

## FLOYD COUNTY BOARD OF EDUCATION Danny Adkins, Superintendent 106 North Front Avenue Prestonsburg, Kentucky 41653 Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

Sherry Robinson- Chair - District 5 William Newsome, Jr., Vice-Chair - District 3 Linda C. Gearheart, Member - District 1 Dr. Chandra Varia, Member- District 2 Rhonda Meade, Member - District 4

Action/Discussion Item: Approve to hire Karen Vhite as a contract evaluation expert for visually impaired children for he remainder of the 2019-20 school year.

Applicable Statutes or Regul tions: KRS 158.44 0 and 160.290 Powers and Duties of the Board.

Background and major Polic v Implications: In he past, Floyd County School District had an employee certified to provide Orientation and Mobility evaluations to visually impaired children. That employee has since retire l. When a child is visually impaired, it is required that a person certified in Orientation and Mobility to assess if they need walking aids, or services.

Fiscal Budgetary Impact: There is money set aside in the IDEA budget for testing of special needs children. Mrs. White charges 100 dollars and hour for her assessments. We currently have two children that require testing for Orientation and Mobility.

Alternatives: None proposed

Recommended Action: Approve as presented.

Contact Person: Larry Begley, Director of District Wide Services 606.886.4539

Date: 8/3/2019

Superintendent

Directo -DWS

# ACVREP

Academy for Certification of Vision Rehabilitation & Education Professionals

This is to certify that

### KAREN WHITE

Has met all the requirements established to become a

CERTIFIED ORIENTATION AND MOBILITY
SPECIALIST (COMS)

Certification Number: 4529

Recertification Date: September 30, 2018

Expiration Date: September 30, 2023

Albert M Damelio IV, ACVREP Chairperson

Athlean Zaider Procident



550 Polaris Parkway, Suite 300 Westerville, Ohio 43082 614-895-2000

www.centurysurety.com

#### **CERTIFICATE OF INSURANCE**

Named Insured:

Karen L White

2066 West Tunnel Hill Road Owingsville, KY 40360

This Certificate is provided only for information purposes and confers no rights upon the certificate holder. It does not amend, extend, reduce or otherwise alter the coverage afforded by the policy shown below, nor does it constitute a contract between this insurance company, or its authorized representative or producer, and the certificate holder.

iMPORTANT: if the Certificate holder is an additional insured, the policy must be endorsed.

Producer:

Name: Richard F. Jones Jr. Address: P.O. Box 418131

City, State Zip: Kansas City, MO 64141-9131

Policy No.: PED0264109

Policy Effective Date: 08/25/2019
Policy Expiration Date: 08/25/2020

ID No.: 31942

Coverages: This certifies that the policy of insurance shown below was issued to the Named Insured above for the policy period stated herein, commencing with the policy effective date and concluding with the policy expiration. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of such policy in spite of any requirement, term or condition of any other contract or document with respect to which this Certificate may pertain. The Limit of Liability shown below may have been reduced by paid Claims.

Private Educators Professional Liability (Claims Made)	Off Premises Liability
Limit of Liability:	Limit of Liability:
\$ 1,000,000 Per Claim Limit of Liability \$ 1,000,000 Aggregate Limit for all Claims	\$ <u>N/A</u> Per Claim Limit of Liability \$ <u>N/A</u> Aggregate Limit for all Claims
Deductible: \$ 1.000	Deductible: \$ N/A
10.60	

Cancellation: In the event the above described policy is cancelled before the expiration date shown above, notice of cancellation will be delivered in accordance with the policy provisions.

Date Issued: 07/06/2019

Richel F. force

Authorized Representative



550 Polaris Parkway Suite 300 Westerville, Ohio 43082 614-895-2000

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#### **DECLARATIONS PAGE**

#### PRIVATE PRACTICE EDUCATORS PROFESSIONAL LIABILITY POLICY

THIS IS	A CLAIMS	MADE AND	DEFENSE	WITHIN LIMITS
	POLICY, PL	<b>FASE REA</b>	DIT CARE	FIJI ( Y

Limits of Liability may be reduced or completely exhausted by Defense Expenses, as defined in the policy.

 Policy No:
 PED0264109

 Association:
 AER

 Client ID:
 31942

 Renewal of:
 PED0264109

In consideration of the payment of premium when due, it is agreed and understood that, solely with respect to the Insured(s) set forth in Item #1 of this Declarations, the PRIVATE EDUCATORS PROFESSIONAL LIABILITY POLICY on Form 44 10 PL applies as specified.

ITEM 1. Named Insured and Address (number, street, city, county, state and zip code)
Karen L White
2066 West Tunnel Hill Road
Owingsville, KY 40360

ITEM 2.	Policy Period ( MM/ At 12:01 AM at the address	•	ove.		3/25/2020 piration Date
ITEM 3.	Retroactive Date:	08/25/2006	_		
Producer's	Name & Address:			Richard F. Jones, Jr., Agent / Broker c/o FORREST T. JONES & COMPANY, INC. P.O. Box 418131 Kansas City, MO 64141-9131 Phone: (800) 821-7303	
l. Private 3. Private	Educators Profession Educators Profession	al Liability Ac	cts o	s, Charges and Expenses ): r Omissions Per Claim Limit of Liability: r Omissions Aggregate Limit for all Claims:	\$ <u>1,000,000</u> \$ <u>1,000,000</u>
. Off-Prem	nises Liability Coverage	Per Claim Lir	nit fo	r each Occurrence	N/A
Off-Pre Covera all Clai	ge Aggregate Limit for	<u>N/A</u>	E.	Per Claim and Aggregate Limit for all Claims for activities as a Board of Certification member:	\$ <u>25,000</u>
	im and Aggregate Limit al Misconduct Defense	\$ <u>25,000</u>	G.	Per Claim and Aggregate Limit for Psychologists & Counselors Defense Expense	\$ <u>N/A</u>

Coverage:

Date Prepared: 07/06/2019

Page 1 of 2

Coverage:



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#### **CERTIFICATE OF INSURANCE**

Named Insured:

Karen L White

2066 West Tunnel Hill Road Owingsville, KY 40360

This Certificate is provided only for information purposes and confers no rights upon the certificate holder. It does not amend, extend, reduce or otherwise alter the coverage afforded by the policy shown below, nor does it constitute a contract between this insurance company, or its authorized representative or producer, and the certificate holder.

IMPORTANT: If the Certificate holder is an additional insured, the policy must be endorsed.

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Name: Richard F. Jones Jr. Address: P.O. Box 418131

City, State Zip: Kansas City, MO 64141-9131

Policy No.: PED0264109

Policy Effective Date: 08/25/2019 Policy Expiration Date: 08/25/2020

ID No.: 31942

Coverages: This certifies that the policy of insurance shown below was issued to the Named Insured above for the policy period stated herein, commencing with the policy effective date and concluding with the policy expiration. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of such policy in spite of any requirement, term or condition of any other contract or document with respect to which this Certificate may pertain. The Limit of Liability shown below may have been reduced by paid Claims.

Private Educators Professional Liability (Claims Made)	Off Premises Liability
Limit of Liability:	Limit of Liability:
\$ 1.000,000 Per Claim Limit of Liability \$ 1.000,000 Aggregate Limit for all Claims	\$ <u>N/A</u> Per Claim Limit of Liability \$ <u>N/A</u> Aggregate Limit for all Claims
Deductible: \$ 1.000	Deductible: \$ <u>N/A</u>

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İ	provisions.

Date Issued: 07/06/2019

Richel F. Joseph Authorized Representative



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#### **DECLARATIONS PAGE**

#### PRIVATE PRACTICE EDUCATORS PROFESSIONAL LIABILITY POLICY

THIS IS A CLAIMS MADE AND DEFENSE WITHIN LIMIT POLICY. PLEASE READ IT CAREFULLY.	ΓS
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Policy No: PED0264109 Association: AER 31942 Client ID: PED0264109 Renewal of:

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ITEM 1. Named Insured and Address (number, street, city, county, state and zip code) Karen L White 2066 West Tunnel Hill Road Owingsville, KY 40360 ITEM 2. Policy Period (MM/ DD / YY) 08/25/2019 08/25/2020 At 12:01 AM at the address shown Item 1, above. Inception Date **Expiration Date** ITEM 3. Retroactive Date: 08/25/2006 Producer's Name & Address: Richard F. Jones, Jr., Agent / Broker c/o FORREST T. JONES & COMPANY, INC. P.O. Box 418131 Kansas City, MO 64141-9131 Phone: (800) 821-7303 ITEM 4. Limits of Liability (including Defense Costs, Charges and Expenses): A. Private Educators Professional Liability Acts or Omissions Per Claim Limit of Liability: \$ <u>1,000,000</u> B. Private Educators Professional Liability Acts or Omissions Aggregate Limit for all Claims: \$ 1,000,000 C. Off-Premises Liability Coverage Per Claim Limit for each Occurrence N/A D. Off-Premises Per Claim and Aggregate Limit for all Claims Liability N/A \$ 25,000 Coverage Aggregate Limit for

ali Claims: F. Per Claim and Aggregate Limit \$ 25,000 for Sexual Misconduct Defense Coverage:

for activities as a Board of Certification member:

Per Claim and Aggregate Limit for Psychologists & Counselors Defense Expense Coverage:

S N/A

Date Prepared: 07/06/2019

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