



Business
Department
School Administration Building
304 New York Ave
Oak Ridge, Tennessee 37830
Phone (865) 425-9004
Fax (865) 425-9060

RFP #21-005 : Addendum #2

Below are questionnaires that were provided by an interested party. These have been edited to be generic in nature to provide the information to all potential bidders. No priority is being given to any particular company and the information provided can be examined by all bidders and taken into consideration when drafting a response to RFP 21-005.

Education Information - K-12

Educational Institution Information

Name of Educational Institution

Jenifer Van Dyke / Business Services Coordinator

jhvandyke@ortn.edu

Insurance Contact/Title

Email Address

304 New York Ave

865-425-9048

Address

Phone Number

Oak Ridge, TN 37830

62-6014956

City, County, State, Zip

FEIN

7/1/2021

3/26/2021

Effective Date of Coverage

Quote Need by Date*

II. Supplemental Applications			
Exposure Based Supplemental Applications			
Exposures	Yes	No	Comments
Own or Operate a Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dormitories/Residential	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Protection Class 9/10 Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15 Passenger Vans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vacant/Unoccupied Buildings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Drones/Unmanned aircraft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Used as part of CTE Classes
Liquor Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rifle Range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Day Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Before & After School Program
Foreign Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

III. K-12 Education Institution

- | | |
|---|---|
| 1. What is the educational institution's: | |
| a. PreK – 8 average daily attendance | 3121 |
| b. 9 – 12 average daily attendance | 1518 |
| c. Technical or vocational students | 214 |
| d. Total full-time employees | 670 |
| e. Total Part-time employees | 276 |
| 2. Do you allow outside groups to use the school property for activities? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If "yes", what is the annual revenue? | \$10,000 |

Policies & Procedures

- | | |
|--|---|
| 3. Are there anti-bullying policies in place that are distributed to all staff, students, and parents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4. Are there anti-hazing policies in place that are distributed to all staff, students, and parents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 5. Are the policies listed above reviewed annually and updated when needed? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 6. Do the educational institution's written policies prohibit corporal punishment? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 7. Is there a crisis management plan in place? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 8. Are there written response guidelines for students who pose a risk to others or themselves? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 9. Does the educational institution follow state law for lab safety procedures? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 10. Please provide details on any special events sponsored or allowed at your premises that involves over 2,500 participants (i.e. fund raising, carnivals with rides or inflatables, fireworks, etc.) | |

Playgrounds

- | | |
|---|---|
| 11. Does the playground equipment meet Consumer Product Safety Commission standards? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 12. Does the facility share a playground with any other entity? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 13. Are all playing areas completely enclosed to preclude outsiders from entering? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 14. Does the playground equipment have platforms over 6ft high or have any apparatus above 8ft? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 15. Are playgrounds inspected by a certified playground safety inspector (CPSI)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| a. What was the last date of inspection? | 10/05/2020 |
| b. What is the frequency of inspections? | Annually |
| c. Are there any outstanding recommendations from prior inspections? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Contractual Risk Transfer

- | | |
|---|---|
| 16. Are all contracts over \$25,000 (other than purchase orders) reviewed by an attorney prior to signing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| For all contracts entered by the educational institution, please answer the following questions | |
| 17. Do you require an indemnification clause in favor of your institution? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 18. Is the educational institution named as an additional insured on the other party's GL policy? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 19. Do you require at least \$1,000,000 limit of liability from the other party issued by insurance company with an A.M. Best rating of A- or better? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 20. Do you require that the other party's general liability policy contain an affirmative grant of sexual misconduct and abuse coverage when contractor interacts with minors? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. Do you retain a certificate of insurance of the other party's general liability and/or professional liability insurance prior to contract inception, which is updated annually and maintained during the entire term of the contract? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 22. Do you require evidence of workers compensation insurance prior to contract inception? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

IV. School Security

1. Does the educational institution currently have or plan on implementing within the next 12 months a policy allowing staff (outside of security personnel) or others to carry concealed weapons on school premises? Yes No
2. Please provide the total number of security Armed: Full time 3 Part time 0 Unarmed: Full time 0 Part time 0
3. Has a school security and safety plan been developed for all facilities? Yes No
4. Does each school building have access control (i.e., locked entrances, limited entry doors with visitor vetting, or electronic key card entry)? Yes No
5. Security camera coverage (check all that apply): Main entrance Parking lot Playground Hallways and Stairwells Additional building entry/exits Other, describe: _____
6. Does the student body and staff receive training in responding to active threats, e.g., ALICE or similar training? Yes No
7. Are all visitors required to sign in at the main location and wear a visitor's identification badge? Yes No
8. Are all unmonitored doors locked? Yes No
9. Are class room doors lockable from inside? Yes No
10. Is there a communication system between the main office and the class rooms? Yes No
11. Are policies and procedures in place for dismissal and parent/guardian pick up? Yes No

V. Medical

1. Is the educational institution's infirmary/clinic utilized by the public? Yes No
2. Identify the total number of employed or contracted staff who are:
 - Physicians 0
 - Physician Assistants or Nurse Practitioners 0
 - Nurses, other health personnel 9

VI. Property

1. Are there any buildings presently under construction or plans in place for new construction over the next 12 months? Yes No
Describe: _____
2. Are there any owned buildings currently listed on the Historic Registry? Yes No
If "yes", please provide building location: _____
3. Are any buildings not being used for their intended occupancy? Yes No
4. Does the educational institution generate its own power through solar panels, geo-thermal technology, wind turbines, etc.? Yes No
5. Are any roofs still under manufacture warranty Yes No
6. For any original roofs over 20 years old or in poor condition please describe (or attach) the repair/replacement plan:
Yes, roof replacement is on a schedule. _____
7. Please provide the frequency of inspections for the following systems:
 - a. **Electrical** (breaker panels, switches and fixtures to assure operating normally)
 annual semiannual monthly quarterly other (describe) _____
 - b. **Plumbing** (check fixtures and drains for evidence of leakage)
 annual semiannual monthly quarterly other (describe) as needed
 - c. **General roof inspections** (including drainage and cleanings)
 annual semiannual monthly quarterly other (describe) _____
8. Are annual heating inspections maintained and proper maintenance performed by a service technician? Yes No

9. Is flow testing & inspection performed by a qualified contractor along with a winterization review? Yes No
10. Are building alarms tied to a 24-hour monitoring company? Yes No
11. Are water shut off valves clearly marked and are staff trained to shut them off in emergencies? Yes No
12. Are all water lines (including automatic sprinklers) located in areas that maintain a temperature of at least 45°F? Yes No
13. Please describe any measures taken to prevent pipe freezing other than heating: BAC control system does real time monitoring & has programming in place for freeze protection. Redundancies being programmed this year.

VII. Crime

1. How many employees have access to money or securities? 400
2. What is the maximum amount of cash at any one location? \$50,000
3. Is countersignature of checks required? Yes No
4. Are passwords and access codes changed at regular intervals? Yes No
5. What is the average daily dollar amount of electronic funds transfer? \$200,000
6. Are duties segregated for inventory management, vendor approval, purchase orders, cash receipts, etc.? Yes No
7. Does the educational institution verify all vendor or supplier bank accounts by a direct call to the receiving bank prior to sending an electronic funds transfer over \$10,000? Yes No
8. Does someone other than the person responsible for reconciling banks accounts:
 Make deposits? Yes No | Make withdrawals? Yes No | Sign Checks Yes No

VIII. Automobile

All autos including hired/non-owned

1. What is the approximate number of times per year the institution rents vehicles? 100
2. Does the educational institution allow employees to use their personal vehicles to transport students for school related purposes? Yes No
3. Does the educational institution, its broker or a third party currently order MVRs at hire on all individuals who may drive vehicles for a school related purpose? Yes No
4. Please provide the frequency of MVRs after hire N/A
5. Does the educational institution have written MVR guidelines in place? Yes No
6. Do you require that all drivers be licensed for a minimum of two years? Yes No
7. Does the educational institution have a written accident investigation program in place? Yes No
8. Does the educational institution have a routine preventive maintenance program? Yes No
9. What is the educational institutions fleet manager position? Full time Part time NA
10. Does the educational institution perform drug testing on non CDL drivers? Yes No
11. Is there a plan in place to protect vehicles from storm damage including relocating vehicles away from flooding? Yes No
12. If the institution parks more than 25 vehicles overnight at any single location, please indicate if the lot is:
 Secured/locked Fully illuminated Under 24-hour surveillance

Student transportation Provided by Contractor

13. Does the education institution utilize GPS fleet telematics devices? Yes No
14. Does the educational institution have a policy for maintaining working video equipment on buses? Yes No
15. Are drivers required to perform and document pre-trip and post-trip vehicle safety inspections? Yes No
16. Does the educational institution establish routes reducing left turns? Yes No
17. What is the educational institution's average annual employment turnover for bus drivers? N/A
18. Does the educational institution insure that all drivers maintain the proper state licenses by law? Yes No

19. Does the educational institution provide the following for drivers transporting students?
 New driver route familiarization Annual Refresher training "Ride along" evaluations
20. Does the education institution require newly hired drivers to go through documented training? Yes No
21. Are post trip walk through inspections performed by bus drivers to ensure no passengers were left behind? Yes No
22. Are perimeter checks made at bus stops by drivers to ensure the area is clear of students? Yes No
23. Are buses with drivers used for any purpose other than regularly scheduled bus routes for student transportation? Yes No
24. Do any buses haul goods or passengers for hire? Yes No
25. Does the educational institution utilize trained bus monitors? Yes No

Contracted student transportation

26. If the bus fleet is operated by an independent contractor, complete the following:
- | | |
|-----------------------|--|
| a. Contractor name | First Student |
| b. Limit carried | \$5,000,000 / each |
| c. Insurance company | National Union Fire
Ins Co/ New
Hampshire Ins Co/
American Home
Assurance Co |
| d. Total cost of hire | \$1,546,897.00 |
27. Does the educational institution require certificates of insurance from the contractor showing automobile liability, general liability and workers compensation coverage, including limits? Yes No
28. Are the contracting company's automobile and general liability policies primary for the district, its board, employees and volunteers? Yes No
29. Is there a written contract in place between the school and the bus contracting company which includes an indemnification agreement in favor of the educational institution? Yes No
30. Does the educational institution review that contracted company's driver guidelines and ensure that such guidelines meet or exceed the institutions? Yes No

IX. Athletics

Identify any of the following activities or sports that take place at the educational institution:

- | | | | | |
|---|---|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Baseball | <input checked="" type="checkbox"/> Basketball | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Lacrosse | <input checked="" type="checkbox"/> Soccer |
| <input type="checkbox"/> Competitive Cheerleading | <input type="checkbox"/> Equestrian | <input checked="" type="checkbox"/> Softball | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Wrestling |
| <input checked="" type="checkbox"/> Tackle Football | <input checked="" type="checkbox"/> Track & Field | <input type="checkbox"/> Rodeo | <input type="checkbox"/> Rugby | <input checked="" type="checkbox"/> Swimming |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Other: | | |

1. Does the educational institution require that all participants and their parents/legal guardians sign a consent and assumption of risk for (or similar legal liability waiver) preceding athletic practice or competition? Yes No
2. Are annual physicals required prior to participating in any sport? Yes No
3. Does the educational institution offer student accident coverage to parents or guardians for purchase? Yes No
4. Is a student accident policy purchased by the education institution?
 If "yes", please provide the policy limit: Yes No
 \$Refer to RFP
5. Does the educational institution document inspections of all facilities and equipment at least annually? Yes No
6. Is a written emergency medical plan distributed to all coaches, trainers, and assistants for athletic injuries (including emergency responses to head injury/concussions) at the beginning of each season? Yes No
7. Are all coaches, assistant coaches, and trainers trained in the basic principles of first aid and prepared to administer first aid at all sporting events? Yes No

8. Is there a documented concussion management plan in place which is compliant with state law? Yes No
9. Is there a documented policy and procedure for heat illness in place? Yes No
10. Is concussion baseline testing performed on all students participating in contact sports? Yes No
11. Do parents complete and sign a concussion history form prior to the start of practice or competition each playing season? Yes No
12. Do coaches, assistants, and trainers receive awareness training and information on concussion policy and procedures and recognizing symptoms prior to the season? Yes No
13. Is it mandatory that athletes be removed from practice or competition, and evaluated by a health care professional trained in concussion evaluation, immediately following any suspect of head injury? Yes No
14. Is written medical clearance given by a physician, a physicians' assistant, or nurse practitioner, prior the athlete's return to practice or competition after a diagnosed concussion? Yes No
15. After removal from play because of head injury are parents notified in writing of suspected concussion and given information regarding symptoms? Yes No
16. Does all headgear and protective wear meet the certified approval of a recognized authority? Yes No
17. Is there a limited full contact practice policy in place for football? Yes No
18. Do synthetic fields undergo G-Max testing at least once every two years? NA Yes No

X. Camps

1. Use the grid below to describe the specific nature and scope of each camp(s): (please attach additional sheets if necessary)

Camp description	ECC Summer Camp		
Type of camp (day or overnight)	Day		
Co-educational	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special needs program	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accredited by the ACA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of campers/day	50-60		
Number of days/week	5		
Number of weeks per year	7		
Campers to counselor ratio	20:1	:	:
Age range of campers	5-10	-	-

2. Is accidental medical coverage mandatory for campers and/or summer program participants? Yes No
- If "yes", what is the limit? \$ _____

EDUCATORS LEGAL LIABILITY

Educational Organization Information

Name of Educational Organization: Oak Ridge Schools		Date: 2/17/2021
Insurance Contact Name/Title: Jenifer Van Dyke		Phone: 865-425-9048
Address: 304 New York Ave		
City: Oak Ridge	State: TN	Zip Code: 37830
Email Address: jhvandyke@ortn.edu		Fax Number: 865-425-9060

PLEASE ATTACH THE FOLLOWING INFORMATION

Current employee handbook including procedures on sexual harassment, discrimination, employee grievances and employment termination https://www.ortn.edu/hr-forms/Employee_Code_of_Conduct_2017.pdf

Most Recent Audited Financial Statement, Auditor's Management Letter, and Management Response Letter
https://www.ortn.edu/Business-Office/ORS_FY20_Audit_Report.pdf

General Educational Organization Information

Educational Organization Type (Check all that apply)

- Public School District
- Elementary / Primary School
 - Middle School / Junior High School
 - High School / Secondary School
- Vocational Technical School Charter School Special Education Facility

Organizational Structure

- Does the Educational Organization have Subsidiaries to be covered under the policy? Yes No
If yes, please provide a list of the Subsidiaries along with the percentage of ownership by the Educational Organization, nature of operations and year of creation.
- Is the Educational Organization: Not-for Profit Entity For-Profit Entity
- Is the Educational Organization accredited? Yes No
 - If yes, please provide the name of the accreditation association(s): COGNIA

b. If yes, please provide:

(1) The date of accreditation: _____

(2) The date of last review: School year 2014-2015

c. Has the Educational Organization or any programs offered by the Educational Organization been placed on probation or lost accreditation in the past 5 years? Yes No

If yes, please list the program(s), the action taken by the accreditation agency, and the date of the action?

Enrollment Information

Please provide the following information regarding student enrollment:

Category	Current Year	Prior Year	Projected Next Year
Full-Time Students	4552	4592	4579
Part-Time Students	0	0	0
Preschool Students*	225	228	230
Daycare Students			

*If enrollment includes daycare or preschool, please provide the range of ages: 3 - 4

Employee Count

1. Please provide the number of Employees for each of the following categories:

Category	Number Of Employees
Full Time Faculty / Instructors	650
Part Time Faculty / Instructors (substitutes)	100
Administrative / Management Personnel	20
Student Teachers / Aids / Interns	0
Volunteers	50
Elected / Appointed Board Members	5
Independent Contractors	50
Other Employees (seasonal, temporary, etc.)	50
Total:	925

2. Does the Educational Organization have any Employed Lawyers on staff? Yes No

If yes, what is the total number of Employed Lawyers? _____

Financial Information

1. Please provide the Educational Organization's budget for the current and immediate past 2 fiscal years:

Type	Current Year	Prior Year	2 nd Prior Year
Revenues	74,435,117	64,641,406	62,252,179
Expenditures	74,435,117	63,052,993	61,707,333
Outstanding Bond Issues			
Budget Surplus (Deficit)*		1,588,412	544,845

*If a budget deficit has occurred in the past 3 years, please provide details on a separate attachment.

2. Has any state or federal funding been eliminated in the past year? Yes No

3. Has the Educational Organization been in default on principal or interest on any bond? Yes No
4. Does the Educational Organization anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? Yes No
 If yes please provide details: Potential Federal & State COVID relief funding via grants
-
5. Does the Educational Organization have a bond rating? Yes No
 If yes, please provide: Rating Agency: _____
 Bond Rating: _____

Operations

1. Do any of the Educational Organization's directors, trustees, governors, or senior management sit on any outside boards at the request or direction of the Educational Organization? Yes No
 If yes, please provide details regarding these boards: _____
2. Does the Educational Organization have established procedures for:
- a. Suspension / dismissal of students? Yes No Written Policy
- b. Reporting and investigation of allegations of sexual harassment? Yes No Written Policy
3. If the Educational Organization is a Public School District, has there been any turnover in any of the following leadership positions over the past 3 years:
 Superintendent, Assistant Superintendents, Principals, Human Resource Manager, Risk Manager, or General Counsel? Yes No
 If yes, please list the position(s), when the change occurred, and the reason for the change:

Position	When Change Occurred	Reason For Change
ORHS Principal	November 2020	ORHS Principal Resigned
Executive Director Human Resources	November 2018	HR Director Retired
RMS Principal	May 2018	RMS Principal Resigned
GW Principal	May 2019	GW Principal Retired

4. Have there been any reductions to the Educational Organization's workforce in the past 3 years or are any planned within the next 12 months? Yes No
 If yes, please provide details: _____

Special Education

1. Does the Educational Organization have Special Education Programs and/or facilities for the developmentally, mentally, emotionally or physically disabled? Yes No
2. How often are students evaluated for:
- a. Placement in special educational programs? Semi-Annually Annually Biennially Other
- b. Adjustment to an Individual Education Plan (IEP)? Semi-Annually Annually Biennially Other
- c. Mainstreaming? Semi-Annually Annually Biennially Other
3. How many students participate in a Special Education Program? 709
4. What is the total number of:
- a. IEP due process hearings conducted in the past school year? 0
- b. IEP due process hearings that have been appealed in the past school year? 0
- c. IEP due process hearings decisions that were overturned in the past school year? 0
5. What legal counsel is used for the initial IEP due process hearing? In-House Counsel Outside Counsel
6. What legal counsel is used for any IEP hearing appeal? In-House Counsel Outside Counsel

Employment Practices

1. Does the Educational Organization:

- a. Have a Human Resources or Personnel Department? Yes No
- b. Use a uniform employment application for all applicants at all locations? Yes No
- c. Conduct background checks on all prospective Employees? Yes No
- If yes:
- (1) Is an offer of employment contingent on the outcome of the background check? Yes No
- (2) Are the checks conducted by Employees of the Educational Organizations? Yes No
- d. Have a formal orientation program for all new Employees? Yes No
- e. Regularly conduct sensitivity training or other discrimination or sexual harassment education? Yes No
- If yes:
- (1) How many faculty or staff members participated in the training? All
- (2) How often does this training occur? Yearly
- f. Provide regular written performance evaluations for all Employees? Yes No
- g. Use a centralized method of reporting allegations of employment practices violations such as a toll-free number, internet or similar reporting method? Yes No
- h. Have a formal outplacement program which assists terminated or laid off Employees in finding other employment? Yes No
- i. Require mandatory arbitration of employment and labor related claims? Yes No
- j. Require terminations to be reviewed by the following:
- (1) Human Resources Department? Yes No
- (2) Legal Department? Yes No
- (3) Outside Counsel? Yes No
- k. Distribute a uniform employee handbook? Yes No

2. Has the Educational Organization adopted the following policies?

Policy	Adopted	In Employee Handbook
Equal Employment Opportunity Statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
At-will Statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Harassment policy and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive discipline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Medical Leave Act policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy leave policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grievance procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Americans With Disabilities Act policy requiring reasonable accommodation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minority hiring policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Union hiring policy	<input type="checkbox"/>	<input type="checkbox"/>
Email and voicemail use policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Retention of computer data and voicemail policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Does the Educational Organization provide supervisory Employees with classroom or other interactive training and education regarding sexual harassment at least once every 2 years?

Yes No

Third Party Liability Exposures

1. Does the Educational Organization:
- a. Have policies or procedures outlining Employee conduct when interactive with students, parents, vendors, clients and the general public or other third parties? Yes No
 - b. Have policies or procedures for dealing with complaints from students, parents, vendors, clients, the general public or other third parties? Yes No
 - c. Provide formal diversity or cultural sensitivity training for Employees who interact with students, parents, vendors, clients, the general public or other third parties? Yes No
2. Has a student, parent, vendor, client, the general public or other third party ever submitted a written complaint or brought a civil proceeding against the Educational Organization alleging harassment, discrimination or civil rights violations? Yes No

If yes, please provide details:

See Loss History Runs

Claims Information

1. Have any of the following situations occurred in the past 5 years?
- a. Allegations of unfair or improper treatment regarding Employee hiring, tenure decisions, remuneration, advancement or termination of employment? Yes No
 - b. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
 - c. Allegations of harassment against any:
 - (1) Student? Yes No
 - (2) Current or former Employee? Yes No
 - (3) Other? _____ Yes No
 - d. Complaints filed with the Equal Employment Opportunity Commission (EEOC), Office of Civil Rights, Human Rights Commission, United States Department of Education, state or federal court, or any similar state or federal agency by any person, current or former Employee or job applicant? Yes No
 - e. Layoff of Employees or reduction in services? Yes No
 - f. Strike, slowdown or other disruption by Employees? Yes No
- If yes to any of the above questions, please attach a separate document providing details.
2. Does the Educational Organization, its board and/or trustees or its Employees have any knowledge of any pending injury, any potential claim or suit, or any error or omission which might reasonably be expected to give rise to a claim against the Educational Organization, the board and/or its trustees, or any of its Employees? Yes No
- a. If yes, has the current insurance carrier been placed on notice of such pending injury, claim, suit, error or omission? Yes No
 - b. If yes, please provide details of the claim including the claim number and date of notice.
-

Sexual Abuse and Molestation Information

Oak Ridge Schools

**There is blank space provided following the signature page for any notes or questions that may require further clarification.*

1. What is your current sexual abuse and molestation liability limit? \$2,000,000/claim
2. If previous coverage was on a “claims made” policy, please provide the current retro date(s) _____
3. If your current policy is written on “claims made” basis, have you had continuous coverage for sexual misconduct since the retro date(s)? Yes No
4. Does your excess liability or umbrella coverage include sexual misconduct coverage at the policy limit? Yes No
If no, what is the sub limit? _____
5. Have you acquired or merged with another educational institution(s) in the last five years? Yes No
6. Is there a specific person or department which is delegated the responsibility to communicate, monitor compliance, and enforce your school’s sexual abuse policies across all departments, buildings and locations of the school? Yes No
7. Please provide the name and contact information for this person:

Name	Bruce Lay	Title:	Executive Director School Leadership
Phone:	865-425-9002	Email:	blay@ortn.edu

8. Identify capacities in which volunteers and other non-employed staff operate:

Volunteers* and Other non-employed staff* Capacity	The number of Volunteers* and Other non-employed staff* you retain to provide educational and recreational activities
Coaches	0 (All coaches employees)
Substitute teachers	100
Independent contracted professionals	25
Tutors	0
Chaperones	800
Other	

**means persons who are not employed by you but have access to, or engage with, your students or other minors in your care. This includes but is not limited to substitute teachers, student teachers, interns, parents, independently contracted individuals, coaches, tutors, drivers, and chaperones.*

Policies

9. Are employees required to acknowledge a code of conduct that establishes clear expectations regarding compliance with your policies? Yes No
10. Do you have specific policies in place that address sexual abuse and misconduct? Yes No
If yes, when were your sexual abuse and misconduct policies last updated? (please attach a copy of your organization’s policies) 8/4/2017

https://www.ortn.edu/hr-forms/Employee_Code_of_Conduct_2017.pdf

Screening

11. Is all screening for prospective employees, volunteers, and other non-employed staff performed centrally by one person or department? Yes No

12. Are hiring applications required to be completed by the following: Employees Volunteers* Other non-employed Staff*
13. Does the entity require face to face interviews before hiring the following: Employees Volunteers* Other non-employed Staff*
14. Does the entity perform professional reference checks on the following: Employees Volunteers* Other non-employed Staff*
15. Does the entity perform personal reference checks on the following: Employees Volunteers* Other non-employed Staff*

16. Insert the frequency of the screening practices for each type of individual

	Type of staff					
	Employees		Volunteers*		Other non-employed staff* (Substitutes)	
	Performed	Frequency	Performed	Frequency	Performed	Frequency
Multi-state criminal background checks	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years
County level search of current residence	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
County level search of prior residence	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
National Sex Offender Registry	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years
Finger print-State	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years
Finger print-FBI	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5 years

**means persons who are not employed by you but have access to, or engage with, your students or other minors in your care. This includes but is not limited to substitute teachers, student teachers, interns, parents, independently contracted individuals, coaches, tutors, drivers, and chaperones.*

17. Does your employment application include specific questions relative to prior sexual abuse allegations or criminal convictions related to sexual abuse or misconduct? Yes No
18. Are volunteers required to complete an application which contains a specific question about prior allegations or convictions of sexual misconduct or criminal acts? Yes No

19. Indicate the type of sexual abuse and sexual misconduct training performed by type of staff:

	Type of staff					
	Employees		Volunteers*		Other non-employed staff*	
	Performed	Frequency	Performed	Frequency	Performed	Frequency
Red flag behaviors in students or others	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Monitoring of secluded spaces	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Acceptable boundaries	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Acceptable electronic and social media use	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Reporting responsibilities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Establishing channels through which bad behavior can be identified and reported	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Relevant state and federal laws	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	yearly	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

*means persons who are not employed by you but have access to, or engage with, your students or other minors in your care. This includes but is not limited to substitute teachers, student teachers, interns, parents, independently contracted individuals, coaches, tutors, drivers, and chaperones.

20. Please identify any specific employee class that may not receive training:

N/A

21. Is training performed electronically or in person?

Electronically

22. Are training completion records kept on all personnel?

Yes No

If yes, for how long post training?

2 years

Monitoring and Supervision

23. Do you have written requirements for monitoring student conduct including sexual misconduct inside and outside of the classroom?

Yes No

Questions 24-26 are for K-12 education institutions only:

24. Does your written policy and training prohibit one on one, non-observable interactions with students?

Yes No

25. Do you have an active program of monitoring school spaces that are difficult to observe such as restrooms and locker rooms?

Yes No

26. Are rooms used by children and other vulnerable persons clearly viewable by persons outside of the interior area?

Yes No

Incident Response

27. Is there a person(s) who is specifically designated to handle sexual misconduct incident reports? Yes No
 If yes, has this person received specific training in the handling of misconduct reports? Yes No
28. Is there a written process for handling sexual misconduct incident reports? (Attach copy) Yes No
29. Is there a written reporting process for employees, volunteers, non-employed staff, students, and parents to make school aware of suspected sexual misconduct? Yes No
 If yes, where is this information posted?

Administrative Practices

30. Identify the types of information related to sexual misconduct is required to be sent to the individuals on governing bodies of your institution:

Type of information regarding teachers or students	Information sent to:			
	Board of Directors	District Commissioner/ Superintendent	President or Headmaster	Other
Sexual misconduct-incidents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual misconduct – red flag behavior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Teacher or student warnings regarding sexual misconduct	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Teacher evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HR
Adverse findings from teacher screening post hire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Parent and Student Participation

31. Is there a formal program in place to make parents and students aware of your sexual misconduct prevention and response policies and practices? Yes No

Sexual Misconduct Incident History

32. In the past 7 years has any employee, volunteer, school official, or other non-employed staff been reprimanded and/or terminated for physical or non-physical sexual misconduct; or an inappropriate relationship? Yes No
33. Have there been any allegations, reports, or claims relating to sexual misconduct (with or without physical contact) in the last 7 years? Yes No
34. Is any officer, headmaster, superintendent, president, risk manager, or human resource director or similar authority aware of any incident, allegation, circumstance, or fact that may lead to a claim or action against you, or persons who provide schools services on your behalf? Yes No

If yes to question 33, complete the following incident section:

Incident #1

- 1. Staff person(s) involved: Non-Disclosed
- 2. Date of Incident: _____
- 3. Date incident reported to School: _____
- 4. Brief description of incident:

- 5. Was this incident reported to your insurance carrier as a claim? Yes No
- 6. If yes, what is the status of the claim? _____
- 7. How was the incident resolved internally?

- 8. Are persons involved in the incident still employed or otherwise still have access to students? Yes No

- 9. What corrective actions have you taken in response to incidents?
Court case settled May 27, 2020.
- _____
- _____
- _____

- 10. Has the incident been reported to the highest governing body of the school? Yes No