

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION	FORM APPROVED BY OMB NO. 3046-0003 Approva EXPIRES 12/31/2008		
ELEMENTARY-SECONDARY STAFF INFORMATION (EEO-5) Public School Systems	This is a joint requirement of EEOC, and the Office for Civil Rights and National Center for Education Statistics of the Department of Education.		
<u>DO NOT ALTER INFORMATION PRINTED IN THIS BOX</u>			
OE NUMBER : 2400270 Survey Year : 16			
NOTE: All EMPLOYEES IN YOUR SCHOOL DISTRICT MUST BE INCLUDED ON THIS FORM Additional Copies of this form may be obtained from the address below. Send your full report (the original and one copy of this form) to: U.S. Equal Employment Opportunity Commission PO Box 8127 Reston VA 20195			
PART I. IDENTIFICATION			
PART A. TYPE OF AGENCY WHICH OPERATES THE REPORTING SCHOOL SYSTEM			
<input checked="" type="checkbox"/> Local Public School System	<input type="checkbox"/> Special or Regional Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Other (Specify)
B. SCHOOL SYSTEM IDENTIFICATION (OMIT IF SAME AS LABEL)			
NAME BOARD OF ED OF CHARLES CO			
P O BOX 2770	LA PLATA	Charles	STATE/ZIP MD-20646
C . GENERAL STATISTICS			
NUMBER OF SCHOOLS OPERATED 36	NUMBER OF ANNEXES OPERATED 4	OCTOBER 1ST ENROLMENT whole numbers only! no ,26390	
D. REMARKS (500 Characters maximum)			
AUTHORIZATION			
THE NATIONAL CENTER FOR EDUCATION STATISTICS WILL PUBLISH INFORMATION APPEARING IN PART II, TOTAL COLUMN 'A' UNLESS THE DISTRICT SPECIFICALLY WITHHOLDS AUTHORITY TO DO SO. IF THE DISTRICT WISHES TO WITHHOLD SUCH AUTHORITY, CHECK HERE.			
			<input type="checkbox"/> AUTHORITY WITHHELD

A. FULL-TIME STAFF

ACTIVITY ASSIGNMENT CLASSIFICATION	RACE/ETHNICITY														TOTALS (COLUMNS A-N)
	HISPANIC OR LATINO		NON-HISPANIC ORIGIN												
			MALE						FEMALE						
	MALE A	FEMALE B	WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	
1. Officials, Administrators, Managers	0	1	5	2	1	0	0	0	12	1	0	0	0	0	22
2. Principals	0	0	12	2	0	0	0	0	13	10	1	0	0	0	38
3. Assistant Principal, Teaching	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Assistant Principals, Non teaching	0	0	30	4	0	0	0	0	26	11	0	0	0	0	71
5. Elementary Classroom Teachers	3	7	64	5	0	0	0	0	532	78	7	4	2	1	703
6. Secondary classroom Teachers	6	18	297	49	2	2	0	1	452	132	8	3	1	5	976
7. Other Classroom Teachers	0	1	6	7	0	0	0	0	60	7	0	0	0	1	82
8. Guidance	0	0	9	7	1	0	0	0	25	31	2	1	0	0	76
9. Psychological	0	0	6	0	0	0	0	0	14	12	0	0	0	1	33
10. Librarians /Audio Visual Staff	0	0	6	0	0	0	0	0	27	3	0	0	0	0	36
11. Consultants & Super-visors of Instruction	0	2	10	2	0	0	0	0	27	10	0	0	0	0	51
12. Other Professional Staff	0	3	39	10	1	1	0	0	172	61	6	1	0	0	294
13. Teachers Aids	2	6	22	39	2	0	0	0	257	151	7	0	3	2	491
14. Technicians	0	0	23	4	2	0	0	0	13	3	1	0	0	0	46
15. Clerical/Secretarial Staff	1	7	1	1	0	0	0	0	119	71	2	0	2	0	204
16. Service Workers	2	1	46	140	1	2	2	0	37	76	0	0	2	0	309
17. Skilled Crafts	1	0	15	1	0	0	1	0	0	0	0	0	0	0	18
18. Laborers, Unskilled	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
19. TOTAL (Lines 1-18)	15	46	592	274	10	5	3	1	1786	657	34	9	10	10	3452

B. PART-TIME STAFF

20. Professional Instructional	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
21. All Other	0	3	1	5	0	0	0	0	49	36	7	0	0	0	101
22. TOTAL (Lines 20-21)	0	3	1	5	0	0	0	0	50	36	7	1	0	0	103

C. NEW HIRES (JULY THRU SEPT. OF THE SURVEY YEAR)

23. Officials, Administrators, Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Principals/Asst. Principals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Classroom Teachers	0	5	36	14	0	0	0	0	101	29	3	0	0	5	193
26. Other Professional Staff	0	0	1	1	1	0	0	0	8	6	1	0	0	1	19
27. Nonprofessional Staff	1	2	6	16	1	0	0	0	16	27	1	0	1	2	73
28. TOTAL (Lines 23-28)	1	7	43	31	2	0	0	0	125	62	5	0	1	8	285

CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

DATE	PHONE	Email	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL	SIGNATURE	<input checked="" type="checkbox"/>			
11/30/2016	301-934-7201	cthorne@ccboe.com	Crissy Thorne/HR Generalist					