

Cleveland City Schools
Board of Education Regular Meeting
June 15, 2026 3:00 PM
Educational Support Center



1. **Welcome**
2. **Moment of Silence/Pledge of Allegiance**
3. **Public Comments**
4. **Comments from Chairman Tucker**
5. **Consent Agenda**
 - A. **Approval of Regular Agenda**
 - B. **Approval of Minutes from May 4, 2026, Board Meeting**
 - C. **Approval of Overnight Field Trips**
 - 2986
 - 2996
 - 2998*
 - 3024*
 - 3022

*pre-approved 6/2/26 by Chairman due to travel prior to 6/15/26
 - D. **Approval of 2026-27 LEA Consolidated Plan**
 - E. **Approval of 2026-27 DHA Committee**
 - F. **Approval of 2026-27 Board of Education Meeting Dates**
 - G. **Approval of Second Reading of Policies**
 - 6.411
 - 4.214
 - H. **Approval of Tenure Reinstatement**
 - Tenure reinstatement for Stephanie Garcia
6. **Regular Agenda**
 - A. **Director's Update**
 - Director of Schools, Dr. Jeff Elliott, will present an update to the Board highlighting all the great things happening in Cleveland City Schools
 - B. **Spotlight**
 1. **Recognition of Retirees**
 - Asst. Director of Schools, Mr. Kelly Kiser, will recognize the following CCS Retirees:
David Stone, Doug Moore, Angela Gardner, Donald Markham, Linda Gibson, Mary Ann Poplin, Zachery Riggins, Erin Hattabaugh, Melissa Bishop, and Miriam Anderson
 - C. **Annual Cell Phone Policy Review**
 - Principal Bob Pritchard will present an annual review of the Cell Phone Policy
 - D. ***First Reading of Policies**

- 1.306
 - 6.4051
 - 1.403
- E. ***New Job Descriptions**
- F. ***Special Populations School Bus Purchase**
- Operations Director, Hal Taylor, will present information to the Board requesting approval to move forward with the purchase of a new school bus for Special Populations
- G. ***CCS-Lee University Childcare Partnership**
- H. **Strategic Plan Focus — School Nutrition**
- Supervisor of School Nutrition, Kathy Barry, will present an update to the Board
7. **Facilities Update**
- Facilities Committee Chair, Andy Lay, will share the latest Committee Meeting information with the Board
- A. ***Turf Tank Robot**
- B. **Summer 2026 Projects**
- Operations Director, Hal Taylor, will update the Board on CCS summer projects
8. **Legislative Updates**
- Carolyn Ingram will present a TSBA update to the Board
9. **"B" Agenda**
- A. **Financial Report**
- B. **Personnel Report**
- C. **Dates to Remember**
- July-**
- 16-18- TSBA Summer Law Conference
 - 22- Administrator Retreat
 - 29-30- Teacher Inservice
 - 31- Teacher Workday
- August-**
- 3- District Convocation
 - 4-5- Reconnect Days
 - 6- Teacher Workday
 - 7- First Full Day for Students
 - 10- Board of Education Meeting
10. **Adjourn**

per mile and \$28.00 per hour. There will be an additional \$140 per day "On Call" fee for weekends and holidays. Transportation will bill the Trip Sponsor for the driver/mileage/bus/damage after the trip is completed. This will be done on a monthly basis.

Trip Number **2986**

* Category Travel With Students

* Type of Trip Field Trip

* Field Trip Event
Standard Field Trip

Trip Leave

* Date 7/12/26 Sunday

* Time 8:00 AM

Trip Return

* Date 7/15/26

* Time 10:00 PM

Trip Year/Week 2026-29

* Is this an overnight trip? Yes

Is this an overnight trip? Additional Information

* Please list all chaperones for this overnight trip including non-staff.

I'm not positive who it will be, but possibly Cecily Williams (and possibly boys), or possibly Holly Dunn (and male chaperone TBA if I take boys). I chaperone who is a CCS employee and, if I take boys, also a male chap

* Indicate cost per person and how the trip is being funded (parent or district?)

\$400 per person, paid for by yearbook account unless we fly, in which case pay for the flight (\$250).

Comments

Enter any comments about this trip that is important for the driver to know such as drop off location. Also, indicate the group, club or organization that is traveling, and any information about parking at the destination. This information will print on the trip ticket for the driver.

CHS Yearbook trip to Orlando, Florida, to Yearbookpalooza.

* Your School/Dept 

020 Cleveland High School
850 Raider Drive, Cleveland, TN 37312

* Do you have students with health concerns on this trip? Don't list student names, only the health conditions due to FERPA/HIPPA.

Yes No

* Main Destination 

Other (Type Below)

Orlando, FL, USA

Destination Not Listed

Orlando, FL

Destination Name

Yearbook Palooza

Add a Stop on the Way There

Add a Stop on the Return

* Approximate Nbr of Miles Round Trip

1182.00

CALCULATE MILES

* Funding Source #1

Other 

Budget Code

N/A

Funding Source Desc

Please indicate the funding information in the Budget Code Field to the right.

Budget Code Desc

Funding Approver

Are funds payable to a third party?

Yes No

(Does venue require payment prior to trip?)

Amount of Payment

don't have total yet

Payment Option

Mail Check

Will Pick Up Check

Purchase Order/Requisition Nbr

Not gotten yet

Payment Due To

not sure yet

121 Eddie Wilson Ln

Cleveland

Comments Concerning Payment

* Teacher / Advisor / Staff Name

Athena Davis

* Teacher / Advisor / Staff Phone #

4232843755

Teacher / Advisor / Staff Email

adavis@clevelandschools.org

Note: This email will receive the requester emails if different from requester

Emergency Contact Info

Same as Teacher / Advisor / Staff

* Emergency Contact Name

Athena Davis

* Emergency Contact Phone #

4232843755

* Grade Level(s) Making Trip

All Pre-K K 1 2 3 4 5 6 7 8 9 10

* Educational Objective for Field Trip

The objective is to attend Yearbookpalooza, the annual yearbook conference in Orlando, will have an opportunity to attend conference sessions and learn about the making of a y business of yearbook, meet with an artist to create our cover, and work on leadership an

Number of Individuals Making Trip

* Male Adult/Chaperone	1	* Female Adult/Chaperone	1	Total Adult/Chaperone	2
* Male Students	3	* Female Students	6	Total Students	9

* Will the students be away from school during lunch? Yes No

Additional Information

* Will you be using external transportation-Does NOT include charters-- (includes plane, rental van, personal vehicle or walking)?

* Please indicate mode of travel instead of, or in addition to, the reserved vehicle(s). Please include details of trip, including itineraries; please do not indicate that in this section. Use the next section to reserve the vehicle.

We will probably leave on July 12 and return on July 15. I have inquired about the district vehicle, but have not gotten an answer yet. If not, we member car (or cars) or fly and then rent a vehicle in Florida.

Vehicles Needed

* Do you need a school bus, staff van or charter bus? Yes No

Person Submitting Request

adavis@clevelandschools.org

Date Submitted

May 3, 2026, 10:13:15 PM

▶ [Trip Estimator \(click to open and enter additional information for estimating trip cost\)](#)

Level 01 Approval - Location Approval

Comment

Decision

Approved

Name

bpritchard@clevelandschools.org

Decision Date

May 4, 2026, 4:20:36 PM

Level 02 Approval - Second Level Location Approval

Comment

Decision

Approved

Name

llaing@clevelandschools.org

Decision Date

May 4, 2026, 4:42:50 PM

Level 07 Approval - Overnight Trip Approval

Comment
Decision Approved
Name jelliott@clevelandschools.org
Decision Date May 5, 2026, 9:03:24 PM

Level 10 Approval - School Board Approval

Comment
Decision Approved Denied
Designated Approver awheeler@clevelandschools.org
Name
Decision Date

Supporting Documents

Choose File No file chosen

File Type	Size	File Name	Created On
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Request Status Trip: **2986** Pending School Board Approval

Final Approval Date

Email Audit Log:

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Subject:	Email Sent on:	Email Sent by:	Email Sent To:
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Date	User	Action
5/5/26, 9:03:24 PM	jelliott@clevelandschools.org	Central Office Level Approved
5/4/26, 4:42:50 PM	llaing@clevelandschools.org	Second Level Location Level Approved
5/4/26, 4:20:36 PM	bpritchard@clevelandschools.org	Location Level Approved



per mile and \$28.00 per hour. There will be an additional \$140 per day "On Call" fee for weekends and holidays. Transportation will bill the Trip Sponsor for the driver/mileage/bus/damage after the trip is completed. This will be done on a monthly basis.

Trip Number **2996**

* Category Travel With Students

* Type of Trip Athletic

* Athletic Event (you may check more than one)
 Cheerleading Varsity

Trip Leave

* Date 7/6/26 Monday

* Time 4:00 AM

Trip Return

* Date 7/9/26

* Time 3:30 PM

Trip Year/Week 2026-28

* Is this an overnight trip? Yes

Is this an overnight trip? Additional Information

* Please list all chaperones for this overnight trip including non-staff. Faculty members Megan Carroll (Teacher, cheer coach), Megan Wilson (instructional assist coach), Nichole Armstrong (CTE Teacher, Basketball cheer coach)

* Indicate cost per person and how the trip is being funded (parent or district?) The hotel cost is roughly around \$950 dollars. The parents are in charge gas.

For the cheer coaches its roughly around \$600 per person. The cheer are not to be paid from fund raising.

Comments

Enter any comments about this trip that is important for the driver to know such as drop off location. Also, indicate the group, club or organization that is traveling, and any information about parking at the destination. This information will print on the trip ticket for the driver.

The cheer team will be attending cheer camp this summer in Mason, Ohio. The team by carpool to and from camp. Additional information regarding departure times, car arrangements will be shared closer to camp.

* Your School/Dept **020 Cleveland High School**
 850 Raider Drive, Cleveland, TN 37312

* Main Destination **Mason, OH, USA**

Destination Not Listed Mason, OH, USA Destination Name Great Wolfe Lodge

Add a Stop on the Way There

Add a Stop on the Return

* Approximate Nbr of Miles Round Trip 705.76 **CALCULATE MILES**

* Funding Source #1 Other Budget Code Chs Cheer

Funding Source Desc Please indicate the funding information in the Budget Code Field to the right. Budget Code Desc

Funding Approver

* Teacher / Advisor / Staff Name Megan Carroll

* Teacher / Advisor / Staff Phone # 4237908337

Teacher / Advisor / Staff Email mturner@clevelandschools.org

Note: This email will receive the requester emails if different from requester

Emergency Contact Info Same as Teacher / Advisor / Staff

* Emergency Contact Name Megan Carroll

* Emergency Contact Phone # 4237908337

Number of Individuals Making Trip

* Male Adult/Chaperone	0	* Female Adult/Chaperone	6	Total Adult/Chaperone	6
* Male Students	2	* Female Students	15	Total Students	17

Additional Information

* Will you be using external transportation-Does NOT include charters-- (includes plane, rental van, personal vehicle or walking)?

* Please indicate mode of travel instead of, or in addition to, the reserved vehicle(s). Please include details of trip, including itinerarie; please do not indicate that in this section. Use the next section to reserve the vehicle.

parents will be carpooling there and back.

Vehicles Needed

* Do you need a school bus, staff van or charter bus? Yes No

Person Submitting Request mcarroll@clevelandschools.org
 Date Submitted May 19, 2026, 9:47:09 AM

▶ Trip Estimator (click to open and enter additional information for estimating trip cost)

Level 01 Approval - Location Approval

Comment

Decision Approved

Name bpritchard@clevelandschools.org

Decision Date May 22, 2026, 12:51:13 PM

Level 07 Approval - Overnight Trip Approval

Comment

Decision Approved

Name jelliott@clevelandschools.org

Decision Date May 25, 2026, 8:57:21 AM

Level 10 Approval - School Board Approval

Comment

Decision Approved Denied

Designated Approver awheeler@clevelandschools.org

Name

Decision Date

Supporting Documents

No file chosen

File Type	Size	File Name	Created On
<input type="button" value="Send Email"/>	<input type="button" value="i"/>	<input type="button" value="Send Email"/>	<input type="button" value="Comments"/>
<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>
<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>
<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>	<input type="button" value="Send Document"/>

Request Status Trip: 2996 Pending School Board Approval

Final Approval Date

Email Audit Log:

Date

5/25/26, 8:57:21 AM

5/22/26, 12:51:13 PM

User

jelliott@clevelandschools.org

bpritchard@clevelandschools.org

Action

Central Office Level Approved

Location Level Approved



Version 4.6.163

per mile and \$28.00 per hour. There will be an additional \$140 per day "On Call" fee for weekends and holidays. Transportation will bill the Trip Sponsor for the driver/mileage/bus/damage after the trip is completed. This will be done on a monthly basis.

Trip Number **2998**

* Category Travel With Students

* Type of Trip Athletic

* Athletic Event (you may check more than one)

Basketball - Boys - Varsity

Trip Leave

* Date 6/12/26 Friday

* Time 8:00 AM

Trip Return

* Date 6/14/26

* Time 8:00 PM

Trip Year/Week 2026-24

Buses are not available before 4:30 PM and must be returned by 12:00 AM.

* Is this an overnight trip? Yes

Is this an overnight trip? Additional Information

* Please list all chaperones for this overnight trip including non-staff. Howard Pride, Chuck Condo, Darnell Mee, Dawn Barger

* Indicate cost per person and how the trip is being funded (parent or district?) Basketball Account will pay for team camp and 1 meal / day. Players will food and snacks they want (Approximately \$50).

Comments

Enter any comments about this trip that is important for the driver to know such as drop off location. Also, indicate the group, club or organization that is traveling, and any information about parking at the destination. This information will print on the trip ticket for the driver.

We will be playing in BCAT live period tournament at Franklin HS. We have not received unsure of exact times and dates at the moment.

* **Your School/Dept** 020 Cleveland High School
850 Raider Drive, Cleveland, TN 37312

* **Main Destination** Other (Type Below)
Franklin County, TN, USA

Destination Not Listed Franklin, TN, USA **Destination Name** Franklin HS

Add a Stop on the Way There

Add a Stop on the Return

* **Approximate Nbr of Miles Round Trip** 183.63 **CALCULATE MILES**

* **Funding Source #1** Other **Budget Code** 602

Funding Source Desc Please indicate the funding information in the Budget Code Field to the right. **Budget Code Desc**

Funding Approver

* **Teacher / Advisor / Staff Name** Dawn Barger

* **Teacher / Advisor / Staff Phone #** 731-445-0382

Teacher / Advisor / Staff Email dibarger@clevelandschools.org

Note: This email will receive the requester emails if different from requester

Emergency Contact Info **Same as Teacher / Advisor / Staff**

* Emergency Contact Name

* Emergency Contact Phone #

Number of Individuals Making Trip

* Male Adult/Chaperone	3	* Female Adult/Chaperone	1	Total Adult/Chaperone	4
* Male Students	15	* Female Students	0	Total Students	15

Additional Information

* Will you be using external transportation-Does NOT include charters-- (includes plane, rental van, personal vehicle or walking)?

Vehicles Needed

* Do you need a school bus, staff van or charter bus? Yes No

Check here to indicate trip is drop-off only

Check here to indicate trip is pickup only

Vehicle Pickup		Vehicle Return	
* Date	6/12/26	* Date	6/14/26
* Time	8:00 AM	* Time	8:00 PM

Total Trip Hours 60.00

* Type of vehicles needed to reserve [i](#)

* How many vehicles do you need?

[Vehicle Guidelines:](#)
 School Bus Capacity
 Elementary School Students=78 max
 Middle/High School Students=52 max

* Do you need a wheelchair lift?

Nbr Wheelchair Slots Nbr Seatbelts Nbr Fold Down Seats

Special Needs

Comments or Details Concerning Needs

General Information

Owner

Bid Id/Closing Date

Reserve Vehicles

Location Used to Reserve Vehicles

Trip Location Zone Trip Year/Week:

Trip Hours:

Total Number of Vehicles Needed: Number w/ Lift:

Person Submitting Request

Date Submitted

▶ [Trip Estimator \(click to open and enter additional information for estimating trip cost\)](#)

Level 01 Approval - Location Approval

Comment

Decision

Name

Decision Date

Level 07 Approval - Overnight Trip Approval

Comment Please pass along information of where the team will be staying overnight. I hope the t goes well.

Decision Approved

Name jelliott@clevelandschools.org

Decision Date May 25, 2026, 8:56:19 AM

Level 09 Approval - Transportation Approval

Comment

Decision Approved

Name vmack@clevelandschools.org

Decision Date May 26, 2026, 7:50:44 AM

Level 10 Approval - School Board Approval

Comment

Decision Approved Denied

Designated Approver awheeler@clevelandschools.org

Name

Decision Date

Supporting Documents

No file chosen

File Type	Size	File Name	Created On
<input type="button" value="Screenshot"/>	<input type="button" value="Screenshot"/>	<input type="button" value="Screenshot"/>	<input type="button" value="Screenshot"/>

Request Status Trip: **2998** Pending School Board Approval

Final Approval Date

Email Audit Log:

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Subject:	Email Sent on:	Email Sent by:	Email Sent To:
Date	User	Action	
5/26/26, 7:50:44 AM	vmack@clevelandschools.org	Additional Level 1 Approved	
5/25/26, 8:56:19 AM	jelliott@clevelandschools.org	Central Office Level Approved	
5/22/26, 12:50:54 PM	bpritchard@clevelandschools.org	Location Level Approved	

per mile and \$28.00 per hour. There will be an additional \$140 per day "On Call" fee for weekends and holidays. Transportation will bill the Trip Sponsor for the driver/mileage/bus/damage after the trip is completed. This will be done on a monthly basis.

Trip Number **3024**

* Category Travel With Students

* Type of Trip Field Trip

* Field Trip Event
CTE Field Trip

Trip Leave

* Date 6/12/26 Friday

* Time 5:00 AM

Trip Return

* Date 6/13/26

* Time 9:00 PM

Trip Year/Week 2026-24

* Is this an overnight trip? Yes

Is this an overnight trip? Additional Information

* Please list all chaperones for this overnight trip including non-staff.

Michael Ritchie

* Indicate cost per person and how the trip is being funded (parent or district?)

welding club fund will be paying for the hotel and gas. students will cover

Comments

Enter any comments about this trip that is important for the driver to know such as drop off location. Also, indicate the group, club or organization that is traveling, and any information about parking at the destination. This information will print on the trip ticket for the driver.

CHS welding has been invited to represent Chattanooga and nearby areas for an Am district 8 competition. This would be against Huntsville, Nashville, Atlanta, Knoxville, C of the 5 cities are the best.

* Your School/Dept 

020 Cleveland High School

850 Raider Drive, Cleveland, TN 37312

* Do you have students with health concerns on this trip? Don't list student names, only the health conditions due to FERPA/HIPPA.

Yes No

* Main Destination 

Other (Type Below)

2603 N Memorial Pkwy, Huntsville, AL 35810, USA

Destination Not Listed

Huntsville Center for Technology, North Memorial Parkway, Huntsville, TN

Destination Name

Huntsville Center for

Add a Stop on the Way There

Add a Stop on the Return

* Approximate Nbr of Miles Round Trip

300.00

CALCULATE MILES

* Funding Source #1

CTE

Budget Code

Funding Source Desc

For Career/Tech trips and Band use only

Budget Code Desc

Funding Approver rstephens@clevelandschools.org

Are funds payable to a third party?

Yes No

(Does venue require payment prior to trip?)

* Teacher / Advisor / Staff Name

Michael Ritchie

* Teacher / Advisor / Staff Phone #

4234781113

Teacher / Advisor / Staff Email

Note: This email will receive the requester emails if different from requester

Emergency Contact Info Same as Teacher / Advisor / Staff

* Emergency Contact Name

* Emergency Contact Phone #

* Grade Level(s) Making Trip All Pre-K K 1 2 3 4 5 6 7 8 9 10

* Educational Objective for Field Trip

Number of Individuals Making Trip

* Male Adult/Chaperone 1 * Female Adult/Chaperone 0 Total Adult/Chaperone 1

* Male Students 3 * Female Students 0 Total Students 3

* Will the students be away from school during lunch? Yes No

* If so, will these students need packed lunches? Yes No

Nbr Students 3 Teacher Michael Ritchie

Students will be away from school during the lunch period, so therefore lunches are not needed.

Additional Information

* Will you be using external transportation-Does NOT include charters– (includes plane, rental van, personal vehicle or walking)?

* Please indicate mode of travel instead of, or in addition to, the reserved vehicle(s). Please include details of trip, including itinerary; please do not indicate that in this section. Use the next section to reserve the vehicle.

personal vehicle

Vehicles Needed

* Do you need a school bus, staff van or charter bus? Yes No

Person Submitting Request

Date Submitted

▶ [Trip Estimator \(click to open and enter additional information for estimating trip cost\)](#)

Level 01 Approval - Location Approval

Comment

Decision

Name

Decision Date

Level 05 Approval - Funding Source Approval

Comment

Decision

Name

Decision Date

Level 07 Approval - Overnight Trip Approval

Comment

Decision

Name

Decision Date

Level 08 Approval - CTE/Fine Arts Approval

Comment
 Decision Approved
 Name rstephens@clevelandschools.org
 Decision Date Jun 3, 2026, 7:36:31 AM

Level 10 Approval - School Board Approval

Comment
 Decision Approved Denied
 Designated Approver awheeler@clevelandschools.org
 Name
 Decision Date

Supporting Documents

Choose File No file chosen Add

File Type Size File Name Created On

Save/Close Send Email Comments Create Duplicate Request Cancel Trip/Reservations Reschedule Trip Print

Request Status Trip: 3024 Pending School Board Approval

Final Approval Date

Email Audit Log: Refresh

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Subject:	Email Sent on:	Email Sent by:	Email Sent To:
Date	User	Action	
6/3/26, 7:36:31 AM	rstephens@clevelandschools.org	Level 08 Approved	
6/3/26, 6:58:44 AM	jelliott@clevelandschools.org	Central Office Level Approved	
6/2/26, 9:29:39 PM	rstephens@clevelandschools.org	Funding Level Approved	
6/2/26, 3:22:30 PM	bpritchard@clevelandschools.org	Location Level Approved	
6/2/26, 12:21:19 PM	jelliott@clevelandschools.org	Save and Close Trip (Submit Page Determines Return)	
6/2/26, 12:20:43 PM	jelliott@clevelandschools.org	Trip Leave date/time changed to 06/12/2026 05:00:00 AM	
6/2/26, 12:20:40 PM	jelliott@clevelandschools.org	Trip Leave date/time changed to	
6/2/26, 12:20:30 PM	jelliott@clevelandschools.org	Duplicated from Trip Number 2997	



* Athletic Event (you may check more than one)

Basketball - Girls - Varsity

Trip Leave

* Date 6/18/26 Thursday
* Time 9:00 AM

Trip Return

* Date 6/19/26
* Time 9:00 PM

Trip Year/Week 2026-25

Buses are not available before 4:30 PM and must be returned by 12:00 AM.

* Is this an overnight trip? Yes

Is this an overnight trip? Additional Information

* Please list all chaperones for this overnight trip including non-staff.

Martin Hensley, Bianca Hensley, Holly Stroud

* Indicate cost per person and how the trip is being funded (parent or district?)

parents

Comments

Enter any comments about this trip that is important for the driver to know such as drop off location. Also, indicate the group, club or organization that is traveling, and any information about parking at the destination. This information will print on the trip ticket for the driver.

* Your School/Dept ⓘ

020 Cleveland High School

850 Raider Drive, Cleveland, TN 37312

* Main Destination ⓘ

Other (Type Below)

500 Blue Devil Blvd, Lebanon, TN 37087, USA

Destination Not Listed

Lebanon High School, Blue Devil Boulevard, Lebanon, TN, USA

Destination Name

Lebanon High Sch

Add a Stop on the Way There

Add a Stop on the Return

* Approximate Nbr of Miles Round Trip

328.79

CALCULATE MILES

* Funding Source #1

School

Budget Code

Funding Source Desc

Budget Code Desc

Funding Approver

* Teacher / Advisor / Staff Name

Martin Hensley

* Teacher / Advisor / Staff Phone #

9316440489

Teacher / Advisor / Staff Email

mhensley@clevelandschools.org

Note: This email will receive the requester emails if different from requester

Emergency Contact Info

Same as Teacher / Advisor / Staff

* Emergency Contact Name

Martin Hensley

* Emergency Contact Phone #

7314370127

Number of Individuals Making Trip

* Male Adult/Chaperone	1	* Female Adult/Chaperone	1	Total Adult/Chaperone	2
* Male Students	0	* Female Students	5	Total Students	5

Additional Information

Vehicles Needed

* Do you need a school bus, staff van or charter bus? Yes No

Check here to indicate trip is drop-off only [Location](#)

Check here to indicate trip is pickup only [Location](#)

Vehicle Pickup

* **Date** 6/18/26
* **Time** 9:00 AM

Vehicle Return

* **Date** 6/19/26
* **Time** 9:00 PM

Total Trip Hours 36.00

* Type of vehicles needed to reserve Van #4

* How many vehicles do you need? 1

Vehicle Guidelines

School Bus Capacity
Elementary School Students=78 max
Middle/High School Students=52 max

* Do you need a wheelchair lift? No

[Nbr Wheelchair Slots](#) 0 [Nbr Seatbelts](#) 0 [Nbr Fold Down Seats](#) 0

Special Needs

Comments or Details Concerning Needs

General Information

Owner vmack@clevelandschools.org

Bid Id/Closing Date

Reserve Vehicles

Location Used to Reserve Vehicles 000 Transportation
vmack@clevelandschools.org

Trip Location Zone Main
Trip Hours: 36.00

Trip Year/Week:

Total Number of Vehicles Needed: 1

Number w/ Lift:

Person Submitting Request mhensley@clevelandschools.org

Date Submitted May 31, 2026, 6:53:04 PM

▶ [Trip Estimator \(click to open and enter additional information for estimating trip cost\)](#)

Level 01 Approval - Location Approval

Comment

Decision Approved

Name bpritchard@clevelandschools.org

Decision Date Jun 2, 2026, 10:55:33 AM

Level 07 Approval - Overnight Trip Approval

Comment

Decision Approved

Name jelliott@clevelandschools.org

Decision Date Jun 2, 2026, 12:19:57 PM

Level 09 Approval - Transportation Approval

Comment

Decision Approved

Name vmack@clevelandschools.org

Decision Date Jun 4, 2026, 6:21:22 AM

Level 10 Approval - School Board Approval

Comment

2026-27 DHA Committee

Mike Chai- DHA Hearing Officer

Cliff Eason- Permanent Member

August – Kellye Bender

September – Kellye Bender

October – Joel Barnes

November – Joel Barnes

December – Leneda Laing

January – Leneda Laing

February – Michael Kahrs

March – Michael Kahrs

April – Valery Taylor

May – Christy Duncan

DHA's will be held at the ESC in the 3rd floor Digital
Presence Space

2026-2027 CCS Board Meeting Schedule

Date of Board Meeting	Time of Board Mtg.	Site
Aug. 10, '26	5:30 p.m.	ESC Board Room
Tues. Sept. 8, '26	5:30 p.m.	ESC Board Room
Oct. 12, '26	5:30 p.m.	ESC Board Room
Nov. 2, '26	5:30 p.m.	ESC Board Room
Dec. 7, '26	5:30 p.m.	ESC Board Room
Jan. 11, '27	5:30 p.m.	ESC Board Room
Feb. 1, '27	5:30 p.m.	ESC Board Room
Mar. 1, '27	5:30 p.m.	ESC Board Room
Apr. 5, '27	5:30 p.m.	ESC Board Room
May 3, '27	5:30 p.m.	ESC Board Room
June 14, '27	3:00 p.m.	ESC Board Room

Cleveland City Board of Education

Monitoring: Review: Annually, in April	Descriptor Term: Student Wellness	Descriptor Code: 6.411	Issued Date: 06/15/26
		Rescinds: 6.411	Issued: 05/05/25

1 The Board recognizes the value of proper nutrition, physical activity, and other health conscious
2 practices and the impact that such practices have on student academic achievement, health, and well-
3 being. In order to provide an environment conducive to overall student wellness, this policy shall be
4 followed by all schools in the district.¹

5 **COMMITMENT TO COORDINATED SCHOOL HEALTH**

6 All schools shall implement the Centers of Disease Control and Prevention's (CDC) Coordinated
7 School Health (CSH) **program for approach to managing new and existing** wellness related programs
8 and services in schools and the surrounding community based on state law and State Board of
9 Education CSH standards and guidelines. The school district's Coordinated School Health Coordinator
10 shall be responsible for overseeing compliance with State Board of Education CSH standards and
11 guidelines in the school district.

12 **SCHOOL HEALTH ADVISORY COUNCIL^{2,3}**

13 A school district health advisory council shall be established to serve as a resource to schools for
14 implementing policies and programs and develop an active working relationship with the county health
15 council. The council shall consist of individuals representing the school and community, including
16 parents, students, teachers, school administrators, health professionals, school food service
17 representatives, and **other stakeholders concerned with the health and wellness of students** members of
18 the public. The primary responsibilities of the council include, but are not limited to **reviewing the**
19 **CSH plan, and as necessary, making recommendations as to procedures and programs.:**

- 20 ~~1. Developing, implementing, monitoring, reviewing, and as necessary, making recommendations~~
21 ~~as to physical activity and nutrition policies;~~
- 22
- 23 ~~2. Ensuring all schools within the school district create and implement an action plan related to all~~
24 ~~School Health Index modules;~~
- 25
- 26 ~~3. Ensuring that the results of the action plan are annually reported to the council; and~~
- 27
- 28 ~~4. Ensuring that school level results include measures of progress on each indicator of the School~~
29 ~~Health Index.~~

30 The State Board of Education's Coordinated School Health and Physical Activity policies shall be used
31 as guidance by the council to make recommendations. The Board will consider recommendations of
32 the council in making policy changes or revisions.

1 Additionally, each school will have a Healthy School Team **that is representative of all eight (8)**
2 **components of the CSH program. The team member shall consist** ~~consisting of the principal, teachers,~~
3 ~~staff, students, parents, community members, and administrators.~~ **with at least half of the team**
4 **members being non-school personnel.**² The Team will hold Healthy School Team meetings during the
5 school year to assess needs and oversee planning and implementation of school health efforts. The
6 Director of Schools/designee will ensure compliance with the school wellness policy, to include an
7 assessment of the implementation of the wellness policy and the progress made in attaining the policy
8 goals. The assessment will be made available to the public.

9 **COMMITMENT TO NUTRITION**

10 All schools within the district shall participate in the USDA child nutrition programs, which may
11 include but not be limited to, the National School Lunch Program, the School Breakfast Program, the
12 Summer Food Service Program, and the After School Snack Program.^{3,4,5,6}

13 Meals shall be accessible to all students in a non-stigmatizing manner. Students will be given adequate
14 time to enjoy healthy meals and relax in a pleasant environment. Good nutritional habits shall be
15 encouraged. All foods and beverages including vending machines, fundraising items, and concessions
16 shall meet guidelines set forth by the Healthy, Hunger-free Kids Act of 2010 and Smart Snacks in
17 Schools.^{4,5,6} The principal/designee shall be responsible for overseeing the school district's compliance
18 with the State Board of Education rules and regulations for sale of food items in the school
19 district.^{2,4,5,6}

20 ***Fundraising***

21 Food and beverages sold that can be consumed on campus during the school day must meet or exceed
22 the USDA Smart Snacks guidelines in school nutrition standards. Schools shall follow the limit on
23 days per semester in which non-healthy foods may be used for fundraisers.⁴⁵

24 **DISTRICT GOALS**

25 The school district will promote healthy nutrition through various activities, including nutrition related
26 newsletters, informational links on the school district website, healthy eating posters and bulletin
27 boards in dining areas, and informational booths at various community functions. Nutrition education
28 will be offered as part of a standards based program designed to provide students with the
29 knowledge and skills needed to promote and protect their health as outlined in the State Board of
30 Education Health Education and Lifetime Wellness Standards. Nutrition education will discourage
31 teachers from using high fat, sugar, and sodium foods as rewards and encourage students to start each
32 day with a healthy breakfast. If a district engages in food or beverage marketing, all marketing shall
33 comply with the Smart Snacks in School nutrition standards.⁷⁶

34 **COMMITMENT TO PHYSICAL ACTIVITY AND PHYSICAL EDUCATION⁸⁷**

35 The Board recognizes that physical activity is extremely important to the overall health of a child.
36 Schools shall support and promote physical activity. Physical activity may be integrated into any areas
37 of the school program.

1 Physical education classes shall be offered as part of a standards based program designed to provide
2 developmentally appropriate moderate to vigorous physical activity as an integral part of the class. All
3 physical education classes shall comply with the State Board of Education's Physical Education
4 Standards.

5 Unstructured physical activity periods shall be offered in addition to the school district's physical
6 education program. Elementary school students shall receive a minimum of forty (40) minutes of
7 physical activity each full school day. Middle and high school students shall receive a minimum of
8 ninety (90) minutes of physical activity each full school week.

9 Physical activity will be conducted outside if weather permits. The following activities shall not be
10 considered physical activity: walking to and from class, time spent on an electronic device, and time
11 spent in a physical education class.

12 Schools shall continue to offer after school sports and activities. Physical activity shall not be
13 employed as a form of discipline. Physical activity shall not be withheld from a student as a form of
14 punishment.

15 **COMMITMENT TO CURRICULUM³²**

16 All applicable courses of study shall be based on State-approved curriculum standards.

17 **SCHOOL HEALTH INDEX³²**

18 All schools within the district shall annually administer a baseline assessment on each of the
19 recommended School Health Index modules. Results shall be submitted to the School Health Advisory
20 Council and reported to the Tennessee Department of Education.

21 **RECORD KEEPING COMPLIANCE**

22 The school district's Coordinated School Health Coordinator shall ensure that records demonstrating
23 compliance with community involvement requirements are maintained. The Coordinated School
24 Health Coordinator shall additionally document that the school wellness policy and triennial
25 assessments are made available to the public.

Legal References

1. [TCA 49-6-1022](#)
2. [State Board of Education Policy 4.204](#)
3. [State Board of Education Policy 4.206](#)
4. [42 USCA § 1758b; TRR/MS 0520-01-06-.04](#)
5. [TRR/MS 0520-01-06](#)
6. [7 CFR § 210; 7 CFR § 220](#)
7. [7 CFR 210.31\(c\)\(3\)\(iii\)](#)
8. [TCA 49-6-1021; Public Acts of 2025, Chapter No. 306](#)
9. [7 CFR § 210.31\(f\)](#)

Cross References

Student Suicide Prevention 6.415

Cleveland City Board of Education

Monitoring: Review: Annually, in November	Descriptor Term: Use of Artificial Intelligence Programs	Descriptor Code: 4.214	Issued Date: 06/15/26
		Rescinds: 4.214	Issued: 01/12/26

1 *General*

2 Artificial Intelligence (AI) programs as defined by state law may be used by staff and students in the
3 district.¹

4 Only approved AI programs may be utilized in student instruction or in completing student work.
5 The Director of Schools or designee shall develop a procedure for staff to submit additional
6 programs for approval.

7 The Director of Innovation and Technology is tasked with overseeing the implementation of AI
8 programs. This staff member will review artificial intelligence programs to ensure compliance with
9 district policies as well as state and federal student data privacy laws and present recommendations
10 to the Director of Schools for approval. Any approved programs shall be accessible to all students.

11 Employees shall not place personally identifiable information, financial information, intellectual
12 property, or other confidential information into an AI system except for “walled garden” AI
13 programs **that are data-protected AI, are expressly approved by the Director of Schools ~~for such use,~~**
14 **~~on a user-by-user basis and are listed in the Administrative Procedure 4.214 for such usage.~~** These
15 exceptions must meet all applicable state and federal data privacy laws and be limited to platforms
16 operating within secured, district-controlled environments (e.g., paid, enterprise-level AI tools
17 integrated within a vetted Google Workspace or Microsoft 365 tenancy).

18 **STAFF USE**

19 Staff may use AI in the completion of their own work. This may include, but not be limited to,
20 drafting communications, notes, images, and the development of content for instructional or
21 administrative purposes, as well as analyzing data and information. The following requirements shall
22 be adhered to when using AI in the completion of work:

- 23 1. Employees shall disclose their use of a generative AI tool if failure to do so would:
 - 24 a. Violate the terms of the use of the AI tool;
 - 25 b. Would mislead a supervisor or others as to the nature of the work; or
 - 26 c. Would be inconsistent with the teacher code of ethic;²
- 27 2. Employees shall take all reasonable precautions to ensure the security of private student data
28 when utilizing AI programs;
- 29 3. Outputs from AI programs shall be verified by reliable sources and reviewed prior to use in
30 order to reduce the risk of errors and inaccuracies.
- 31
- 32

- 1
2 4. Outputs shall not be incorporated into proprietary content or works; and
3

4 **STUDENT USE**

5 Teachers may allow students to use approved AI programs for instructional purposes. Any such use
6 shall align with approved instructional standards and curriculum. Prior to using AI, teachers shall
7 ensure students are provided with appropriate instruction on the responsible use of AI.

8 **ACADEMIC INTEGRITY**

9 Students shall be instructed on responsible use standards including but not limited to the following:

- 10 1. Effective use of generative AI;
11
12 2. When it is appropriate to use AI in assignments;
13
14 3. How to determine whether AI responses are accurate;
15
16 4. Users assume responsibility for incorporating AI content responsibly; and
17
18 5. The difference between cheating and seeking support.

19 **NOTICE TO PARENTS**

20 The Director of Schools or designee shall provide notice to parent(s)/guardian(s) about the use of AI
21 programs in the district. An approved list of AI programs will be provided on the school website
22 through administrative procedure.

23 **REPORTING**

24 The Director of Schools or designee shall submit a report to the Board of Education each June on
25 how this policy will be enforced in the upcoming school year. The Board shall approve the report
26 and the Director shall submit it to the Department of Education by July 1st.

Legal References

1. [TCA 49-2-203\(a\)\(16\)](#)
2. [TCA 49-5-1001](#)

Cross References

Use of the Internet 4.406



Memo

To: Cleveland City Schools Board of Education

From: Kelly Kiser

Date: May 27, 2026

Re: Tenure Reinstatement for the June 2026 Board Meeting

The following employee is eligible for tenure reinstatement. Her reinstatement was not caught in May because she had never been marked as losing tenure after her previous job separation and rehire. She has met the qualifications for reinstatement and I ask that the Board grant reinstatement of tenure tonight.

Stephanie Garcia (CHS) Tenure Reinstatement
--

Cleveland City Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Academics Committee	Descriptor Code: 1.306	Issued Date: 08/10/26
		Rescinds: 1.306	Issued: 08/10/26

1 The Chair of the Board shall annually appoint an Academics Committee comprised of two (2) or three
2 (3) Board members. The Board Chair will designate one of the appointed committee members as the
3 Chair of the Academics Committee. The Academics Committee shall:

- 4 1. Serve to hear academic updates presented by the Director of Schools or his/her designee
5 concerning student academic progress, instructional programs, and system academic priorities.
- 6 2. Review and discuss progress related to the system's academic goals.

7 The Chair of the Academics Committee is responsible:

- 8 1. To work with the Director of Schools/designee for setting the agenda for each called
9 Academics Committee meeting.
- 10 2. To ensure the efficient and effective running of the Academics Committee meeting.

11 All board members are welcome and encouraged to attend and provide input during Academics
12 Committee meetings. Academics Committee members will serve as the conduit to facilitate academic
13 updates to the entire Board. All requests to address the Committee will be directed to the Chair of the
14 Committee.

15 Any board member who wishes to have an item placed on the committee agenda shall notify the Chair
16 of the Academics Committee no later than four (4) days prior to the scheduled meeting to ensure
17 coordination of items on the agenda. Attendees outside of the members of the Board of Education may
18 request the opportunity to address the Committee concerning an agenda item by contacting the office
19 of the Director of Schools or the Chair of the Academics Committee no later than three (3) days prior
20 to the scheduled meeting.

Cleveland City Board of Education

Monitoring: Review: Annually, in April	Descriptor Term: Glucagon and Diazepam Gel (Diastat)	Descriptor Code: 6.4051	Issued Date: 08/10/26
		Rescinds: 6.4051	Issued: 05/06/24

1 School personnel, who volunteer under no duress or pressure and have been properly trained by a
2 registered nurse, are permitted to administer glucagon in emergency situations to a student based on
3 physician's orders and/or the student's Individual Health Plan (IHP). If the school nurse is on site, the
4 nurse shall provide the service to the student.¹

5 The school nurse shall be responsible for updating and maintaining each IHP. There must be a
6 parent/guardian signature on file giving permission prior to training school personnel to administer
7 glucagon.

8 **DEFINITION OF GLUCAGON**

9 Glucagon is a hormone that helps the liver release sugar, thus increasing the level of sugar in the blood.
10 It must be injected with a syringe into the body like insulin **or inhaled by nasal spray**.

11 **WHEN TO USE GLUCAGON**

12 Glucagon is administered when the student has low blood sugar and is unable to take liquid or food by
13 mouth because of unconsciousness or seizure activity as per a medical provider's written instructions.

14 **TRAINING**

- 15 1. The volunteer shall complete an initial in-depth diabetes-related training recognizing signs and
16 symptoms of hypoglycemia and respond with student-specific interventions.
17
- 18 2. The volunteer trainee shall be able to state glucagon's action and the need for its use.
19
- 20 3. The volunteer trainee shall be able to state how glucagon should be prepared, the dosage, and
21 side effects as well as follow-up care after the administration of glucagon.
22
- 23 4. The volunteer trainee shall be able to identify where glucagon will be stored (shall be kept in a
24 secure location away from heat and direct light) and readily available to the student.
25
- 26 5. The volunteer trainee will notify or delegate notification of EMS/911 personnel,
27 parent(s)/guardian(s), and the school nurse any time glucagon is administered to any student.
28
- 29 6. The volunteer trainee shall document observations, administration of glucagon, and follow-up
30 care on the appropriate diabetic and medication forms.
31

1 7. Training will be provided until competency is demonstrated, and retraining shall be completed
2 on a yearly basis. Training will be documented and include a skills checklist, instructor's name,
3 trainee's name, date of training, and documentation of competency of trainee to administer
4 glucagon. A copy of the trainee's competency training form will be kept in the employee's
5 personnel file.

6 **DEFINITION OF DIAZEPAM (DIASTAT)²**

7 Diastat works to stop seizure activity by acting on brain cell interactions that inhibit the seizure
8 discharges. This special formulation of diazepam is administered rectally as a gel.

9 School personnel who volunteer under no duress or pressure and who have been properly trained by a
10 registered nurse or employed or contracted by the Cleveland City Schools **District** may administer anti-
11 seizure medications, including diazepam gel to a student in an emergency situation based on the
12 student's IHP. If the school nurse is available, on site, and able to reach the student within the time
13 limit for administration specified in the IHP, then the school nurse shall provide this service to the
14 student.

15 **WHEN TO USE DIASTAT**

16 Upon the decision of a trained volunteer to administer diazepam gel (Diastat), school officials shall
17 immediately summon local emergency medical services to the school to provide necessary monitoring
18 of transport to safeguard the health and condition of the student.

19 Trained volunteer school personnel administering anti-seizure medications, any registered nurse who
20 provides training to administer such medications, and any local board of education shall not be liable
21 in any court of law for injury resulting from the reasonable and prudent assistance in the administration
22 of such medications, if performed pursuant to the policies and guidelines developed by the
23 Departments of Health and Education and approved by applicable regulatory or governing boards or
24 agencies.

25 Cleveland City Schools shall not assign a student with epilepsy or other seizure disorder to a school
26 other than the school for which the student is zoned or would otherwise regularly attend because the
27 student has a seizure disorder.

28 A student's parent/guardian, who has given the student's school written authorization to administer
29 anti-seizure medication, shall, in accordance with the student's IHP, notify the school administrator or
30 school nurse if anti-seizure medication or prescription or over-the-counter medicines are administered
31 at a time at which the student is not present in school. The student's IHP shall set forth with specificity
32 the requirements of reporting administration of medication and for the dissemination of such
33 information to volunteer school personnel trained to administer anti-seizure medication. Such
34 notification shall be given after administration of medication before or at the beginning of the next
35 school day in which the student is in attendance.

36 **TRAINING**

37 Prior to administration of an anti-seizure medication to a student by volunteer school personnel or a
38 school nurse in an emergency situation, the student's parent/guardian shall provide:

- 1 1. The school with a written authorization to administer the medication at school;
- 2
- 3 2. A written statement from the student's health care practitioner, which shall contain the
- 4 student's name, the name and purpose of the medication, the prescribed dosage, the route of
- 5 administration, the frequency that the medication may be administered, and the circumstances
- 6 under which the medication may be administered; and
- 7
- 8 3. Prior to its date of expiration, the prescribed medication to the school in its unopened, sealed
- 9 package with the intact label affixed by the dispensing pharmacy.

Legal References

1. [TCA 49-50-1602\(b\)](#)
2. [TCA 49-50-1602\(g\)](#)

Cleveland City Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Agendas	Descriptor Code: 1.403	Issued Date: 08/10/26
		Rescinds: 1.403	Issued: 09/05/23

1 The Executive Committee of the Board shall be responsible for developing an agenda for each board
2 meeting. Any board member may place items on the agenda for discussion. The particular order may
3 vary from meeting to meeting in keeping with the business at hand.

4 The agenda (which shall include the consent agenda), together with supporting materials, shall be
5 distributed to board members at least four (4) ~~working~~ days prior to the scheduled date of the meeting.
6 Board members shall be expected to carefully examine the information provided them and to contact
7 the Director of Schools to request additional information necessary for informed decision-making. The
8 agenda shall be available for public inspection and/or distribution when it is distributed to the board
9 members. At the beginning of each meeting, the Board shall, by a majority vote, approve the agenda
10 for the meeting, which may involve the addition to or deletion of items previously included on the
11 agenda. The Board, however, shall not revise board policies or adopt new ones, unless such action has
12 been scheduled.

13 Staff members or citizens of the district may suggest items for the agenda.

14 For items to be considered on the agenda, they must be received in the Director of Schools' office one
15 (1) week prior to the scheduled date of the meeting. The person(s) requesting an item on the agenda
16 shall forward any background information to the Director of Schools' office so that the material will be
17 included in the delivery to the board members prior to the meeting.

18 **CONSENT AGENDA**

19 While developing the agenda, the chairman and Director of Schools shall identify routine or
20 noncontroversial items to be placed on the consent agenda, which shall become a part of the regular
21 agenda. If any member objects to including an item on the consent agenda, that item shall be moved to
22 the regular agenda as an action item requiring discussion. The remaining consent items shall be
23 adopted in a single vote without discussion.

24 **TIMED AGENDA**

25 The executive committee shall assign to each item a certain amount of time determined to be sufficient
26 for disposing of each item on the agenda.

27 **ANNUAL AGENDA**

28 At the beginning of each fiscal year, the Board shall adopt an annual planning calendar, stating month-
29 by-month actions required by law and those required to carry out the Board's annual goals and
30 objectives and the State Board of Education's performance standards.

School Nutrition Update

Kathy Barry MS,RDN,LDN
Supervisor of School Nutrition



Cleveland

CITY SCHOOLS

Educate. Innovate. Elevate.

SY 25-26 Summary

MEAL TOTALS

Breakfast

495,750

Lunch

663,780

Supper

9,411

Community Eligibility Provision

We have **2 more years** of the provision remaining.

Fresh Fruit and Vegetable Program (FFVP)

Provides fruits and vegetables 3x a week to all elementary schools.

Status: Reapplied for the grant for the next school year.

One of our
employees was
chosen as
Employee of the
Month at Stuart!



Equipment Updates

We are excited about several new pieces of equipment that are coming to our schools!

Yates

Serving line, dish machine

Blythe Bower

Serving line, dish machine,
oven, tilt skillet

CMS

Oven

Mayfield

Oven and dish machine

Other Schools

Smaller equipment like warmers, coolers, ice machine, and smallwares

School Nutrition: What does the future look like?

Schools Back Together!

We are excited that all of our schools are back together!

- More unity in our department
- Less confusion among employees

A better financial position

- Kitchen updates & equipment upkeep
- Potential pay scale increases
- Better management of food costs

CEP Cycle & SNAP Changes

We are entering year three of four in the CEP cycle... what's next?

SNAP Guideline Change

- **Increased Funding:** Higher direct certification numbers for the district
- **Easier Recertification:** Better percentage for the next CEP cycle

Follow Us!

X:
@ccs_SNProgram

Facebook:
Cleveland City
Schools Nutrition
Program



Kathy Barry

@CCS_SNProgram Follows you

Feeding growing minds at Cleveland City Schools!

📍 Cleveland, TN 📅 Joined November 2021

Personnel Items – May 2026

Assignments

*Morris, Andrew, ESC (Groundskeeper), Effective March 16, 2026

Resignations

Pate, Glynnna, CMS (Teacher), Effective May 27, 2026
McClellan, Megan, CMS (Teacher), Effective May 27, 2026
Smith, Suzanne, CHS (100-Day School Counselor), Effective May 27, 2026
Wells, Kelly, ST (Assistant), Effective May 22, 2026
Brooks, Nicolette, YA (Teacher), Effective May 27, 2026
Gamble, Julie, YA (Interventionist), Effective May 7, 2026
Johnston, Jodie, RO (PT Assistant), Effective May 22, 2026
Hixson, Gracie, ST (Teacher), Effective May 27, 2026
Buttolph, Hannah, CHS (Teacher), Effective May 27, 2026
Hughes, Lindsey, YA (Assistant), Effective May 22, 2026
McConnell, Sherrie, CMS (PT Int), Effective May 13, 2026
McCathern, Samantha, CHS (Teacher), Effective May 27, 2026
Linn, Karen, ESC (Administrative Assistant), Effective May 15, 2026
Shiver, Lydia, ST (PT Teacher), Effective May 27, 2026
Still, Laura, BB (Teacher), Effective May 27, 2026
McNeal, Tara, CHS (School Counselor), Effective May 27, 2026
Earls, Katrina, BB (Teacher), Effective May 27, 2026
Roden, Jasmine, BB (Teacher), Effective May 27, 2026
MIntz, Renaissance, ST (Assistant), Effective May 22, 2026
Breese, Jack, ESC (Bus Driver), Effective May 21, 2026
Stone, Madison, CHS (Teacher), Effective May 27, 2026
Patterson, Abbie, ESC (Bus Monitor), Effective May 22, 2026
Williams, Shawn, CMS (Teacher), Effective May 27, 2026
Avila, Irma, ST (Assistant), Effective May 22, 2026
Sena, Dedra, CHS (School Counselor), Effective May 27, 2026
Allen, Erin, CHS (Teacher), Effective May 27, 2026
Godwin, William, CHS (Teacher), Effective May 27, 2026
Milian, Madeline, CMS (Assistant), Effective May 22, 2026
Leffler, Danielle, ESC (Behavior and Life Skills Specialist), Effective June 3, 2026

Transfers

Retirements

Markham, Donald, CHS (Teacher), Effective May 27, 2026
Eskew, Anita, ST (School Nurse), Effective May 22, 2026

Gardner, Angela, CCC (Teacher), Effective May 27, 2026
Poplin, Mary Ann, CCC (Teacher), Effective May 27, 2026
Gibson, Linda, MA (Teacher), Effective May 27, 2026
Worthy, Mischelle, ARN (Assistant), Effective May 22, 2026
Anderson, Miriam, ESC (Service Coordinator), Effective May 27,2026

Leaves of Absence

Geren, Cindy, ESC, Effective May 8, 2026
Bryson, Clarence, CHS, Effective April 14, 2026