



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

Memo

To: Jesse Bacon, Superintendent

From: Sarah Smith, Director of Safe Schools 


Date: Thursday, July 15, 2021

Re: Student Drug Testing

This letter is for board approval for the continuing partnership between Bullitt County Public Schools and MC Consultants. MC Consultants has collaborated with districts around the state providing drug prevention and drug testing to students and has worked with BCPS for numerous years. Drug use and abuse is a barrier to learning and to success in life. The drug-testing program will continue to focus on prevention, not punishment, so that students can focus on being healthy and productive. Your consent and approval is greatly appreciated as this program assists Bullitt County Public Schools in prevention efforts to break down barriers so that students can achieve success in school and in life. Eric Farris has reviewed this agreement.

Attached: Contract for 2021-2022 School Year
Certificate of Liability Insurance

cc: Adrienne Usher, Assistant Superintendent for Student Learning


7.15.21

MC Consultant Services, Inc.

Drug & Alcohol Testing

8003 Blue Lick Road

Louisville, KY 40219

PH: (502) 966-2332

Fax: (502) 966-2291

Email: svcsmc@bellsouth.net

Contract for 2021-2022 School Year

Date: July 8, 2021

RE: Random Student Drug Testing

Submitted To: Bullitt Co. Public Schools

We hereby submit the following contract:

Not to exceed \$10,000.00

Scheduled Random Drug Testing of Bullitt Co. Middle and High Schools

This service will include the following:

Random student drug test collections over the 2021-2022 school year for Bullitt Co. High Schools and Bullitt Co. Middle Schools.

All student non-negative tests will be confirmed by: Redwood Toxicology / Alere Toxicology Labs

Panel Description (students): 10 Panel Drug Test/ R57- Screen 8

Drugs tested: Amphetamines, Meth-amphetamines, Barbiturates, Cocaine, Methadone, Opiates, PCP, Propoxyphene, Alcohol, and THC.

Students

The cost per drug test is \$18.00 each per student. Not to exceed \$10,000.00 or 600 tests for the 2021/2022 school year.

This will include roughly, 15 visits to the high schools, (5 visits per high school) at 25 students tested per school, per trip and 12 visits to the middle schools, (2 visits per middle school) at 20 tested per school, per trip

Invoices will be sent out at the end of each month. Our terms are net 30 days.

MC Consultant Services Inc. agrees to adhere to all State and Federal privacy requirements unless requested to release information by lawful subpoena or court order.

Acceptance of Contract

The above service, terms, and price are satisfactory and are hereby accepted. You are authorized to perform this service as needed. Payment will be made as outlined above.

Date of Acceptance _____ Signature _____

Kenny McDaniel
MC Consultant Services, Inc.

Date of Acceptance 7/15/2021 Signature 

Sarah Smith
Safe and Drug Free Schools Coordinator

Date of Acceptance _____ Signature _____

Jesse Bacon
Bullitt County Superintendent

Date of Acceptance _____ Signature _____

Board Chairperson
Debby Atherton

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 1825 Barrett Lakes Blvd #320 Kennesaw, GA 30144 770 429-0482	CONTACT NAME: PHONE (A/C, No, Ext): 770 429-0482 FAX (A/C, No): 8669257122 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="790 429 1396 459">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1396 429 1527 459">NAIC #</th> </tr> <tr> <td data-bbox="790 459 1396 490">INSURER A : Evanston Insurance (Jencap)</td> <td data-bbox="1396 459 1527 490">35378</td> </tr> <tr> <td data-bbox="790 490 1396 521">INSURER B :</td> <td data-bbox="1396 490 1527 521"></td> </tr> <tr> <td data-bbox="790 521 1396 551">INSURER C :</td> <td data-bbox="1396 521 1527 551"></td> </tr> <tr> <td data-bbox="790 551 1396 582">INSURER D :</td> <td data-bbox="1396 551 1527 582"></td> </tr> <tr> <td data-bbox="790 582 1396 613">INSURER E :</td> <td data-bbox="1396 582 1527 613"></td> </tr> <tr> <td data-bbox="790 613 1396 635">INSURER F :</td> <td data-bbox="1396 613 1527 635"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Evanston Insurance (Jencap)	35378	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED MC Consultant Services Inc PO Box 19547 Louisville, KY 40259-9547															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional		SM941122	07/24/2021	07/24/2022	\$1,000,000 Each Claim \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Covered Operations/Services: Drug & Alcohol Testing Services, Training/Consulting on Drug & Alcohol Testing, Fingerprinting, Ordering Background & MVR Checks, DNA Testing, HIV Testing & TB Testing; Claims Made; Retro Date: 07/24/12; Deductible: \$0 Each Claim

CERTIFICATE HOLDER**CANCELLATION**

Bullitt County Board of Education
ATTN: Sarah Smith
1040 KY-44
Shepherdsville, KY 40165

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paula D. Layton

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