

# **NEW SUBSTITUTE INFORMATION**

## Jason Peel, Ed.D Director of Human Resources and School Climate 302-424-6393

Milford School District is an Equal Opportunity Employer and does not discriminate in employment or in educational programs, services or activities on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age disability, marital status, veteran status, genetic information, sexual orientation, gender identity, or upon any other category protected by federal, state or local law.

If any person has a complaint alleging any action which is prohibited by this policy, they should contact the Title IX Coordinator or the District 504 and ADA Coordinator, 906 Lakeview Avenue, Milford, Delaware 19963. Telephone (302)422-1600.

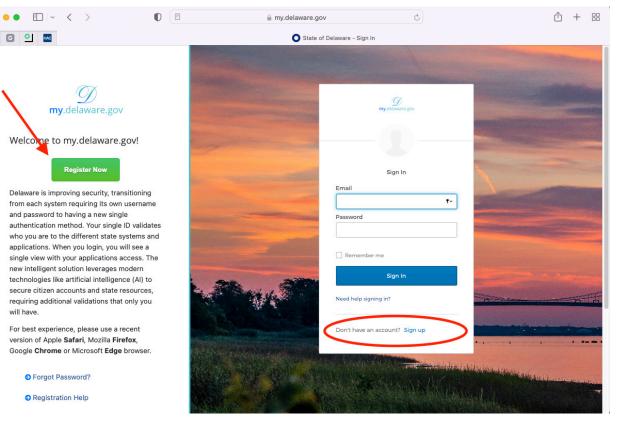
## **Register for Your My.Delaware.Gov Identity**

1. Using a computer/laptop Internet Browser (Edge, Chrome, etc.),

6

## visit https://my.delaware.gov/

## DON'T type anything in the two blanks — Just Click on the green Register Now button or blue Sign Up link at the bottom.



## 2. Complete the registration form **using the same Home email** as you provided to your Human Resources representative for your PHRST Employee Personal Information, and click the blue Register

**button.** (NOTE: if you already have a my.delaware identity, please assure HR has your my.delaware email to add to your PHRST employee record.)

3. You will need to be able to **access that Home email account to read/respond to email** on the same computer to finish setting up and activating your my.delaware.gov registration.

STATE EMPLOYEES: as long as your name and home email match what HR confirms is in your PHRST employee record, **in 48 hours you will see your Employee Self Service tile** AND any other tiles assigned to you.

|       |                   | D<br>my.delaware.gov |      |
|-------|-------------------|----------------------|------|
|       |                   | Email                |      |
|       | Email *           |                      |      |
|       | Password *        |                      |      |
|       | Primary phone     |                      |      |
|       | Legal First nam   | e *                  |      |
|       | Legal Middle n    | ame                  |      |
|       | Legal Last nam    | e *                  |      |
|       | Street address    | 8                    |      |
|       | City *            |                      |      |
|       | Zip code *        |                      |      |
| 19.45 | State             | Delaware •           | dia. |
|       | Country           | USA 🔻                |      |
|       | * indicates requi | ed field             |      |
|       |                   | Register             |      |

## Individual Procedures - Delaware Child Protection Registry (CPR) Request Web Portal

Delaware child abuse and neglect checks must be requested through the Department of Services for Children, Youth and Their Families (DSCYF), Child Protection Registry Request Web Portal.

Individuals need to download and complete the consent form found on the CPR Portal homepage, then register on the CPR Portal to submit a CPR request and obtain their completed CPR results. You should only register one time unless advised otherwise by DSCYF staff.

#### Registration - To register on the CPR Portal, go to childprotectionregistry.delaware.gov/

\*If your agency has not given you a consent form, please download and print a copy of the consent form while on the homepage.

#### Welcome to the Delaware Child Protection Registry Request Web Portal

This portal is for in-state and out-of-state agencies and individuals that are required by law to request a Delaware child protection registry check. Through this website, agencies and individuals can register to request child protection registry checks and obtain results in the portal.

This site works best using Chrome or Safari, you can download Chrome by clicking HERE. This site is not supported on Internet Explorer, Microsoft Edge or other browsers. You can also access the portal using your mobile device. Questions may be directed to: DSCYE.CHU.Portal@delaware.gov

### Access to the CPR Portal is permitted only from within the United States and its territories including American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico.

| User Name             | 1 |
|-----------------------|---|
| Enter User Name       |   |
| Password              | F |
| Enter Password        | r |
| Forgot your password? |   |

#### To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions:

This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By continuing to use this system, you are representing yourself as an authorized user.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

I ACCEPT AND AGREE

Login For Approved Users

#### 1. Click New Individual Registration.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

I ACCEPT AND AGREE

Login For Approved Users

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#### The INDIVIDUAL REGISTRATION FORM will appear:

IND

Delaware Child Protection Registry Request Portal

|  | · · · · |  |  |  |
|--|---------|--|--|--|
| VIDUAL REGISTRATION FORM   |         |  |  |  |
| rst Name 📍   |         | Last Name *  |  |  |
|  | ]       |  |  |  |
| rreet 1 *  |         | Street 2   |  |  |
|  | ]       |  |  |  |
| ity *  |         | State *  |  |  |
|  | ]       | Select State 💌   |  |  |
| ounty  |         | Zip Code *   |  |  |
| Select County 👻  |         |  |  |  |
| hone Number *  |         | Email Address *  |  |  |
|  | ]       |  |  |  |
| To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions:   |         |  |  |  |
| This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCY<br>continuing to use this system, you are representing yourself as an authorized user.   | F). Usi | e of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By |  |  |
| As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the  | applic  | cant.  |  |  |
| Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy. |         |  |  |  |
| By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access  | to the  | Child Protection Registry Portal is granted.   |  |  |
| I ACCEPT AND AGREE   |         |  |  |  |
|  |         |  |  |  |

New Registration

#### AGENCY REGISTRATION

Register as Agency if submitting requests for agency/organization persons that need a child protection registry check.

Add Agency Contact - After agency/organization is approved, add new portal users.

#### Agency Procedures

New Agency Registration/Add Agency Contact

#### INDIVIDUAL REGISTRATION

Register as an Individual if submitting a request for yourself (your name) only. Individual Procedures

New Individual Registration

Click here to download the consent form - A signed consent is required for each CPR portal Request. Having issue downloading Consent Form? Click HERE.

#### INDIVIDUAL REGISTRATION

Register as an Individual if submitting a request for yourself (your name) only.

\_\_\_\_\_

New Individual Registration

Click here to download the consent form - A signed consent is required for each CPR portal Request. Having issue downloading Consent Form? Click HERE.

Register Cancel

#### 2. Complete all required \* fields.

Click Register.

3.

| Delaware Child P   | Protection Registry Request Portal  |
|--|---|
| INDIVIDUAL REGISTRATION FORM   |   |
| First Name *   | Last Name *   |
|  |   |
| Street 1 *   | Street 2  |
|  |   |
| City *   | State *   |
|  | Select State 💌  |
| County   | Zip Code *  |
| Select County  | •]  |
| Phone Number *   | Email Address *   |
|  |   |
| To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions:   |   |
| This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSC<br>continuing to use this system, you are representing yourself as an authorized user.                      | CYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By    |
| As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the  | he applicant.   |
| Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. Th<br>appropriate law enforcement agencies. By entering this website you agree with the terms of this policy. | is includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to |
| By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which acce  | ss to the Child Protection Registry Portal is granted.  |
| I ACCEPT AND AGREE   |   |
|  |   |
| Register   | Cancel  |

3. Read the conditions for requesting access to the Delaware Child Protection Registry Portal. When you accept and agree to the conditions, click the box beside I ACCEPT AND AGREE.

| To request access to the Delaware Child Protection Registry Portal, I agree to t   | the following conditions:  |            |  |  |  |  |  |
|--|--|------------|--|--|--|--|--|
| This system is the property of the Delaware Department of Services For Childrer<br>continuing to use this system, you are representing yourself as an authorized use | n, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal san<br>ar.                           | tions. By  |  |  |  |  |  |
| As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.                                       |  |            |  |  |  |  |  |
| Any activity on this system may be monitored or accessed by DSCYF or other au<br>appropriate law enforcement agencies. By entering this website you agree with t     | thorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be<br>the terms of this policy. | provided t |  |  |  |  |  |
| By accepting and agreeing you acknowledge you have read and agree to the abo   | ve conditions under which access to the Child Protection Registry Portal is granted.   |            |  |  |  |  |  |
|  |  |            |  |  |  |  |  |

| IACCEPT AND AGREE |        |
|-------------------|--------|
| Register          | Cancel |

If all required information is completed, the screen should turn white, and then a notice will appear to Check your email regarding the status of your registration.

4. Check your email for a Welcome to the Delaware Child Protection Registry Portal notice. It will contain your Agency ID number and User Name. If this email is not received within 5 days of registration, call the Criminal History Unit (CHU) at 302-892-4525. You will need to provide your assigned ID number and the date registered.

| Dear JACK SPARROW,    |  |
|-----------------------|--|
|                       | re Child Protection Registry Request Web Portal. Your account has been approved/reactivated. Your Agency/Individual ID number<br>note of this number for future reference. You must accept the user agreement each time you access the web portal. |
| NEW USER – If you are | ew to the web portal, to complete registration you will need to follow this link <a href="https://gcc02.safelinks.protection.outlook.com/?">https://gcc02.safelinks.protection.outlook.com/?</a>   |
| url=https%3A%2F%2Ffc  | cusuatps-dscyfkids.cs32.force.com%2FCHUPortal%2Flogin%3Fc%   |
| 3DPjaNMZ3SQ 6B07wd    | 8KQ9Qr67NVF2h1ZaRdelwtQkGWMcZwlvY63M5J3bQ1MZ0KrYdqecV7sXTtpButYH6TlVnJ1QS8bnPZlltr8wxf0K_zxW2lwzR4JtgH.K2e   |
| bkUGmacbyPPCyXGym!    | jJEOXxPacfciKII.P8BjxrCM5zbWzd0kaXq2e_NKVKkaV1zEonUdPIm4DuhKT.COo8b9PE.vTwDop.eV9Q%253D%253D&data=04%  |
| 7C01%7Cdeidra.mcnatt  | 640delaware.gov%7C2278e0d5ed4e40ed850208d9b6a3fe8c%7C8c09e56951c54deeabb28b99c32a4396%7C0%7C0%   |
| 7C63774163773065038   | 1%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCl6Mn0%3D%  |
| 7C3000&sdata=M;       | %2B%2BH4ft9RgOyc69LoXvVfRYNSEbyvYknblL2z80LTE%3D&reserved=0 where you will be directed to CHANGE YOUR  |
| DASSIMORD Create you  | own secure password for access to the web portal and click Change Password. Your login information is username   |
| PASSWORD, Cleate you  |  |

THIS LINK WILL EXPIRE IN 24 HOURS AND CAN ONLY BE USED ONE TIME. After 24 hours, you will be directed to the web portal login page. Enter your username, click the "Forgot Your Password?" hyperlink and follow the directions.

#### 6. Read the entire email, click on large link.

Dear JACK SPARROW,

Welcome to the Delaware Child Protection Registry Request Web Portal. Your account has been approved/reactivated. Your Agency/Individual ID number is 28310. Please make a note of this number for future reference. You must accept the user agreement each time you access the web portal.



THIS LINK WILL EXPIRE IN 24 HOURS AND CAN ONLY BE USED ONE TIME. After 24 hours, you will be directed to the web portal login page. Enter your username, click the "Forgot Your Password?" hyperlink and follow the directions.

7. Enter new password, confirm password, click Change Password. Keep your User Name and Password for future CPR Portal access.

| Change Your Password  | Change Your Password  |
|---|---|
| Enter a new password for<br>deidra.mcnatt@delaware.gov.28326. Make sure to<br>include at least:<br>10 characters<br>1 uppercase letter<br>1 lowercase letter<br>1 number<br>1 special character | Enter a new password for<br>deidra.mcnatt@delaware.gov.28326. Make sure to<br>include at least:<br>② 10 characters<br>③ 1 uppercase letter<br>③ 1 lowercase letter<br>④ 1 number<br>④ 1 special character ①<br>* New Password |
| * Confirm New Password  | Cood * Confirm New Password   |
|   | Match   |
| Change Password   | Change Password   |
| Password was last changed on 1/10/2022 9:02 PM.   | Password was last changed on 1/10/2022 9:02 PM.   |

8. Click CLICK HERE TO CREATE NEW CPR REQUEST. Note: If you are sharing your results with an agency, the Requesting Agency ID number and the Requesting Agency Contact ID number are required for each agency. The Agency Contact can provide this information. Follow the procedures below to share your results.

#### CLICK HERE TO CREATE NEW CPR REQUEST

 Complete all required\* fields (additional fields can be completed for a more extensive search of the child protection registry), click CONFIRM. Request is in "PENDING" Status.

For CPR results to be shared with an Agency, the requesting Agency ID and requesting Agency Contact ID are required. Please contact the requesting Agency to obtain these two ID numbers.

#### NEW CPR REQUEST

| * Last Name 1  |         |
|----------------|---------|
|                |         |
|                |         |
| * First Name 1 |         |
|                |         |
| Middle Name 1  |         |
|                |         |
|                |         |
| SSN            |         |
|                |         |
|                |         |
| +DOB           |         |
|                | <b></b> |
|                |         |
| *Gender        |         |
| None           | •       |
|                |         |

| REQUESTING AGENCY ID 1 0  |                              |
|---|------------------------------|
|   |                              |
|   |                              |
|   |                              |
|   |                              |
| REQUESTING AGENCY CONTACT ID 2 0  |                              |
|   |                              |
| REQUESTING AGENCY ID 3 0  |                              |
|   |                              |
| REQUESTING AGENCY CONTACT ID 3  |                              |
|   |                              |
|   |                              |
|   |                              |
| REQUESTING AGENCY CONTACT ID 4  |                              |
|   |                              |
| REQUESTING AGENCY ID 5 O  |                              |
|   |                              |
| REQUESTING AGENCY CONTACT ID 5  |                              |
| <ol> <li>Follow instructions on page for How to upload completed consent form and complete submission. In Notes and Attach click Upload Files to upload the completed CPR consent form. **A blank consent form can be found on the homepage b Individual Registration button.</li> </ol>  |                              |
| Click here to create an additional CPR request, view CPR request status, make CPR request payment.  |                              |
| Child Protection Registry Edit Review and Save  | View Record History          |
| All child protection registry requests must include a consent form signed by the applicant. Failure to submit the required signed consent for each request may subject you to criminal and civil sanctions under Delaware law.  |                              |
| How to upload completed consent form and complete submission: Scan the consent and send to your email. Firom your email, click on the scanned consent and save by clicking on "File" and then "Save". Click on Upload File below. Find the saved consent form related to the request. Double message across the portal screen will read Upload Files. When upload complete, click Done. Click "Review and Save", on following page click. Save to submit request or Cancel to save in Pending Requests. | click on the consent form. A |
| <ul> <li>Reminder regarding Requesting Agency Information</li> </ul>  |                              |
| If you are sharing your results with an Agency, Agency ID and Agency Contact ID are required. If you did not enter this information when creating your CPR Request, there will be a final opportunity to ad<br>Review and Save. Once saved, this information cannot be entered.   | this detail during           |
| Files (0)   |                              |
|   |                              |
| Or drop files   |                              |

11. Message across middle of screen "Upload Files", click Done.

| Uploa                | d Files |
|----------------------|---------|
| PDF 158 KB           | Ø       |
| 1 of 1 file uploaded | Done    |

12. Message at top of page - 1 file was added to the Child Protection Registry.

| Edit | Review and Save | View Record History | • |
|------|-----------------|---------------------|---|
| Edit | Review and Save | View Record History | - |

#### 14. Click Save.

| Review and S           | ave         |
|------------------------|-------------|
| Request Status         |             |
| Pending Payment        |             |
| * Last Name 1          |             |
| SPARROW                |             |
| * First Name 1         |             |
| JACK                   |             |
| Middle Name 1          |             |
|                        |             |
| SSN                    |             |
|                        |             |
| *DOB                   |             |
| 6/9/1963               | <b></b>     |
| *Gender                |             |
| Male                   | •           |
| Race Primary           |             |
| White                  | •           |
| Ethnicity              |             |
| Not Hispanic or Latino | •           |
| Alias Last Name 2      |             |
|                        |             |
| Alias First Name 2     |             |
|                        |             |
|                        | Cancel Save |

- 15. Message at top of page CPR request successfully submitted. Request is under "CONTINGENT PAYMENT REQUESTS", needing payment to submit.
- 16. To view CPR request status or make CPR request payment, click at top of page <u>Click here to create an additional CPR Request, view</u> <u>CPR requests status, make CPR request payment</u>.

#### Optional Procedures for An Individual Sharing CPR Results with An Agency

- 1. Individual completes New Individual Registration by following the Individual Procedures above.
- 2. Individual obtains Agency ID number and Agency Contact ID number from the agency that they are sharing their results with and enters this information in the appropriate fields at the bottom of the Create New CPR Request page. By entering this information, you are allowing the Agency Contact to view and print the results of the CPR request. An individual can share results with up to five agencies by adding the Requesting Agency ID and Requesting Agency Contact ID for each agency when making a New CPR Request. This must be done prior to clicking Save and submitting payment. If this information is not entered on the Create New CPR Request page, the individual will be given a final opportunity to enter this information on the Review and Save page. This information cannot be entered once the request is saved.
- On the CPR consent form, check number 3, "Individual Request Share Results with Requesting Agency," and then list below the name of each agency you are sharing the results with.

#### Payment for CPR Request

1. Click "CONTINGENT PAYMENT REQUESTS" tab.

| PENDING REQUESTS  | CONTINGENT PAYMENT REQUESTS | SUBMITTED REQUESTS | SHARED AGENCY REQUESTS | COMPLETED REQUESTS |  |  |  |
|---|-----------------------------|--------------------|------------------------|--------------------|--|--|--|
| equests requiring payment for CPR processing. Up to 30 requests may be selected for payment |                             |                    |                        |                    |  |  |  |

#### 2. Under CPR Record Name column, click box to left of name. A check mark will appear in the box.

| PENDING REQUESTS CONTINGENT PAYMENT REQUESTS SUBMIT | REQUESTS SHARED AGENCY REQUESTS COMPLETED REQUESTS |
|---|--|
|---|--|

Requests requiring payment for CPR processing. Up to 30 requests may be selected for payment

|                 |              |             | Q Search this list |               | Proceed to Payment |
|-----------------|--------------|-------------|--------------------|---------------|--------------------|
| CPR Record Name | First Name 1 | Last Name 1 |                    | Middle Name 1 |                    |
| 1 0000975841    | JACK         | SPARROW     |                    |               |                    |

#### 3. Click Proceed to Payment.

| PENDING REQUESTS | CONTINGENT PAYMENT REQUESTS | SUBMITTED REQUESTS | SHARED AGENCY REQUESTS | COMPLETED REQUESTS |
|------------------|-----------------------------|--------------------|------------------------|--------------------|

Requests requiring payment for CPR processing. Up to 30 requests may be selected for payment

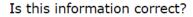
|                 |              |             | Q Search this list |               | Proceed to Payment |
|-----------------|--------------|-------------|--------------------|---------------|--------------------|
| CPR Record Name | First Name 1 | Last Name 1 |                    | Middle Name 1 |                    |
| 1 🖸 0000975841  | JACK         | SPARROW     |                    |               |                    |

Proceed to Payment

#### 4. Complete all required \* fields, click Continue.

| Required fields are highlighted with an a | sterisk.                  |                   |
|---|---------------------------|-------------------|
| Payment Information:                      |                           |                   |
| Amount:*                                  | \$14.00 0                 |                   |
| Agency Name:                              | Jack 🔮                    |                   |
| Agency ID:                                | 28326 0                   |                   |
| Agency Contact:                           | 28330 🐨                   |                   |
| Please enter the following information    | n about your payment meth | od:               |
| Cardholder's Name:*                       |                           | 0                 |
| Cards Accepted:                           |                           |                   |
| Card Number:*                             |                           | •                 |
| Card Security Code:*                      | 0                         |                   |
| Expiration Date:*                         | MM 🗸 YYYY 🗸 🔮             |                   |
|   |                           |                   |
| Billing Information:                      |                           |                   |
| Address Line 1:*                          |                           | 0                 |
| Address Line 2:                           |                           | 0                 |
| Country:*                                 | United States 🗸 🔮         |                   |
| ZIP Code:*                                |                           |                   |
| City:                                     |                           | 0                 |
| State:                                    | Select One                |                   |
|   | - Street one              |                   |
| Receipt Information:                      |                           |                   |
| Email Address:*                           |                           | 0                 |
|   |                           | (Standard carrier |
| Text Receipt Mobile Phone Number:         |                           |                   |

5. Click Confirm, Modify or Exit. Clicking confirm will attempt to make payment. After payment validation, request moves under "SUBMITTED REQUESTS" tab.



# Confirm Modify Exit

#### **CPR Results**

1. Allow 10 business days to receive a **Child Protection Registry Notification** email informing you that CPR results are available on the CPR Portal. Click email link to login CPR Portal.

| You are receiving this email as the recipient of child protection registry details from the Delaware Department of Services for Children, Youth and Their<br>Families. Please login to the Child Protection Registry Porta ( <u>https://tocusuatps.dscyRuds.cs32.force.com/CHUPortal</u> ) o access results for requests<br>submitted. |
|--|
| if all results are not available, they are still being processed. You will receive another email when they are available on the portal.<br>This is an automated message. Please do <b>NOT</b> reply to the sender address.   |
| Respectfully,<br>Department of Services for Children. Youth and Their Families   |

2. Click the "COMPLETED REQUESTS" tab.

PAYMENT REQUESTS SUBMITTED REQUESTS SHARED AGENCY REQUESTS COMPLETED REQUESTS

3. In the CPR Letter column, click download to view and print results letter. Results will be available on the CPR Portal for six months.

| First Name 1 | Last Name 1 | Middle Name 1 | CPR Letter             |  |
|--------------|-------------|---------------|------------------------|--|
| JACK         | SPARROW     |               | Click here to download |  |

Questions may be directed to: DSCYF.CHU.Portal@delaware.gov

U:\DMSS\CHU\CPR\Web Portal\Procedures\Individual Procedures - Delaware Child Protection Registry (CPR) Web Portal – 1-11-2022



January 1, 2022

Dear Employee,

Enclosed is a Notice entitled "New Health Insurance Marketplace Coverage Options and Your Health Coverage." The health care reform law known as the Affordable Care Act ("ACA") requires that employers provide this Notice to all new employees within 14 days of hire. The Notice provides information about the new Health Insurance Marketplace ("Marketplace").

As a casual seasonal employee, you are not eligible for coverage under the State of Delaware's Group Health Insurance Program ("the Plan"). Therefore, you may wish to explore coverage options through the Marketplace.

For information about the Marketplace, visit the federal government's website at <u>www.HealthCare.gov</u> or the State of Delaware's website at <u>www.ChooseHealthDE.com</u>. If you have questions about the information in this letter or the enclosed Notice, you can contact the Statewide Benefits Office at 1-800-489-8933 or go to the Statewide Benefits Office's website at <u>de.gov/statewidebenefits</u>.

Sincerely,

ath 1 Rontz.

Faith L. Rentz Director, Statewide Benefits and Insurance Coverage

Enclosure

## STATE OF DELAWARE STATEWIDE BENEFITS OFFICE

#### New Health Insurance Marketplace Coverage Options and Your Health Coverage

#### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description, contact the Statewide Benefits Office at 1-800-489-8933 or go to the Statewide Benefits Office's website at <u>de.gov/statewidebenefits</u>.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit <u>healthcare.gov</u> for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

#### PART B: Information about Health Coverage Offered by Your Employer

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|                                     |                    |                          | 4. Employer Identification Number |                          |
|-------------------------------------|--------------------|--------------------------|-----------------------------------|--------------------------|
| State of Delaware                   | State of Delaware  |                          | (EIN                              | N)<br>516000279          |
|                                     |                    |                          | _                                 |                          |
| 5. Employer address                 |                    |                          |                                   | 6. Employer phone number |
| 97 Commerce Way, Suite 2            |                    | 1-800-489-8933           |                                   |                          |
| 7. City                             | 8. State           |                          |                                   | 9. ZIP code              |
| Dover DE                            |                    | DE                       |                                   | 19904                    |
| 10. Who can we contact about em     | ployee h           | ealth coverage at this j | ob?                               |                          |
| Statewide Benefits Office           |                    |                          |                                   |                          |
| 11. Phone number (if different from | 12. Email address  |                          |                                   |                          |
| above)                              | benefits@delaware. | gov                      |                                   |                          |
| 1-800-489-8933                      |                    |                          |                                   |                          |

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.



## **External Procedure**

| FREQUENCY: On-going (as needed)            |           | DATE/REVISION: | 07/27/2022           |            |  |
|--|-----------|----------------|----------------------|------------|--|
| PRIMARY RESONSIBILITY: HR/Benefit Repre    |           |                | enefit Repres        | sentatives |  |
| POLICY: HIPAA Privacy Notice for New Hires |           |                |                      |            |  |
| NUMBER:                                    | HIPAA-002 | TITLE:         | HIPAA Privacy Notice |            |  |

## **E** Background:

Important terms, definitions and acronyms -

- └→ HIPAA Health Insurance Portability and Accountability Act
- └→ PHI Protected Health Information
- → *HR Human Resource*
- └→ SBO Statewide Benefits Office

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that outlines national standards to safeguard protected health information (PHI). As a requirement within HIPAA policy the U.S. Department of Health and Human Services established *Standards for Privacy of Individually Identifiable Health Information*, also known as the "Privacy Rule". The Privacy Rule addresses the use and disclosure of individuals' PHI and also requires covered entities to provide guidance, via a Notice of Privacy Practices, to individuals to understand and control how their health information is used.

The Notice is required to be distributed to all newly hired employees. In addition, the Notice is made available by the State of Delaware to all employees through the following distribution methods:

- The Notice is displayed electronically on the Statewide Benefits Office (SBO) website at <u>https://dhr.delaware.gov/benefits/hipaa/index.shtml</u>.
- The State of Delaware mails a copy of the Notice annually at Open Enrollment (excluding employees who consented to receive their notices electronically). The Notice is also available in paper format upon request.

## **Purpose**:

The purpose of this procedure is to provide notice to the employee of how their medical information may be used and disclosed and how the employee can get access to the information.

### **Procedure**:

HR/Benefit Representatives are required to provide all employees with a copy of the HIPAA Privacy Notice upon hire.

The State of Delaware's HIPAA Notice of Privacy Practices can be found at <u>de.gov/statewidebenefits</u>. Select "Policies & Procedures", choose "HIPAA", and select "HIPAA Privacy Notice".

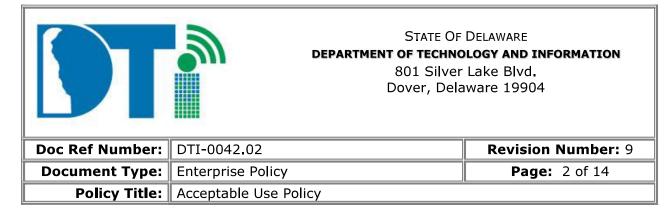
## Have Questions?

Please contact the Statewide Benefits Office Customer Service Team by phone at 1-800-489-8933 or by email at <u>benefits@delaware.gov</u>.

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|-----------------|-----------------------------|---|
| Doc Ref Number: | DTI-0042.02                 | <b>Revision Number:</b> 9   |
| Document Type:  | Enterprise Policy           | <b>Page:</b> 1 of 14  |
| Policy Title:   | Acceptable Use Policy       |   |

| Synopsis:        | Guide Behaviors in Using the State's Communications and Computer Systems.   |                  |      |  |
|------------------|---|------------------|------|--|
| Authority:       | <u>Title 29 Chapter 90C Delaware Code, §9004C</u> – General Powers,<br>duties and functions of DTI "2) Create, implement and enforce<br>statewide and agency technology solutions, policies, standards and<br>guidelines, including as recommended by the Technology Investment<br>Council on an ongoing basis and the CIO" |                  |      |  |
| Applicability:   |   |                  |      |  |
| Effective Date:  | June 5, 2006  | Expiration Date: | None |  |
| POC for Changes: | Solomon Adote, Chief Security Officer   |                  |      |  |
| Approval By:     | James Collins, Chief Information Officer  |                  |      |  |
| Approved On:     | September 28, 2015  |                  |      |  |
| Review Date:     | Sept 27, 2019   |                  |      |  |





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### I. Policy

#### **EXECUTIVE SUMMARY**

Technology-based solutions and communication devices are woven into all aspects of our professional and personal lives. Often, business and individuals have struggled to determine the appropriate use of technology. This State policy defines the acceptable use of various technologies in our professional lives in service to the State of Delaware.

#### PURPOSE

There is an endless array of technology services and products for State organizations to consume, and the number and type of available options is ever-growing and expanding. It is not reasonable that this policy keeps pace with frequent technology changes in real time, or that it can specifically list and address every possible service, product, or use-case scenario. One goal of this policy is to provide guidance and information as a framework to consider when making technology-related decisions. Another goal is to provide explicit examples of choices or actions that are not acceptable. As individuals involved in the affairs of State government, our jobs must be conducted with integrity, respect, and prudent judgment.



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## COMPLIANCE WITH ALL LAWS AND REGULATIONS

All State of Delaware employees must comply with all applicable federal, state and local laws and government regulations. This includes compliance with agency requirements within the State organization.

## **POLICY STATEMENT**

- 1. You are responsible for exercising good judgment regarding appropriate use of State data and resources (email, web sites, Internet services, etc) in accordance with State policies, standards, and guidelines. The State uses internet content management tools designed to restrict access to unauthorized internet sites. However, while these tools limit prohibited usage, sites that violate acceptable use remain accessible and users must therefore remain vigilant when using the Internet. Alternatively, agencies with business requirements to use filtered sites may request that access. Appendix C includes website categories typically blocked and the process for requesting changes. State of Delaware data or resources may not be used for any unlawful or prohibited purpose. State resources may not be used for personal or inappropriate use, nor for pursuing activities not specifically identified as work required except as noted under Personal Use in Appendix A. Also, Appendix A has a non-exclusive list of specific activities that are prohibited.
- 2. You must ensure through practice or technical means that non-public information remains within the control of State at all times. Conducting State business that results in the inappropriate release of data or the storage of non-public State information on personal or non-State controlled environments, including devices maintained by a third party with whom the State of Delaware does not have a contractual agreement, is prohibited. This also specifically prohibits the use of an e-mail account that is not provided by the State of Delaware or its customer and partners, for government business. Appendix A has additional details.
- 3. You are responsible for ensuring secure practices are utilized when conducting business with or on behalf of the State. Personally owned devices, when interacting with or for the State, are considered on temporary duty assignment to the State for the duration of the activity. The State retains the right to access any State records or materials developed for State use even on personally owned devices. In that regard, both personally owned devices (smart phones, tablets, home computers, etc.) and State



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owned devices are mandated to comply with State security policies and practices. Appendix A has more details.

Examples include the comprehensive use of:

- Strong Passwords
- Encryption for data, both stored and transmitted
- Anti-virus
- 4. You acknowledge and understand that all uses of the State's resources is subject to monitoring and there is no right to privacy when using State resources. Appendix B has more information related to monitoring.
- 5. Each network user is required to read and understand this policy and sign the appropriate acknowledgement statement. Each organization must have their staff review this policy annually. The signed acknowledgement statement must be maintained by each organization. Network users, who do not sign the Acceptable Use Policy Acknowledgement Statement, will be denied access to the State's Communications and Computer Systems.
- 6. State information and records could be subject to the <u>Freedom of Information Act</u>.

### IMPLEMENTATION RESPONSIBILITY

DTI and/or the organization's technical staff will implement this policy during the course of normal business activities, including business case review, architectural review, project execution and the design, development, or support of systems.

#### **ENFORCEMENT and WAIVER**

DTI will enforce this policy during the course of normal business activities, including business case and architectural review of proposed projects and during the design, development, or support of systems. This policy may also be enforced by others during the course of their normal business activities, including audits and design reviews.



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If there is ambiguity or confusion regarding any part of this policy, contact your supervisor or Agency/School District or Affiliate IRM. Agency/School District or Affiliate IRM's can contract DTI by sending an email to eSecurity@state.de.us

## **II.** Definitions

State Communications and Computer Systems – State of Delaware communications and computer systems are any equipment, hardware, software or networks (including wireless networks) owned, provided or used by or on behalf of State of Delaware that store or transmit voice or non-voice data. This includes telephones, cellular/wireless telephones, voice mail, computers, e-mail, facsimiles, pagers, and State Intranet or Internet access (including when accessed through personal computers).

## **III.** Development and Revision History

Initial version established April 15, 2003.

Corrected hyperlinks, reference to the Merit rules, and CRS title change on August 8, 2005. First reformatted version established July 31, 2006.

Revised version published on May 22, 2007.

Updated acknowledgement statement on September 17, 2007.

Clarified the requirement to sign the Acknowledgement statement in Appendix 1 on September 5, 2008.

Add FOIA and social media topics on July 1, 2009.

Add mobile device topic plus reformatting on January 5, 2012

Add revised language related to DropBox on June 3, 2013

Added language for Internet Content Filtering on January 2, 2015

Added language for unprofessional messages or images on May 26, 2015

Added language for FTI and social media on 9/28/2015

Refreshed as per sponsor 09/15/2017

- Added COMPLIANCE WITH ALL LAWS AND REGULATIONS statement
- Added FOIA statement
- Added further detail/clarification to prohibited email activities
- Added further detail/clarification to use of State resources
- Added Cloud File Sharing to Internet Content Filtering
- Updated Internet Content Filtering with request for exceptions instructions •



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• Updated K12 email address

## IV. Approval Signature Block

| Name & Title:<br>State Chief Information Officer | Date |
|--|------|

## V. Related Policies and Standards

Delaware Information Security Policy Strong Password Standard



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## Appendix A – Specific activities that are prohibited

# Prohibited activities with e-mail include, but are not limited to, sending or forwarding:

- Jokes or language, that may be considered discriminatory, harassing, unlawful, defamatory, obscene, offensive, insensitive or otherwise inappropriate, this includes but is not limited to, messages about age, race, gender, disability, sexual orientation, national origin or similar matters.
- > Pornographic or sexually explicit materials.
- Chain letters.
- Information related to religious materials, activities or causes, including inspirational messages.
- > Charitable solicitations unless sanctioned by State of Delaware.
- Gambling.
- > Auction-related information or materials unless sanctioned by State of Delaware.
- Games or other software or copyrighted materials without a legitimate business or instructional purpose (and then only according to the rights and licenses granted by the owner of the games, software or copyrighted material).
- Messages that disparage other governments, companies or products.
- Large personal files containing graphics or photographs or video or audio files.
- Materials related to personal commercial ventures or solicitations for personal gain (for example, messages that could be considered pyramid schemes).
- Information related to political materials, activities or causes unless sanctioned or permitted by the State of Delaware.
- Unauthorized or inappropriate mass distribution of communication.
- Any other materials that would be improper under this policy or other State of Delaware policies.
- > Expressing personal opinion as an authoritative response.
- Using background images, animation, excessive colors/formatting, quotes, sayings, verses, etc.
- Sending to non-authorized individuals, accounts or services via an autoforwarding feature.
- Sending Confidential, Secret, or Top Secret without encryption unless a secure connection is already established.
- Utilizing State email for events, organizations, orders, or communications not directly related to the agency or the State.



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# Prohibited use of the Internet includes, but is not limited to, accessing, sending or forwarding information about, or downloading (from):

- > Sexually explicit, harassing or pornographic sites.
- > "Hate sites" or sites that can be considered offensive or insensitive.
- Auction or gambling sites.
- > Non State of Delaware business-related chat sites.
- Underground or other security sites which contain malicious software and/or instructions for compromising State of Delaware security.
- Games, software, audio, video or other materials that we are not licensed or legally permitted to use or transmit or that are inappropriate, or not required by, State of Delaware business or instruction.
- > Offensive or insensitive materials, such as sexually or racially oriented topics.
- Intentional importation of viruses.
- Registering Internet domain names of the State of Delaware business/school district or those of third parties without authorization from DTI.
- Excessive personal surfing, utilizing streaming services for personal use such as listening to music or watching video, and downloading of music and video files
- Authorized personal use that interferes with your work responsibilities or business/instructional operations.
- Any other materials that would be improper under this policy or other State of Delaware policies.

## Prohibited use of State resources includes, but is not limited to:

- Sending emails to non-authorized individuals or accounts or services via an autoforwarding feature.
- Use of Cloud Services (e.g. File Storage/Sharing services like DropBox or Google Drive) for Top Secret, Secret and Confidential data, unless the contract includes cloud computing terms and conditions approved by DTI.
- > Use of non-DTI approved Cloud Services for document sharing of Public data.
- Sharing of passwords and/or accounts
- > Sharing of Federal Tax Information (FTI) on any social media/networking sites.
- > Sharing data classified as Top Secret, Secret, and Confidential without proper approval.
- Sharing data that may be detrimental to the State.
- Sharing an unprofessional message or image when utilizing State email, messaging tools, websites, social media, etc.



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### Personal Use

- State systems are intended for primarily business/instructional purposes, but limited (incidental and occasional) personal use may be permissible when authorized by your management and it does not:
  - Interfere with work responsibilities or business/instructional operations.
  - Involve interests in personal or outside business and/or other non-authorized organizations and activities such as selling or soliciting personal property/items, promoting commercial ventures, charitable, religious or political activities.
  - Violate any of the standards contained in any Delaware code or policies.
  - Lead to costs to the State. Excessive personal surfing, utilizing streaming services for personal use such as listening to music or watching video, and downloading of music and video files are *specifically forbidden*.

### **Personally Owned Devices**

The Delaware Information Security Policy states on page 39 that 'Any electronic equipment (PC, Laptop, iPad, iPod, etc) that is not owned by the State cannot connect from an internal source (inside the firewall) to the State's network.'

## Appendix B - State of Delaware Monitoring

State communications and computer systems, including, but not limited to, computer networks, data files, e-mail and voice mail, may be monitored and/or accessed by the State to ensure the integrity of the technology, protect against fraud and abuse, detect unauthorized access or use, and for other business purposes. Although the Department of Technology and Information (DTI) does not randomly monitor message or network transactions, DTI may without notification or approval, monitor, access and review any and all communications originating from the State of Delaware or delivered to the State of Delaware – employees should have no expectation of privacy in regard to use of these services. This is in accordance with 19 Del. C. chapter 7.

When DTI learns of a possible inappropriate use, DTI will immediately notify the agency/school district or affiliate responsible, which must take immediate remedial action and inform DTI of its action. In instances where agencies/school districts or affiliates do not respond in a timely or reasonably appropriate manner, are "repeat offenders", or if criminal activity is suspected, DTI will work directly with the proper authorities, and follow their guidance in determining appropriate action.



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Any inappropriate use of State communications and computer systems may be grounds for discipline up to and including dismissal based on the just cause standard set forth by Merit Rules, or collective bargaining agreement, whichever is applicable to the subject employee. Exempt employees shall be subject to appropriate discipline without recourse, except as provided by law.

In an emergency, in order to prevent further possible unauthorized activity, DTI may temporarily disconnect that agency or affiliate. If this is deemed necessary by DTI staff, every effort will be made to inform the agency or affiliate prior to disconnection, and every effort will be made to reestablish the connection as soon as it is mutually agreed upon.

Any determination of non-acceptable usage serious enough to require disconnection will be promptly communicated to the Senior Manager at the agency or affiliate by the DTI Executive Team.

Unauthorized activity or non-acceptable usage determined at the agency/school district or affiliate may be subject to remedial action being taken in accordance with the acceptable use policy of that agency/school district or affiliate as well as those actions outlined above. The remedial action outlined in agency/school district or affiliate policies may differ from the remedial action as outlined in this policy.

DTI provides access to state, national and international resources to its clients through connections with networks outside of Delaware. In general, it is the responsibility of those networks to enforce their own acceptable use policies. DTI will make every attempt to inform its clients of any restrictions on use of networks to which it is directly connected; as such information is made available by the network provider.

DTI accepts no responsibility for traffic that violates the acceptable use policy of any directly or indirectly connected networks beyond informing the client that they are in violation if the connected network so informs DTI.

## Appendix C – Internet Content Filtering

The State uses internet content management tools designed to restrict access to unauthorized internet sites. Internet sites may be restricted for several reasons such as



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the site is insecure, contaminated with virus or malware, places unconstrained demands on limited State resources or contains inappropriate content. This solution is not 100% effective.

Internet websites are categorized by web filter providers and the State limits access to the following categories:

| Audio/Video Clips | Remote Access Tools   | Suspicious           |  |  |
|-------------------|-----------------------|----------------------|--|--|
| Child Pornography | Extreme               | Violence/Hate/Racism |  |  |
| Hacking           | Controlled Substances | TV/Video Streams     |  |  |
| Intimate Apparel  | Malicious Data        | Social Networking    |  |  |
| Nudity            | Phishing              | Questionable/Illegal |  |  |
| Pornography       | Proxy Avoidance       | Cloud File Sharing   |  |  |

Category definitions are available at <u>https://sitereview.bluecoat.com/categories.jsp</u> If a user believes that a site is improperly categorized a review request can be sent to <u>https://sitereview.bluecoat.com/sitereview.jsp</u> or by email to DTI at <u>StateProxy@lists.intranet.state.de.us</u>.

Requests for exceptions can be made by reaching out to your <u>Customer Engagement</u> <u>Specialst</u> (CES) and <u>SOC@state.de.us</u>.

The following information is required to do a proper evaluation of adding a service: a) The business use for desired service

- b) The required URLs used by desired service
- c) Verification that the desired service is used for data classified as PUBLIC
- d) If not Public Data, have the Cloud Terms and Conditions been signed by desired service?
- e) Are you compliant with all licensing required by desired service?

The Agency /Organization head or their designee may request exceptions to these restrictions if the user, or group of users, require access to perform their work responsibilities. Examples of this include public safety officials obtaining access to Violence/Hate/Racism to conduct investigations, public information officers requiring access to social media sites, and training personnel requiring access to streaming video content for education.



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The Agency/Organization head can make this request by sending an email request with the user's name and/or email address and the access required. On the state network send to the DTI Service Desk at <u>DTI ServiceDesk@state.de.us.</u>

On the K12 network send to <a href="mailto:eduproxy@lists.state.de.us">eduproxy@lists.state.de.us</a>.

At no time do approved allowances/exceptions alter the requirements of the Acceptable Use Policy.



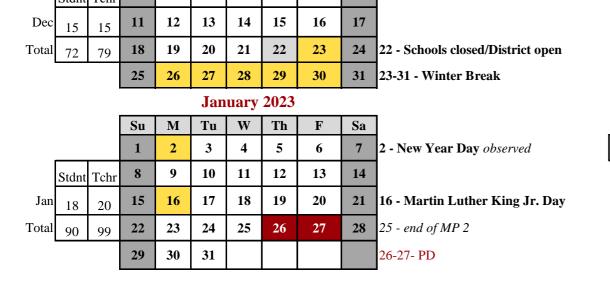


APPROVED 3/21/22

MILFORD SCHOOL DISTRICT

# CALENDAR 2022-2023

Student Day Calendar = 175 days Teacher Day Calendar = 188 days Para Day Calendar = 185 days **August 2022** February 2023 Su Μ Tu W Th F Sa Su Μ Tu W Th F Sa Stdnt Tchr Feb Stdnt Tchr 23-25, 29 - PD 25 20 - President's Day Total Aug 30 - Tranisition Day for K, 1, 6, 9 31 - First Student day for all grades September 2022 **March 2023** K-12 W W F Sa F Sa Su Μ Tu Th Su М Tu Th 5-Labor Day Stdnt Tchr Stdnt Tchr 13 - Primary Election / PD day 13 - PD Sept Mar Total Total October 2022 April 2023 Su Μ Tu W Th Sa Su М Tu W Th F Sa 5- end of MP 3 6 - PD 14 - PD 7 - 10 - District Closed Stdnt Tchr Stdnt Tchr 7 - 16 - Spring Break Oct Ap Total Total November 2022 **May 2023** Μ W Th F  $\mathbf{M}$ Tu W F Sa Su Tu Sa Su Th 4 - end of MP1 12 8 - Election Day Stdnt Tchr Stdnt Tchr 10 - Return Day: 1/2 day grading, 1/2 May Nov day closed 11 - Veterans Day Total Total 23 - Schools closed/ District open 29 - Memorial Day 24-25 - Thanksgiving Break December 2022 June 2023 W Su Μ Tu W Th F Sa Su Μ Tu Th F Sa 1 - Graduation 13 - end of MP 4 Stdnt Tchr Stdnt Tchr



| Jun   | 9   | 11  | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 14-15 -PD       |
|-------|-----|-----|----|----|----|----|----|----|----|-----------------|
| Total | 175 | 188 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 19 - Juneteenth |
|       |     |     | 25 | 26 | 27 | 28 | 29 | 30 |    |                 |

Non work days for ParaProfessional Staff: 1/27, 4/6, 6/14

#### **Calendar Key:**

| White  | = Student Day                                 |
|--------|---|
| Gold   | = District Closed                             |
| Maroon | = Staff Professional Development (PD)         |
| Gray   | = District Open with <b>no</b> students/staff |