

EXPLANATION: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. AGENCIES CANNOT REQUIRE A PARTICULAR REQUEST FORM ALTHOUGH THEY MUST ACCEPT THE RECORDS REQUEST FORM CREATED FOR USE BY THE OFFICE OF THE ATTORNEY GENERAL VIA REGULATIONS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Inspection of Board Records

INSPECTION OF RECORDS

Residents* of the Commonwealth desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office.

The principal office of the District is located at _____.

The official custodian/designee to whom requests for access to records should be submitted is at _____ and email address is _____.

Fees for hard copies shall be 10 cents a page. Fees for other media (if applicable) shall be based on actual cost to the District.

The requesting party shall submit a written application that shall:

- be signed;
- include the applicant's name printed legibly;
- include mailing address (and email address if applicable); and
- include a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.*

The applicant shall hand deliver, mail, send via facsimile, or send via email the written application to the custodian/designee at the above address describing the records the applicant wishes to access. Written requests comporting with the above or the written form set forth in regulation by the Kentucky Attorney General may be utilized by the requesting party.

Unless a longer period applies under state law or Executive Order, a response by or on behalf of the District is due within five (5) days (not including weekends or holidays) of receipt of the request. If records are in active use or storage or otherwise unavailable, the District response will explain in detail the cause for a delay beyond five (5) days and state the earliest date on which the records will be available. Requests may be denied if the records are exempt from disclosure under KRS 61.878 or if the request imposes an unreasonable burden or is intended to disrupt essential functions of the District as provided in KRS 61.872.

A resident of the Commonwealth may inspect public records during regular office hours. If s/he resides outside the county and precisely describes the responsive records, s/he may receive responsive, nonexempt records by mail upon the District's receipt of copying fees and costs of mailing.

Formatted: Font: Not Bold, No underline

Formatted: sideheading, Space After: 0 pt

Formatted: ksba normal

Formatted: ksba normal, Not Small caps

Formatted: Space After: 6 pt, Bulleted + Level: 1 +
Aligned at: 0.25" + Indent at: 0.5", Font Alignment: Auto

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

Formatted: policytext, Space Before: 6 pt, After: 4 pt

Formatted: policytext, Space Before: 6 pt, After: 4 pt, Tab
stops: Not at 6.5"

Inspection of Board Records**INSPECTION OF RECORDS (CONTINUED)**

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

^aResident is defined under KRS 61.870(10) as: an individual residing in the Commonwealth; a domestic business entity with a location in the Commonwealth; a foreign business entity registered with the Kentucky Secretary of State; an individual that is employed and works at a location or locations within the Commonwealth; an individual or business entity that owns real property within the Commonwealth; any individual or business entity that has been authorized to act on behalf of an individual or business entity described above; or a news-gathering organization as defined in KRS 189.635(8)(b)1.a. to e.

Formatted: Space After: 6 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

Public Access

~~RECORDS OF THE BOARD, EXCEPT THOSE SPECIFICALLY EXEMPTED BY STATUTE, ARE OPEN TO PUBLIC INSPECTION AT THE OFFICE OF THE SUPERINTENDENT. PERSONS DESIRING TO EXAMINE RECORDS THAT ARE NOT EXEMPT FROM PUBLIC DISCLOSURE MAY DO SO DURING REGULAR WORKING HOURS. REGULAR WORKING HOURS SHALL BE POSTED AT THE MAIN ENTRANCE OF THE CENTRAL OFFICE AND OF EACH SCHOOL BUILDING, AS APPROPRIATE.~~

Records exempted from public access include:

- ~~1. Records of a personal nature where public disclosure is an invasion of personal privacy.~~
- ~~— Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.~~
- ~~1. Records or negotiation of real estate transactions until such time as property has been acquired.~~
- ~~1. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.~~
- ~~1. Preliminary drafts and recommendations.~~
- ~~1. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.~~
- ~~1. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.~~
- ~~1. Emergency plan and diagram of a school.~~

Records Requested From:

Records Custodian: _____

District Name: _____

District Address: _____

Records Requested By:Name (**MUST BE PRINTED**): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

*Signature of Person Requesting Record(s)**Month/Day/Year***Please attach requests made by letter, email, or FAX to this form.**

REQUEST TO EXAMINE AND/OR COPY DISTRICT RECORDS

~~Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.~~

~~Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.~~

~~NOTE: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.~~

For Office Use Only

Records Request received by _____ Date _____

Records Request referred to (if applicable) _____ Date _____

Records Request complied with by _____ Date _____

EXPLANATION: REPEAL OF 702 KAR 6:045 ALLEVIATES SOME OF THE ADMINISTRATIVE BURDEN ON SCHOOL DISTRICTS WHILE PRESERVING THE SAFETY OF SCHOOL NUTRITION PROGRAMS AS, UNDER CURRENT LAW, THE FOOD SERVICE STAFF FOR SCHOOL DISTRICTS PARTICIPATING IN FEDERAL CHILD NUTRITION PROGRAMS ARE SUBJECT TO LOCAL, STATE, AND FEDERAL TRAINING REQUIREMENTS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: REVISIONS TO 702 KAR 5:080 REQUIRE ALL SCHOOL BUS DRIVERS, STUDENT TRANSPORTATION TECHNICIANS, AND EMPLOYEES THAT TRANSPORT STUDENTS TO RECEIVE BASIC FIRST AID AND CPR TRAINING.

FINANCIAL IMPLICATIONS: COST OF ADDITIONAL TRAINING

PERSONNEL

03.19 AP.23

District Training Requirements**SCHOOL YEAR:** _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training required for Principal selection.	KRS 160.345	02.4244			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		

PERSONNEL

03.19 AP.23

(CONTINUED)

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situations.	KRS 156.095	03.19/03.29			✓	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such.	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
<u>First Aid and Cardiopulmonary Resuscitation (CPR) Training.</u>	<u>702 KAR 5:080</u>	<u>06.221</u>			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	702 KAR 6:045 KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Minimum of one (1) hour in-person, live stream, or via video recording every year including the recognition of signs and symptoms of possible mental illness. New hires during off year to receive suicide prevention materials to review. [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]	KRS 156.095; KRS 158.070	09.22			✓	
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22			✓	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.154; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 7:160	09.2212		✓	✓	
Personnel training child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	09.227	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341			✓	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for Response to Intervention upon District request.	KRS 158.305				✓	

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky Records Retention/Public School District Schedule.

EXPLANATION: REVISIONS TO 702 KAR 5:080 INCLUDE REPORTING REQUIREMENTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.21 AP.254

Driving Record Violations and Personnel Actions

NEW/RETURNING SCHOOL BUS DRIVERS

The District shall perform a driving history check on school bus drivers prior to initial employment and after a break in service (excluding summers). Decisions to employ or re-employ an individual shall be contingent on receipt of records revealing no driving history convictions that would, as determined by the Superintendent, affect the individual's ability to perform the job. Driver applicants and current drivers are subject to checks of the Federal Motor Carrier Safety Administration Clearinghouse (FMCSA) and related rules as described in Policy 06.221.

A person shall not be employed as a school bus driver if convicted within the past five (5) years of driving a motor vehicle under the influence or driving while intoxicated.

CURRENT EMPLOYEES

Current bus drivers shall undergo driving records checks at intervals determined by Board policy. Those whose driving record checks reveal the following violations are subject to appropriate disciplinary action, up to and including, termination/nonrenewal.

1. Speeding/major - speeding more than sixteen (16) miles per hour faster than the speed limit within the last two (2) years;
2. Speeding/minor – speeding less than sixteen (16) miles faster than the speed limit more than once within the last two (2) years;
3. Collision resulting in a citation being issued to applicant for being at fault;
4. Under the influence of alcohol or any illegal drugs while on duty or with remaining driving responsibilities that same day;
5. Revocation of driver's license;
6. Conviction for driving under the influence (DUI) ~~or driving while intoxicated (DWI)~~;
~~4-7.~~ Conviction for reckless driving;
- ~~2-8.~~ Citation for any moving motor vehicle violation including driving under the influence (DUI) ~~or driving while intoxicated (DWI)~~ and reckless driving;
- ~~3-9.~~ Citation for violation of state or local law governing motor vehicle traffic control other than a parking violation;
- ~~4-10.~~ Conviction for a felony sex crime or as a violent offender as defined in KRS 17.165;
- ~~5-11.~~ Failure to notify the Superintendent if the classified employee has been found by the Cabinet for Health and Family Services to have abused or neglected a child, and if the employee has waived the right to appeal such a substantiated finding or the finding has been upheld upon appeal; or
- ~~6-12.~~ Other criminal or moving vehicle violation, as determined by Superintendent/
designee to bear a reasonable relationship to the ability of the individual to perform the job.

NOTE: 702 KAR 5:080 requires school bus drivers to immediately report to the Superintendent/designee any violations falling under points five through nine (5-9) above.

Formatted: Space After: 3 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.4" + Indent at: 0.65", Font Alignment: Auto

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.4" + Indent at: 0.65", Font Alignment: Auto

Formatted: Space After: 3 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.4" + Indent at: 0.65", Font Alignment: Auto

EXPLANATION: HB 378 (2019) REVISED KRS 156.160 TO REQUIRE DISTRICTS TO AWARD CREDIT, INCLUDING PARTIAL CREDIT, FOR ALL COURSEWORK SATISFACTORILY COMPLETED BY A HOMELESS STUDENT WHILE ENROLLED AT ANOTHER SCHOOL, ALLOW HOMELESS STUDENTS TO THE EXTENT PRACTICABLE TO COMPLETE THE COURSE AT NO COST TO THE STUDENT; AWARD A DIPLOMA AT THE HOMELESS STUDENT'S REQUEST BY A DISTRICT FROM WHICH THE STUDENT TRANSFERRED, AND EXEMPT THE HOMELESS STUDENT FROM ALL COURSEWORK AND OTHER REQUIREMENTS IMPOSED BY A LOCAL BOARD THAT ARE IN ADDITION TO THE MINIMUM STATE REQUIREMENTS FOR HIGH SCHOOL GRADUATION. ADDITIONALLY, AMENDMENTS TO 704 KAR 7:090 REQUIRE THE DISTRICT TO SUPPORT HOMELESS CHILDREN AND YOUTH AND HAVE WRITTEN PROCEDURES FOR SUCH.

FINANCIAL IMPLICATIONS: COST OF HOMELESS STUDENT'S COURSEWORK

STUDENTS

09.12 AP.25

Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

1. awarding and accepting of credit, including partial credit, for all coursework satisfactorily completed by a student while enrolled at another school;
2. allowing a student who was previously enrolled in a course required for graduation the opportunity, to the extent practicable, to complete the course, at no cost to the student, before the beginning of the next school year;
3. awarding a diploma, at the student's request, by a district from which the student transferred, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate from the district to which the student transfers, but meets the graduation requirements of the district from which the student transferred; and
4. exempting the student from all coursework and other requirements imposed by the Board that are in addition to the minimum requirements for high school graduation established by the Kentucky Board of Education in the district to which the student transfers, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate both from the district to which the student transfers and the district from which the student transferred.

Formatted: ksba normal, No underline

Formatted: ksba normal

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5", Font Alignment: Auto

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

Formatted: ksba normal

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

Consistent with KRS 156.160, and to the extent feasible, homeless children and unaccompanied youth shall be awarded credit, including partial credit, for all coursework satisfactorily completed,

To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing:

1. the tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth;
2. the consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth;

Formatted: Default Paragraph Font

Formatted: sideheading

Formatted: ksba normal, Font: 12 pt

Formatted: Justified, Space After: 6 pt, No bullets or numbering

Formatted: ksba normal, Font color: Black, Not Small caps

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: Justified, Indent: Left: 0.25", Space After: 6 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at:

Formatted: ksba normal, Font: 12 pt

Homeless Children and Unaccompanied Youth

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)

3. how the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs;
4. the ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:
 - a) identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;
 - b) requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness; and
 - c) granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness.
5. how and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160; and
6. the required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment.

REFERENCES:

KRS 156.160
704 KAR 7:090
42 U.S.C. § 1143

RELATED POLICY:

08.113

Formatted: sideheading, No bullets or numbering

Formatted: Default Paragraph Font, Font: Bold, No

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: Justified, Indent: Left: 0.25", Space After: 6 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at:

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: Justified, Space After: 6 pt, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: 12 pt

Formatted: Justified, Indent: Left: 0.25", Space After: 6 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at:

Formatted: policytext, Indent: Left: 0.25", Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: ksba normal, Font: 12 pt

Formatted: ksba normal, Font: Not Bold, Font color: Auto

Formatted: ksba normal, Not Small caps

EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

Student Medication Guidelines

Medication guidelines will refer to both prescription and non-prescription medications.

DEFINITIONS

1. **Medication** - Refers to both prescription and non-prescription medicines.
2. **Prescription Medication** - Medicine prescribed for an individual by a licensed prescriber.
3. **Non-prescription Medication** - Medicine which may be obtained over-the-counter without a prescription from a licensed prescriber.
4. **Licensed Prescriber** - A physician, dentist, advanced nurse practitioner, or other health care provider who is authorized to prescribe either prescription or non-prescription medications.
5. **Administration** – Assisting a student in the ingestion, application, or inhalation of medication according to directions of the licensed prescriber; monitoring the self-administration of medication, including prescription medication.
6. **Self-Management** – Self-administration of own medication by a student in school, once it has been established that the student is competent to do so. This is to be determined by the student’s physician, the parent/guardian, and the District nurse.
7. **Monitoring** – Direct visual observation that medication was taken specifically as prescribed, recording the action on the Daily Medication Log, and notification of adverse side-effects to the District nurse or physician.

GENERAL MEDICATION REQUIREMENTS

Medications should be given at home if at all possible. However, in those instances where it is necessary that medication be given during the school day, the following procedures must be followed before any type of medication can be given:

1. A “Permission for Prescribed or Over-the-Counter Medication” form must be on file in the main office. The form must be signed and dated by the parent and legal guardian.
2. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and ~~injectable epinephrine devices~~ ~~EpiPens~~) and medications approved for students to carry for self-medication purposes, all medications will be kept and dispensed out of a locked, safe, secure location as determined by the Principal and District nurse.
3. Any medication given during school hours will be documented on the “Daily Medication Log” form. Initials and signatures of the person dispensing the medication must be written in ink at the bottom of the log page.
4. Students are not permitted to bring any medication to school. All medications must be brought to the main office by a parent or legal guardian in the original container with the most current prescription label attached. The label must have the student’s name, date of birth, date dispensed, date of expiration, dosage, strength, prescriber’s name, pharmacy name, address, and phone number, and directions for dispensing the medication.

Formatted: Font: 11.5 pt

Student Medication Guidelines**GENERAL MEDICATION REQUIREMENTS (CONTINUED)**

5. Absolutely no changes in administering of medication will be made from the prescription label unless the school receives a hand-written order from the licensed prescriber or a new prescription bottle is obtained from the pharmacy indicating the change. A new "Permission for Prescribed or Over-the-Counter Medication" form must also be filled out by the parent/guardian to correspond with the prescription label.
6. Students are not permitted to carry any medication on their persons (prescription or non-prescription), unless authorized in writing by a physician.
7. No medication will be allowed to be carried by students on buses. (Except for emergency medicines such as inhalers, ~~injectable epinephrine devices~~ EpiPens, and FDA approved seizure rescue medications.)
8. Parents must pick up any unused medications (prescription or non-prescription).
9. Failure to comply with these regulations may be considered a violation of Board policy and subject to discipline according to policy.

SPECIFIC ADMINISTRATION REQUIREMENTS**1. Prescription Medication**

- a. Parent or legal guardians must bring the prescription medicine to the school in the most current, original pharmacy labeled container. This shall include the student's name, date dispensed, name of drug, dosage, route of administration, specific time of administration, and expiration date.
- b. The prescription label must be consistent with the "Permission for Prescribed or Over-the-Counter Medication" form.
- c. When the time of administration is not specific on the prescription label, District nurse should be notified to determine safe administration times.
- d. "Controlled Substance" or "Schedule II" medication (i.e. Ritalin, Adder all, Dexedrine) will be counted upon receipt and the amount received documents on the back of the "Daily Medication Log" on the "Documentation of Medication Received" form as evidenced by the signature of the receiver and parent.
- e. It is recommended that school personnel do not split or cut pills for administration.
- f. It is recommended that school personnel not administer the first dose of medication not previously taken.
- g. Proper hand washing must be employed by school personnel before dispensing any medication. Direct handling of oral medications is to be avoided.

2. Non-Prescription Medication

- a. In order for school personnel to administer non-prescription (over-the-counter) medication, the parent must bring in the medication in the original manufacturer container. In addition, the parent or legal guardian must fill out and sign the "Permission for Prescribed or Over-the-Counter Medication" form. School personnel must document any time the medication is given on the "Daily Medication Log". OTC medication shall not be administered beyond its expiration date.

Student Medication Guidelines**SPECIFIC ADMINISTRATION REQUIREMENTS (CONTINUED)**

- b. School staff may administer the following without having a “Permission for Prescribed or Over-the-Counter Medication” form: antibiotic ointments (provided no latex allergy), peroxide, chopstick, or cough drops.
- c. It is recommended that school personnel not administer the first dose of medication not previously taken.
- d. Non-traditional forms of medication given for therapeutic purposes such as plants, herbs, vitamins, or home remedies are not to be administered in the school setting unless prescribed by a licensed prescriber.

ACCESS

1. Designated person(s) other than a licensed registered nurse may be assigned and prepared to administer medications. The designated person(s) will be required to demonstrate with competence the procedures of medication administration on an annual basis to the District nurse. Verification of District nurse or in their personnel file.
2. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and injectable epinephrine devices ~~EpiPens~~) and medications approved for students to carry for self-medication purposes, all medications administered by District personnel must be stored in a secured, locked, clean container or cabinet accessible only to the designated school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
3. School personnel are never to substitute one student’s medication for another.

DOCUMENTATION

1. Students will be supervised while taking any medication, which will be given in a designated area as determined by the Principal and District nurse.
2. All medications given will be immediately documented on the “Daily Medication Log” as evidenced by the initials and signature of the person administering the medication. The log must include the student’s name, medication, dosage, date and time medicine was given.
3. “Controlled Substance” or “Schedule II” medication will be counted upon receipt and the amount received documents on the back of the “Daily Medication Log” on the “Documentation of Medication Received” form as evidenced by the signature of the receiver and parent.
4. All documentation will be done in blue or black ink.
5. All “Permission for Prescribed or Over-the-Counter Medication” forms and “Daily Medication Logs” must be filed in the student’s cumulative folder when medication is completed, changed, or discontinued.

EMERGENCY MEDICATIONS

Emergency medications shall be administered following Board policy 09.224.

Student Medication Guidelines**DISPOSAL OF UNUSED MEDICATION**

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

MEDICATION INCIDENT

As soon as an inaccuracy of medication administration is recognized, the following steps should be initiated

1. Keep the student in the office or health room. If the student has returned to class, have the student accompanied to the office or health room.
2. Assess the student's status and document.
3. Identify the incorrect dose and name/type of medication taken by the student.
4. Immediately notify the school Principal and District nurse who shall notify the student's parent/guardian.
5. Notify the student's physician.
6. If unable to contact the physician, contact the Poison Control Center for instructions.
7. Give the Poison Control Center name and dose of medication taken in error, age and weight of student, name and dose of other medication, if any, taken by student and them follow instructions.
8. Carefully document in ink all circumstances and actions taken.

Under dosage

1. Identify student who took the incorrect dosage and document.
2. Contact school Principal.
3. Contact District nurse who will contact parents and student's physician to determine if the remainder of the dose should be omitted or administered.
4. Carefully document in ink all circumstances and actions taken.

ON-SITE HEALTH CLINICS

Notwithstanding anything else stated in Board Policy, Board-approved on-site health clinics may maintain and administer medication to students pursuant to Policy 09.21.

RELATED POLICY:

09.2241

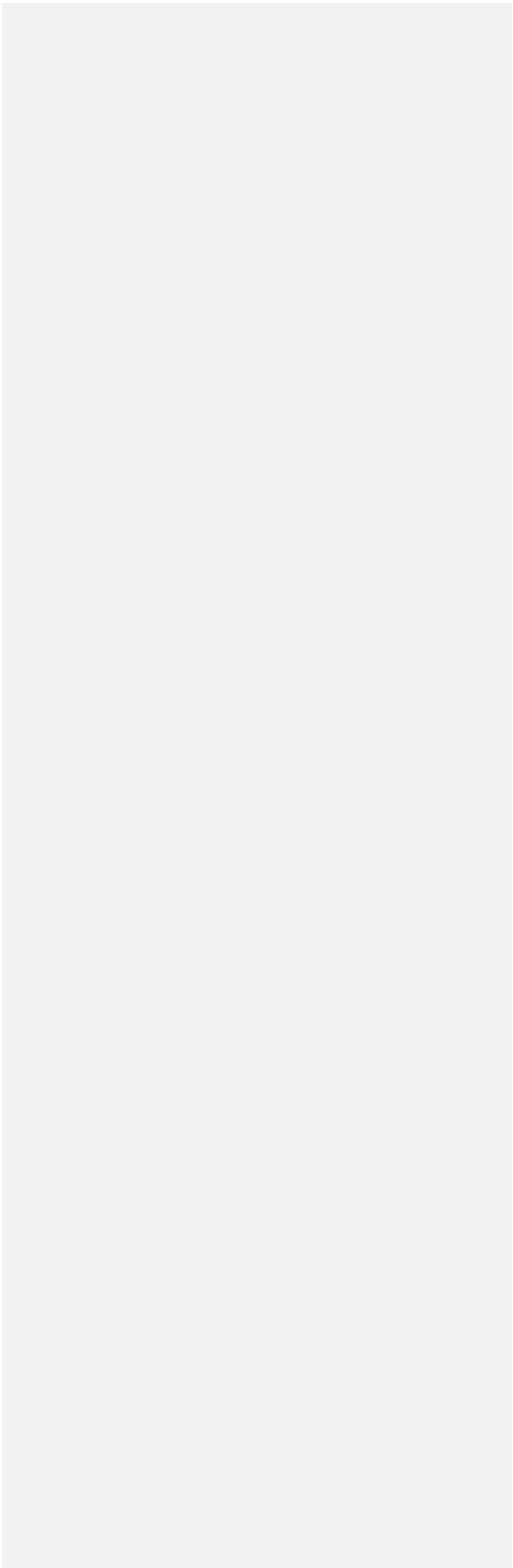
STUDENTS

09.2241 AP.1
(CONTINUED)

Student Medication Guidelines

RELATED PROCEDURES:

09.2241 AP.21; 09.2241 AP.22



EXPLANATION: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. THE NOTICE INFORMATION IS FOUND IN THE UPDATE FOR ADMINISTRATIVE PROCEDURE 01.6. AP.2
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

COMMUNITY RELATIONS

10.11 AP.21

Public Records Notice

To be posted at the main entrance of the Central Office and of each school building, as appropriate.

RULES/REGULATIONS FOR INSPECTION

Pursuant to KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Estill County Board of Education are open for inspection.

~~Public records may be inspected Monday through Friday, except holidays, during regular working hours as posted at the main entrance of the Central Office and of each school building. Upon request, a designated district employee will furnish application forms for the inspection of the public records and, if required, s/he will be available to provide assistance in completing the application form. The official custodian may require:~~

- ~~→ Written application, signed by the applicant and with his/her name printed legibly on the application, describing the records to be inspected. The written application shall be hand delivered, mailed, or sent via facsimile to the public agency;~~
- ~~→ Facsimile transmission of the written application; or~~
- ~~→ Email of the application.~~

~~Completed application forms should be submitted to the Superintendent, the Board's official custodian of public records, at the following address:~~

~~Estill County Board of Education
P.O. Box 930
Irvine, KY 40336~~

~~An individual who applies to review public records shall be advised of the availability of the records requested and shall be notified in writing, not later than three (3) working days after receipt of an application for inspection, of any reason the records s/he requested are not available for public inspection.~~

~~Copies of written materials in the public records of this district shall be furnished to the person requesting them on payment of a fee of ten cents (.10) per page. Copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished to the person requesting them upon payment of a fee equal to the actual cost of producing copies of the requested records by the most economical process that is unlikely to damage or alter the records.~~

~~Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.~~

~~Persons who live outside the area and who wish to request copies of public records should contact the person listed above.~~

Designated Representative

Date

EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

CR09.2241 AP.21

Permission Form for Prescribed or Over-the-Counter Medication

(PLEASE USE BLUE OR BLACK INK)

Student's Name _____ Grade _____ Homeroom _____

School _____ Date Form Received ____/____/____

Doctor/Authorized Prescriber _____ Phone _____

PLEASE CHECK ONE OPTION BELOW

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer
☐ Other _____

Start Date ____/____/____ Stop Date ____/____/____

Has the student ever taken a dose of this medication before? ☐ Yes ☐ No

Is student capable of/responsible for self-administering this medication?

☐ Yes, Supervised ☐ Yes, Unsupervised ☐ No

Must the student carry this medication on his/her person? ☐ Yes ☐ No

Is this medication for episodic or emergency events only? ☐ Yes ☐ No If yes, please
give detailed instructions on when, how, and why medication is to be given. _____

Name of medication: _____ Dosage _____

Time(s) during the school day medicine is to be given _____

Reason for medication _____

Possible side effects _____

Special storage requirements ☐ Refrigeration ☐ None

PARENT OR GUARDIAN SIGNATURE ONLY

I give permission for _____ to receive the above medication at school.
I expressly hold harmless and waive any liability on behalf of the school concerning any injuries
or reactions resulting from administration of the above medication unless such is the result of
negligence or misconduct on behalf of the school or its employees. I understand that I have the
ultimate responsibility for providing the school with an adequate supply of medication to enable
the physician's orders to be followed.

Signature: _____ Relationship: _____ Date ____/____/____

Home Phone: _____ Work Phone _____

**PLEASE BE ADVISED THAT ANY MEDICATION GIVEN AT SCHOOL (PRESCRIPTION OR
NONPRESCRIPTION) MUST BE BROUGHT TO THE OFFICE IN THE MOST CURRENT CONTAINER
WITH THE PRESCRIPTION LABEL ATTACHED.**

For student health services/procedures not involving medication only, please refer to 09.22 AP.22.

STUDENTS

09.2241 AP.21

(CONTINUED)

Formatted: Hidden

Primary Care Provider Authorization for Asthma

(PLEASE USE BLUE OR BLACK INK)

Student _____ Date of Birth ____/____/____

School _____ School Year _____

TRIGGERS (CHECK ALL THAT APPLY TO THIS CHILD)

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Animals | <input type="checkbox"/> Fumes | <input type="checkbox"/> Carpet |
| <input type="checkbox"/> Strong Odors | <input type="checkbox"/> Pollen | <input type="checkbox"/> Molds | <input type="checkbox"/> Respiratory Infection |
| <input type="checkbox"/> Chalk Dust | <input type="checkbox"/> Change in Temperature | <input type="checkbox"/> Tree/Grass/Shrubbery | |

☐ Foods (Specify) _____

☐ Other (Specify) _____

SIGNS AND SYMPTOMS STUDENT MAY EXHIBIT (CHECK ALL THAT APPLY)

- ☐ Coughing ☐ Wheezing ☐ Labored/Difficult Breathing

☐ Other (Specify) _____

RECOMMENDED PREVENTATIVE/INTERVENTIVE MEASURES (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Encourage student to assume position of comfort | <input type="checkbox"/> Offer warm liquid to drink |
| <input type="checkbox"/> Nebulizer (see back of form) | <input type="checkbox"/> Encourage slow, even breaths |
| <input type="checkbox"/> Inhaler name and dosage _____ | |
| <input type="checkbox"/> Other (Specify) _____ | |

EMERGENCY PLAN OF ACTION

- *If color becomes pale, cyanotic (bluish), or ashen: Call EMS (9-911)
*If breathing stops: CPR certified staff should initiate rescue breathing and CPR if necessary.
*Contact parent/guardian or emergency contact immediately
*☐ Other (Specify) _____

INHALERS

This student has been trained to use his/her inhaler and should be allowed to carry and use their prescribed inhaler on his/her own. ☐ Yes ☐ No If yes, please note that; Student will be expected to carry and use his/her inhaler responsibly.

Comments _____

Please complete both sides of this form

STUDENTS

09.2241 AP.21
(CONTINUED)

Formatted: Hidden

Primary Care Provider Authorization for Asthma

(PLEASE USE BLUE OR BLACK INK)

NEBULIZER INHALATION THERAPY

Medication via the nebulizer will be given at school as follows: ☐ On a daily basis ☐ As needed

Medication No. One (1) (Name and Dosage): _____

Medication No. Two (2) (Name and Dosage): _____

Time of Day to Administer: _____

Reaction or Side-effects: _____

Comments: _____

Printed Name of MD, APRN, or PA

Address

Signature of MD, APRN, or PA

Phone

____/____/____
Date

NOTE TO PARENT/GUARDIAN

Signing this form shall release the District and staff from liability on behalf of the school concerning any injuries or reactions resulting from administration of this plan of action unless such is the result of negligence or misconduct on behalf of the school or its employees. I hereby give permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian

Phone

____/____/____
Date

Emergency Contact

Phone

Relationship

STUDENTS

09.2241 AP.21

(CONTINUED)

Formatted: Hidden

Primary Care Provider Authorization for Injectable Epinephrine
Devices
Epipen

(PLEASE USE BLUE OR BLACK INK)

Student _____ Date of Birth ____/____/____

School _____ School Year _____

Allergic to _____

Asthma ☐ Yes ☐ No

SIGNS OF AN ALLERGIC REACTION INCLUDE

Systems:	Symptoms:
Mouth	Itching and swelling of the lips, tongue, or mouth
Throat*	Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Stomach	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	Shortness of breath, repetitive coughing, and/or wheezing
Heart*	"Thready" pulse, "passing out"

***The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.**

Injectable Epinephrine Device~~Epipen~~ should be: ☐ Kept with child with teacher ☐ Kept in front office ☐ Kept in classroom

EMERGENCY ACTION FOR ALLERGIC REACTION

1. Administer emergency medication*
 - a. Medication: _____
 - b. Dose: _____
 - c. Route: _____
2. Call EMS (9-911)
3. Call Parent/guardian or emergency contacts immediately

Emergency Contact _____ Phone _____ Relationship _____

4. Call Primary Care Provider _____ Phone _____

****Do not hesitate to administer medication or call for emergency assistance (EMS)**

Printed Name of MD, APRN, or PA _____ Address _____

Signature of MD, APRN, or PA _____ Phone _____ Date ____/____/____

NOTE TO PARENT/GUARDIAN

Signing this form shall release the District and staff from liability on behalf of the school concerning any injuries or reactions resulting from administration of this plan of action unless such is the result of negligence or misconduct on behalf of the school or its employees. I hereby give permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian _____ Phone _____ Date ____/____/____