BULLITT COUNTY PUBLIC SCHOOLS

JESSE BACON, SUPERINTENDENT
ADRIENNE USHER, ASSISTANT SUPERINTENDENT
BRANDY HOWARD, CHIEF ACADEMIC OFFICER
TROY WOOD, CHIEF OPERATIONS OFFICER

To: Adrienne Usher, Assistant Superintendent
From: Megan Hatter, District Grant Writer
Date: Jan. 29, 2025
Re: Donations & Grants for Approval at the Board of Education Work Session Feb. 24, 2025

Please submit under Consent Items-

The attached MOU is for Kentucky Eye Care to facilitate the Vision for Learning Program for the second year at Shepherdsville Elementary School. This vision progam was approved by the Board of Education last year. Please review the following seven pages.

1040 HIGHWAY 44 EAST, SHEPHERDSVILLE, KY 40165 (502)869-8000 (502)543-3608 JESSE.BACON@BULLITT.KYSCHOOLS.US

Shepherdsville Elementary Family Resource Center

527 West Blue Lick Rd
Shepherdsville KY 40165
502 869-7012

MEMO

To: Jesse Bacon, Superintendent

From Traci Gould, Shepherdsville Elementary FRC

RE: Shepherdsville Elementary Student Vision Clinic "Vision for Learning"

The Shepherdsville Elementary FRC is partnering with Kentucky Eye Care to create a vision screening program for Shepherdsville Elementary students. Mirroring a former vision screening service that is no longer,and re-creating a new program "Vision for Learning" that took place at Shepherdsville Elementary last year, our program will again provide free vision screenings, ophthalmology assessments if needed, and provide free glasses, if needed, for students without vision insurance. Kentucky Eye Care will provide screening results that the FRC will distribute to parents. The screenings will be offered to all Shepherdsville Elementary students focusing heavily on the 70 K-5 students that have not completed a vision screening (although required by the district) during their years at SES. This number is down from 136 last year, before last year's vision program, thereby showing results! Shepherdsville Elementary has an enrollment of 533 students. 70 of these students (only 13% of our total enrollment K-5th this year, down from 25% last year) have not submitted a vision screening report. 8 students do not have insurance of any kind, of those without vision screening documentation have medicaid managed care insurance and 8 of those without vision documentation have private insurance, but it is not yet determined if this includes vision care.

Parent permission will be required to participate. Blank permission forms will be attached to this memo.

Screenings will be offered to all SES students K-5th, with an extra focus on the 70 without vision screening documents on file. This program will provide a mobile assessment located at Shepherdsville Elementary, facilitated by Shepherdsville Elementary FRC and Kentucky Eyecare. .

Kentucky Eye Care will provide these screenings at no cost, the ophthalmology at no cost and glasses at no cost to students without vision coverage. Kentucky Eye Care will provide screenings, and ophthalmology free of charge for students with medicaid/managed care

Insurance, and then will provide a referral for glasses if needed. Glasses can/will be covered by medicaid/managed care insurance. If they are not covered, glasses will be provided for free.

All screening and vision tests subject to permission forms/HIPPA//vision office forms, and BCPS is released from all liability. Confidentiality will be maintained.

Date of event: March/April 2025, will be determined pending board approval.

This is our second year for the program, following a very successful program last year in which 42 of our students received free glasses and 265 SES students received free eye exams.

Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

Phone: 502-869-8000
Fax: 502-921-9467
www.bullittschools.org

Memorandum of Agreement between Bullitt County Public Schools on behalf of Shepherdsville Elementary School FRC, and Kentucky Eye Care.

This Memorandum of Agreement by and between Bullitt County Public Schools (hereinafter "BCPS") on behalf of Shepherdsville Elementary School FRC and Kentucky Eye Care for the VISION FOR LEARNING Program. The Vision for Learning Program will provide free vision screenings to all kindergarten through fifth grade students enrolled at Shepherdsville Elementary (with signed permission forms), free ophthalmology to students determined necessary following screening, and free eyeglasses to students without insurance.

ARTICLE I - Scope of Work

Kentucky Eye Care agrees to perform free school-on-site vision screenings to all kindergarten through fifth grade students with signed permission forms enrolled at Shepherdsville Elementary School. Kentucky Eye Care agrees to provide ophthalmology for students deemed necessary following the initial screening and if needed, will provide eyeglasses to students that do not have insurance. Kentucky Eye Care will provide vision-finding reports to all parents of students screened. Kentucky Eye Care shall complete the required vision screening for students, with permission forms, that have not turned in the vision screening form required for school attendance. Kentucky Eye Care will provide eyeglasses referrals for students with Medicaid/managed care and provide a copy of Vision Care Privacy Policies. Kentucky Eye Care shall provide all equipment necessary and exam gloves needed for the screenings.

Shepherdsville Elementary School FRC will be responsible for creating the screening schedule, sending vision screening results home with students, and providing a copy of the required vision screening paperwork to the school for formal documentation purposes. Shepherdsville Elementary FRC will provide each student with a signed permission form a pair of new sunglasses as an incentive for participation.

ARTICLE II - Period of Performance

The VISION FOR LEARNING Program shall occur on a school day in March/April 2025, pending board approval, availability of Kentucky Eye Care, and weather/school cancellations. VISION FOR LEARNING may be rescheduled or scheduled repeatedly with the agreement of all parties hereto. **This MOA shall extend to June 30, 2025, and may be renewed annually by agreement of the parties and upon BCPS approval.**

ARTICLE III – Liability

Kentucky Eye Care shall provide to BCPS all required certifications and insurance verifications for vision screening day. Kentucky Eye Care shall guarantee that every individual administering vision screenings possesses the requisite certifications and training required by law. Kentucky agrees to indemnify and hold harmless BCPS, its agents and employees from any and all

liability. Kentucky Eye Care agrees to adhere to State and Federal privacy requirements, unless requested to release information by permission of parent/guardian or lawful subpoena or court order.

Shepherdsville Elementary School FRC shall assist with scheduling any additional screenings or treatment, but the parents shall be responsible for all transportation to appointments, releasing BCPS from all transportation liability.

All vision screenings, ophthalmology treatment, and vision prescriptions shall be subject to the General Program Consent Form, Health Insurance Portability and Accountability Act (HIPPA) and Kentucky Eye Care Forms. BCPS shall be released from all liability relating to vision screenings, ophthalmology treatment, and vision prescriptions.

ARTICLE IV –Confidential Information

Should confidential information be exchanged under this agreement, all parties agree, absent any special provisions to the contrary, to:

1. Use its best efforts to receive and maintain in confidence any and all confidential or proprietary information delivered by one party hereto to the other party;
2. Use confidential information solely for the purpose or purposes for which it was disclosed and for no other purpose whatsoever;
3. As a receiving party, to disclose confidential information to its employees, officers, agents, and representatives only a need to know basis;
4. Not release confidential or proprietary information to any third parties; and
5. Dispose of or return proprietary or confidential information to the disclosing party when requested or upon expiration or termination of this contract.

Article V – Mutual Responsibilities

1. Each party will comply with all applicable governmental laws, ordinances, rules, and regulations in the performance of this contract.
2. In the execution to this contract, the person whose signatures are set forth are duly authorized to execute the contract and bind the parties.

ARTICLE VI – Applicable Law

The laws of the Commonwealth of Kentucky shall govern this contract.

ARTICLE VII – Entire Agreement

This contract is intended by the parties as a final written expression of their agreement and supersedes and replaces any prior oral or written agreement. Any terms or conditions inconsistent with or in addition to terms and conditions herein contained shall be void and of no effect unless specifically agreed to in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused their authorized officials to execute this Agreement as of the date(s) set forth below:

Reviewed and agreed to by:

Jesse Bacon, Superintendent, Bullitt County Public Schools — Date
For and on behalf of Shepherdsville Elementary School FRC

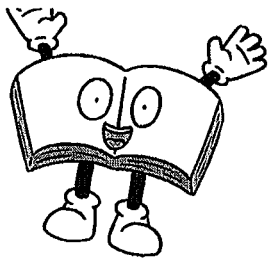
Matt Mooney, Chairperson, Bullitt County Board of Education — Date

Authorized Agent, Kentucky Eye Care — Date

Tracy Gould, Shepherdsville Elementary Family Resource Center — 1-15-25 Date
(in acknowledgement of program)

Shepherdsville Elementary Principal — 1/15/25 Date
(in acknowledgement of program)

"VISION FOR LEARNING"
GENERAL PROGRAM CONSENT FORM



Shepherdsville Elementary FRC & Kentucky Eye Care
VISION PROGRAM

Child's Name: _____ **Date:** _____

School: Shepherdsville Elementary School

Teacher: _____ **Grade:** _____

1. I (parent or guardian), have read the letter dated _____ which came with this form concerning the vision program conducted by Vision for Learning. I understand and agree to my child receiving a vision screening as part of the program. I understand that participation is voluntary. I hereby agree to release Shepherdsville Elementary, Kentucky Eye Care, and BCPS from any liability, suits, or costs In any way. I understand that a vision screening Is being performed at NO COST to the family.
2. I understand that my child will be screened by a licensed ophthalmologist qualified to evaluate vision need/conditioned.
3. I certify that I have received a copy of the local ophthalmologist's privacy to medical records policy.

☐ **YES** I give permission for my child to participate In the FREE vision screening.

☐ **NO,** I wish to decline, and my child will not participate In the FREE vision screening.

4. PHOTO RELEASE

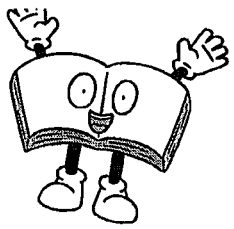
☐ **YES** I give permission for my child to have photos taken by the school on vision screening day. Photos may be used to promote the program on our school's page. The newspaper may also be present. This release gives permission for newspaper photos to be used.

☐ **NO,** I decline permission for photographs of my child to be taken.

Parent's Signature: _____ **Date:** _____

Please return all forms to Traci Gould, Shepherdsville Elementary FRC by _____

"VISION FOR LEARNING"
HEALTH HISTORY FORM



Shepherdsville Elementary FRC & Kentucky Eye Care
VISION PROGRAM

Child's Name:_____ Gender: M_____ F_____

Date of Birth: _____ / _____ / _____ School Name: Shepherdsville Elementary

Alternate Phone Number: _____ (this should be a person we can contact on screening day)

ALL QUESTIONS MUST BE ANSWERED COMPLETELY, DO NOT LEAVE ANY BLANK LINES

Does your child have currently, or has your child had:

Congenital Heart Disease	**YES**	**NO**
Rheumatic Heart Disease	**YES**	**NO**
Diabetes	**YES**	**NO**
Bleeding Problems	**YES**	**NO**
Seizures	**YES**	**NO**
Blurred Vision	**YES**	**NO**
High Blood Pressure	**YES**	**NO**
Headaches	**YES**	**NO**
Eye Pain	**YES**	**NO**

If yes to any of these, please explain: _____

_____

Is your child taking any medication(s)? YES NO
If yes, which medication(s)? _____

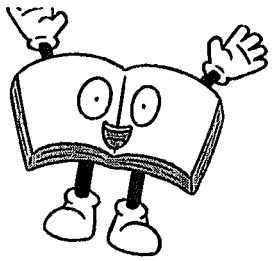
_____

Does your child have any allergies? YES NO
If yes, which allergies? _____

Has your child had any serious illness or operations? YES NO
If yes, please explain _____

Name of person filling out this form: _____
Relationship to Child: _____

"VISION FOR LEARNING" SCREENING RESULTS FORM



Shepherdsville Elementary FRC & Kentucky Eye Care
VISION PROGRAM

Student's Name: _____ Teacher:_____

Grade: _____ Date:_____

***Please Circle ONE of the Following:**

Medicaid Plan | Private Insurance **(with vision)** | Private Insurance **(without vision)** | None | Unknown

Does your student wear glasses? YES NO

TYPE OF EXAMINATION	NORMAL	ABNORMAL	NOTABLE TO ASSESS
EXTERNAL EXAM (EYE AND ADNEXA)			
INTERNAL EXAM (MEDIA, LENS, FUNDUS, ETC)			
NEUROLOGICAL INTEGRITY (PUPILS)			
BINOCULAR FUNCTION (STEREOPSIS)			
ACCOMMODATION AND CONVERGENCE			
COLOR VISION			

Diagnosis:

_____ Normal _____ Myopia _____ Astigmatism _____ Strabismus _____ Amblyopia

Recommendations

Glasses Prescribed? Yes____ No____

Additional Comments

_____

_____

_____

	OD	OS
Unaided Acuity	20 /	20 /
Best Corrected Acuity	20 /	20 /

Signed: _____ **Date:**_____

Optometrist/Ophthalmologist

Address: _____ **Telephone:** _____