

Member Companies of American International Group, Inc.



SCHOOL LEADERS ERRORS AND OMISSIONS RENEWAL APPLICATION

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application is made (herein called the "Insurer")

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"School Entity," "You," "Your" or "Applicant" refer individually and collectively to the Applicant, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to the School Entity. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the applicant (b) the business manager or risk manager of the applicant, or (c) the Treasurer or Comptroller of the applicant.

I. GENERAL INFORMATION

1. Legal Name of School Entity: Webb County Juvenile Justice Alternative Education Program
 Address: 4602 N. Bartlett Avenue
 City: Laredo State: TX Zip Code: 78041
 Telephone: (956) 717-1220
 Internet Web Page Address: Webbcountytx.gov

a.

Type of School Entity	Check all that apply
Elementary/Primary	<input type="checkbox"/>
High School/Secondary	<input checked="" type="checkbox"/>
College/Post Secondary	<input type="checkbox"/>
Vocational/Technical	<input type="checkbox"/>
Charter	<input type="checkbox"/>

b. Is the School Entity public or private? Yes No

c. If the School Entity is private, is it a for-profit entity? Yes No

* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the Applicant based on this Application.

d. Is the School Entity a boarding school?

Yes No

e. If the School Entity is a college, is it a 2 or 4 year college? _____ years.

2. Student Enrollment

	Current	Projected
Full Time	130	160
Part Time		
Pre-School		

If the enrollment includes pre-school children, what is/are the age range(s)?

II. FINANCIAL INFORMATION

3. Fiscal Year 2007-2008

	Current	Projected
Total Budget	896,289.00	932,140.00
Total Expenditures	896,289.00	900,000.00
Surplus/Deficit	0.00	0.00

Total accumulated surplus or deficit \$ 0.00

If a deficit exists, what steps are being taken to eliminate it? N/A

4. Does the School Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

NO

5. a. Total amount of School Entity's bond authority: \$ 0.00

b. Total amount of outstanding bonds: \$ 0.00

c. Latest Moody's, Standard and Poor's and/or Finch's bond rating: 0.00

If the bonds are not rated, please explain: N/A

d. Has the School Entity been in default on the principal or interest of any Bond? Yes No

If yes, provide details: _____

III. SPECIAL EDUCATION

6. In the past twelve (12) months, did the School Entity implement any new procedures in its Special Education Programs? Yes No

If yes, describe the new procedures:

Educational & Physical Facilities are ADA Compliant

IV. OPERATIONS

7. In the past twelve (12) months, has the School Entity amended any of its guidelines related to the following?

GUIDELINES	If yes, provide details.
a. Suspension or dismissal of students	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Reporting and investigating allegations of sexual harassment brought by students	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Reporting any instance of suspected child abuse to the proper authorities	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

V. EMPLOYMENT PRACTICES

Complete this section if You are applying for Employment Practices Coverage

8. Staff Size

a. Number of instructors currently employed: 22

b. Number of non-instructional employees currently employed: 10

c. Total number of employees (including Elected and Appointed Board Members): 7

d. Total number of volunteers: 2

e. Total number of student teachers: 0

9. In the past twelve (12) months, have there been any changes to any of the following?

	If yes, provide details.
a. Human Resources Department	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Human resources manual	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

d. Employment handbook	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. Anti-sexual harassment policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
f. Procedure for handling employee complaints of discrimination and sexual harassment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
g. Policies as required by the Americans with Disabilities Act and related laws	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

10. Does the School Entity anticipate any reduction in staff in the next twelve (12) months? Yes No
 If "yes", explain: _____

11. How many employees have resigned, been terminated (with or without cause) or retired:
 Current Year: _____
 Prior Year: _____

VI. OTHER INFORMATION

12. In the past twelve (12) months has the School Entity entered into any new affiliations with another entity(ies)? Yes No
 If yes, please list the name of the entity(ies), the nature of its operations and the relationship between the School Entity and the other entity(ies): _____

Will the School Entity be adding any of this entity(ies) as additional insureds? Yes No

13. In the past twelve (12) months has the School Entity used subcontractors for any of the following services?

Service Provided	Yes/No	
Accounting/Financial	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Administrative	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Consultants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Custodial	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Food	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Legal	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Medical	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Educational	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Transportation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

14. Does the School Entity require all sub-contractors or independent consultants to carry liability insurance? Yes No
 Does the School Entity request to be added as an additional insured to such liability insurance? Yes No

VII. INSURANCE HISTORY

15. Name of primary General Liability Insurance carrier: McGriff, Seibels & Williams of Texas, Inc.

VIII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

IT IS UNDERSTOOD AND AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) WHICH WERE SUBMITTED FOR AND/OR MADE A PART OF ANY PREVIOUS SCHOOL LEADERS ERRORS AND OMISSIONS LIABILITY POLICY ISSUED BY THE INSURER OF WHICH THE POLICY APPLIED FOR HEREBY IS A RENEWAL OR A SUBSEQUENT RENEWAL, AND THAT THOSE APPLICATION(S) TOGETHER WITH THIS RENEWAL APPLICATION, CONSTITUTE THE COMPLETE APPLICATION THAT SHALL BE THE BASIS OF THE CONTRACT AND SHALL FORM PART OF THE POLICY, SHOULD A POLICY BE ISSUED.

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

IX. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, APPLICANT AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR

INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed: *Clayton Sady*
(Duly authorized representative, by and on behalf of the Applicant)

Date: *August 15, 2007*

Title: *Webb County Judge*
(must be signed by an authorized officer)

Attest: _____
(Duly authorized representative, by and on behalf of the Applicant)

Producer: _____

License Number: _____

Address: _____

ATTACHMENT

"A"

Application For Employment

COUNTY OF WEBB

NAME: _____

POSITION: _____

DATE _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the last 7 years? Yes No

Conviction will no necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

School Name and Location	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

Specialized Skills		Check Skills/Equipment Operated	
		Production/Mobile Machinery (list):	Other (list):
<input checked="" type="checkbox"/> CRT	<input type="checkbox"/> Fax	_____	_____
<input checked="" type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input checked="" type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

References

- _____ () _____
 (Name) Phone #

_____ (Address) _____ (Title)
- _____ () _____
 (Name) Phone #

_____ (Address) _____ (Title)
- _____ () _____
 (Name) Phone #

_____ (Address) _____ (Title)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____
Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

ATTACHMENT "B"

Newly hired employees may not take annual leave or a personal day during the first ninety days of employment. However, credit for annual leave and personal days will be granted from the date of employment.

If at any time, the Department Head decides, that an employee is not suited for the job or that the employee's continued employment may not be in the best interest of the County, the Department Head may terminate the employee's employment.

There is no tenure or permanent lifetime employment or appointment with the County.

5.03 ASSIGNED STAFF

Staff who are assigned to the County for supervision but who are directly paid by another government or private organization are not County employees. Benefits are as specified in the individual's contract for services. As a condition of their assignment, they are governed by all terms of these policies not in conflict with their contract for services.

5.04 EMPLOYEE RESPONSIBILITIES AND PERSONAL CONDUCT

Webb County is a public tax-supported organization. Employees must adhere to high standards of public service that emphasize professionalism, courtesy, and avoidance of even the appearance of illegal or unethical conduct. Employees are expected to carry out efficiently the work items assigned as their responsibility, to maintain good relationships with the public, with other governmental employees and officials, with their supervisors, and with fellow employees.

Employees are to be punctual in maintaining work hours, keeping appointments and meeting schedules for completion of work. Regular attendance is important to the overall operation of the department. If for any reason an employee is unable to report for work, he or she shall notify his or her supervisor or Elected official or Department Head immediately or prior to the start of the workday.

Each employee's personal appearance and conduct represents Webb County to the public and to other County employees. It is important that each employee try to make the best possible impression at all times by setting high standards in appearance and conduct.

5.05 EMPLOYEE CONDUCT VIOLATIONS

Each Elected Official or Department Head shall be responsible for maintaining a proper work environment and to enforce discipline on violations.

In order to assure understanding of the seriousness of proper conduct by County employees, a list of violations follows. Possible violations are not limited to this list and committing any violation will be grounds for disciplinary action, ranging from reprimand to immediate dismissal.

1. Falsification of official documents or records including employment application, time card or payroll sheet.
2. Punching time card for another employee.
3. Abuse of benefits.
4. Failure to wear presentable and appropriate clothing or required uniform.
5. Absence without reasonable cause.
6. Repeatedly reporting late for work.
7. Leaving the job during working hours without permission.
8. Creating or contributing to unsanitary conditions.
9. Accepting bribes in the course of work.
10. Possession of weapons on County premises except as required in official capacity.
11. Insubordination or refusal to obey lawful orders of supervisor or Department Head.
12. Refusal or failure to do assigned work.
13. Gross misconduct, threatening, intimidating, coercing or interfering with employees, supervisors or the public.
14. Fighting or gambling on County premises.
15. Engaging in outside employment without notifying Department Head or Elected Official.

**EMPLOYEE'S
RELEASE OF DRIVING RECORD & CRIMINAL RECORD**

STATE OF TEXAS

§
§
§

ATTACHMENT

"C"

COUNTY OF WEBB

I, _____, whose Texas Drivers License number is _____ and whose Social Security number is _____, am a Webb County employee in the _____ (department). I hereby give my written consent for Webb County or its agents to obtain and make copies of my driving and criminal records or history, whether such records are maintained by a government entity or otherwise. I hereby agree that a photo static copy of this Release may be accepted by the custodians of the above-described records in lieu of an original.

I agree that prior to operating a motor vehicle or performing any duties of a safety sensitive position, I will submit to a drug test in a manner discussed in the Webb County Drug and Alcohol Testing policy.

I hereby certify that I possess a valid Texas Drivers License and that it has neither been revoked or suspended. I further certify that I have not been involved in a motor vehicle collision during the preceding twelve months and that I am currently covered by a policy of liability insurance aside from any that the Webb County may provide.

I hereby certify that I am over the age of eighteen years, of sound mind, and fully competent to execute this Release. I agree not to assert any type of claim or suit against Webb County or its officials or employees in relation to the release or use of these records.

SIGNED this _____ day of _____, 2007.

SIGNATURE OF EMPLOYEE

PRINTED NAME: _____

BEFORE ME, the undersigned authority, on this day personally appeared the person whose name is subscribed to the foregoing Employee's Release of Driving and Criminal Records who, upon duly sworn, stated that he or she executed this document for the purposes expressed therein.

NOTARY PUBLIC in and for the State of Texas

WEBB COUNTY HEAD START PROGRAM
Procedures for Child Abuse and Neglect
&
Confidentiality Policy

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**Webb County Head Start Program
Procedures for
Child Abuse and Neglect
and Confidentiality Policy**

I Introduction

The Webb County Head Start Program will adhere to, and will comply with all applicable state and local laws for the identification and reporting of Child Abuse & Neglect. The Laredo Head Start Centers are license thru the Texas Department of Protective and Regulatory Services therefore the program will adhere to all licensing minimum standards as stated in Minimum Standards Book May 2000.

As per Minimum Standards Appendix I 261.001 Report of child Abuse and Neglect The following will be the program's procedures for identification, recognition and reporting of child abuse and neglect.

Texas Child Care Licensing Requirements

Several legal implications for Head Start centers flow from the legal requirements on Child Abuse and Neglect, established by the Texas Child Care Licensing Law. Head Start employees have been trained and are aware of legal implications and their responsibilities to report incidents.

First, a center must enable it's employees to fulfill their legal responsibilities under a reporting law. Head Start requires all of it's employees to report incidents of Child Abuse and Neglect that identifies a Head Start Child.

Second, a center must be able to hold it's employees accountable for negligence or improper conduct in either making a report or failure to report. Head Start will reprimand any employee who knowingly fails to report incidents of Child Abuse and Neglect that identifies a Head Start Child. A second failure to report an incident of Child Abuse and Neglect by a Head Start employee will result in termination, after all termination procedures have been followed.

As per Minimum Standards Appendix I:

Section 261.109 Failure to Report: Penalty.

- a. A person commits an offense if the person has cause to believe that a child's physical or mental health or welfare has been or may be further adversely affected by abuse or neglect and knowingly fails to report in accordance with Section 261.109 of this code.
- b. The First offense under this section is a Class A misdemeanor, a subsequent offense under this section, is a state jail felony.

II. Objectives

- A. All Head Start employees will participate in the Identification and Recognition of Child Abuse and Neglect and Sexual Abuse and Responsibilities for reporting.
- B. The Head Start program will maintain confidentiality of the records concerning Child Abuse and Neglect in accordance with state, local and Head Start's performance standards.
- C. The Head Start program will work with local Child Protective Service agencies who deal with abuse and neglect. Head Start employees will not become primary treatment programs or undertake treatment on their own.

- D. The Head Start program will play an important preventative role in relating to Child Abuse and Neglect, by undertaking every effort to retain abused and neglected children who are referred by Child Protective Service agencies, if the families are eligible for Head Start.
- E. The Head Start program will be responsible to provide training to all Head Start staff, parents and volunteers in the identification, recognition, and reporting of Child Abuse and Neglect.

III Process for Reporting

If any teaching staff member suspects a child being abuse or neglected, she/he will follow the reporting procedures as follows:

A. Initial Reporting Responsibilities

<u>Responsible to Report</u>	<u>To</u>
Teachers	Texas Department of
Teacher Asst./Substitutes	Protective Services
Bus Drivers	"
Cooks	"
Maintenance Workers	"
Specialists & Assistants	"

Steps you will Follow:

- 1. Staff member suspecting child abuse or neglect is responsible to place call to Protective Services and provide a full report.

B. Local Level Guidance

<u>Responsible to report</u>	<u>Refer to</u>	<u>To</u>
Teachers	Area Service Managers	Head Start
Teacher Asst.	" " "	Assistant Director
Bus Drivers	Bus Driver Supervisor	"
Cooks	Nutrition Specialists	"
Maintenance Workers	Maintenance Supervisor	"
Specialists & Assistants	Head Start Assistant Director	

Steps to follow if Assistance is needed

- 1. Appropriate staff will advise the Assistant Head Start Director and Advise her of the incident.
- 2. Assistant Director will assist and guide responsible staff member to call Protective Services. Staff person will have all required information on hand before making call.

Information is as follows:

- * Name and Address of child
- * Name and Address of person responsible for care of child
- * Full description of incident