

PROVIDER'S EMPLOYMENT AGREEMENT

This Agreement is entered into the ____ day of _____, 2024, between the OHIO COUNTY DETENTION CENTER, approved by the Ohio County Fiscal Court on _____, 2024, of 108 E. Washington Street, Hartford, Kentucky 42347, parties of the first part hereinafter "Detention Center" and JANIE TICHENOR SLACK, of 4707 State Route 269, Beaver Dam, Kentucky 42320, party of the second part hereinafter identified as "Provider".

WITNESSETH:

IN CONSIDERATION of the mutual covenants contained herein, the parties agree as follows:

1. Provider agrees to provide the following medical services to the inmates of the Detention Center located in Hartford, Kentucky and assures that each inmate receives his/her appropriate care and attention to his/her medical needs in a timely manner:
 - a. Performs onsite thorough and adequate review of new Intake Screenings in accordance with medical standards.
 - b. Physical examination, medical examination, diagnosis, and necessary treatment of inmate/patients.
 - c. Address any inmate's needs appropriately including but not limited to diabetic check, or blood pressure checks and further direct them with the appropriate action to take.
 - d. Conduct clinic in the Detention Center at a location identified by the Detention Center. Provider agrees to work a minimum of four (4) hours per week (at least two (2) days a week) (Sunday to Saturday is considered a week). The Provider shall inform the Jailer at least two (2) weeks prior to any vacation/time off so that the Jailer can make arrangements for alternate medical care options.
 - e. Monitor inmates with blood pressure needs and diabetic needs.

- f. Evaluate each inmate and choose the appropriate care and course of action for each.
- g. Prescribe and dispense oral and injectable medication adhering to the formulary whenever possible.
- h. Properly document all examinations and refusals of examinations in detail.
- i. Evaluate inmates/patients who have been taken to the local hospital emergency room and treated by the emergency room/hospital/care center.
- j. Oversee medical treatment of inmates/patients admitted into the hospital.
- k. Order laboratory testing as needed.
- l. Record medical data on inmate charts in accordance with acceptable medical practices.
- m. Refer inmates suffering from acute psychiatric disorders for treatment.
- n. Provide any other medical services that are in keeping with general medical practice. Provider will monitor and review such services to insure that they are medically necessary. Whenever possible, these will be provided or administered at the Detention Center.
- o. Help assist in any other needs that the Detention Center may have within nursing scope.
- p. Help create and update correctional medical and withdraw policy and procedures for the Detention Center.

2. Provider agrees to provide medical service in accordance with accepted medical practice and standards, Kentucky Statutes, Kentucky Model Jail Standards, American Corrections Association Standards for Medical Services, Kentucky Correction Accreditation Commission and the Detention Center Directives. Detention Center will supply providers with necessary equipment to monitor vital signs and acute tests supplies.

3. Provider agrees to be available for consultation at times set by Jailer.

Services will be provided by a qualified Provider or a designee under the supervision of Provider. Provider will visit Detention Center two (2) times a week to review any new intakes with medical needs, review inmate MAR sheets, medications, and any medical request forms filed by inmates. Provider will also examine inmates who need medical attention and advise on further care.

4. Provider agrees to purchase and maintain professional liability insurance as may be required by Jailer. A copy of said policy shall be provided to Jailer.

5. The parties agree that an inmate requiring hospitalization will be placed in Ohio County Hospital or, when necessary to render specialized care, such other facility as is designated by Provider and approved by the Ohio County Jailer. Upon discharge from hospital, Provider will see inmate/patient within seventy-two (72) hours. Detention Center will notify Provider of discharge.

6. Provider agrees not to treat employees of the Detention Center for any work-related medical conditions or disputed medical cases for the term of this Agreement.

7. Provider certifies that she is licensed, authorized, and qualified to provide the services outlined herein and will maintain this status throughout the term of this Agreement. In addition, Provider certifies that any doctor/nurse practitioner she provides to fulfill her duties at the Detention Center will be fully licensed and qualified. If Provider's certification or qualifications are suspended, terminated, or otherwise impaired, Provider will immediately notify Ohio County Jailer.

8. In consideration for services to be performed by Provider as set forth, Detention Center agrees to pay Provider a salary of Ten Thousand Dollars (\$10,000.00) per annum as an employee of the Ohio County Fiscal Court; the sum to be payable monthly at the rate of Eight Hundred Thirty-Three Dollars and Thirty-Three Cents (\$833.33) per month. Provider shall turn in any documentation to the Ohio County Fiscal Court as requested in regard to payment of said salary.

9. Continuation of this Agreement is contingent upon the Ohio County Fiscal Court making an annual funding appropriation to Detention Center each fiscal year for medical provider services.

10. The term of this Agreement will commence as of _____, 2024, and expire on the _____, 2025, with an automatic renewal of _____ year(s) period unless terminated, in writing, by either party.

11. The parties agree that Provider is an at-will employee of the Ohio County Fiscal Court/Detention Center, and her employment may be terminated at any time.

IN WITNESS WHEREOF, the parties hereto have hereunto affixed their hands and seals the day and year first above written.

PROVIDER:

JANIE TICHENOR SLACK

DETENTION CENTER

BY: _____
LONDON SPURLOCK, JAILER

COMMONWEALTH OF KENTUCKY

COUNTY OF OHIO

The foregoing Agreement was this _____ day of _____, 2024, produced before me, and acknowledged, sworn to, and subscribed by Janie Tichenor Slack, Provider, to be her own free act and deed.

NOTARY PUBLIC
My Comm. Expires: _____
Notary ID #: _____

COMMONWEALTH OF KENTUCKY

COUNTY OF OHIO

The foregoing Agreement was this _____ day of _____, 2024, produced before me, and acknowledged, sworn to, and subscribed by Landon Spurlock, Jailer, Detention Center, to be his/its own free act and deed.

NOTARY PUBLIC

My Comm. Expires: _____

Notary ID #: _____