

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:

September 12, 2023

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 are barriers 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 2023-2024 School Year

Certificate of Liability Insurance

cc: Troy Wood, Chief Operations Officer

Equal Education and Employment Institution

Mood

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 2023/2024 School Year

Date: September 13, 2023

RE: Random 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 2023/2024 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 Laboratory.

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

Drugs Tested: Amphetamines, Methamphetamines, Barbiturates, Cocaine, Methadone, Opiates, Alcohol, PCP, Propoxyphene, and THC.

Students:

The cost per test is \$18.00 per student tested. Not to exceed \$10,000.00 or 600 tests for the school year.

This will include roughly 15 visits to the high schools, (5 visits per high school) testing 25 students per school. 12 visits to the middle schools, (2 visits per middle school) testing 20 per school.

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 1-13-2023	Signature McDaniel) (Kenny McDaniel) MC Consultant Services, Inc.
Date of Acceptance	Signature
	(Sarah Smith)
	Safe and Drug Free Schools Coordinator
Date of Acceptance	Signature
	(Jesse Bacon)
	Bullitt County Superintendent
Date of Acceptance	Signature
	(Debby Atherton)
	Board Chairnerson

Client#: 1037769 08MCCON

 $ACORD_{\cdot\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

7/18/2023

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).

						CONTA	<u> </u>						
	DUCER	nouranae Samilaes II C				CONTACT Paula D. Layton							
McGriff Insurance Services LLC						PHONE (A/C, No, Ext): 770 429-0482 FAX (A/C, No): 8669257122							
		rett Lakes Blvd #320				E-MAIL ADDRESS: PDLayton@mcgriff.com							
		w, GA 30144				INSURER(S) AFFORDING COVERAGE					NAIC #		
770	429-0	0482				INSURE	R A : Evansto	n Insurance (Jencap)			35378	
INSU	IRED					INSURER B:							
		MC Consultant Services In	ıc			INSURE							
		PO Box 19547				INSURE	R D :						
		Louisville, KY 40259-9547				INSURER E :							
						INSURER F :							
CO	VERAG	GES CER	TIFIC	ATE	NUMBER:				REVISION NUM	IBER:			
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				POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)						
	CC	OMMERCIAL GENERAL LIABILITY	III CIT	1111			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		EACH OCCURREN	CE	\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$		
									MED EXP (Any one		\$		
									PERSONAL & ADV		\$		
	GEN'L A	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$		
	PC	OLICY PRO- JECT LOC							PRODUCTS - COM		\$		
		THER:							111000010 00111	701 7100	\$		
	AUTOM	MOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	I AN	NY AUTO							BODILY INJURY (P	er person)	\$		
	01	WNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HI	IRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG	ЗE	\$		
	\square	AUTOS ONET							(Per accident)		\$		
	UN	MBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EX	CLAIMS-MADE							AGGREGATE	<u> </u>	\$		
	DE	ED RETENTION \$							7.00.1.20.1.2		\$		
	WORKE	ERS COMPENSATION							PER STATUTE	OTH- ER	•		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDE		\$			
		R/MEMBER EXCLUDED?	N/A				ŀ		E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL						
A Professional					MKLV2PSM001279		07/24/2023	07/24/2024	\$1,000,000 E				
									\$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					CANC	ELLATION							
Bullitt County Board of Education ATTN: Sarah Smith 1040 KY-44					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Shepherdsville, KY 40165				AUTHORIZED REPRESENTATIVE								

Paula D. Loyton
© 1988-2015 ACORD CORPORATION. All rights reserved.