

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VIII G DATE: June 9, 2025

TOPIC/TITLE: First Reading of Policy Update #48 and Procedure Update #29

PRESENTER: Administrator

ORIGIN:

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
☒ ACTION REQUESTED AT THIS MEETING
☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)
☐ BOARD REVIEW REQUIRED BY

- ☒ STATE OR FEDERAL LAW OR REGULATION
☐ BOARD OF EDUCATION POLICY
☐ OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- ☒ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
☐ ACTION:

BACKGROUND INFORMATION:

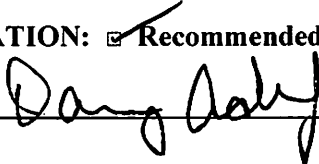
SUMMARY OF MAJOR ELEMENTS:

First Reading of Policy Update #48 and Procedure Update #29.

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION: 2nd Reading at next board meeting.

SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



KSBA Procedure Service

2025 Procedure Update (#29) Checklist

District: Woodford County Schools

To enable KSBA to track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form and update your online manual if you belong to that service.

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
03.123 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.23	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.8 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.1 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1351 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2323 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2324 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.1224 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.21	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2212 AP.21	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>

*Please attach a copy of the modified policy. DO NOT RETYPE A DRAFT - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

Superintendent's Signature

Date

**Please return this completed form to KSBA at your earliest opportunity.
Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.**

EXPLANATION: SB 9 AMENDS KRS 161.155 REQUIRING DISTRICTS, ON OR BEFORE JULY 1, 2030, TO ESTABLISH A POLICY THAT PROVIDES UP TO THIRTY (30) PAID MATERNITY LEAVE DAYS TO EACH TEACHER OR EMPLOYEE WHO GIVES BIRTH. THE BILL INCLUDED AN EMERGENCY CLAUSE MAKING IT ALREADY EFFECTIVE.

FINANCIAL IMPLICATIONS: TEACHER DAILY WAGE FOR MATERNITY LEAVE

PERSONNEL

03.123 AP.2

PERSONNEL

Leave Request Form and Statement

NAME: _____

LOCATION: _____ Today's Date _____

☐ **SICK LEAVE:**

DATE(S) OF SICK LEAVE: _____

_____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

CHECK ONE:

☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER* ☐ MOURNING

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO

POLICY? ☐ YES ☐ NO

REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (COMPLETE FOR REQUIRED STATEMENT)

☐ **PERSONAL LEAVE:**

DATE(S) OF PERSONAL LEAVE: _____

_____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (COMPLETE FOR REQUIRED STATEMENT)

☐ **SUBSTITUTE NEEDED, NAME OF SUB** _____

LEAVE STATEMENT (KRS 161.

I am submitting this request for the us
applicable boxes); that the facts suppor
and correct; and that to the best of r
qualified for the leave requested pursuar

Employee's Signature

Employee's Name (Print or Type)

*Immediate family member shall mean the
and foster children), grandchildren, daught
parents, spouse's parents, grandparents, an
location or residence of said relative and an
home.

Leave Request Form and Statement

NAME: _____ LOCATION: _____ TODAY'S _____ DATE _____
: _____

☐ LEAVE WITHOUT PAY: DATE(S) OF LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

☐ JURY LEAVE: DATE(S) OF JURY LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM
☐ EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED AND ATTACH CERTIFICATE OF SERVICE FROM COURT.

REQUESTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.

☐ MILITARY/DISASTER SERVICES LEAVE: DATE(S) OF LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.

☐ PROFESSIONAL LEAVE: ACCOUNT CODE FOR PAYMENT: (ORG) _____
(OBJECT) _____ (PROJECT) _____
DATE(S) OF PROFESSIONAL LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM

☐ MATERNITY LEAVE: DATE(S) OF LEAVE: _____ / _____ FULL DAY _____ HALF DAY ☐ AM ☐ PM
REQUESTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.

☐ SUBSTITUTE NEEDED, IF CHECKED INCLUDE NAME OF SUB _____

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Temporary Leave Without Pay Request

(10 WORK DAYS OR LESS)

(Date)

Dear Woodford County Board of Education:

I am requesting a(n)

(educational, professional, illness, maternity, adoption of child,
disability, other)
leave starting _____ and ending

(not to exceed 10 working days). I understand that my leave will be without pay for any portion of the leave not covered by sick days, personal days, sick bank donation, etc.

If applicable, a copy of my most recent doctor's statement or explanation of leave covering the timeframe listed above is attached.

I understand that if I wish to extend this leave that I must notify the Board of Education **in writing** prior to the ending date of this leave and furthermore I understand that a beginning date and ending date must always be included in the request.

Employee Signature_____
Date

Building Principal or Administrator Signature ☐ Recommended ☐ Not Recommended

Superintendent Signature ☐ Recommended ☐ Not Recommended

LEGAL: HB 48 AMENDS KRS 161.031 REQUIRING A REPORT FROM EPSB IDENTIFYING SCHOOL DISTRICTS THAT DO NOT IMPLEMENT AN INDUCTION PROGRAM FOR NEW TEACHERS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.19 AP.1

CERTIFIED PERSONNEL**Professional Development****DEFINITIONS**

Professional development is defined as professional learning that is an individual and collective responsibility, that fosters shared accountability among the entire education workforce for student achievement, and:

1. Aligns with Kentucky Academic Standards in 704 KAR Chapter 8, educator effectiveness standards, individual professional growth goals, and school, district, and state goals for student achievement;
2. Focuses on content and pedagogy, as specified in certification requirements, and other related job-specific performance standards and expectations;
3. Occurs among educators who share responsibility for student growth;
4. Is facilitated by school and district leaders, including curriculum specialists, principals, instructional coaches, competent and qualified third-party facilitators, mentors, teachers or teacher leaders;
5. Focuses on individual improvement, school improvement, and plan implementation; and
6. Is on-going.

Professional development program means a sustained, coherent, relevant, and useful professional learning process that is measurable by indicators and provides professional learning and ongoing support to transfer that learning to practice.

Every Student Succeeds Act of 2015 (ESSA) defines professional development as activities that are an integral part of school and local educational agency strategies for providing educators with the knowledge and skills necessary to enable students to succeed in a well-rounded education and to meet the challenging State academic standards; and that are sustained (not stand-alone, 1-day, or short term workshops), intensive, collaborative, job-embedded, data-driven, and classroom-focused.

PROFESSIONAL DEVELOPMENT PROGRAM

The school and District, under the direction of the Professional Development Coordinator (PDC), shall develop and implement plans of continuing professional development. The plans shall include, but not be limited to, the following components:

1. A clear statement of the school or District mission;
2. Evidence of representation of all persons affected by the Professional Development plan;
3. A needs assessment analysis;
4. PD objectives that are focused on the school or District mission, derived from needs assessment, and that specify changes in educator practice needed to improve student achievement; and

Professional Development

PROFESSIONAL DEVELOPMENT PROGRAM (CONTINUED)

5. A process for evaluating impact on student learning and improving professional learning, using evaluation results.

Professional development activities shall be in accordance with federal guidelines and Kentucky State Regulation.

CERTIFIED STAFF RESPONSIBILITIES

In addition to job-embedded professional learning included in the Professional Development Plan, it is the responsibility of each fulltime certified staff member to complete the thirty (30) hours of professional development required in the District calendar. Parttime employees shall complete the appropriate portion of the thirty (30) hours.

NEW TEACHER ORIENTATION

Prior to the opening of school all teachers new to the District shall be required to attend an orientation session to acquaint new personnel with Board policies, administrative procedures, Central Office staff, and the Principal(s) to whom they are assigned. The Superintendent/designee will be responsible for the program and all arrangements.

The Education Professional Standards Board (EPSB) shall provide a report to the Legislative Research Commission that includes identification of districts that have not implemented an induction program for teachers in their first year of teaching that is aligned with the standards and guidance for districts developed by the EPSB.

REQUIREMENT MUST BE FULFILLED

Professional development is ongoing. However the twenty-four (24) hours required by statute must be fulfilled by May 31 of each year. If it is not, repayment for the appropriate hours will be deducted from the individual's paycheck.

It is the responsibility of the individual to provide appropriate documentation for all completed professional development. Internal offerings are documented by sign-in sheets. For activities outside the District, it is the responsibility of the individual to obtain the appropriate form prior to attendance, have it completed and return it to the PDC. Registration costs, meals, and mileage are the responsibility of the individual unless supplemental funds are provided by another source.

RELATED PROCEDURE:

03.125 AP.21

EXPLANATION: HB 48 AMENDS KRS 156.095 REQUIRING DISTRICTS TO IMPLEMENT A FOUR (4) YEAR RECURRING PROFESSIONAL DEVELOPMENT TRAINING SCHEDULE THAT INCLUDES ALL REQUIRED PROFESSIONAL DEVELOPMENT TRAININGS, AND THAT ALL CERTIFIED SCHOOL EMPLOYEES COMPLETE DESIGNATED TRAININGS WITHIN TWELVE (12) MONTHS OF INITIAL HIRE AND AT LEAST ONCE EVERY FOUR (4) YEARS THEREAFTER. SOME PROFESSIONAL DEVELOPMENT REQUIREMENTS ARE BEING RELOCATED INTO OTHER POLICY AREAS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

PERSONNEL

District Training Requirements

SCHOOL YEAR: _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS)	KRS 160.380	03.11 AP.2521			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material	40 C.F.R. Part 763	03.14/03.24			✓	

(ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200					
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discriminatio n.	34 C.F.R. 106.1- 106.71, U.S. Departmen t of Education Office for Civil Rights Guidance	03.162/03.26 2		✓		

PERSONNEL

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Title IX Sexual Harassment	34 C.F.R. § 106.45	03.1621/03.2621/09.428111		✓		
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situation training- each year by- November 1.	KRS 156.095	03.19/ 03.29	<u>✓</u>		✓	
<u>Student suicide prevention training for certified employees.</u>	<u>KRS 156.095</u>	<u>03.19</u>	<u>✓</u>			
<u>Self-study review of seizure disorder materials.</u>	<u>KRS 156.095</u>	<u>03.19</u>	<u>✓</u>		<u>✓</u>	
<u>Child abuse and neglect prevention, recognition, and reporting.</u>	<u>KRS 156.095</u>	<u>03.19</u>	<u>✓</u>		<u>✓</u>	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent may <u>shall</u> develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
Automated external defibrillators (AEDs), training on use of such.	KRS 158.162 KRS 311.667	03.1161/03.2241 05.4/09.311/09.224			✓	

School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.162 KRS 158.163	05.47		✓		
First Aid and Cardiopulmonary Resuscitation (CPR) Training.	702 KAR 5:080	06.221			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	

PERSONNEL

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Provide two (2) suicide prevention awareness lessons each school year. Staff training for student suicide prevention training:- Minimum of one (1) hour each school year - [Employees with job duties requiring direct contact with students in grades four (4) through twelve (12).]	KRS 156.095; KRS 158.070	09.22			✓	
Anonymous reporting tool: Develop and	KRS 158.4451	09.22		✓		

provide a comprehensive training and awareness program on the use of the chosen anonymous reporting tool for students, parents, and community members.						
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22			✓	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		

PERSONNEL

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 7:160	09.2212		✓	✓	
Personnel training child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	09.227	✓		✓	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination .	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341			✓	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.842		✓			

KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for multi-tiered system of supports upon District request.	KRS 158.305				✓	

PERSONNEL

District Training Requirements

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky Records Retention/Public School District Schedule.

EXPLANATION: REVISIONS TO 702 KAR 4:090 AMEND THE DISPOSITION PROCESS FOR REAL PROPERTY.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.8 AP.1

Disposal of School Property

REAL PROPERTY

The Board shall follow the disposition process for real property as contained in 702 KAR 4:090.

~~School property that is no longer needed for school purposes will be disposed of as follows:~~

- ~~6. The latest Effective Facility Plan or amendment lists the property as surplus to educational need.~~
- ~~7. A request is made in writing to the Chief State School Officer to dispose of property.~~
- ~~8. Official approval is granted.~~
- ~~9. The property is appraised by qualified appraiser.~~
- ~~10. The Board now advertises the property for sale and disposes of it as directed by Policy 04.8.~~
- ~~11. The Board may accept or reject any or all bids.~~

FURNITURE, EQUIPMENT, VEHICLES

Furniture, equipment and vehicles will be disposed of as follows:

1. Designated personnel shall present in writing to the Superintendent a list of items no longer needed for school purposes.
2. The Superintendent shall advise the Board that certain furniture, equipment, and vehicles are no longer needed for public school purposes.
3. Once the Board declares the property surplus, the Superintendent/designee shall advertise the property for sale as directed in Policy 04.8.
4. The Board may accept or reject any and all bids.

EXPLANATION: SB 68 REPEALS KRS 158.856 REMOVING THE REPORTING REQUIREMENTS
RELATING TO PARTICIPATION IN NUTRITION PROGRAMS AND PHYSICAL ACTIVITY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.1 AP.1

School and Community Nutrition Program

PROGRAM FUNDS

Because the District receives federal, state, and local funds to finance the school and community nutrition program, it is imperative that funds be properly safeguarded, that accurate records be kept, and that reports be made as required. In order to achieve this, the following procedures will be implemented:

1. All funds received as payment for meals (school nutrition program breakfast and/or lunch) and federal and state reimbursements shall be used only for food, labor, equipment, and supplies for the operation/improvement of the school nutrition program.
2. School nutrition program funds may not be used for:
 - a. The purchase of land.
 - b. The purchase or construction of buildings.
3. All schools shall submit the required reports as required by the USDA and the Kentucky Department of Education.
4. A copy of all reports, financial records, and applications for free- and/or reduced-price meals shall be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.

It is recommended by KDE that if the school/District is operating under the Community Eligibility Provision, copies of Household Income Forms (HIF) be kept following the retention schedule above.
5. All meals receiving federal reimbursement are priced as a complete unit.
6. The school nutrition program is operated on a nonprofit basis. Actual cash balances shall be maintained in accordance with state/federal regulation, as appropriate.

~~FOOD SERVICE/SCHOOL NUTRITION PROGRAM DIRECTOR REPORT~~

~~Each year, the District/area Food Service/School Nutrition Program Director shall assess the school nutrition program and issue a written report to parents, the Board, and school-based decision-making councils by a date specified by the Superintendent/designee. The annual report shall include requirements specified by state and federal regulations.~~

~~REFERENCES:~~

~~702 KAR 6:090
7 C.F.R. 245.6~~

EXPLANATION: REVISIONS TO 704 KAR 3:305 AMEND THE PERFORMANCE-BASED AND
STANDARDS-BASED CREDIT REQUIREMENTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.1131 AP.1

Performance-Based Credit

The District ~~may~~shall award standards-based, performance-based credits ~~toward~~for high school ~~subjects to be applied toward~~ graduation. ~~Credit shall be awarded~~ for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course ~~approved for performance-based credit~~, consistent with 704 KAR 3:305 Kentucky Administrative Regulation;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based portfolios, projects, ~~senior year~~ or capstones ~~s-projects~~;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; or ~~and~~
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

~~Students requesting performance-based credit to apply toward graduation shall make application to the Principal/designee.~~

COURSE DESCRIPTION AND ASSESSMENT

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Summative Assessment, Kentucky Academic Standards, and Kentucky Academic Expectations.

WORK-BASED LEARNING

Work-based learning experiences provided by the District shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student.

COUNCIL RESPONSIBILITY

Performance-based credits will only be accepted by the Board if previously approved by the high school SBDM Council. It is also the responsibility of the high school SBDM Council to determine the appropriateness of content and courses for performance-based credit. The council shall determine what information must be submitted. Required information may include, but is not limited to the following:

- A description of the proposed course;
- Proposed assessment method(s) (e.g., performance tasks, open-response questions, descriptions of expected products);
- How proficiency will be determined;
- Sample papers, projects or other products that would represent work deserving of credit;
- Proposed check points to track progress.

Performance-Based Credit

COUNCIL RESPONSIBILITY (CONTINUED)

The Council may determine whether the teacher must request additional authorization when a previously approved course must be revised (description, assessment, proficiency determination, checkpoints, etc.).

EXPLANATION: SB 19 AMENDS KRS 158.175 REQUIRING LOCAL BOARDS TO ESTABLISH A POLICY AND PROCEDURE STATING THERE SHALL BE A MOMENT OF SILENCE OR REFLECTION AND INCLUDES SPECIFIC GUIDELINES FOR IMPLEMENTATION.

FINANCIAL IMPLICATIONS: COST ASSOCIATED WITH THE REQUIRED NOTIFICATION

CURRICULUM AND INSTRUCTION

08.1351 AP.1

Notice Regarding Moment of Silence or Reflection

Dear Parent/Guardian,

A moment of silence or reflection is required in all schools and notification of such is required by KRS 158.175.

The moment of silence or reflection shall occur at the commencement of the first class of each day with the following guidelines included in the statute and Policy 08.1351:

1. The moment of silence or reflection shall be at least one (1) minute but not exceed two (2) minutes in duration;
2. Students are to remain seated and silent and make no distracting display so that each student may, in the exercise of his or her individual choice, meditate, pray, or engage in any other silent activity which does not interfere with, distract from, or impede other students' exercise of individual choice;
3. District personnel shall not provide instruction to any student regarding the nature of any reflection that a student may engage in during the moment of silence or reflection.

Parents are encouraged to review these guidelines and to provide guidance to your student(s) regarding the moment of silence or reflection.

EXPLANATION: HB 208 AMENDS KRS 156.675 INCLUDING SOCIAL MEDIA IN PROHIBITED MATERIAL TO BE MADE INACCESSIBLE THROUGH SCHOOL TECHNOLOGY. THIS BILL CONTAINS AN EMERGENCY CLAUSE MAKING IT ALREADY IN EFFECT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.2323 AP.1

WCPSNet Terms and Conditions

DEFINITION OF WCPS NET

“WCPSNet” (Woodford County Public Schools Network) refers to any technology resource or device provided by Woodford County Public Schools regardless of where it is utilized. This includes but is not limited to District network access, accounts, and devices.

STUDENT AND STAFF MEMBER USE

The Board supports the rights of students and staff members to have reasonable access to various informational formats and believes it is incumbent upon students and staff members to use this privilege in an appropriate and responsible manner. Electronic access including, but not limited to, network access, accounts, and devices, shall be used to support and enhance education and research. Personal use of school/District technology resources should be limited and follow acceptable use guidelines.

PROCEDURES AND GUIDELINES

The Superintendent shall develop and implement appropriate procedures to provide guidance for student and staff member access to electronic resources through WCPSNet which follow the state and federal regulations and laws pertaining to technology use, safety, and security in a school environment. Guidelines shall address ethical use of electronic resources, including issues of privacy versus administrative review of electronic files and communications. Use of technology resources for prohibited or illegal activities, the intentional spreading of embedded messages, or the use of other programs with the potential of damaging or destroying networks, account, and/or devices is prohibited.

ACCEPTABLE USE

Use of WCPSNet and/or other organization’s networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: plagiarism, copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is not consistent with the purposes of the WCPSNet and is inappropriate. Illegal activities are strictly prohibited. Using your WCPSNet Internet account to access unauthorized social media or to play games including but not limited to, unauthorized non-educational games is not acceptable use. Electronic access including, but not limited to, networks, accounts, and devices, shall be in support of education and research. Personal use of technology should be limited and follow acceptable use guidelines.

RIGHTS, RESPONSIBILITIES, AND PRIVILEGES

To gain access to WCPSNet, this Terms and Conditions document must be signed by students, parent/guardians, and adults. It is designed to explain clearly the responsibilities as users in regard to the District’s network, accounts, and devices. Any questions about these responsibilities shall be directed to the District’s Chief Information Officer.

Violation of the following terms and conditions may result in the immediate loss of network services including, but not limited to the Internet/e-mail, and could eliminate future access. Violations may incur other consequences including reporting incidents to the building principal, the Superintendent or local authorities for further action.

WCPSNet Terms and Conditions

SECURITY

It is impossible for Woodford County Public Schools to provide a foolproof environment preventing access to all controversial material and ensuring complete system, data, and account security as outlined in the Terms and Conditions. However, the District has taken available precautions to try to achieve these measures.

The District has implemented an Internet Content Management and Filtering server, located at the District Technology Office. This server restricts/prevents access to objectionable material and logs internet usage including sites visited, date and length of time, and the machine used. Logs will be held for no longer than thirty (30) days. The logs containing this information fall under the Open Records Law and may be accessed by the general public upon request. The logs will be monitored by the Principal/designee at each school and the Chief Information Officer/designee. These individuals will have the authority to access and view sites, some of which may be objectionable, in accordance with their duties.

The District has also taken reasonable measures to ensure all transmissions to/from the Internet are encrypted using the latest security protocols. These measures comply with state and federal laws regarding the storage and transmission of all Personally-Identifiable Information (PII). Cloud services including, but not limited to Office365 and Google G-Suite are implemented and in use throughout the District and follow security protocols.

Security on any computer system is a high priority, especially when the system involves many users. If any user can identify a security problem on WCPSNet, s/he must notify a system administrator or the Chief Information Officer. Please, do not demonstrate the problem to other users.

DISCLAIMER

Woodford County Public Schools will not be responsible for any damages including, but not limited to: loss of data, resulting from delays, non-deliveries, wrongfully directed deliveries, or service interruptions caused by negligence, user errors, or omissions.

In addition, the District is not liable for damages to personal accounts or devices accessed using the WCPSNet resources.

ACCESS PRIVILEGES TO ELECTRONIC RESOURCES

In the Woodford County Public Schools, access to electronic resources can range from read-only access to instructional software to full search capability of the Internet. For these reasons, the District maintains the right to limit access to software and/or documents found either on WCPSNet or the Internet, via technical or human barriers.

WCPSNet Terms and Conditions

NETWORK

Students: The guidelines specifying acceptable use, rules of on-line behavior, access privileges and penalties for policy/procedural violations are available to students and parents or legal guardians of minor students (those under eighteen [18] years of age) during the school year in each school's student handbook. Consent for obtaining access to all parts of WCPSNet is granted by a parent or legal guardian through the submission of the student handbook acknowledgement form. This document shall be kept on file as a legal, binding document and shall continue to be observed throughout the student's enrollment in the District, unless modified by the parent/guardian. In order to modify or rescind the agreement, the student's parent/guardian [or the student who is at least eighteen (18) years old] must contact the District Chief Information Officer/designee at (859) 879-4600.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

Parents/guardians wishing to challenge information accessed via the District's technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

Certified and Classified Staff: The guidelines specifying acceptable use, rules of on-line behavior, access privileges and penalties for policy/procedural violations are available to staff members during the school year in each school's staff handbook. Consent for obtaining access to all parts of WCPSNet is granted to the staff member through the submission of the staff handbook acknowledgement form. This document shall be kept on file as a legal, binding document and shall continue to be observed throughout the staff member's employment in the District.

NETWORK AND INTERNET REGULATIONS

1. The use of your network and/or Internet account must be in support of education and research and be consistent with the educational objectives of the Woodford County School District.
2. You may not violate any U.S. or State regulations regarding transmission of material.
3. You may not access or send objectionable material.
4. You may not access social media or instant messaging for non-educational purposes without authorization from the Principal.
5. You may not break in or attempt to break into the school's network or other computer networks.
6. You may not create or share computer viruses.
7. You may not destroy another person's data.

WCPSNet Terms and Conditions

NETWORK AND INTERNET REGULATIONS (CONTINUED)

8. You may not damage computer systems or school/District websites.
9. You may not monopolize the resources of WCPSNet by such things as running large programs and applications over the network, sending massive amounts of email to other users, accessing unauthorized social media, or using system resources for games or other files using large amounts of storage area.
10. You are not permitted to get from or put onto the network any copyrighted (including software), threatening or obscene material, or hacking programs.
11. Purposefully annoying other Internet users including continuous talk requests, on or off the WCPS system, is prohibited.
12. You may not use technology resources to bully, threaten or attack a staff member or student or to access and/or set up unauthorized blogs and online journals.
13. As a user of this community system, you will notify a network administrator of any violations of this contract by other users or outside parties. This may be done anonymously.
14. No illegal activities may be conducted via the network including, but not limited to, Internet and e-mail.
15. Accessing social media by a student unless authorized to do so by a teacher for an instructional purpose.
16. All communications and information accessible via the network should be assumed to be the private property of the Woodford County Board of Education.

ACCOUNTS

Students: will have an independent network user account upon submission of the student handbook acknowledgement form. This type of account allows use of network resources, Internet access, email, a private storage directory for student work, and local and web based educational software resources. Parents may request that students be given an account without Internet and/or email access.

Accounts created beyond the scope of what the District provides and manages are the sole responsibility of the account creator and are subject to open records requests if their intended use is for educational purposes within Woodford County Public Schools.

Certified and Classified Staff: For every staff person whose position requires network access, account(s) with appropriate rights will be established. This includes, but is not limited to, network resources, Internet access, email, a private storage directory for teacher work, local and web-based educational resources, and District created social media accounts when necessary.

Accounts created beyond the scope of what the District provides and manages are the sole responsibility of the account creator and are subject to open records requests if their intended use is for educational purposes within Woodford County Public Schools.

WCPSNet Terms and Conditions

ACCESS TO STATE PROVIDED ELECTRONIC MAIL

According to 701 KAR 5:120, every student and adult must use the KETS e-mail product standard when using a school district workstation or network resource. These resources include the internal school e-mail network or e-mail communications to others outside the school on the Internet. Districts have received sufficient KETS offers of assistance to acquire the hardware and software for e-mail accounts for every student, teacher, and administrator. Therefore, every student and adult should only use those accounts for e-mail communications. The use of your e-mail account must be in support of education and research and be consistent with the educational objectives of the Woodford County School District.

Note that electronic mail is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.

For additional information, see board policies found the Student Code of Conduct 08.2323 (09.438) and in 03.1321, 03.2321, 03.1325, and 03.2325 for certified and classified employees regarding use of school property, disrupting the educational process, and conduct.

ACCOUNT AND ELECTRONIC MAIL REGULATIONS

1. Be polite. Do not write or send abusive messages to others.
2. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
3. Do not reveal your personal information or that of other students or colleagues, including, but not limited to, passwords.
4. Do not alter network accounts in any way including Internet accounts.
5. Do not send, share, or maintain objectionable materials.
6. Do not send or forward e-mail "chain letters".
7. Do not offer Internet access to any individual via your WCPSNet account.

DEVICES

Students and Certified/Classified Staff Assigned Individual Devices as well as Class Sets

1. You are responsible for the care and protection of your device.
2. You will always supervise your device or leave it in a secure location.
3. You understand your device is for educational use.
4. You will keep your device away from food and drink.
5. You will report loss, theft, and/or malfunction immediately.
6. Your device will always be in the provided case or one from the approved list (if required).
7. You will practice good digital citizenship.
8. You will not change the appearance of your device and will keep barcodes on your device.
9. You understand that your device is subject to inspection at any time without notice and remains the property of Woodford County Public Schools.

10. You will follow the policies in the *Acceptable Use Policy* at all times.

WCPSNet Terms and Conditions**DEVICES (CONTINUED)**

11. You agree to return the device and power cords in good condition at the end of the school year (upon request) or if you terminate enrollment/employment at Woodford County Public Schools for any reason.

STUDENTS PARTICIPATING IN THE 1:1 PROGRAM

1. You will complete the appropriate level of the Digital Citizenship online course.
2. You will bring your device to school each day you are in attendance.
3. You will charge your device's battery daily.

NO PRIVACY GUARANTEE

The Superintendent/designee has the right to access information stored in any user directory, on the current user screen, or in electronic mail. Users are advised not to place confidential or objectionable documents in their user directory. Users should not expect files stored on District servers or through District provided or sponsored technology services to be private. The tracking of Internet usage is monitored by the Principal and the Chief Information Officer or designee. The logs fall under the Open Records Law and may be viewed by community members upon request. The logs will be maintained for thirty (30) calendar days.

RAMIFICATIONS

School officials shall apply the same criterion of educational suitability used to review other educational resources when questions arise concerning access to specific databases or other electronic media.

Vandalism shall result in cancellation of privileges and financial reimbursement of losses. Vandalism is defined as any attempt to access, harm or destroy the operating system or applications of another user, the school's network, equipment, WCPSNet, or any of the agencies or other networks that are connected to the KETS Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.

The Chief Information Officer or designee may suspend or close an account at any time as required. The administration, faculty, and staff of WCPS may also request the system administrator or Chief Information Officer to deny, revoke, or suspend specific user accounts or access to school-owned devices. Revocation of accounts and/or devices will be for a period of time determined at the building level. Users (students or staff members) whose accounts are denied, suspended or revoked do have the following rights:

- A. To request, in writing, from the building administrator a written statement justifying the action(s).
- B. To follow the District's grievance procedure.

LEGAL: SB 181 PERMITS A PARENT TO SUBMIT WRITTEN CONSENT FOR A DESIGNATED SCHOOL DISTRICT EMPLOYEE OR VOLUNTEER TO COMMUNICATE ELECTRONICALLY WITH A STUDENT OUTSIDE OF THE TRACEABLE COMMUNICATION SYSTEM. EXCLUDES COMMUNICATIONS BETWEEN A PARENT THAT IS A SCHOOL DISTRICT EMPLOYEE OR VOLUNTEER AND HIS OR HER OWN CHILDREN.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.2324 AP.2

Consent for Outside Traceable Communications

A parent may authorize a designated District employee or volunteer, who is not a family member, to communicate electronically with his or her child outside of the traceable communication system.

A completed form for each designated District employee or volunteer shall be filed in the administrative office of the student's school prior to any outside electronic communication being sent and may be revoked by a parent at any time.

Name of Student: _____

I hereby consent to authorize the following to communicate with my child outside of the traceable communication system.

Name of employee/volunteer: _____

Reason(s) for the communication: _____

Is Parent to be included on all communications? ☐ Yes ☐ No

Expiration Date for this form's consent: _____

My consent does not authorize a District employee or volunteer to engage in inappropriate or sexual electronic communication with my student or be used as a basis of a defense for a District employee or volunteer that engages in inappropriate or sexual electronic communication.

Signature of Parent _____ Date _____

Any electronic communication with a student outside of the traceable communication system shall comply with all terms of this written consent.

Signature of Employee or Volunteer _____ Date _____

For administrative office use only:

Received by _____ Date _____

THIS DOCUMENT CONTAINS INSTRUCTIONS FOR CREATING YOUR DISTRICT PROCEDURE.

EXPLANATION: 704 KAR 3:535 AUTHORIZES AND ESTABLISHES MINIMUM REQUIREMENTS FOR THE OPERATION OF FULL-TIME ENROLLED ONLINE, VIRTUAL, AND REMOTE LEARNING PROGRAMS FOR GRADES KINDERGARTEN THROUGH GRADE TWELVE (K-12).

FINANCIAL IMPLICATIONS: ADDITIONAL SEEK FUNDING FOR ONLINE, VIRTUAL STUDENTS

STUDENTS

09.1224 AP.1

Online, Virtual, and Remote Learning

Procedures shall include at a minimum:

- a. The purpose of the program, including the ways the program supports the District's postsecondary readiness goals for students;
- b. Student eligibility criteria;
- c. The process for enrolling students in the program, including procedures to ensure voluntary placement;
- d. Procedures for transitioning students out of the program;
- e. Procedures for the regular, periodic monitoring of the program by the District;
- f. Procedures for the development and implementation of student Individual Learning Plans; and

Implementation of an application and on-boarding process to ensure students and families understand the expectations for students in a full-time enrolled online, virtual, and remote learning program and a determination of candidacy.

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

Student Medication Guidelines

~~STUDENT SELF-MEDICATION~~

~~Students may be authorized to carry on their person and independently take certain medications (inhalers, insulin, FDA approved seizure rescue medications, injectable epinephrine devices, and digestive enzymes). Written authorization of the student's health care practitioner is required. Such authorization shall assure school personnel that the child has been properly instructed in self-administering the medication. Self-administered medications should be documented on the student's daily medication log.~~

~~ALL OTHER MEDICATIONS~~

1. The first dose of any new medication should be given at home when possible. Medication that must be given at school or on a school trip 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 with the student's name on the outside and given to designated school personnel immediately upon arrival. The medication should be counted, and the number of pills received should be noted on the Medication Administration Record.
- ~~2. Medication should be given at home when possible. Medication that must be given at school or on a school-related trip should be brought to school by the parent/guardian.~~
- ~~3. Prescribed oral medications that are a controlled substance in pill or tablet form shall be counted and the number recorded on the Controlled Substance Log.~~
4. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and injectable epinephrine devices) and medications approved for students to carry for self-medication purposes, all medications shall be kept in a safe, secure locked container or cabinet accessible only to the responsible authorized school personnel. Refrigerated medications shall be kept in a separate refrigerator in a supervised area or in a locked container that can be stored with food in a supervised area.
5. Any use of opioid antagonist shall comply with KRS 217.186.
6. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
7. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual with training in medication administration. The person supervising the administration of medication must keep a written record.

~~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 with corresponding prescription label. Parents/guardians shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed. No more than a twenty (20) school day supply of controlled substance medications will be kept on school property at a time.~~

Student Medication Guidelines

PRESCRIPTION MEDICATIONS (CONTINUED)

~~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."~~

~~Changes in the dosage and/or times of administration must be received in the form of a newly completed medication dispensation form from the physician/health care provider indicating the change and signed by the student's parent/guardian. A new pharmacy label will also be required to match the written change on the authorization form.~~

CONTROLLED/SCHEDULED MEDICATIONS

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept separate from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record each time a dose is administered.

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 medical dispensation form is on file. The medication should be in a sealed original container with the student's name written on the bottle and dated upon receipt. Any over the counter medication that will be given for more than three (3) consecutive school days will require a completed *Permission for Prescribed Medication* form. Over the counter medication dosage will be given according to the prescribed container directions. A medical physician will need to complete the prescribed medication form if an over the counter medication dose needs to be altered. A parent/guardian will be notified if nonprescription medication is given in the afternoon to insure proper time between school and home doses. School personnel will not administer homeopathic medication or any item labeled as a dietary supplement. OTC medication shall not be administered beyond its expiration date.~~

Student Medication Guidelines

DOCUMENTATION OF ADMINISTRATION

All medication given must be immediately documented in ink on a medication log. Any documentation errors should be initialed and dated. Records must be kept on file. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses, parent notifications and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication-recording sheets shall be kept on file in the student's cumulative health record when completed or when the medication is changed/discontinued.

IN-STATE FIELD TRIPS AND MEDICATION ADMINISTRATION

School personnel trained annually in accordance with KRS 156.502 and 702 KAR 1:060 will be designated to administer the medication to a student attending an in-state field trip away from school during his/her scheduled medication time. For students who are diabetic, school personnel who have received approved training for diabetes medication administration will be designated to administer or assist with administering the medication.

1. A designee will notify the daily medication administrator designee of a scheduled field trip at least one (1) week in advance to allow for training and preparation.
2. Prior to the field trip, the daily medication administrator designee will prepare the needed medication to be taken on the field trip.

Steps of Preparation:

1. The student's original medication container (including prescribed medications, over-the-counter medications, and emergency medications) will be placed in a zip-lock bag along with a copy of the authorization to give medication form, which will indicate the student's name, name of medication, dosage, time to be given, and route to be administered. If it's an over-the-counter medication, it should be in the original container in a zip-lock bag and should have the student's name written on the container. The dosage, route, and time to administer will be found on the authorization to give medication form.
2. All medications will be placed in a secure locked container.
3. The daily medication administrator designee will initial the daily medication records (log) and specify medication(s) for a field trip. An additional medication log will be provided for documentation on the field trip.
4. The employee trained to administer medication will be notified about any known health alerts or conditions pertaining to students.

The trained employee responsible to administer medication on the field trip will:

1. Pick up the medication from the daily medication administrator designee before leaving for the field trip.
2. Maintain medication in the secure locked container with him/her at all times.

Student Medication Guidelines**IN-STATE FIELD TRIPS AND MEDICATION ADMINISTRATION (CONTINUED)**

3. Document in ink all medication given on the field trip medication log sheet provided.
4. Be responsible for filling out the medication error report and contacting the child's parent/guardian immediately, if the employee does not administer medication for whatever reason.
5. Return all medication and completed forms to the daily medication administrator designee on upon return to school

FIELD TRIPS OUT OF STATE AND MEDICATION ADMINISTRATION

Students may be authorized to self-administer their own medication on school-sponsored trips when traveling outside the state of Kentucky, if the parent/guardian has provided a written District permission form to school personnel.

School personnel will be responsible for:

1. A designee will notify the school nurse or daily medication administrator designee of a scheduled field trip at least one (1) week in advance to allow for training and preparation.
2. Prior to the field trip, the school nurse or daily medication administrator designee will prepare the needed medication to be taken on the field trip.

Steps of Preparation:

1. The student's original medication container(s) (including prescribed medications, over-the-counter medications, and emergency medications) will be placed in a zip-lock bag along with a copy of the Out of State Trip Form for Prescribed and Over-The-Counter Medication.
2. The daily medication administrator designee will initial the daily medication records (log) and specify medication(s) for a field trip. An additional medication log will be provided for documentation on the field trip.
3. The trained school employee attending the trip will be notified about any known health alerts or conditions pertaining to students.

The trained employee responsible for observing self-administration of medication on the field trip will:

1. Pick up the medication from the school nurse or daily medication administrator designee before leaving for the field trip.
2. Maintain medication in the secure locked container at all times.
3. Immediately document in ink staff observations of student self-administration of medications on the out of state trip medication log sheet.
4. Return all medication and completed forms to the school nurse or daily medication administrator designee on upon return to school.
- 5.

Student Medication Guidelines

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. Circumstances may include:

- Medication sent to school by student
- Medication not in original container
- Medication can be administered at home (before, after school and/or at bedtime)
- Student had an elevated temperature or illness.
- Student has requested medication for more than three (3) consecutive school days.
- No written authorization on file.
- Discrepancy exists between written authorization and pharmacy label.
- Other unusual circumstances identified by the school nurse.

MEDICATION ERROR

If a medication error is made, (or prescribing physician, if the parent/guardian cannot be promptly reached), the Principal and school nurse are immediately notified, who shall notify the student's parent/guardian. Poison Control will also be contacted for instructions. An incident report is completed, describing the exact nature of the error and kept in a designated master file. The child who received a wrong medication, or incorrect dose of the correct medication, is to be kept in the first-aid area and monitored until further advice is received from the parent/guardian or prescribing physician/health care provider. For students with severe reactions, employees should refer to the protocol for students with severe allergies. **FAILURE TO REPORT AN ERROR DELAYS TREATMENT FOR THE CHILD, AND PLACES FURTHER LIABILITY ON THE INDIVIDUAL MAKING THE ERROR.**

ACTIONS TO BE TAKEN IN UNEXPECTED SITUATIONS

Side Effects refer to those untoward responses to a medication. These symptoms have been documented by others taking the medication, and may be expected. The *Permission/Release of Liability* form requires that these are listed. Should any one of these be noted, the parent should immediately be notified.

Allergic Reactions to medications can occur at ANY time during the course of treatment. The parent/guardian or emergency services (911) will be contacted (depending on the severity of the condition) if this is suspected. Allergic reactions may progress from mild to life threatening in a short period of time.

Spitting/Vomiting, Refusal: If a medication is vomited immediately after administration, spit out purposefully, or refused to be taken, the parent/guardian will be notified and this will be documented on the *Medication Administration Log* before an attempt is made to administer a second dose.

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

School Emergency Situations - refer to lockdowns, threats or drills. A school medication administration designee will be responsible for collecting all emergency medications and the medication log book located in the office, and administer as needed. The building Principal shall designate employee(s) responsible for this task during drills and actual incidents.

DISPOSING OF MEDICATION

No medication will be disposed into the regular trash. If doses of a medication remain at school after the child no longer takes the medication or the medication has expired, the parent/guardian is notified to come pick them up. The medication is not to be given to the child for transporting.

If the parent/guardian fails to come to get the medication, it will then be discarded by trained school personnel. Disposal of medication will be as follows:

1. Pills: Glue will be poured into the pill container. After the glue is hardened, the container may be thrown into a garbage can.
2. Liquids: Cat litter or sand will be poured into the container. After hardening, the container may be thrown into the garbage.

IF A CONTROLLED SUBSTANCE IS DISPOSED OF IN THIS MANNER, A WITNESS MUST BE PRESENT TO VERIFY. The controlled substance quantity, disposal date, and authorized staff signatures will be recorded on the student's daily medication log. Items such as inhalers, injectable epinephrine devices, and insulin cartridges will be placed in a sharps container for disposal.

Confidentiality is to be respected at all times regarding the medication, or identity of children taking medication while at school. This applies to school employees sharing information between themselves, as well as sharing this information with another child.

PROTOCOL FOR STUDENTS WITH SEVERE ALLERGIES

(To stings, food substances or other specified items)

1. Parent/guardian must note the allergic condition on the student's emergency health form. Specific allergen should be listed, as well as a description of symptoms. Written instructions for immediate care should be also provided by the parent/guardian. This information must be available to all teachers and substitutes. If the allergen is a food substance, cafeteria workers should be notified as well.
2. Parents/guardians must provide the school with accurate and updated phone numbers, which will be kept on file at all times.
3. If the student must have an injectable epinephrine devices (common treatment for sting allergies) at school, follow these guidelines:
 - A. The medication form is completed and signed, and the injectable epinephrine devices is stored in the office, with complete instructions left with a designated individual, who will administer the dose if needed. Or

Student Medication Guidelines

PROTOCOL FOR STUDENTS WITH SEVERE ALLERGIES (CONTINUED)

- B. If the injectable epinephrine devices must be kept with the student, the medication form is completed; a physician's note is submitted, stating that this is necessary; and the parent writes and signs a note that supports this step. These forms are kept on file in the medication notebook.
4. Alert all classroom teachers, physical education teachers, and coaches, of the student's condition.
5. **Report signs of an allergic response to parent, nurse and Principal:**
- **Swelling around mouth**
 - **Wheezing, labored breathing**
 - **Changes in skin color, to pale or blue**
 - **Loss of consciousness**

THESE SYMPTOMS CAN HAPPEN RAPIDLY AND QUICKLY RESULT IN DEATH IF NO TREATMENT IS PROMPTLY GIVEN.

6. **Quickly follow these actions:**
- **Cock the injectable epinephrine devices and inject the medication.**
 - **The middle outer area of the thigh is the preferable site.**
 - **Inject through clothing for speed.**
 - **Firmly press the pen against the thigh and release.**
 - **Results should be observed within ten (10) minutes.**
 - **Call 911 (if improvement is not immediate).**
 - **Call parent/guardian.**
7. Remain with the student until parent/guardian or emergency medical services arrive.

REFERENCES:

KRS 158.834; KRS 158.836; 158.838

KRS 217.86

Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023)

Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel (2025)

Controlled/Scheduled Substance Act of 1970

Student Medication Guidelines

RELATED POLICY:

~~09.2241~~

RELATED PROCEDURES:

~~09.2241 AP.21~~

~~09.2241 AP.22~~

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.21

Permission Form for Prescribed Medication

Student: _____ DOB: _____
 School: _____ School Year: ____ - ____ Allergies: _____
 Grade: _____ Date form received by the School: _____ Homeroom: _____
 Parent/Guardian: _____ Phone: _____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER
--

Name of medication (one medication per form): _____ Dosage: _____

Administration Instructions (schedule and dose to be given at school) _____

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

Start: ☐ date form received ☐ Other date: _____

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

☐ episodic/emergency events only

Restrictions and/or important effects: ☐ None anticipated ☐ Yes. (describe) _____

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

X Physician's Signature: _____

Physician's Name: _____ Phone Number: _____

Address: _____

Please report concerns about medications or disease to the above physician.

Student is capable of/responsible for self-administering this medication:

☐ No ☐ Yes/Supervised by staff ☐ Yes/Unsupervised (Please read and complete statements below.)

Students may carry certain approved, time sensitive, emergency medication on their person (such as inhaler, insulin, Epi-pen, and digestive enzymes). All other medications will be maintained in the school office and supervised by staff. Students may be responsible for self-administration of medications with a signed statement from the physician. Due to his/her medical condition, this student must keep (medication name) _____ with him/her at all times. In my judgment, this student has shown an adequate level of maturity and is capable of properly self-administering this medication.

X Physician's Signature: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (name of child) _____ to receive the above medication at school or on school trips according to standard school policy. (*Schools require parent/guardians to bring the medication in its original container.*) Signing this form shall release, hold harmless, and waive any liability on behalf of the Woodford County School System, the school and its staff members and agents concerning any injuries or reactions resulting from administration of medication to the student unless such is the result of negligence or misconduct on behalf of the school or its employees. I understand that this medication form is valid for the current school year only and will need to be renewed annually.

X Parent/Guardian Signature: _____ **Date:** ____/____/____

Permission Form for Over-the-Counter Medication

Many times during the school year, a student may suffer from some minor pain or discomfort such as a headache, toothache, or minor skin irritation. With your consent, the school may give your child the medications for these minor complaints. You must understand that you are responsible for providing any medication(s) to the school in the original container for the school to dispense to your child. You are also responsible for registering any and all medications (prescription and non-prescription) in the school office. If an over-the-counter medication is needed for more than three (3) consecutive days, a medical physician will need to complete the prescribed medication form for the over-the-counter medication. Over-the-counter medication dosage will be given according to the container directions. A medical physician will need to complete the prescribed medication form if an over-the-counter medication dose needs to be altered.

Name of Student: _____ Allergies: _____

Grade: _____ Date of Birth _____ / _____ / _____ Phone # _____

Name _____ of _____ Parent/Guardian _____ (please _____ print): _____

Address: _____

I give permission for (name of child) _____ to receive the medications checked below according to standard school policy. I understand that I am to bring the medication to the school in the original container for the school to dispense. I also understand that I am to register this and all medications in the school office. I have initialed "Yes" by those medications to be administered to my child.

Medication		Initial "Yes" or "No"	
Ibuprofen	(Example: Advil)	Yes _____	No _____
Acetaminophen	(Example: Tylenol)	Yes _____	No _____
Antacids	(Example: Rolaid)	Yes _____	No _____
Cough Drops/Syrup	(Example: Robitussin)	Yes _____	No _____
Topical Creams/Lotions	(Example: Cortaid, Caladryl, Neosporin)	Yes _____	No _____
Sunburn Relief Spray	(Example: Medi Quik)	Yes _____	No _____
Oral Pain Reliever	(Example: Orajel)	Yes _____	No _____
Decongestant	(Example: Sudafed)	Yes _____	No _____
Eye Wash	(Example: Collyrium / Saline Solution)	Yes _____	No _____
Anti-diarrhea Medication	(Example: Immodium A.D.)	Yes _____	No _____
Other _____		Yes _____	No _____

Specific medical instructions on the condition and amount of medication to be administered: _____

I give permission for _____ to receive the above medication at school or on school _____
Student's Name

trips according 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. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the physician's orders to be followed.

Date: _____ Signature: _____ Relationship: _____

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

International Travel Medication Release Form

Student Name _____, _____, _____
Last Name First Name M.I.

School _____ **Grade** _____
Homeroom/Classroom _____

Field Trip Date(s) Destination

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (*name of child*) _____ to keep all prescription and over-the-counter medications with him/her at all times during the above dates of the international field trip. (All medication must be in its original container). Due to the international travel, I understand that my child will be responsible for self-administering all his/her medications. Signing this form shall release, hold harmless, and waive any liability on behalf of the Woodford County School System, the school and its staff members and agents concerning any injuries or reactions resulting from student administration of medication to his/her self during the above international field trip dates.

X Parent/Guardian Signature: _____ **Date:** ____/____/____

Please return this form to your child's teacher.

Out-of-State Trip Form for Prescribed or Over-the-Counter Medication

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a secure locked container while on the trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee.

THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY THE STUDENT'S HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED. EACH MEDICATION MUST BE LISTED ON A SEPARATE FORM.

If your student requires medication during the field trip, please complete the following:

SCHOOL: _____ DATE FORM RECEIVED BY THE SCHOOL: _____

Student's Name: _____ Grade: _____ Homeroom/Classroom: _____
Student's Age: _____ Date of Birth: _____ Allergies: _____

TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION AND NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION

Name of medication: _____ Dosage: _____

Form of medication/treatment:

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

Describe schedule and dose to be given and/or taken on field trip:

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 (inhaler, Epi-pen, Glucagon only): ☐ No ☐ Yes

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

X _____
*Physician/Health Care Provider Signature** *Date*

*Physician Signature required for prescription medications only

Signature of Parent/Guardian *Date*

Name of Physician/Health Care Provider and phone number:

Name of Parent/Guardian and phone numbers:

EXPLANATION: AMENDMENT TO 704 KAR 3:095 REVISES RESPONSE TO INTERVENTION TO
MULTITIERED SYSTEM OF SUPPORTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 4/29/2025

STUDENTS

09.2212 AP.21

Physical Restraint and Seclusion Forms

WOODFORD COUNTY PUBLIC SCHOOLS

PHYSICAL ASSIST INCIDENT REPORT

The Principal must be informed of any restraint/seclusion incident the same school day it occurs. For incidents occurring after school hours or when school is not in session, the Principal must be informed as soon as possible, and no later than the first school day after the incident.

DEADLINE: This form must be completed by the end of the next school day each time they physically restrain a student or place a student in seclusion. If an incident involves more than one (1) student, separate forms must be completed as to each student. If an incident involves both the restraint and seclusion of a single student, the restraint and seclusion should be recorded on separate forms.

A **physical restraint** means a personal restriction that immobilizes or reduces the ability of a student to move the student's torso, arms, legs, or head freely. **Seclusion** means the involuntary confinement of a student alone in a room or area from which the student is prevented from leaving, but does not mean classroom timeouts, supervised in-school detentions, or out-of-school suspensions.

DIRECTIONS: This report must be completed and signed by the **Principal/designee** and must be based on interviews with the student involved and school personnel involved. Uninvolved witnesses may be interviewed if necessary to obtain sufficient information to complete the report. If someone other than the Principal completes the form, the form must be provided to the principal for his/her initials. After the Principal signs/initials the form, the form shall be sent to the SCM Instructor for his/her initials. The SCM Instructor will then forward the form to the Director of Special Education or §504 and Director of Staff and Student Services who shall each initial the report. The completed report shall then be placed in the student's education record and mailed to the parent or emancipated student.

Student's Name: _____ DOB _____ School: _____

Date/time of interview with student: _____

Type of Incident: Restraint ☐ Seclusion ☐ Date of Incident: _____

Beginning and ending time of restraint/seclusion incident: _____ to _____

Adult Involved in Escort/Assist: _____ SCM Trained: ☐ Role*: _____

Adult Involved in Escort/Assist: _____ SCM Trained: ☐ Role*: _____

Adult Involved in Escort/Assist: _____ SCM Trained: ☐ Role*: _____

(Attach additional pages if more space is needed.)

***Role includes:**

Primary Leader – initiated restraint or seclusion

Secondary Assistant – helped with restraint or seclusion

Observer/Monitor – monitored time and student during restraint or seclusion

***If adult involved in restraint is not a WCPS employee (i.e. volunteer, SRO), please make that notation next to the adult's name.

Physical Restraint and Seclusion Forms**PHYSICAL ASSIST INCIDENT REPORT****What de-escalation* strategies were used to try to calm the student prior to the restraint/seclusion?**

<input type="checkbox"/> Assigned seats	<input type="checkbox"/> Provide reminders
<input type="checkbox"/> Behavior Momentum	<input type="checkbox"/> Provide space
<input type="checkbox"/> Communicate concerns w/ student	<input type="checkbox"/> Provide warning and correction
<input type="checkbox"/> Independent activities	<input type="checkbox"/> Recognize and respond to behavior
<input type="checkbox"/> Involve students in the plan	<input type="checkbox"/> Redirect
<input type="checkbox"/> Modify task	<input type="checkbox"/> Relaxation strategies
<input type="checkbox"/> Opportunities to respond	<input type="checkbox"/> Schedules/routines
<input type="checkbox"/> Physical arrangement	<input type="checkbox"/> Speak privately to student
<input type="checkbox"/> Positive direction and limits	<input type="checkbox"/> Specific/concrete directions
<input type="checkbox"/> Present options	<input type="checkbox"/> Teach appropriate behavior
<input type="checkbox"/> Problem solving	<input type="checkbox"/> Teach standard consequence
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Teacher proximity
<input type="checkbox"/> Provide a specific direction	<input type="checkbox"/> Other
<input type="checkbox"/> Provide choices	

Brief description of how strategy was used prior to restraint/seclusion: _____

***"De-escalation" means the use of behavior management techniques intended to mitigate and defuse dangerous behavior of a student or to reduce the imminent danger of physical harm to self or others.

Which physical restraints were used during the incident? (Skip this section for seclusion incidents.)Single Person Standing:

Cradle ☐
 Cross-Arm ☐
 Shoulder Side Assist ☐

Multi-Person Standing:

Biceps Assist ☐
 Upper Torso ☐
 Hook Transport ☐

Seated-Kneeling Single Person:

Cradle ☐
 Upper Torso ☐

Seated-Kneeling Multi-Person:

Biceps Assist ☐
 Upper Torso ☐

Was the student transferred with a carry to another location during the restraint or seclusion?

Yes ☐ No ☐

Physical Restraint and Seclusion Forms**PHYSICAL ASSIST INCIDENT REPORT**

In the sections below, describe what happened before, during, and after the student restraint or seclusion. Include a description of the effectiveness of the restraint or seclusion and response of school personnel. Please be specific. (Use additional pages if necessary.)

- Event settings prior to physical restraint or seclusion (describe student behavior which resulted in the physical restraint or seclusion including possible factors contributing to the behavior and description of how behavior posed an imminent danger of physical harm to self/others):

- Event that occurred during physical restraint or seclusion (describe use of restraint/seclusion and describe student's behavior during restraint/seclusion):

- Events that occurred after restraint or seclusion (describe effectiveness of restraint/seclusion in de-escalating the situation; describe school personnel response to dangerous behavior):

Steps Required After Physical Intervention:

Individuals Notified:

Parent ☐ (within 24 hours of incident*)

Principal ☐ (same school day as incident)

Outside Agencies ☐ (if applicable)

*If the student is emancipated, the parent does not have to be notified. If the parent cannot be notified verbally (in person or by phone) or email within 24 hours of the incident, a written notification should be mailed.

_____ Date/time notice of restraint or seclusion provided to parent/guardian/authorized individual acting as parent.
Date/Time

Was the student injured during restraint or seclusion? YES ☐ NO ☐ UNKNOWN ☐

If YES, was an accident report completed? YES ☐ NO ☐ (Attach a copy of the accident report containing description of injury)

Were staff members or others injured during the restraint or seclusion? YES ☐ NO ☐ UNKNOWN ☐

If YES, was an accident report completed? YES ☐ NO ☐ (Attach a copy of the accident report containing description of injury.)

Describe or attach plan for positive behavioral supports/interventions which shall be used to reduce the future need for physical restraint or seclusion of the student (if student is identified for services under Section 504 or IDEA, this plan shall be treated as a recommendation to be considered by the student's team/ARC).

Physical Restraint and Seclusion Forms**PHYSICAL ASSIST INCIDENT REPORT****Documentation by Principal/designee of referral for Section 504 or IDEA services**

☐ Student will be referred for: ☐ Section 504 or ☐ IDEA

OR BASIS FOR NOT DOING SO

- ☐ Student is currently identified under §504/IDEA
- ☐ Student is currently receiving interventions as part of pre-referral process
- ☐ Student is in referral process
- ☐ Isolated incident, not a pattern of behavior
- ☐ No other factors indicating the need for referral

List of factors considered: (such as, but not limited to, academic and behavioral data, attendance, input from appropriate staff):

_____	_____
_____	_____
_____	_____

Signature

Date

(Principal/designee who completed report)

Have seen (indicate by initialing and dating)

Principal (if someone else completed the report): _____ Date: _____

SCM Instructor: _____ Date: _____

Director of Special Education or §504: _____ Date: _____

Director of Staff & Student Services: _____ Date: _____

The Director of Staff and Student Services will ensure the completed report is placed in the student's education record, and that a copy of the completed report is mailed to the parent/emancipated youth.

Physical Restraint and Seclusion Forms**NOTICE TO PARENT/EMANCIPATED YOUTH**

You have the right to request a debriefing session to discuss the events leading up to the restraint or seclusion incident, to consider information from the student's records and other sources regarding the incident, to plan for the prevention or reduction of the need for future use of restraint or seclusion, and to discuss whether any of the information or circumstances surrounding the incident of restraint or seclusion indicates a possible disability under applicable law.

If you request a debriefing session, it must be held within five (5) school days of the school's receipt of your request, unless you and the school agree in writing to delay the meeting. The following individuals will participate in the debriefing session:

The school personnel who implemented the restraint or seclusion, at least two other school personnel who were in proximity of the student immediately before or during the restraint or seclusion, the parent of an unemancipated student, the student (if the parent requests or the student is emancipated), and other supervisory and administrative school personnel, which may include appropriate Admissions and Release Committee members, Section 504 team members, or response to intervention team members, if the student is already being served under one of those programs.

If you would like a debriefing session, please submit this page to the principal of the school the student attends.

Student Name: _____

I am requesting a debriefing session regarding the restraint/seclusion incident involving the above-named student which occurred on _____ (date).

Signature of parent/emancipated youth

Date

You also have the right to submit a complaint regarding this physical restraint/seclusion incident. The process and form referenced in Board Policy 09.4281 will be used for this purpose. A complaint under this provision must be received by the school within fifteen (15) school days following the incident of restraint/seclusion.

SCHOOL USE ONLY

Date of receipt of this request for debriefing session

Date of debriefing session with parent/emancipated youth (if more than 5 school days after receipt of request, attach copy of written agreement to delay the meeting)

Attendees:

- ☐ School personnel who implemented restraint/seclusion
- ☐ Two other school personnel in proximity of the student immediately before or during the incident
- ☐ Parent of unemancipated student (an emancipated student may invite a parent to participate)
- ☐ Student (if the parent requests or if the student is emancipated)
- ☐ Other supervisory/administrative school personnel (may include ARC/504/~~MTSS/RTI~~ team members)

Physical Restraint and Seclusion Forms

NOTICE TO PARENT

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY (BY PHONE OR IN PERSON) OR BY EMAIL (IF EMAIL IS AVAILABLE TO THE RECIPIENT). IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS VERBALLY OR BY PHONE, COMPLETE THIS FORM AND MAIL IT TO THE PARENT BY U.S. MAIL. A COPY OF THE FORM SHALL BE KEPT IN THE STUDENT'S EDUCATION FILE.

Date

Dear parent/guardian,

On _____, school personnel used the following with your child:
Date

☐ Seclusion☐ Physical Restraint

A report regarding the incident is being prepared and will be mailed to you upon completion.

Sincerely,

Signature

Position

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.2

Administering Medication at School Forms/Letters

Dear Parent/Legal Guardian,

As many of you may know, dispensing medication in the school is a major responsibility for our school system. Our procedures for handling medications have been updated to meet the state guidelines.

In order to make sure all Board policies and procedures are being met to insure the safety of your child, it is important that the school system enforce procedures for administering non-prescription and prescription medications.

At this time, we are requiring that a parent, legal guardian or third party designee deliver all medication in the original container with a valid expiration date to the school office and register it with properly trained office staff. Secondly, we are requiring that a District permission form be completed and signed by a parent/legal guardian and a medical physician for all prescription medication at the time it is delivered to the school.

Only essential over-the-counter medication will be given to students during school. The District over-the-counter medication form requires ~~only~~ a parent/legal guardian signature and a medical provider's order for school administration. If an over-the-counter medication is needed for more than three (3) consecutive days, a medical physician will need to complete the prescribed medication form for the over-the-counter medication. Over-the-counter medications will be given according to the prescribed container directions. A medical physician will need to complete the prescribed medication form if an over-the-counter medication needs to be altered. District/school staff will not administer any type of homeopathic medication or dietary supplement to students.

Finally, we are requiring that a "Controlled Substances" log be signed by the parent/legal guardian or third party designee and school designee, indicating the number of pills the school received. No more than a twenty (20) day supply for each controlled substance will be accepted at a time from a parent/guardian or third party designee.

The Board policy dealing with dispensing medication, 09.2241, state that students may take medication that is brought from home with a medical physician and parent/legal guardian signature of approval. However, the student cannot carry any medication, other than certain pre-approved time-sensitive, emergency medications (such as an inhaler, Epi-pen, insulin, glucagon or digestive enzymes) due to Board policy prohibiting possession of a controlled substance. Our procedures in dispensing medication will follow the Kentucky Department of Education School Health Services Manual.

The KDE Health Manual directs schools to accept prescription medications on an individual basis and administer them only as prescribed on the medical physician's authorization. Non-prescription (over-the-counter) medications may also be accepted and given on an individual basis with a completed authorization on file with a physician and parent/legal guardian signature.

Under procedures developed by the Superintendent, a student may be permitted to self-administer medication on an out-of-state field trip with required documentation.