

Kenton County School District | It's about ALL kids.

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

July 22, 2020

AGENDA ITEM (ACTION ITEM):

Consider/Approve The contract from Pamela Pitts for L'BAE Boundless after school program to address social emotional learning for Turkey Foot Middle School. Services will be provided through the Youth Service Center as part of the Youth Service Centers grant under Family Crisis and Mental Health Counseling component.

APPLICABLE BOARD POLICY:

01.11 General Powers and Duties of the Board

HISTORY/BACKGROUND:

Each school year Pamela Pitts has been leading and after school program for students to address social and emotional needs as part of the Youth Service Center Family Crisis and Mental Health Counseling component. The group will consist of up to 15 students and will meet 25 times either in person or virtually.

FISCAL/BUDGETARY IMPACT:

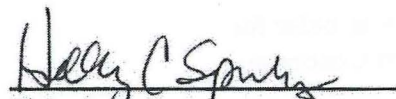
\$2500 TFMS Youth Service Center Grant Funds

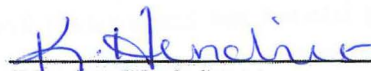
RECOMMENDATION:

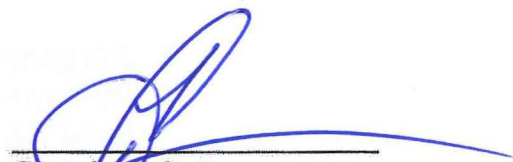
Approval of The contract from Pamela Pitts for L'BAE Boundless after school program to address social emotional learning for Turkey Foot Middle School. Services will be provided through the Youth Service Center as part of the Youth Service Centers grant under Family Crisis and Mental Health Counseling component..

CONTACT PERSON:

Stephanie Watson


Principal


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn
"The Kenton County Board of Education provides Equal Education & Employment Opportunities."

PAMELA PITTS

2716 WASHINGTON AVE.

CINCINNATI, OHIO 45231

(513)655-8000

E-mail: Lbaestudio11lc@gmail.com

Service Provision Agreement

Pamela Y. Pitts, (Provider) and Kenton County Independent School District at Turkey Foot Middle School (KCISD/TFMS), 3230 Turkey foot Road, Edgewood, Kentucky 41017 enter into the following agreement:

1. Provider will provide a one (1 .0) hour Inspirational/Motivation Education program VIRTUALLY!
L'BAE (Living Blessed and Empowered) Boundless Conception (Social Talk for Adolescents) to promote Inspiration, Motivation, and a Positive Mindset to address Self-Esteem, Anti-Bullying, Family Crisis, School Attendance, Hygiene, Social Media, Interpersonal Skills, and Abuse (substance/physical) per week (25 weeks/25 hours). Sessions will begin (Tuesday September 1st, 2020- Tuesday February 9th, 2021)
2. Provider will provide copies of education/licensures to KCISD/TFMS.
3. Provider will comply with all H.I.P.A.A. standards
4. Provider will comply with all F.E.R.P.A. standards
5. KCISD/TFMS will identify the students in need of Inspiration/Motivation.
6. KCISD/TFMS will provide necessary parental consents in order for the L'BAE (Living Blessed and Empowered) Boundless Conception Social Talk for Adolescents to be provided.
7. KCISD/TFMS will provide a space at Turkeyfoot Middle School and the necessary supplies and equipment to provide Inspiration/Motivational services.

8. KCISD/TFMS will provide statistical data including but not limited to attendance, grades, discipline, and suspension reports.
9. KCISD/TFMS will maintain general liability insurance coverage. To the extent not covered and paid by KCISD/TFMS'S liability insurance, KCISD/TFMS agrees that it shall be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and [or indemnify from any loss, damage, claim, or expense incurred by KCISD/TFMS not based solely on the negligence, errors, or omissions by Provider related to the performance of services conducted by Provider pursuant to this agreement.
10. KCISD/TFMS will comply with all H.I.P.A.A. standards.
11. KCISDIFFMS will comply with all F.E.R.P.A. standards
12. The term of this agreement is from August 3rd, 2019- August 3rd, 2021 and may be terminated at any time by either party with a thirty (30) day written notice.
13. For the services listed in Point 1. Above, KCISD/TFMS will pay Provider \$2,500.00, payable in weekly/\$100.00 installments or one full check at the completion of the 25-week sessions. Provider will issue an invoice to KCISD/TFMS on a Weekly basis or at the end of the 25-week sessions.
14. Both parties agree to comply with all applicable federal, state, and local laws, rules, and regulations.
15. This document constitutes the entire agreement between Pamela Y. Pitts (Provider) and Kenton County Independent School District at Turkeyfoot Middle School (KCISD/TFMS) with respect to all matters herein. This document may be amended in writing whereas such amendments shall be signed by both Pamela Y. Pitts, and Kenton County Independent School District at Turkeyfoot Middle School (KCISD/TFMS).

For-Provider:


Pamela Pitts

Date 7-17-20

For Kenton County Independent School District at Turkey Foot Middle School:

Stephanie Watson

Date 7/22/20

Stephanie Watson, Youth Service Center Coordinator

PAMELA PITTS Founder/Provider

2716 Washington Ave.

CINCINNATI, OHIO 45231

(513) 885-1843/655-8000 E-mail: Lbaestudio1llc@gmail.com

BILLING INVOICE: TFMS-2020/21 (September 1st - February 9th, 2021)

L'BAE (LIVING BLESSED AND EMPOWERED) BOUNDLESS
CONCEPTION SOCIAL TALK FOR ADOLESCENTS
INSPIRATIONAL/MOTIVATION EDUCATION SERVICES

TOTAL HOURS

25 hours

TO BE PAID:

\$2,500.00



PAMELA PITTS
2716 WASHINGTON AVE
CINCINNATI OH 45231-1545

State Farm Fire and Casualty Company

IMPORTANT NOTICE

Policy Information

Policy number: 95-EY-F184-6

February 27, 2020

We're contacting you about the above State Farm® policy.

Your Declarations, Coverage Form booklet and applicable endorsements are enclosed. PLEASE REVIEW YOUR COVERAGE SELECTIONS CAREFULLY. If you have any questions concerning the coverage listed on your Declarations, or you believe any information is incorrect, please contact your State Farm agent right away.

By payment of the applicable premium and acceptance of this coverage, you agree to the terms and conditions of the policy and acknowledge that the Declarations accurately represents your choices of the type and amounts of coverage desired.

Your new Declarations replaces any insurance binder you may have received. You should keep any insurance binder, the Declarations, Coverage Form booklet and applicable endorsements with your important papers.

This is not a bill. The policy premium is being added to your new billing account (see enclosed Billing and Payment Account Agreement).

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.

If you have any questions, call your State Farm Agent Shelonda Payton at 513-793-4311. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

CC: Shelonda Payton
35-3715



PAMELA PITTS
2716 WASHINGTON AVE
CINCINNATI OH 45231-1545

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

Your State Farm Agent

Shelonda Payton
S Payton Ins and Fin Svcs Inc
8106 Plainfield Road
Cincinnati OH 45236-2413
Bus: 513-793-4311
Email: shelonda.payton.ne8q@statefarm.com

Declarations

Policy number: 95-EY-F184-6

Policy period: 12 months

The policy period begins and ends at 12:01 am standard time at the premises location.

Effective date: February 18, 2020

Expiration date: February 18, 2021

HAIR SALON, DAY SPA AND BARBER POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

PAMELA PITTS
2716 WASHINGTON AVE
CINCINNATI OH 45231-1545

ENTITY

Sole Proprietorship-Individual

IMPORTANT MESSAGE(S)

Construction: masonry Zone:09 Subzone:01

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below is the 12 months premium(s) for the characteristics of the policy as described in this Declarations.

Total Premium: \$325.00

Minimum Premium

Discounts applied:

Business Experience Rating

Years in Business

Renewal Discount

Business in Residence Premises

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Building	Limit of Insurance* Coverage B - Business Personal Property	Seasonal increase - Business Personal Property
001	2539 Grant Ave Cincinnati OH 45231-1319	No Coverage	\$12,600	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index:	N/A
Cov B - Consumer Price Index:	257.3

SECTION I - DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Employee Dishonesty:	\$250
Equipment Breakdown:	\$1,000
Money and Securities:	\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Brands and Labels	\$25,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss

Coverage	Limit of Insurance
Employee Equipment (applies only to those premises provided Coverage B - Business Personal Property)	
On Premises (per occurrence)	\$5,000
On Premises (per employee)	\$1,000
On Premises (per piece)	\$500
Off Premises (per occurrence)	\$2,500
Off Premises (per employee)	\$1,000
Off Premises (per piece)	\$500
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money Orders and Counterfeit Money	\$1,000
Money and Securities	
On Premises	\$10,000
Off Premises	\$5,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500

Coverage	Limit of Insurance
Valuable Papers and Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Dependent Property - Loss of Income	\$5,000
Employee Dishonesty	\$10,000
Loss of Income and Extra Expense	12 Months Actual Loss Sustained
Utility Interruption - Loss of Income	\$10,000

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	2539 Grant Ave Cincinnati OH 45231-1319

SECTION II - LIABILITY

Coverage	Limit of Insurance
Barbers, Cosmetologists, and Estheticians Professional Liability	\$1,000,000
Coverage L - Business Liability Per Occurrence	\$1,000,000
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000

Aggregate Limits	Limit of Insurance
Products/Completed Operations Liability-Annual Aggregate	Excluded
General Aggregate	\$2,000,000
Professional Aggregate	\$1,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS


CMP-4100	Businessowners Coverage Form
CMP-4235.1	Amendatory Endorsement (Ohio)
CMP-4402	Barbers, Cosmetologists, and Estheticians Professional Liability
CMP-4561.1	Policy Endorsement
CMP-4703.1	Utility Interruption - Loss of Income
CMP-4704.1	Dependent Property - Loss of Income
CMP-4705.2	Loss of Income and Extra Expense
CMP-4709	Money and Securities
CMP-4710	Employee Dishonesty
CMP-4825	Brands and Labels
CMP-4826	Employee Equipment Coverage
CMP-4845	Exclusion - Products - Completed Operations Hazard
FD-6007	Inland Marine Attaching Declarations
FE-3650	Actual Cash Value Endorsement
FE-6999.2	Policyholder Disclosure Notice of Terrorism Insurance Coverage

This policy is issued by the State Farm Fire and Casualty Company.

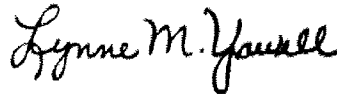
PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



President



Secretary