

Administrative Procedures (includes 2021 KSBA Annual Update)

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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

HIGHLIGHTED TEXT IS A JCPS STAFF RECOMMENDED CHANGE

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, which are Monday through Friday from 7:30 a.m. to 4:30 p.m., at the Regular working hours shall be posted at the main entrance of the Central Office. The principal office of the District, which is located at the VanHoose Education Center, 3332 Newburg Road, Louisville, Kentucky 40218.

The official custodian/designee to whom requests for access to records should be submitted is at to the Open Records Office, VanHoose Education Center, Room 321, 3332 Newburg Road, Louisville, Kentucky 40218. The Open Records Office may also be reached via email at Openrecords@jefferson.kyschools.us or via fax at (502) 313-2706 and email address is Open.records@jefferson.kyschools.us.

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 signed written application with the applicant's name printed legibly. Applicants may be asked to provide a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.* 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 no later than within five (5) business days after (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

Inspection of Board Records

INSPECTION OF RECORDS (CONTINUED)

mailing. 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.

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.

For questions regarding access to public records, please contact the Open Records Office Coordinator at (502) 485-3583.

*Resident 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.

Request to Examine and/or Copy District Records

~~See existing procedure 10.11 AP.21/Public Records Notice.~~

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.

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;

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

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

HIGHLIGHTED TEXT IS JCPS STAFF-RECOMMENDED

STUDENTS

09.2241 AP.1

Student Medication Guidelines

STUDENT SELF-MEDICATION

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care practitioner also is required.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record under Administrative Procedure 09.2241 AP.22.
3. 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 shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record or document in the student data system.

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Student Medication Guidelines

PRESCRIPTION MEDICATIONS (CONTINUED)

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and labeled with the student's name. Over-the-counter medications may not be given more than three (3) consecutive days without an order from a physician or authorized health care provider.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log or in the student data system. Records must be kept on file in the student's cumulative record. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative record when completed or when the medication is changed/discontinued.

DISPOSAL OF UNUSED MEDICATION

Notice shall be sent 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 REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.

Student Medication Guidelines**MEDICATION ERROR (CONTINUED)**

3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form under Administrative Procedure 09.2241 AP.23.

RELATED POLICY:

09.2241

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 and throughout Central Office buildings and at the front office of each school building, as appropriate.

NOTICE

INSPECTION OF THE PUBLIC RECORDS OF THE JEFFERSON COUNTY BOARD OF EDUCATION

Pursuant to Board Policy 10.11 and the Kentucky Open Records Act, KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Jefferson County Board of Education not exempted by law are open for inspection by the public upon receipt of a written request. All requests to inspect records shall include the requester's name, contact information for written reply, and a description of the records to be inspected.

Individuals may take their request to the Superintendent, the Board's official custodian of records via email, mail, fax or in person using the following contact information:

Open Records
Jefferson County Public Schools
3332 Newburg Road
Louisville, KY 40218
Fax: (502) 313-2706
Email: Open.Records@jefferson.kyschools.us

Within three (3) business days after receipt of a request to inspect records, the applicant will be notified in writing of the availability of the records requested or of any reason the records requested are not available for public inspection.

Individuals may inspect nonexempt records at the VanHoose Education Center, 3332 Newburg Road, during regular administrative office hours, which are Monday through Friday from 7:30 a.m. to 4:30 p.m., excluding holidays, or may request copies.

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 (\$0.10) 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. If an individual requests that copies of the records be mailed, the copies will be mailed upon receipt of all copying fees and the cost of mailing.

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.

For questions regarding access to public records, please contact the Open Records office at (502) 485-3584.

Permission Form for Prescribed or Over-the-Counter **Drugs Medication**

TO BE COMPLETED BY SCHOOL PERSONNEL

School: _____ Date form received: _____

I/we acknowledge receipt of the Health Care Provider's Statement and/or Parent's Authorization.

Signature: _____

Student's Name: _____ **Student's Age:** _____ **Date of Birth:** _____

Grade: _____ **Homeroom/Classroom:** _____

TO BE COMPLETED BY PARENT/GUARDIAN

Name of medication: _____ Reason for medication: _____

ALLERGIES: _____ Any OTHER Condition(s) _____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Instructions (Schedule and dose to be given at school): _____

Start: ☐ Date form received ☐ Other, as specified: _____

Stop: ☐ End of school year ☐ Other date/duration: _____

☐ **For episodic/emergency events only**

Restrictions and/or important effects: ☐ No restrictions

☐ Yes. Please describe: _____

Special storage requirements: ☐ None ☐ Refrigerate

☐ Other _____

Health _____ Care _____ Provider _____ Name _____

Address: _____ Phone: _____ FAX _____

I give permission for _____ to receive the above medication at school according to standard school _____ **Student's Name**

policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents 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. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ **Signature:** _____ **Relationship:** _____

Home phone: _____ **Work phone:** _____ **Emergency phone:** _____

Permission Form for Prescribed or Over-the-Counter Drugs Medication

PHYSICIAN OR AUTHORIZED HEALTHCARE PROVIDER ORDERS

For Self Administration of Medication

This student is capable, responsible, and has demonstrated self-administering the above medication

☐ Yes - Unsupervised ☐ Yes – Supervised ☐ No This student should not self-carry medication

This student may self-carry this medication: ☐ Yes ☐ No

Note: the school nurse will also delegate and train unlicensed school personnel to give any emergency medication.

Signature: _____ Date _____

Physician or Authorized Provider: only valid for the current school year

For over-the-counter medication to be given more than 3 consecutive days

Over-the-counter medications can only be given more than (3) consecutive days with written orders from a health care provider

Signature: _____ Date _____

Physician or Authorized Provider: only valid for the current school year

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

School: _____ Date form received by the School: _____

Student's Name: _____ Grade: _____ Homeroom/Classroom: _____

Student's Age: _____ Date of Birth: _____

TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION MEDICATION

Name of medication: _____ Reason for medication: _____

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

Describe schedule and dose to be given at school: _____

Starting Date: ☐ date form received ☐ Other, as specified: _____

Stopping Date: ☐ for episodic/emergency events only ☐ end of school year ☐ Other date/duration: _____

Restrictions and/or important effects: ☐ Yes. Please describe: _____

NOTE: In the event the Principal/designee is notified of the possibility of an adverse or extreme reaction to a medication, s/he shall inform the student's teacher(s) of such a possibility before the student begins the medication schedule.

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

Student is capable of/responsible for self administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ Unsupervised

Student has been instructed in self administering the medication: ☐ No ☐ Yes

Student must carry this medication on his/her person: ☐ No ☐ Yes

Please indicate additional information: ☐ On the back side of this form ☐ As an attachment

Physician/Health Care Provider Signature _____ *Date* _____

Signature of Parent/Guardian _____ *Date* _____

Name of Physician/Health Care Provider: _____

Address: _____

Phone #: _____ **Fax #:** _____

To the school: Please report concerns about medications or the student's condition to the above physician/health care provider.

TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDICATIONS

As the parent or legal guardian of the student named below, I authorize my child to take the following over-the-counter medication as noted:

Name of Medication: _____ **Dosage/Schedule:** _____

Other Information: _____

STUDENTS _____ 09.2241 AP.21

(CONTINUED)

Permission Form for Prescribed or Over-the-Counter Medication

FOR ALL MEDICATIONS

I give permission for _____ to receive the above medication(s) at school according

Student's Name

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents 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. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone* _____ *Emergency Phone* _____

TO BE COMPLETED BY SCHOOL PERSONNEL

I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee _____ *Date* _____

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

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Review/Revised:7/21/2020