

Superintendent's Office 364 S. Park Street Walla Walla, WA 99362 (509) 527-3000 www.wwps.org

December 20, 2019

Catherine Slagle, Director Office of Professional Practices Office of Superintendent of Public Instruction Old Capitol Building P.O. Box 47200 Olympia, WA 98504-7200 RECEIVED

DEC 2 3 2019

Office of Professional Practices

RE: Complaint Per Chapter 181-87 WAC Michael Jones – Certificate No. 301464D

Dear Director Slagle:

On October 29, 2019 I was made aware of potential inappropriate and/or unprofessional conduct by a current Walla Walla Public School District teacher, Michael Jones, toward a student. The district promptly interviewed the alleged student victim and Mr. Jones. Following the two interviews, Mr. Jones was immediately placed on paid administrative leave. While on leave, I directed my staff to consult with our attorney and launch a thorough investigation into the allegation received. An outside investigator was acquired to ensure a thorough review into the matter, which included multiple interviews of current and former students, staff, and the teacher.

Yesterday I received a copy of the investigation report that highlights behavior that I believe sufficiently meets the threshold to file a complaint pursuant to Chapter 181-87 WAC. I request that your office take prompt action to review our investigative findings to determine if his actions violated professional standards.

Should you need any additional information or have any questions, please feel free to contact me.

Sincerely,

Wade Smith, Ed.D Superintendent cc: Personnel File Michael Jones



SUPERINTENDENT OF PUBLIC INSTRUCTION

Chris Reykdal Old Capitol Building · PO BOX 47200 · Olympia, WA 98504-7200 · http://www.k12.wa.us

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 301146D

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

Name: Michael Jones

Certificate No. 301464D

I acknowledge, that by signing this voluntary surrender of my education certificate, I agree not to seek reinstatement of my educational certificate in the state of Washington.

Dated this day of	September , 2021.
Office of Professional Practices OSPI	Michael G. Jones Printed Name Michael G. Jones
OCT 07 2021	2a2
RECEIVED	Address
	City, State, Zip
	a and c t ther

SUBSCRIBED AND SWORN to before me this 22nd day of Septem, 20 21.

Washington

Notary Public in and for the state of

	Residing at 10 30 Fer	Ave Wallau	Ualla, WA 99362
My commission expires	6/27/2025	Debra R Williams Notary Public State of Washington My Appointment Expires 6/27/2025 Commission Number 193429	

OPP NO. D20-01-002 / Michael Jones

Redaction Log

Total Number of Redactions in Document: 2

Redaction Reasons by Page

Page	Reason	Description	Occurrences
2	2a	RCW 42.56.250(4); RCW 42.56.250(11); RCW 42.56.230(3); RCW 42.56.230 (7)(a); RCW 42.56.050; RCW 42.56.070(1); RCW 49.60.040(26); RCW 51.12.035; RCW 51.28.070; RCW 51.04.063(13); RCW 42.56.250(8). The following information held by any public agency in personnel records, public employment related records, volunteer rosters, or included in any mailing list of employees or volunteers of any public agency is exempt from disclosure: Residential addresses, residential telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.	2

Redaction Log

Redaction Reasons by Exemption

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