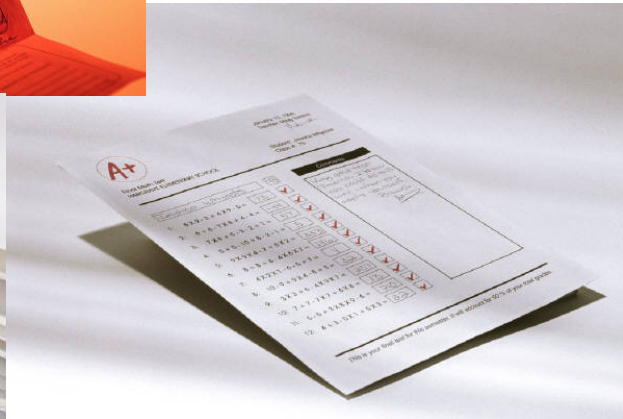


Additional Federal and State Reporting Requirements



**Victims of Violent Criminal Offenses in Schools (VVCO)
Report for School Year 2006-07**

Local School System (LSS): <u>Somerset County Public Schools</u>				
LSS Point of Contact: <u>Vicki Carter</u> Tel: <u>410-621-6247</u>				
Violent Criminal Offenses	(1) Total # of VVCO	(2) # of VVCO Requesting Transfers	(3) # of VVCO Not Requesting Transfers	(4) # of Transfers Granted by the LSS Without a Final Case Disposition
Abduction & attempted abduction	0	0	0	0
Arson & attempted arson in the first degree	0	0	0	0
Kidnapping & attempted kidnapping	0	0	0	0
Manslaughter & attempted manslaughter, except involuntary manslaughter	0	0	0	0
Mayhem & attempted mayhem	0	0	0	0
Murder & attempted murder	0	0	0	0
Rape & attempted rape	0	0	0	0
Robbery & attempted robbery	0	0	0	0
Carjacking & attempted carjacking	0	0	0	0
Armed carjacking & attempted armed carjacking	0	0	0	0
Sexual offense & attempted sexual offense in the first degree	0	0	0	0
Sexual offense & attempted sexual offense in the second degree	0	0	0	0
Use of a handgun in the commission or attempted commission of a felony or	0	0	0	0

other crime of violence				
Assault in the first degree	0	0	0	0
Assault with intent to murder	0	0	0	0
Assault with intent to rape	0	0	0	0
Assault with intent to rob	0	0	0	0
Assault with intent to commit a sexual offense in the first degree	0	0	0	0
Assault with intent to commit a sexual offense in the second degree	0	0	0	0
TOTAL	0	0	0	0

NOTE: See attached guidance for completion of the VVCO in Schools Report.

Gun-Free Schools Act Report

School Year 2006-07

Local School System (LSS): Somerset Point of Contact: Vicki Carter

Telephone: 410-621-6247 FAX: 410-651-2931 Email: vcarter@somerset.k12.md.us

Full Name of School (Include elementary, middle, or high school)	Student ID	Date of Incident	Type of Firearm (Be specific)	Was the student receiving services under IDEA? (Yes/No)	Was the student expelled for a minimum of one calendar year? (Yes/No)	Was the expulsion modified? (Yes/No)	Were services provided in an alternative educational setting? (Yes/No)	Was the student referred to the criminal justice or juvenile delinquency system? (Yes/No)
NONE								

I certify that the LSS is in compliance with the Gun-Free Schools Act of 2001 and Code of Maryland Regulations 13A.08.01.12-1 and that the LSS has a policy that:

- Requires the expulsion from school, for a period of not less than one calendar year, of any student who brought/possessed a firearm onto/on school property or to/at a school-sponsored activity;
- Requires referral to the criminal justice or juvenile delinquency system of any student who brought/possessed a firearm onto/on school property or to/at a school-sponsored activity; and
- Permits the local superintendent to modify the one year expulsion on a case-by-case basis and requires the LSS to maintain a written record of all such modifications.

Signature - Local Superintendent of Schools

Date

Facilities to Support Prekindergarten and Kindergarten Programs

The purpose of this section is a.) to identify any major changes to the school system's overall plan for facilities in support of Bridge to Excellence Master Plan strategies and b.) to track the implementation of mandated prekindergarten (PK) and full-day kindergarten (FDK) programs.

A. Overall Facilities Plan: Provide a brief narrative description of any major facilities needs, processes, participants, and/or timelines identified in the last update that have changed substantially due to actual State and local government capital budget allocations or other factors.

B. Full-day Kindergarten for All Students and Full or Half-Day Prekindergarten Programs: Complete the attached table. Capital projects should be the same as those submitted to the Public School Construction Program (PSCP) in the *Educational Facilities Master Plan*, dated July 1, 2007, and the FY 2008-13, *Capital Improvement Program Request*, dated October 2006. Detailed project descriptions and schedules are **not** required in this update.

Directions for Completing the Table:

1. Provide name and number of school system.
2. Provide name and phone number of person completing form who can answer questions about the information.
3. Complete Columns 1 – 7.

Column 1	If applicable, provide PSCP/Board of Public Works project number for approved local planning and/or construction projects.
Column 2	List by name , in alphabetical order, all schools and qualified vendor sites that are required to provide programs for FDK for all students and PK for eligible students.
Column 3	Place an X next to all schools that have FDK programs for all students in place in school year 2007-2008.
Column 4	Place an R next to all schools/sites that are required to offer PK programs for all eligible students – 4 yr old children from economically disadvantaged families, by school year 2007-8.
Column 5	Place an X next to all schools/sites that have PK programs for all eligible students in place in school year 2007-8.
Column 6	Indicate by Yes or No if the school system provides transportation for PK students with <u>and</u> without IEPs attending home schools <u>and</u> other sites.
Column 7	List the Fiscal Year for State construction funding related to the mandated FDK and PK programs as requested by the school system in the FY08-13 Capital Improvement Program of the Public School Construction Program.

4. If the programs for the students in a named school are offered at a different location, such as another school, a regional center, or a qualified vendor site, insert the name of the location in columns 3, 4, and/or 5 as appropriate. Example: “*at Hoyer Center*”

**Transfer of School Records for Children in State-Supervised Care
Annual Certification Statement**

Local School System: Somerset County Public Schools

Point of Contact: Vicki Carter

7982A Crisfield Highway

Address: _____

Westover, MD 21871

Telephone: 410-621-6247 **FAX:** 410-651-2931

Email: vcarter@somerset.k12.md.us

I certify that the local school system is implementing the requirements for the transfer of educational records for children in State-supervised care in compliance with §8-501 – 8-506 of the Education Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 13A.08.07.

Signature - Local Superintendent of Schools/Chief Executive Officer Date

Please return the completed certification statement by August 15, 2007 and submit as part of your 2007 Master Plan Annual update. If you have questions, please contact:

John McGinnis
Pupil Personnel Specialist
Maryland State Department of Education
200 West Baltimore Street, 4th Floor
Baltimore, Maryland 21201

Phone: (410) 767-0295

Fax: (410) 333-8148

Email: jmcginnis@msde.state.md.us