

Kinkel, Anthony (MDE)

Subject: FW: Notice to Roosevelt Staff

From: TRACY F BOWE
Sent: Monday, October 18, 2021 2:24 PM
To: CAROL O POTTER <carol.potter@isd742.org>; WILLIE JETT II <willie.jett@isd742.org>
Cc: KATHRYN K BUTKOWSKI <kathryn.butkowski@isd742.org>
Subject: Notice to Roosevelt Staff

For Your Information. This needs to be sent to the staff at Roosevelt per direction from BOSA. I will send it shortly - wanted you all to see it first.

Dear Staff,

I am writing to notify you that we have discovered a lapse in Kate Butkowski's Director of Special Education and Principal License. We are working quickly with the Board of School Administrators to urgently process the renewal of her licenses. The Board will meet next week to review her application for a variance to renew her license. In the meantime, Executive Director Carol Potter will be serving as the director of record for Roosevelt Education Center. Kate will continue to coordinate the day-to-day activities of the programs under Carol's supervision and direction.

Please let Carol or me know if you have any questions or concerns.

Respectfully,

Tracy

Tracy Flynn Bowe, JD, MA
Executive Director of Human Resources & Labor Relations
Title IX Coordinator



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m MINNESOTA
BOARD OF SCHOOL
ADMINISTRATORS

1500 Highway 36 West, Roseville, MN 55113

Administrative variance for a lapsed license

Minnesota Rule 3512 requires that an administrator who allows their continuing license to lapse for more than 60 days and is currently employed as an administrator or supervisor, must obtain a variance from the Board of School Administrators (BOSA) while the board renews the license. The Licensing Committee of the Board of School Administrators reviews the variance request. The Committee meets once a month except for August and sometimes December.

An administrative licensure variance may be granted to allow the candidate to complete the requirements for re-licensure.

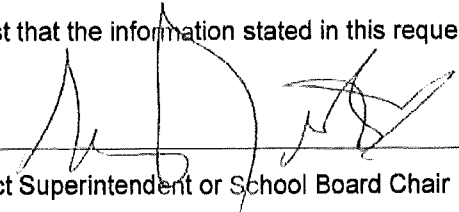
To be considered for a variance, an individual must complete the following:

1. Verify that the annual BOSA fee of \$100, which is due April 1 of each school year, has been paid. Annual fees are paid electronically on the BOSA website.
2. Include a \$55 check made out to the Board of School Administrators.
3. Complete the Request for Administrative Variance Form below.

Request for Administrative Variance Form

- District/Charter School Name and District Number: St. Cloud Area School District 0742-01
- Name of the individual for whom the variance is requested: Kathryn Butkowski
- Minnesota Licensure File Folder #: 383747
- Administrative area of the variance request:
 - ☐ Superintendent (or assistant supt.) ☒ K-12 Principal (or assistant principal)
 - ☐ Director of Community Education ☒ Director of Special Education (or assistant)
- Why were you not able to renew your license on time? I thought I was on a five year renewal cycle and missed the deadline
- If this variance were to be granted, do you have enough BOSA-approved clock hours to qualify for renewal? Yes

I attest that the information stated in this request for a variance is true to the best of my knowledge.



District Superintendent or School Board Chair

Date: 10/18/21

For clarification or additional information contact:
Dr. Tony Kinkel, Executive Director
Phone: 651-582-8236

10/18/2021

Re: Variance for Lapsed License

To Whom It May Concern:

It has come to my attention that my educator's licenses lapsed this past June. I am writing to ask the board to consider a temporary variance while my renewal is processed by PELSB.

I was up for my five-year renewal date in 2019 when I last renewed online. I submitted my hours through the district but am thinking I must have missed a step in the process to move from a two-year license to a five-year license. It is absolutely my professional responsibility to recognize and be aware of my license renewal date. Not doing so puts my district at risk and I apologize for this serious error.

I have already submitted the required paperwork for renewal and am asking for your assistance in providing the variance while things are being processed. Thank you very much for your time and consideration.

Sincerely,

Kate Butkowski
Roosevelt Education Center
ISD 742
Saint Cloud, MN
(320) 237-7447

General Information and Instructions: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.

A completed Conduct Review Statement must accompany every application.

If you have questions, call 651-539-4200, go to the website at <https://mn.gov/pelsb/>, or send an email to pelsb@state.mn.us

A check or money order payable to "PELSB" must be included. This is a non-refundable processing fee.

- **First-Time Minnesota License Application Fee: \$90.25** which includes a fingerprint card fee. Request a fingerprint card from PELSB and include with the complete application.
- **Existing Minnesota License Holders Application Fee: \$57.00** (does not require a fingerprint card).

Section 1: Applicant Information				
MINNESOTA FILE FOLDER NUMBER		Enter MN File Folder Number, if applicable. 383747		REGISTER NUMBER (for state use only)
Legal Last Name Butkowski		Legal First Name Kathryn		Legal Middle Name Kittelson
		Previous Name Kittelson		
Social Security Number/ITIN (required) 476-02-1742		Birthdate: mm/dd/yyyy 08/24/1974		Gender (optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Information:	Daytime Telephone Number 320-237-7447		Email Address (PELSB communications will be sent to this email address.) skbutkowski@live.com	
Designated Address:	Street		City	State
				ZIP Code
Home Address:	Street 1826 37Th St S		City Saint Cloud	State MN
				ZIP Code 56301
Ethnicity/Race (optional)				
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/ Pacific Islands <input type="checkbox"/> Hispanic/ Latino <input checked="" type="checkbox"/> White				

Section 2: Application Type	
Enter the name of the LICENSURE FIELD(S) you are requesting:	Admin: Principal, special education director Teaching: EBD, SLD
<input type="checkbox"/> CHECK HERE if you are adding an administrative licensure field to an existing Minnesota license. <input type="checkbox"/> CHECK HERE if you are adding an administrative field AND renewing an administrative Minnesota license only.	

Section 3: Educational Background					
Use the following Degree Codes:	0 – No Degree	1 – Associate’s Degree	2 – Bachelor’s Degree	3 – 5 th Year/Non-degree Program	
		4 – Master’s Degree	5 – Specialist	6 – Doctorate	
College or University	Located at (city and state)	Degree Code	Date of Degree	Degree Field	FOR STATE USE ONLY College Code
SCSU	Saint Cloud, MN	3	4/2011	education administration	
UMN	Minneapolis, MN	4	7/29/2005	M.ed. EdPsych	
UMN	Minneapolis, MN	2	8/21/1996	History	