance pursuant to *EC* Section 46392 and *CCR*, Title 5, Section 428. Material decrease requests that include all school sites within the school district must demonstrate that the school district as a whole experienced a material decrease in attendance. Material decrease requests for one or more but not all sites within the school district must show that each site included in the request experienced a material decrease in attendance pursuant to *EC* Section 46392 and *CCR*, Title 5, Section 428. The request for substitution of estimated days of attendance for actual days of attendance is in accordance with the provisions of *EC* Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of LCFF apportionments for the described school(s) and dates in Section C during which school attendance was materially decreased due to the nature of the emergency.

☐ There was a Declaration of a State of Emergency by the Governor of California during the dates associated with this request.

☐ **LOST OR DESTROYED ATTENDANCE RECORDS:** When attendance records have been lost or destroyed as described in *EC* Section 46391. Requesting the use of estimated attendance in lieu of attendance that cannot be verified due to the loss or destruction of attendance records. This request is made pursuant to *EC* Section 46391:

"Whenever any attendance records of any district have been lost or destroyed, making it impossible for an accurate report on average daily attendance for the district for any fiscal year to be rendered, which fact shall be shown to the satisfaction of the Superintendent of Public Instruction by the affidavits of the members of the governing board of the district and the county superintendent of schools, the Superintendent of Public Instruction shall estimate the average daily attendance of such district. The estimated average daily attendance shall be deemed to be the actual average daily attendance for that fiscal year for the making of apportionments to the school district from the State School Fund."

SECTION B: SCHOOL CLOSURE

☐ Not Applicable (Proceed to Section C)
☐ Supplemental Page(s) Attached

PART I: NATURE OF EMERGENCY (Describe in detail.)

Fires (governor declared state of emergency)

PART II: SCHOOL INFORMATION (Use the supplemental Excel form at https://www.cde.ca.gov/fg/aa/pa/j13a.asp if more than 10 lines are needed for this request. Attach a copy of a school calendar. If the request is for multiple school sites, and the sites have differing school calendars, attach a copy of each different school calendar to the request.)

A	B	C	D	E	F	G	H	I
School Name	School Code	Site Type	Days in School Calendar	Emergency Days Built In	Built In Emergency Days Used	Date(s) of Emergency Closure	Closure Dates Requested	Total Number of Days Requested
Gould Educational Center (sites @ Yosemite High School)	6077200	Special Ed.	180	0	0	9/5,9/6,9/7 & 9/8/2017	9/5,9/6,9/7 & 9/8/2017	4

PART III: CLOSURE HISTORY (List closure history for all schools in Part II. Refer to the instructions for an example.)

A	B	C	D	E	F
School Name	School Code	Fiscal Year	Closure Dates	Nature	Weather Related Yes/No
Gould Educational Center (sites @ Yosemite High School)	6077200	2016-2017	01/23/2017	impassable roads due to snow	Yes
Gould Educational Center (sites @ Yosemite High School)	6077200	2013-2014	04/02/2014	impassable roads due to snow	Yes

SECTION C: MATERIAL DECREASE

☒ Not Applicable (Proceed to Section D)
☐ Supplemental Page(s) Attached

PART I: NATURE OF EMERGENCY (Describe in detail.)

PART II: MATERIAL DECREASE CALCULATION (Use the supplemental Excel file at https://www.cde.ca.gov/fg/aa/pa/j13a.asp if more than 10 lines are needed for this request. Refer to the instructions for information on completing the form including the definition of "normal" attendance.)

A	B	C	D	E	F	G*	H
School Name	School Code	"Normal" Attendance (October/May)	Dates Used for Determining "Normal" Attendance	Date of Emergency	Actual Attendance	Qualifier: 90% or Less (F/C)	Net Increase of Apportionment Days (C-F)
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
			-			0.00%	0.00
	Total:	0.00			0		0.00

PART III: MATERIAL DECREASE CALCULATION FOR CONTINUATION HIGH SCHOOLS (Provide the attendance in hours. Use the supplemental Excel file at https://www.cde.ca.gov/fg/aa/pa/j13a.asp if more than 5 lines are needed for this request. Refer to the instructions for information on completing the form including the definition of "normal" attendance.)

A	B	C	D	E	F	G*	H
School Name	School Code	"Normal" Attendance Hours	Date Used for Determining "Normal" Attendance	Date of Emergency	Actual Attendance Hours	Qualifier: 90% or Less (F/C)	Net Increase of Hours (C-F)
						0.00%	0.00
						0.00%	0.00
						0.00%	0.00
						0.00%	0.00
						0.00%	0.00
	Total:	0.00			0.00		0.00

**Qualifier should be 90% or less except when the governor declares a state of emergency or in the case of a Necessary Small School (NSS) site.*

SECTION D: LOST OR DESTROYED ATTENDANCE RECORDS

☐ **Not Applicable (Proceed to Section E)**

PART I: PERIOD OF REQUEST The entire period covered by the lost or destroyed records commences with _____ up to and including _____.

PART II: CIRCUMSTANCES (Describe below circumstances and extent of records lost or destroyed.)

PART III: PROPOSAL (Describe below the proposal to reconstruct attendance records or estimate attendance in the absence of records.)

SECTION E: AFFIDAVIT

PART I: AFFIDAVIT OF SCHOOL DISTRICT, COUNTY OFFICE OF EDUCATION, OR CHARTER SCHOOL GOVERNING BOARD MEMBERS – All applicable sections below must be completed to process this J-13A request.

We, members constituting a majority of the governing board of Madera County S.O.S, hereby swear (or affirm) that the foregoing statements are true and are based on official records.

Board Members Names	Board Members Signatures
Sara Wilkins, President	
Cathie Bustos, Vice President	
Grant Sturm	
Alfred Soares Jr.	
Nancy Prosperi	
Joe Vived	
Bobby Thatcher	

At least a majority of the members of the governing board shall execute this affidavit.

Subscribed and sworn (or affirmed) before me, this _____ day of _____, 2017.

Witness: Cecilia A. Massetti, Ed.D. (Name) _____ (Signature) Title: Superintendent of Madera County, California

PART II: APPROVAL BY SUPERINTENDENT OF CHARTER SCHOOL AUTHORIZER (Only applicable to charter school requests)

Superintendent (or designee): _____ (Name) _____ (Signature) Authorizing LEA Name: _____

PART III: AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

County Superintendent of Schools (or designee): Cecilia A. Massetti, Ed.D. (Name) _____ (Signature)

Subscribed and sworn (or affirmed) before me, this _____ day of _____, 2017.

Witness: Steve Carney (Name) _____ (Signature) Title: Chief Business Off. of Madera County, California

COE contact/individual responsible for completing this section:

Name: Claudia Rocha Title: Attendance Specialist Phone: 559-662-6210 E-mail: crocha@mcsos.org