



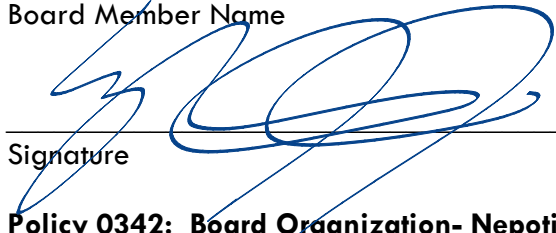
Board Member Conflict of Interest Disclosure Statement

- 1) I have received and read, understand and agree to abide by Kansas City Girls Preparatory Academy's Policy 0342: Board Organization- Nepotism, Conflict of Interest and Financial Disclosure (attached below).
- 2) Please check one.
 - A. To the best of my knowledge, no circumstances exist involving me, or a member of my family, that are or may be perceived as a conflict of interest within the meaning of the Policy and neither I, nor a member of my family, are affiliated with an organization with which Kansas City Girls Preparatory Academy does or is likely to do business.
 - B. To the best of my knowledge, there do exist circumstances involving me, or a member of my family, that are or may be perceived as a conflict or potential conflict of interest within the meaning of the Policy, including the affiliations such as relationships with grantees or potential grantees, contractors, or others with whom Kansas City Girls Preparatory Academy does or is likely to do business.

Organization Name	Person with Conflict	Relationship to Board Member	Nature of Affiliation

Sylvester James Jr.

Board Member Name

Signature 

Date 8/19/20

Policy 0342: Board Organization- Nepotism, Conflict of Interest and Financial Disclosure

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Martha Salinas
Board Member Name

M. Salinas
Signature

8/20/2020
Date

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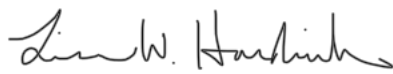


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Organization Name	Person with Conflict	Relationship to Board Member	Nature of Affiliation

Lisa White Hardwick
Board Member Name


Signature

8/23/20
Date

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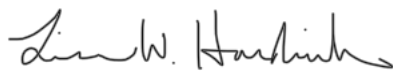


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Organization Name	Person with Conflict	Relationship to Board Member	Nature of Affiliation

Julia M. Tomasic
Board Member Name

Julia M. Tomasic
Signature

8-24-20
Date

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Organization Name	Person with Conflict	Relationship to Board Member	Nature of Affiliation

Board Member Name _____

[Handwritten Signature]

 Signature

 Date

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Organization Name	Person with Conflict	Relationship to Board Member	Nature of Affiliation



 Board Member Name

CHRISTINE KEMPER

8.20.2020

Signature

Date

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affirmative recommendation to the Board as to the hiring of the Board member's spouse. When the spouse of a Board member is considered for employment, the names of all applicants for that position, as well as the name of the applicant hired, are to be discussed at a Board meeting and should be included in the Board minutes.

Members of the Board will conduct themselves in a manner which complies not only with the letter of conflict of interest laws, but also in the spirit of those provisions. Board members will at all times make good faith efforts to avoid the appearance of a conflict of interest. If a situation arises which involves the potential for a conflict of interest, the individual Board member will declare his interest and will refrain from debating or voting upon the question of engaging or using the business entity in question.

Contractual and Business Relationships

No Board member shall, as an individual or the employee, owner or shareholder of a Company in which the Board member or the spouse or child of a Board member has an interest:

- 1) Perform any service for the School for compensation. .
- 2) Sell, rent or lease any property to the School for consideration.
- 3) Attempt, for any compensation other than the compensation provided for the performance of his/her official duties, to influence the decision of the Board or the School on any matter.
- 4) Sell, rent or lease any property to the School.

Use of Confidential Information

A Board member shall not use or disclose confidential information obtained in his/her official capacity in any manner with the intent to cause financial gain for himself/herself, any other person, or any business. This also precludes the use of mailing lists or the school mail for any communication other than that directly related to school matters. The term Confidential Information shall mean all information whether transmitted orally or in writing which is of such a nature that it is not, at that time, a matter of public record or public knowledge.

Financial Interest Statement

All Board members will disclose to the public all potential Board member and employee conflicts of interest including:

- 1) Proposed transactions between a Board member, Chief Executive Officer, purchasing agent, Treasurer, or legal counsel, and any person related within first degree consanguinity (to such persons and the School, excluding compensation received as an employee or payment of any tax, fee or penalty due to the School. Disclosure will include the dates and identities of the parties in the transaction.
- 2) Proposed Transactions between any business entity in which such individuals have a substantial interest. Disclosure will include the dates and identities of the parties in the transactions.

The Chief Executive Officer will make written disclosure of the following:

- 1) The name and address of each employer who provided income of one thousand dollars (\$1,000) or more to the Chief Executive Officer.
- 2) The name and address of each sole proprietorship which the individual owned; the name, address and general nature of business conducted by each general partnership or joint venture in which he/she was a partner or participant; the name and address of each partner or co-participant in the partnership or joint venture unless the information is

already filed with the Secretary of State; the name, address, and general nature of business or any closely held corporation or limited partnership in which the individual owned ten percent (10%) or more of any class of the outstanding stock or limited partner's units; and the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system which the individual owned two percent (2%) or more of any class of outstanding stock, limited partnership units, or other equity interests.

- 3) The names and addresses of each corporation for which the individual served as director, officer, or receiver.

Personal Services

Board members should not expect personal or professional assistance from the School employees except to the extent relating directly to their responsibilities on behalf of the School or to the extent that such assistance is available to a member of the general public in similar circumstances or with similar needs.

Exceptions to this policy may be made only by a majority vote of the full Board, which vote shall include a statement as to why it is in the best interests of the School for such policy exception to be made.

Board members will file the Personal Financial Disclosure reports by May 1 for the preceding calendar year with the Missouri Ethics Commission.

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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).