

Request to Place an Item on the Agenda

The Board provides two (2) opportunities in its regular meeting agenda for individuals to make comments:

- At the beginning of the meeting, the public is invited to speak on items that are on the agenda. ~~Each speaker will be allowed a maximum of five (5) minutes.~~ The time allotted for each speaker will be determined by the Chair.
- At the end of the meeting, members of the public who have signed up prior to the meeting are invited to address the Board concerning items that are not on the agenda. The Chair will determine the amount of time for each speaker, depending upon the lateness of the hour and the number of speakers.

The Board provides one opportunity in its planning meeting agenda for individuals to make comments.

Individual grievances or complaints are to be processed through the District's grievance procedures, which afford the individuals to whom comments or complaints are directed the opportunity for response and due process.

NOTE: The authority of the Board Chair to preside shall include the option to terminate the presentation of any individual who chooses:

- To engage in repetitive, abusive, harassing, and/or defamatory remarks; or
- To exhibit behavior or make statements that disrupt the orderly conduct of the meeting.

Review/Revised:7/27/2015

Criminal History Record Information

PURPOSE

The District may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in [KRS 160.380](#) and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

AUTHORITY

The District has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to [KRS 160.380](#).

NONCRIMINAL JUSTICE AGENCY CONTACT (NAC) & LOCAL AGENCY SECURITY OFFICER (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, District personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized District personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

AUTHORIZED PERSONNEL

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The District will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

TRAINING OF AUTHORIZED PERSONNEL

The District will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The District will ensure authorized users complete recertification of Security Awareness Training every twelve (12) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

Criminal History Record Information

FINGERPRINT CARD PROCESSING

The District requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government-issued photo identification prior to fingerprinting to verify their identity.

A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.

Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the "Reason for Fingerprinting" box.

Proper chain of custody procedures protecting the integrity of the covered person's fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.

COMMUNICATION

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The District will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The District will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

PHYSICAL SECURITY

The District will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The District will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The District will control physical access to information system distribution and transmission lines within the physically secure location. The District will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The District will monitor physical access to the information system to detect and respond to physical security incidents. The District will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

Criminal History Record Information

STORAGE AND RETENTION OF CHRI

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

- CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
- CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
- CHRI results will be stored electronically the agency using proper security and encryption methods.
- If stored electronically, the District will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:
 1. Network Configuration
 2. Personally Owned Information Systems
 3. Publicly Accessible Computers
 4. System Use Notification
 5. Identification/User ID
 6. Authentication
 7. Session Lock
 8. Event Logging
 9. Advance Authentication
 10. Encryption
 11. Dial-up Access
 12. Mobile Devices
 13. Personal Firewalls
 14. Bluetooth Access
 15. Wireless (802.11x) Access
 16. Boundary Protection
 17. Intrusion Detection Tools and Techniques
 18. Malicious Code Protection
 19. Spam and Spyware Protection
 20. Security Alerts and Advisories
 21. Patch Management
 22. Voice over Internet Protocol (VoIP)
 23. Partitioning and Virtualization
 24. Cloud Computing
- Per [KRS 61.878](#), CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

Criminal History Record Information

MEDIA TRANSPORT

The District will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

DISPOSAL OF MEDIA CHRI

The District will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School District Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the District shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The District shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

MISUSE OF CHRI

In the event of deliberate or unintentional misuse of CHRI, the District will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

Review/Revised:6/12/2023

Reviewed 5/22/2025

Reviewed 10/16/2025

Health and Safety - Contagious Diseases

POST IN APPROPRIATE LOCATIONS THROUGHOUT THE SCHOOL BUILDING OR WORKSITE.
--

In order to reduce the risk of the transmission of infectious diseases the following procedures will be followed in cleaning up body fluids. Body fluids include: blood, drainage from scrapes and cuts, feces, respiratory secretions, saliva, semen, urine, and vomitus.

1. Avoid direct skin contact with body fluids, when possible. Disposable gloves should be worn when direct hand contact with body fluids is anticipated (e.g. treating bloody noses, handling clothes soiled by bodily discharges, cleaning up small spills by hand).
2. When direct skin contact occurs, vigorously wash hands and other affected skin areas with soap under a stream of water for at least ten (10) seconds.
3. Contaminated disposable items such as paper towels, tissues, plastic gloves, and diapers should be secured in plastic bags and placed in the garbage.
4. A custodian should be called to clean and disinfect all soiled surfaces.
5. The spilled body fluids and accompanying material should be cleaned up by:
 - a) Using sanitary absorbent agents specifically intended for cleaning body fluid spills or using a wet mop with proper disinfectant.
 - b) Placing the contaminated material in a plastic bag and putting it in the garbage or, if suitable flushing it down the drain.
 - c) Vacuuming or sweeping up the dry absorbent material that was applied to the area. The vacuum bag or sweepings should be disposed of in a plastic bag. The broom, dust pan and/or mop should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
 - d) Promptly applying a disinfectant such as household bleach (diluted 1 part bleach and 10 parts water) to hard surfaces that have to be disinfected.
 - e) Applying a sanitary absorbent agent to carpets that are to be disinfected and vacuumed after the carpet has been allowed to dry. A germicidal rug shampoo should be applied with a brush and the carpet ~~revacuumed~~vacuumed.
6. Food that may be contaminated with body fluids shall be discarded.
7. Nondisposable cleaning equipment (dust pans, mops, buckets, brushes etc.) should be thoroughly rinsed in the disinfectant (see 5-d). Clothing, towels and other launderable items may be secured in plastic bags until items can be washed in the hot water cycle in the washing machine.
8. Disposable gloves and plastic bags are available in elementary classrooms, the Principal's office, the food service office, or the custodian's storage area.

THIS INFORMATION AND THESE RECOMMENDED PROCEDURES WERE ADAPTED FROM THOSE DEVELOPED AND COMPILED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE U.S. PUBLIC HEALTH SERVICE, AND THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES.

Review/Revised:7/26/2010

Grievance Procedures

DEFINITIONS

Appeals Procedure - A review of the final decision of the formal grievance procedure.

Board - The Board of Education of Fayette County, Kentucky.

Days - Working days from Monday through Friday, between 8:00 a.m. and 5:00 p.m., exclusive of legal holidays and other breaks in the school calendar. However, a grievance filed by an employee whose contract is less than twelve (12) months may be continued into the employee's summer break upon written request by the grievant to the next immediate supervisor.

If the employee or supervisor is on leave during the pendency of either the informal grievance resolution or the formal grievance procedure, days shall not run until the person returns from leave. A time requirement may be extended only once for one (1) five-day increment upon written agreement of the employee and supervisor.

Employee - A person employed on a full-time or part-time basis by the Board or the legal representative of the employee. If any documents are filed by the legal representative, the documents shall be signed by the employee certifying the contents of the grievance or appeal are true and correct.

Facilitation - Assistance provided by an impartial individual in the design and conduct of a problem-solving meeting.

Formal Grievance - Any formal concern or complaint by one (1) or more employees filed on a FORMAL GRIEVANCE FORM. This form is available in the Principal's office or on the District web site:

<https://www.fcps.net/cms/lib/KY01807169/Centricity/Domain/3962/HR/grievance.pdf>

The concern shall detail the violation, misinterpretation or misapplication of Board policy or procedure, or unfair treatment, which is alleged to affect the terms or conditions of one's employment with the Board. A formal grievance shall not be based on matters that the Board is prohibited from acting on by (1) judicial decision; (2) statute, including the prohibition of Board influence in personnel actions that include, but are not limited to, hiring, assignment, transfer, dismissal, suspension, reinstatement, promotion and demotion; (3) state and federal regulations; or (4) procedures to be followed by the Board as specifically provided by statute or regulation.

~~If an employee has proceeded under the informal resolution procedure, A~~ formal grievance may not be filed before the informal resolution procedure has ended. The informal resolution procedure may end either by (1) written notice to the employee's supervisor that the employee has withdrawn from the procedure or (2) written notice to the ~~employee's~~ supervisor that the employee is dissatisfied with the final decision. For the purpose of these grievance procedures, multiple grievances shall be treated as a single formal grievance.

Formal Grievance Procedure - The formal procedure addressing employee concerns. This procedure is initiated by filing a FORMAL GRIEVANCE FORM detailing the grievance.

Immediate Supervisor - The first supervisor to whom the employee is directed to report.

Grievance Procedures

DEFINITIONS (CONTINUED)

Informal Resolution - Initiated by written or oral information given to one's immediate supervisor. An informal resolution of concerns or presentation of ideas and suggestions under this method shall be made very simply. Employees shall resolve their concern under this procedure before initiating the formal grievance procedure.

Mediation - A structured process in which a trained neutral third party assists individuals (or groups) involved in a dispute to reach a mutually acceptable agreement.

Multiple Grievances - Two (2) or more employees may file one (1) grievance or individual grievances concerning the same issue. Upon review of the nature of the concern of multiple grievants, a supervisor may join other similar grievants into one (1) proceeding or, upon receipt of approval by the Superintendent, the supervisor may separate from multiple grievances any grievance not similar to the main issue. Any separated grievance shall be subject to the procedures contained herein and shall not be treated differently because of the initial filing as a multiple grievance. For the purpose of these grievance procedures, all multiple grievances shall be considered a "formal grievance."

Personnel Actions - Include, but are not limited to, hiring, assignment, transfer, dismissal, suspension, reinstatement, promotion and demotion.

INFORMAL RESOLUTION

An employee shall not be limited, discouraged nor prohibited in any manner from discussing concerns with a supervisor, nor does the use of this procedure affect the "open door policy" which provides that all employees have direct access to supervisory personnel.

The informal resolution procedure is an avenue provided to employees through which they may voice concerns, initiate ideas or suggestions, give input, bring relevant information to the attention of the administrative staff or the Board, question the application of Board policy or administrative procedure, and informally resolve employment concerns.

EXCLUSIVITY

The informal resolution procedure must be filed before the formal grievance procedure may be used to resolve concerns. If the employee fails to use the informal procedure initially, the formal procedure shall be suspended until the informal procedure is exhausted.

INFORMAL DISCUSSION

Employees who believe they have a concern which can be resolved shall first discuss the concern with their immediate supervisor. Discussion of concerns shall be held no later than ten (10) work days after the event or discovery of the event causing the concern.

TIME LIMITATIONS

Within ten work (10) days after the day the employee presents the concern, the supervisor shall give a written disposition to the employee.

APPEAL OF RESULT

If the employee is not satisfied by the supervisor's decision, the employee may initiate a formal grievance procedure by detailing the concern on a FORMAL GRIEVANCE FORM.

Grievance Procedures

FORMAL GRIEVANCE

The formal grievance procedure shall provide employees fair investigation, review and resolution of employees' concerns regarding the terms and conditions of their employment. This procedure also may be used to question the application of Board policy or administrative procedure.

A formal grievance may be filed if: (a) the final disposition of the informal resolution procedure was unsatisfactory; or (b) the employee has voluntarily terminated in writing the informal resolution procedure prior to its completion.

EXCLUSIVITY

Only after the informal resolution procedure has been exhausted, the formal grievance procedure may be used for resolution of concerns. If the employee attempts to use the formal grievance procedure initially, the procedure shall be suspended until the informal procedure has been exhausted.

TIME OF FILING

An employee shall file a detailed formal grievance on a FORMAL GRIEVANCE FORM within ten (10) work days after the receipt of the written disposition of the informal procedure.

FORM AND CONTENT OF GRIEVANCE

The grievance shall be directed to the employee's immediate supervisor. The grounds for the grievance shall be fully established on the form. No enlargement or modification of the scope of the grievance shall be allowed nor shall any grounds be added at any subsequent step of the procedure.

TIME OF PROCESSING

Grievances shall be processed expeditiously. The number of days indicated at each level are the maximum allowable to either the employee or the supervisor.

DECISION

The appropriate supervisor shall investigate and consider reconciliation of the employee's concerns. The employee and the supervisor shall discuss the nature of the grievance and available remedies. The written decision of the supervisor shall be sent to the employee and a copy to the Superintendent no later than ten (10) work days after the receipt of the formal grievance. If the employee is not satisfied with the written decision, the employee may file a written appeal and follow the Formal Appeals Procedure.

RECORD OF PROCEEDING

All grievance material shall be filed separately from the employee's personnel file and shall be available to the employee and supervisors.

FORMAL APPEALS PROCEDURE

If the employee is not satisfied with the written decision reached by the formal grievance procedure, the employee may file an appeal within ten work (10) days after receipt of the written decision.

Grievance Procedures

LEVELS OF REVIEW

All appeals shall be made to the next immediate supervisor. The written decision of the supervisor shall be sent to the Superintendent and the grievant no later than ten (10) work days after the receipt of the formal appeal.

The decision of the Superintendent may be finally appealed by the employee to the Board, as long as the grievance does not concern a personnel action. The Board shall hear the grievance and provide a written decision to the employee no later than thirty (30) days after receipt of the appeal.

PERSONNEL ACTIONS

Those grievances addressing personnel concerns shall only be appealed to the Superintendent and the decision of the Superintendent shall be final. Personnel actions include, but are not limited to: hiring, assignment, transfer dismissal, suspension, reinstatement, promotion and demotion. However, grievances concerning legal duties or policy application may be heard by the Board.

CONTENTS OF APPEAL

All appeals shall be made in writing. At the time of the filing of an appeal with the next immediate supervisor, the employee shall send a copy to the Superintendent. Appeal documents shall include a clear, concise statement detailing the grounds for dissatisfaction and the resolution sought by the employee. A copy of the signed written decision from which the employee is appealing shall be attached or the appeal shall not be effective.

EXCEPTIONS

The Superintendent may give written permission to circumvent any level of appeal permitting the employee to go to a higher supervisor or the Board. The employee shall make a written request to the Superintendent for an exception at the same time the employee appeals. Permissible grounds for exception may include, but are not limited to: an emergency, a highly personal matter, mootness, or reasons that the Superintendent finds sufficient.

FACILITATION/MEDIATION

Facilitation - to improve the problem-solving process so that participants may arrive at their jointly agreed upon goal.

Mediation - to assist parties in voluntarily reaching their own settlement rather than seeking a decision from an administrative body or a court.

ROLES

The facilitator's role shall be to design the process to enhance discussion and information exchange in a fair and impartial way, conduct the meeting to maximize participation, promote mutual understanding, cultivate shared responsibility, and enable group members to search for inclusive solutions and sustainable agreements.

The mediator's role shall be to help parties in conflict to be more effective in their communication so as to enable them to reach a settlement or agreement. Mediators make no findings, do not impose their view of what settlement should be, and have no decision-making authority. **They/She** must be perceived as being neutral and impartial by both parties.

Grievance Procedures

GUIDELINES

Facilitation/mediation shall be subject to the following guidelines and conditions:

1. Mediation may be requested by the Superintendent/designee or through the appropriate Director.
2. Both parties must agree to participate in the process requested.
3. The Superintendent/designee shall assign the individual who is to serve as facilitator or mediator and who will propose process timelines to be approved by both parties.
4. Mediation proceedings shall be confidential, with the exception of Open Meetings/Open Records requirements, with no records to be kept of sessions unless both parties agree. (The only record of mediation shall be the written agreement, if a settlement is reached.)
5. Parties agreeing to a mediated agreement shall sign it to signify their intent to comply. Should either party subsequently refuse to abide by the agreement, a settlement may be made in favor of the remaining party.
6. If mediation is unsuccessful (the parties are unable to reach a settlement), other remedies may be pursued.
7. Prior to and during facilitation/mediation of grievances involving individuals with disabilities, procedures mandated by federal and state law shall be followed.

Review/Revised:8/22/2011

Job Abandonment Procedure

An employee is required to communicate all absences with their supervisor. If they do not communicate and are not on approved leave this could constitute job abandonment.

Employees who are absent from work for five (5) consecutive working days, without proper notification to the immediate supervisor regarding the absence, could be considered as having abandoned their job.

Prior to making a determination regarding job abandonment for employees under the FCPS District, the employee's immediate supervisor or other designated District official shall make a good faith effort to contact the employee to ensure there are no extenuating circumstances concerning the absences. If the supervisor or designated official is unable to make contact with that employee and/or no extenuating circumstances are identified, the job abandonment process is then initiated.

JOB ABANDONMENT PROCESS

When an employee has been absent for five (5) consecutive working days regardless of pay status or accrual balance, the Office of Employee Benefits will take the following steps beginning on day 6 of the unapproved absence:

1. Reach out to the employee via phone call and email to inquire about intent to return to work.
2. If employee needs to be off work due to medical reasons, Office of Employee Benefits will mail FMLA packet to home address and/or FCPS email.
3. If employee is off for non-medical reasons, Office of Employee Benefits will notify employee they must return to work on the following working day or communicate with their supervisor to be placed on an approved leave or they may be referred to the HR department for job abandonment.
4. If Office of Employee Benefits cannot make contact with employee, employee will be sent a certified letter to home addresses currently on file with FMLA packet and a wellness check may be requested.
5. After 13 consecutive missed working days, if the employee is not on an approved leave and has still not returned to work, they will be referred to Human Resources for Job Abandonment.

IMPACT ON BENEFITS

Insurance and benefits will end based on last paid day. Failure to notify Human Resources of your resignation may result in loss of COBRA benefits.

- If last paid day is between 1st and 15th of the month, insurance and/or HRA terminates on the 15th
- If last paid day is between 16th and the end of the month, insurance and/or HRA terminates on the last day of the month

COBRA (continuation of coverage for up to 18 months) will be extended to you when your insurance benefits terminate when resignation is submitted the properly.

- Health Insurance-COBRA will be offered to you by Health Equity **877-430-5519**
- Delta Dental and Delta Vision Insurance - COBRA will be offered to you by Employers Risk Services **270-529-1423**

Travel Reimbursement Forms

Approval of and reimbursement of travel expenses shall be accomplished by the completion of the following **e-forms** forms, which are located on the District web site (<https://my.feps.net/forms>):

<https://www.fcps.net/staff/financial-accounting-benefits-services>

- Request for Professional Leave
- Professional Leave Reimbursement
- Mileage Reimbursement

Review/Revised:7/26/10

Paid Parental Leave Procedures

ELIGIBILITY TO RECEIVE PAID LEAVE

Paid Maternity Leave: An employee with less than six (6) months of employment with the district requesting employer paid maternity leave following the birth of a child or children may receive up to thirty (30) employer-paid consecutive contract workdays. This applies immediately following the birth of the child or children specifically for the employee who gave birth for recovery. An employee may use their own accrued leave days beyond the thirty (30) days provided by the Board when the need is verified by a physician's statement. If an employee surpasses their six (6) months of employment while on leave, a cross over to district paid parental leave does not occur.

District Paid Parental Leave: An employee who has worked for the district for over six (6) months consecutively requesting employer paid parental leave following the birth or adoption of a child or children may receive up to thirty-five (35) employer-paid consecutive contract workdays. This applies immediately following the birth or adoption of the child or children. If both parents are District employees, both can request thirty-five (35) paid consecutive contract workdays to use individually. An employee may use their own accrued leave days beyond the thirty-five (35) days provided by the Board when the need is verified by a physician's statement.

PROCESS REQUIRED

The recipient of the employer paid maternity leave must submit to the Benefits Department within thirty (30) days of birth a front and back, completed and physician signed copy of the footprint card issued by the hospital or present a copy of the birth certificate. The name of the employee requesting the leave must be on submitted documentation.

The recipient of the ~~employer~~ ~~district~~ paid parental leave must submit to the Benefits Department within thirty-five (35) days of birth/adoption a front and back, completed and physician signed copy of the footprint card issued by the hospital or present a copy of the birth certificate. The name of the employee requesting the leave must be on submitted documentation. For adoptions, recipients of the paid leave must submit to the Benefits Department a copy of the legal adoption agreement signed and dated by a judge within thirty-five (35) days of the judge's signature date.

Formatted: Strikethrough

GUIDELINES

Recipient must adhere to the following:

1. Paid maternity leave is limited to one (1) set of thirty (30) paid consecutive contract workdays per fiscal year. District paid parental leave is limited to one (1) set of thirty-five (35) paid consecutive contract workdays per fiscal year.
2. District paid parental leave is limited to one (1) set of thirty-five (35) paid consecutive contract workdays per fiscal year.
3. If the recipient files and is approved for FMLA, it will run concurrently with the ~~District paid paid parental leave~~ birth/adoption leave. (03.12322, 03.22322)
4. If both parents are District employees, ~~and have been employed for six (6) months or longer~~, both can request thirty-five (35) paid consecutive contract workdays to use individually but both parents must use immediately following the birth or adoption of the child or children. Both parents must use the leave concurrently.
5. If the employee(s) name is not listed on the birth certificate, footprint card, or adoption agreement, ~~paid maternity or district~~ paid parental leave will not be granted.

6. If documentation validating birth of the child or children is not submitted to the Benefits Department within thirty (30) days of the event, paid maternity leave will not be granted

5-7. If documentation validating birth/adoption of the child or children is not submitted to the Benefits Department within thirty-five (35) days of the event, district paid parental leave will not be granted.

6-8. Employees with a less than year-round work calendar must submit a physician's statement to use paid maternity leave or district paid parental leave at the start of the work calendar if birth or adoption takes place during non-contract workdays.

(See examples below.)

Paid Maternity Leave Procedures

EXAMPLE: Mr. Smith, attendance specialist, welcomed a baby with his spouse, Mrs. Smith. This is Mrs. Smith's first year with FCPS and is two months into her employment. Mr. Smith has been employed with FCPS for only two months as well, so unfortunately, he is not eligible to receive maternity leave (as he is not the employee who gave birth) and is not eligible for district paid parental leave because he has not been employed by the district for at least six (6) months. Mrs. Smith is eligible for the paid maternity leave as she gave birth however is not eligible for district paid parental leave based on her length of employment.

EXAMPLE: An employee who has worked for the district for less than six (6) months has a baby when school is out for summer break. Physician's statement will determine whether the thirty (30) days leave is applicable and must order the employee to be out for recovery thirty (30) days past the start of the work calendar. Ms. Hawkins, a teacher whose work calendar begins August 5th has a baby on June 2nd. The submitted physician statement indicates a recovery period that extends past the start of the work calendar. e.g., June 3rd-Sept. 16th. With the physician statement, the employee would be eligible to use the thirty (30) days of paid maternity leave and then use their employee leave time.

EXAMPLE: Ms. Applegate, a new teacher whose work calendar also begins August 5th has a baby on June 3rd. Her physician's statement states she needs June 2-August 2. Ms. Applegate would not be eligible to use the thirty (30) days of paid maternity leave.

EXAMPLE: A new employee, employed with the district 5 1/2 months, gives birth. At the time of birth, since the length of employment is not six (6) months, the employee is eligible for paid maternity leave. Even though the employee will hit six (6) months of service while on leave, the employee is not eligible for district paid parental leave because at the time of birth, the employee had not been employed for six (6) months.

Formatted: Normal, Justified, Indent: Left: 0.5", Space After: 6 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between: (No border)

Paid Parental Leave Procedures

EXAMPLE: An employee's spouse has babies when school is out for summer break and the physician statement orders the employee to be out for thirty-five (35) days. Mr. Roberts', a bus driver whose work calendar begins on August 5th, spouse has twin babies on July 25th. The submitted physician statement indicated a bonding period of thirty-five (35) days. This resulted in twenty-eight (28) days being employer paid since seven (7) of the thirty-five (35) ordered by the physician began before his calendar began. Employer paid days are pro-rated and the employee is allotted the remainder of the thirty-five (35) days after birth/adoption unless the physician statement orders more than the thirty-five (35) day employer district paid parental leave.

EXAMPLE: An employee has a baby when school is out for summer break. Physician's statement will determine whether the thirty-five (35) days leave is applicable and must order the employee to be out for recovery thirty-five (35) days past the start of the work calendar. Ms. Mullins, a teacher whose work calendar begins August 5th has a baby on June 2nd. The submitted physician statement indicates a recovery period that extends past the start of the work calendar. e.g., June 3rd-Sept. 20th. With the physician statement, the employee would be eligible to use the thirty-five (35) days of district paid parental leave and then use their employee leave time.

EXAMPLE: Ms. Sterling, a teacher whose work calendar also begins August 5th has a baby on June 3rd. Her physician's statement states she needs June 2-August 2. Ms. Sterling would not be eligible to use the thirty-five (35) days of district paid parental leave.

ELIGIBILITY TO RECEIVE UNPAID LEAVE

Following paid maternity leave, an employee may request additional leave, unpaid or with use of employee accrued leave time, with a physician statement.

Following district paid parental leave, an employee may request additional leave, unpaid or with use of employee accrued leave time, with a physician statement or with completed FMLA application.

PROCESS REQUIRED

Medical documentation must be submitted to the Benefits Department prior to lapse of thirty (30) for paid maternity days.

Medical documentation or completed FMLA application must be submitted to the Benefits Department prior to lapse of thirty-five (35) district paid parental days.

The parent of a newborn or the employee who adopts a child or children shall, upon request, be granted unpaid leave of absence not to exceed the remainder of the semester in which the birth or placement occurred. Thereafter, leave may be extended in increments of one (1) semester, not to exceed two (2) consecutive school years. If an employee has accrued leave time available, those will be used during approved leave before unpaid leave begins. Employees utilizing extended leave must inform the Benefits Department of their intent to return or remain on leave for the following year by February 28.

Employees taking an extended paid maternity or district paid parental leave will be entitled to return to a similar position for which they are qualified. Placement in the same position or the same building cannot be guaranteed.

GUIDELINES

Recipient must adhere to the following:

1. If the recipient files and is approved for FMLA, it will run concurrently with the unpaid birth/adoption leave.

Paid Parental Leave Procedures**GUIDELINES (CONTINUED)**

2. Physician statement must be submitted to the Benefits Department for unpaid leave before thirty (30) or thirty-five (35) day district paid leave is exhausted.
3. If employee is no longer covered under FMLA or on district paid maternity or district paid parental leave, and requests to extend their unpaid leave, they must seek approval by principal, chief, and associate director of benefits. (03.1234, 03.2234)
4. If employee is not FMLA eligible and no longer in a paid status, benefits will terminate until employee returns to work.
5. Donations can be received once thirty (30) or thirty-five (35) paid maternity or district paid parental leave and accrued employee leave time are exhausted. (03.1232, 03.2232)

Review/Revised:6/24/2024

-CLASSIFIED PERSONNEL-**Employee Assistance Program Procedures**

For procedures concerning implementation of the District's employee assistance program, please refer to 03.1291 AP.1 and information located on the District's web site:

<https://www.fcps.net/staff/human-resources/employee-wellness>

<http://www.fcps.net/administration/departments/human-resources/for-employees/eap/>

RELATED PROCEDURE:

03.1291 AP.1

Review/Revised:7/26/10

Fleet Insurance Procedures

FLEET BIDS

The Board shall contract for fleet insurance in compliance with the Model Procurement Code. (See Policy 04.32 and related procedures.) Fleet insurance shall meet state requirements.

The purpose of fleet insurance is to provide coverage for property damage, bodily injury, uninsured motorists and no-fault accidents. The function of property damage and bodily injury insurance is to cover any claim that might be assessed or adjudged against the Board as a result of negligence on the part of the bus driver.

COVERAGE LIMITS

Minimum coverage limits on each vehicle shall be as follows:

Property Damage - Each Accident	\$100,000
Bodily Injury Liability - Per Person	\$250,000
Bodily Injury Liability - Per Bus Load	\$2,000,000
Uninsured Motorist Coverage - Per Accident	\$500,000
No-Fault Coverage - Per Person	\$20,000

VEHICLES COVERED

_____	70/71-passenger school buses	_____	16-passenger school buses
_____	65-passenger school buses	_____	1½ ton trucks
_____	53-passenger school buses	_____	¾ ton truck
_____	35-passenger school buses	_____	4-door sedan
_____	22-passenger school buses	Other:	_____

INFORMATION TO BE MAINTAINED

The Director of Risk Management shall keep on file a detailed list of Board-owned vehicles listing side number, year, make, engine number, license number and seating capacity. In addition, the Director shall maintain a file record of insurance claims for the past ten (10) years.

Review/Revised:6/14/2021

Bodily Injury /Property Damage \$250,000/\$2,000,000 Split	\$2,000,000 per Occurrence combined or
Bodily Injury Liability	\$2,000,000 per bus load
Uninsured/Underinsured	\$500,000
“No Fault” Coverage	\$20,000 per passenger

Guardianship Forms

**NOTARIZED STATEMENT OF NON-CUSTODIAL PARENT OR
NON-PARENT GUARDIAN ENROLLING A STUDENT**

This form is required to be completed if you are enrolling a student who is not your natural or legally adoptive child, or if the student is your child, but is the subject of a custody order granting custody to another individual. Please present your driver's license or picture ID for copying and any legal documentation regarding the child.

I, _____, residing at _____, Lexington, KY, _____,
(Printed Name of Enrolling Adult) (Street Address) (Zip Code)

swear or affirm under penalty of perjury that I have been given the custody or charge of

_____, _____, by _____
(Student's Name) (Date of Birth) (Name and relationship to student of person
giving you custody or charge of student)

I verify and affirm that the student lives with me at the above address. I assume full responsibility to make educational decisions related to this student, while the student is enrolled in the Fayette County Public Schools.

I understand that this Statement shall remain valid until one of the following occurs:

- 1) I provide the Fayette County Public Schools with a notarized renunciation of this Statement;
- 2) A parent/legal guardian, or social service or law enforcement official presents the school with written notice that the child is not under my custody or charge;
- 3) The student, age eighteen or older or who presents his/her valid marriage license provides written notice that he/she is no longer under my custody or charge; or
- 4) The student is the subject of a custody or court order provided to the school.

(Date)

(Signature of Enrolling Adult)

Commonwealth of Kentucky

County of

Subscribed and sworn to before me by _____ on this _____ day
(Printed Name of Enrolling Adult)

of _____, 20_____;

Notary Public

My commission Expires:

FOR OFFICE USE ONLY

School _____ Photo ID Copied By: _____
(Name of School Staff Member)

Guardianship Forms**RENUNCIATION OF CUSTODY OR CHARGE OF A STUDENT**

This form is required to be completed if you are notifying the school that that a child (other than your natural or adoptive child) is no longer under your custody or charge.

I, _____, residing at _____,
(Printed Name of Enrolling Adult) (Street Address)

Lexington, KY, _____,
(Zip Code)

swear or affirm under penalty of perjury that I no longer have the custody or charge of
_____, _____, and that the student no longer resides with
(Student's Name) (Date of Birth)

me. I hereby provide notification that the student is now under the custody and charge of

_____, _____, _____
(Name of Person with Custody of Student) (Phone Number)

_____, Lexington, KY, _____,
(Street Address) (Zip Code)

I understand that I no longer have responsibility for educational decisions and that I no longer have the authority to obtain educational information regarding this student.

_____ (Signature of Enrolling Adult)

Commonwealth of Kentucky

County of _____

Subscribed and sworn to before me by _____ on this _____ day
(Printed Name of Enrolling Adult)

of _____, 20 _____.

Notary Public

My commission Expires: _____

Review/Revised:7/26/10



NOTARIZED STATEMENT OF NON-CUSTODIAL PARENT OR NON-PARENT ENROLLING A STUDENT IN FAYETTE COUNTY PUBLIC SCHOOLS

This form is required to be completed if you are enrolling a student who is not your natural or legally adoptive child, or if the student is your child, but is the subject of a custody order granting custody to another individual. Please present your driver's license or picture ID for copying and any legal documentation regarding the child.

I, _____, residing at _____, Lexington, KY, _____
 (Printed Name of Enrolling Adult) (Street Address) (Zip Code)

I Swear or affirm under penalty of perjury that I have been given the custody or charge of

_____, _____, by _____,
 (Student's Name) (Date of Birth) (Name and relationship to student, of person giving you custody or charge
 of the student)

I verify and affirm that the student lives with me at the above address. I assume full responsibility to make educational decision related to this student, while the student is enrolled in the Fayette County Public Schools.

I understand that this Statement shall remain valid until one of the following occurs:

1. I provide the Fayette County Public Schools with a notarized renunciation of this Statement;
2. A parent/legal guardian, or social service, or social service, or law enforcement official presents the school with a written notice that the child is not under my custody or charge;
3. The student, age eighteen or older or who presents his/her valid marriage license provides written notice that he/she is no longer under my custody or charge; or
4. The student is the subject of a custody or court order provided to the school or
5. This document was completed more than one (1) calendar year ago.

 (Date Signed)

 (Signature of Enrolling Adult)

 (Date this Document Expires)

Commonwealth of Kentucky, County of Fayette, Subscribed and sworn to before me by _____

 (Printed Name of Enrolling Adult)

On this _____ day of _____, 20 _____. _____

 (Notary Public)

My Commission Expires: _____

FOR OFFICE USE ONLY

SCHOOL _____

PHOTO ID COPIED BY: _____

Notification of PPRA Rights

Distribute this notice annually to parents and students.

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- ♦ **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education:
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or the student’s parents; or
 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- ♦ **Receive notice and an opportunity to opt a student out of:**
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE:** If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- ♦ **Inspect, upon request and before administration or use:**
 1. Protected information surveys to be used with students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

Notification of PPRA Rights

The District shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the District *Code of Acceptable Behavior and Discipline*, or other avenue designated by the Superintendent/designee.

The District shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

*Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, D. C. 20202-8520*

Review/Revised:7/26/10

PPRA Forms**OPT-OUT FOR SPECIFIC ACTIVITIES**(For activities **not** funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date _____ *Name of School/Site* _____

there will be a protected information survey conducted. This activity consists of:

Description: _____
_____If you do **not** want your child(ren) to participate, please sign below and return the form to your Principal/designee by _____*Five (5) days before activity or as directed***OPTIONAL:** You may also opt out of the activity by calling or e-mailing your Principal/designee no later than _____ at _____ or*Five (5) days before activity or as directed* _____ *Phone* _____*E-mail Address* _____

If you do not indicate your decision to opt out by the date set forth above, the student will be permitted to participate in the activity.

If, you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

As the parent/guardian, I do not want my child(ren), as noted below, to participate in the activity designated above and, by signing and returning this form, indicate my decision to opt them out of the activity.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature _____*Date* _____

PPRA Forms**CONSENT FOR SPECIFIC ACTIVITIES**

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date _____ *Name of School/Site* _____

there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

Please sign below in the event you consent to your child(ren)'s participation and return this form to your Principal/designee by _____.

Five (5) days before activity or as directed

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

*Parent Signature**Date*

Review/Revised:7/26/10

Prevention/Control of Head Lice in Schools

School personnel shall actively pursue the prevention and control of head lice in the District's schools by developing a consistent education, screening and follow-up program for all students.

Principals and school personnel trained to identify live lice shall adhere to the following guidelines:

- 1) When students are observed/reported to have live head lice any time during the school year:
 - a. Playmates closely associated with the student and possibly siblings of the student that attend the same school may be checked for live lice, which are defined by the Centers for Disease Control and Prevention as crawling lice. In general, school-wide checks are not necessary.
 - b. Parents of each student identified as having live lice will be contacted by a school/District representative advising them of the finding. Parents may be asked to pick up the child for treatment, **but it is not necessary.**
- 2) Principals or school/District personnel shall offer parents of students identified as having live lice:
 - a. Visual evidence of live lice in the student's hair.
 - b. Verbal and/or written information/direction for hair treatment and household procedures.
- 3) In most cases, students should not be excluded from school. However, in all instances when personnel identify live lice, they shall confirm with the student and/or parent/guardian that the following have occurred:
 - a. The parent/guardian has combed the student's hair with an actual lice/nit comb or applied special lice killing shampoo on the same or next day.
 - b. ~~When the student returned to school after treatment, designated school personnel rechecked the student before s/he returned to the classroom. If live lice remained, steps 2 and 3 above were re-established.~~
- 4) School personnel shall follow up with students found with a second and subsequent cases of live head lice to assure that:
 - a. Prescribed medical treatment for live lice has been applied to the student's hair no later than the next day. **Treatment products may be provided if parent is unable to obtain.**
 - b. Any second application required is applied within the recommended time frame.
- 5) The Superintendent/designee shall:
 - a. Establish education/information programs on head lice control methods for school personnel, community members, students and parents.
 - b. Provide each school with written materials on head lice control and prevention.

Review/Revised:8/25/2014

Exposure to Bloodborne Pathogens

The bodily fluid cleanup guidelines that are included in the **Safe Schools Training** “Bloodborne Pathogen Exposure ~~Control-Plan~~**Prevention**” required by Policies 03.14/03.24 and related procedures will be followed in incidents involving students.

Review/Revised:7/26/10

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

This form shall be used to document reports listed in Policy 09.2211 that are required by [KRS 158.155](#) and [KRS 158.156](#). After receiving a report of an alleged violation from an employee, the Principal shall be responsible for documenting the alleged incident. Regardless of the statutory provision under which the alleged incident falls or the reporting requirements of that provision, school employees shall also report the alleged incident to the Principal for documentation.

STUDENT REPORTED FOR VIOLATION*Last Name**First Name**Middle Initial*

General nature of the alleged violation:

On _____, I reported the above incident to:

Date

District law enforcement agency
 Local law enforcement agency; specify: _____
 Department of Kentucky State Police County Attorney
 The Superintendent, who shall report it to the Board, if required by [KRS 158.156](#)

*Signature of Principal Reporting**Date*

The following information about the student involved is for internal tracking purposes only:

INFORMATION FOR STUDENT REPORTED:

BIRTHDATE _____ AGE _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____

*Last Name**First Name**Middle Initial*

PARENT/GUARDIAN ADDRESS _____

PARENT/GUARDIAN WORK PHONE _____

HOME PHONE _____

If the report concerns an alleged student victim, the following information applies to that student:

ALLEGED VICTIM*Last Name**First Name**Middle Initial*

BIRTHDATE _____ AGE _____ SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____

*Last Name**First Name**Middle Initial*

PARENT/GUARDIAN ADDRESS _____

PARENT/GUARDIAN WORK PHONE _____

HOME PHONE _____

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

PARENTAL NOTIFICATION

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

BOARD NOTIFICATION

For an incident related to KRS 158.156, the Principal shall report only the following information to the Superintendent to share with the Board:

On _____, _____ students were involved in an incident
Date *Number*
reportable under KRS 158.156.

Name of School *Signature of Principal*

RELATED PROCEDURE:

09.438 AP.21

Review/Revised:6/10/2024

Physical Restraint and Seclusion: Documentation of Use

Student Name:	Date of Birth:		
Grade:	School:		
Resolution: Restraint Seclusion	Date of Use:		
Beginning time of resolution used:	Ending time of resolution used:		
Parent/Guardian notified of use and debrief request timeline: No Yes		Date of Notification:	
Method of Notification: Phone Email U.S. Mail Face-to-Face Other, specify:			
Describe events that lead to resolution:			
Interventions immediately prior to resolution: (Check all that apply.)			
Present options	Positive directions and limits	"I" messages	
Involve student in plan	Provide space	Positive corrections	
Verbal redirection	Relaxation activities	Problem-solving	
Other, specify:			
Describe the behavior posing harm:			
Describe behavior during resolution: (Indicate names and interactions between staff/student during restraint/seclusion.)			
Techniques used for resolution: (Check all that apply.)			
Single-person arm	Seated/kneeling crossed arm assist	Hook transport carry	
Two-person arm	Seated/kneeling upper torso assist	Single-person escort	
Standing cradle assist	Standing upper torso assist	Two-person escort	
Seated/kneeling cradle	Shoulder assist	Multiple person extended arm escort	
Crossed arm assist	Cradle carry	Side assist	
Single person extended arm assist	Standing multiple person upper torso	Single person extended arm escort	
Multiple person extended arm assist	Multiple person upper torso	Other, specify:	
Standing bicep assist	Multiple person standing cradle	Escapes:	
Seated/kneeling bicep assist	Hook transport assist to floor or escort	Seclusion	
Injuries to Student:			
Death	Loss or impairment of function	Substantial risk of death	
Extreme physical pain	Protracted and obvious disfigurement	None	
Other injuries, specify:			
Injuries to School Personnel:			
Death	Loss or impairment of function	Substantial risk of death	
Extreme physical pain	Protracted and obvious disfigurement	None	
Other injuries, specify:			
Injuries to Others:			
Death	Loss or impairment of function	Substantial risk of death	
Extreme physical pain	Protracted and obvious disfigurement	None	
Other injuries, specify:			
Effectiveness of restraint/seclusion in de-escalating behavior:			
Describe response to behavior:			
Describe planned future positive interventions:			
Student post interview comments:			
Student identified Section 504?	No Yes	Basis for declining to refer 504:	
Student identified IDEA (IEP)?	No Yes	Basis for declining to refer IDEA:	
Debriefing session requested?	No Yes	Date of Request:	Date of meeting:
Student representatives attending debriefing session:			
Family or student representative(s):	Parent/Guardian:		
Student:	Other, specify:		
School personnel attending debriefing session:			
Implementer(s) of resolution:	Special education teacher:		
Principal:	School psychologist:		
Regular education teacher:	School counselor:		
Other, specify:	Other, specify:		
Staff member completing report:	Date of current SCM certification:		
Reporter restrictions, specify:			
Principal's name:	Date report provided to principal:		

Review/Revised:12/5/13

Physical Restraint and Seclusion: Documentation of Use

Student Name:	Date of Birth:		
Grade:	School:		
Resolution:	<input type="checkbox"/> Restraint	<input type="checkbox"/> Seclusion	Date of Use:
Beginning and ending times of resolution(s) used:			
Parent/Guardian notified of restraint/seclusion use:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Notification:	
Time of Notification:			
Method of Notification:			
<input type="checkbox"/> Phone	<input type="checkbox"/> Face-toFace	<input type="checkbox"/> Other, Specify	
<input type="checkbox"/> Email	<input type="checkbox"/> Text		
Event Type			
<input type="checkbox"/> Endangering Others	<input type="checkbox"/> Fight (Student to Student)		
<input type="checkbox"/> Self-Endangerment	<input type="checkbox"/> Fight (Student to Staff)		
<input type="checkbox"/> Disregarding Safety	<input type="checkbox"/> Fight (Student to Other)		

Interventions immediately prior to resolution: (Check all that apply)

(Make sure that all boxes that are checked are also explained in the narrative description Pre-Response Behavior)

<input type="checkbox"/> Present options	<input type="checkbox"/> Positive directions and limits	<input type="checkbox"/> Teacher proximity
<input type="checkbox"/> Involve student in plan	<input type="checkbox"/> Provide space	<input type="checkbox"/> Positive corrections
<input type="checkbox"/> Verbal redirection	<input type="checkbox"/> Relaxation strategies	<input type="checkbox"/> Problem-solving
<input type="checkbox"/> Provide choices	<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Communicate concern w/ student
<input type="checkbox"/> Other, specify:		

Pre-Response Behavior

Describe events that lead to resolution of restraint:

(Document an account of the actions by the involved students and staff, which led to this response. Include a description of any events leading up to the response, the effectiveness of any Pre-response Interventions and how the student's behavior posed danger or harm, i.e. what events led to SCM core team to be called.)

Techniques used for resolution (Actual JKM hold(s) that were used): (Check all that apply)

Standing Position Restraint (what is entered into IC)	Kneeling Position Restraint (what is entered into IC)	Transport Position Restraint (what is entered into IC)
<input type="checkbox"/> Standing cradle assist <input type="checkbox"/> Crossed arm assist <input type="checkbox"/> Single person extended arm assist <input type="checkbox"/> Multiple person extended arm assist <input type="checkbox"/> Standing bicep assist <input type="checkbox"/> Shoulder assist <input type="checkbox"/> Standing upper torso assist <input type="checkbox"/> Standing multiple person upper torso	<input type="checkbox"/> Seated/kneeling cradle <input type="checkbox"/> Seated/kneeling upper torso <input type="checkbox"/> Seated/kneeling multiple person upper torso assist <input type="checkbox"/> Seated/kneeling bicep assist <input type="checkbox"/> Side Assist <input type="checkbox"/> Escapes	<input type="checkbox"/> Cradle carry <input type="checkbox"/> Hook transport assist to floor <input type="checkbox"/> Hook transport <input type="checkbox"/> Hook escort <input type="checkbox"/> Bicep escort <input type="checkbox"/> Single person extended arm escort <input type="checkbox"/> Multiple person extended arm escort <input type="checkbox"/> Seclusion

Response Behavior:

Describe the resolution (restraint) and describe the behavior during resolution: *(Document an account of the student's behavior during the response, how the school personnel responded to the dangerous behavior, interaction between the student and school personnel during the response and the effectiveness of this response type. Include the names of the assist/escort/transport used and the times for all.)*

Post-Response Behavior

Describe effectiveness of restraint/seclusion in de-escalating behavior: *(Document an account of the involved students and staff following the response. Include a description of the effectiveness this response had in deescalating the situation as well as any planned positive behavior interventions that could reduce the need for restraint or seclusion response in the future.)*

Staff members involved in Restraint:

Staff Primary/Lead:	Other Primary/Lead:	
Staff Secondary:	Other Secondary:	
Staff Observer:	Record-Keeper:	

Injuries to Student:

<input type="checkbox"/> None	<input type="checkbox"/> Death	<input type="checkbox"/> Loss or impairment of function
<input type="checkbox"/> Substantial risk of death	<input type="checkbox"/> Extreme physical pain	<input type="checkbox"/> Protracted and obvious disfigurement
<input type="checkbox"/> Other injuries, specify:		

Injuries to School Personnel:

<input type="checkbox"/> None	<input type="checkbox"/> Death	<input type="checkbox"/> Loss or impairment of function
<input type="checkbox"/> Substantial risk of death	<input type="checkbox"/> Extreme physical pain	<input type="checkbox"/> Protracted and obvious disfigurement
<input type="checkbox"/> Other injuries, specify:		

Injuries to Others:

<input type="checkbox"/> None	<input type="checkbox"/> Death	<input type="checkbox"/> Loss or impairment of function
<input type="checkbox"/> Substantial risk of death	<input type="checkbox"/> Extreme physical pain	<input type="checkbox"/> Protracted and obvious disfigurement
<input type="checkbox"/> Other injuries, specify:		

Describe planned future positive interventions:**Student post interview comments:**

Student has BIP	Reason for no BIP:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Debriefing session requested by guardian	Date of Request:	Date of Meeting:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Student representatives attending debriefing session:	
Family or student representative(s):	Parent/Guardian:
Student:	Other, specify:
School personnel attending debriefing session:	
Implementer(s) of resolution:	Special Education teacher:
Principal:	School psychologist:
Regular education teacher:	School counselor:
Other, specify:	
Staff member completing report:	Date report provided to principal:
Principal's name:	
Comments:	

Student Medication Administration

AUTHORIZATION

~~The MEDICAL AUTHORIZATION FORM (09.2241 AP.2) shall be completed before any employee administers medication to a student.~~ The Medication Administration Record (09.2241 AP.2) shall be completed when a nurse or employee administers medication to a student. Only school personnel selected by the Principal shall have the responsibility for administering medication to students. Each school location must have at least three (3) persons who are certified in medication administration.

A. ADMINISTRATION OF MEDICATION

1. Medication Safety

- First dose of any new medication should be given at home and not at school.
- All medications should be brought to the school by a parent/guardian when possible.
- If medication is transported to school by the student, it should be transported in its original container and in a sealed envelope with the student's name on the outside and given to the appropriate school personnel (school nurse or designated school personnel).
- Controlled substances shall be counted and the number of pills received shall be noted on the Controlled Substance Monitoring Sheet. (See 09.2241 AP.22.)
- Medication shall only be administered according to the health care provider's instructions on the prescription label. (A clear tape may be applied over label to maintain legibility of label.)
- Discrepancies that exist between the information on the Parent/Guardian Authorization Form and the prescription label should require one (1) of the following:
 - a. A new Authorization Form completed by the **prescribing physician** or parent/guardian; or
 - b. A new prescription bottle or label issued by the pharmacy.
- Medications shall not be given beyond the date specified on the Authorization Form.
- Medication shall not be administered beyond the expiration date on the label.
- Any use of opioid antagonist shall comply with [KRS 217.186](#).

2. Changes in Medication

- The authorization to administer medication is only valid for the current school year or until treatment changes. A new Authorization for Medication Administration form must be obtained whenever there is a change to the medication, dosage, time and/or frequency and a new prescription bottle (or medication label if applicable) from the pharmacy indicating the prescription change.
- Nurses may only accept medication orders as prescribed by a physician, physician's assistant, Advanced Practice Registered Nurse (APRN) or dentist. [[KRS 314.011\(6\)](#) (c)]

Student Medication Administration

B. STORAGE AND DISPOSAL OF MEDICATIONS

- 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 should be kept in an appropriately labeled, secure, locked container or cabinet accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked container that can be stored with food in a supervised area. Temperature of that refrigerator will be checked on a daily basis and recorded according to agency policy. Temperatures should be maintained between 33 and 45 degrees Fahrenheit.
- For students receiving medication throughout the school year, it is recommended that no more than a month's supply of medication be stored on school property.
- When a medication is no longer needed, the school should notify the parent/guardian and request that it be picked up by the parent/guardian.
- For disposal of unused medication or expired medication that has not been picked up by parent/guardian:
 1. For pills: crush pills and combine with coffee grounds, soap, or glue in the pill container or plastic bag; bag or container may be thrown into garbage can.
 2. For liquids: pour cat litter, pencil shavings or sand into container and wait for it to set-up, after it becomes hardened, it may be thrown into garbage can.
 3. Disposal of medication must be documented on the student's medication record to verify it was destroyed, sign, date and have a witness also sign and date.
 4. Items such as inhaler canisters may be placed in a sharps container or disposed of according to the school district's Blood borne Pathogen OSHA plan.

C. FIELD TRIPS AND MEDICATION ADMINISTRATION

If a student is attending a field trip away from school during his/her scheduled medication time, school personnel trained annually in field trip medication administration will be designated to administer the medication while on the field trip.

Notification and preparation for administering medications during a field trip should begin well in advance of the day of the field trip. Student medication may not be repackaged for field trips by school personnel. The school should request the parent send a separate bottle with enough medication for the field trip day. The medication bottle should also have a pharmacy prescription label attached.

Out of State Field Trips

Each state's nursing laws are unique to that state and may not be the same as Kentucky's.

Student Medication Administration

OUT OF STATE FIELD TRIPS (CONTINUED)

If a field trip crosses state lines, the field trip coordinator must notify their school nurse thirty (30) days in advance. The school nurse or school district health coordinator should contact the Board of Nursing of the state or states to be visited to verify whether unlicensed personnel are allowed to administer medications in that state or states. When unlicensed personnel are not allowed, the school District health coordinator will contract with a duly licensed nurse or medical provider to administer student medication.

D. REFUSAL OF MEDICATIONS

When circumstances arise that school personnel are unable to grant the request from a parent/legal guardian to administer medication to a student, the delegating school nurse or physician should be notified. Circumstances may include:

- Medication was sent to school out of the original container.
- Medication is prescribed twice daily and can be administered before school and after school hours.
- Medication is prescribed three times daily and can be given before school, after school and before bedtime.
- No written authorization on file.
- Other unusual circumstance.

It is a student's right to refuse medications. As best practice and according to the student's developmental level, the student should understand the symptoms for which the medications are prescribed, and also should know any common side effects. He/she should also be able to express understanding that these medications are considered a part of treatment and that the parent and/or prescriber will be notified should he/she refuse the medication.

Refusing medications is **NOT** considered a medication error, and should be documented on the Medication Administration Record as a "refusal of medication". This documents that the individual has been offered the medication as ordered. **When a student refuses medications, it should be immediately documented and the school nurse/parent is to be notified as soon as possible.**

E. MEDICATION ERRORS - PREVENTING AND REPORTING MEDICATION ERRORS

A medication error occurs when one of the "six rights of medication administration" has been violated. Examples of these would include:

- Administering wrong medication
- Administering wrong dose of medication
- Administering medication at the wrong time
- Administering the medication in the wrong route (e.g., ear drops administered to eye)
- Administering medication to wrong student

Student Medication Administration

E. MEDICATION ERRORS - PREVENTING AND REPORTING MEDICATION ERRORS (CONTINUED)

• Failing to document medication was given or inaccurate documentation of medicine given
Medication errors may result in adverse reactions to the student. These reactions could range from a rash to a life-threatening situation. Therefore, always check the medication label:

- When removing the medication from storage
- When removing the medication from its container
- When returning the medication to storage

Knowing the following before administering medications will help prevent medication errors:

- Name of medication (generic and trade)
- Purpose
- Potential side effects
- Special instructions (if appropriate)
- Health care provider and emergency contact names and phone numbers

When a medication administration error occurs, follow these guidelines:

- Keep the student in the health room. If the student has already returned to class, have someone accompany the student's return to the health room.
- Observe the student's status and document.
- Identify the incorrect dose or type of medication taken by the student.
- Immediately notify the principal and supervising school nurse (if medication was given by non-licensed personnel). The supervising nurse will contact the parents of the student and/or health care provider.
- If contacting the Poison Control Center for instructions:
 1. Give the name and dose of the medication taken in error.
 2. Give the student's age and approximate weight, if possible.
 3. Give the name and dose of any other medication the student also receives, if possible.
- Follow instructions from the Poison Control Center, if at all possible. If unable to follow their instructions, explain the problem to the Poison Control Center to determine if the student should be transported for emergency care.
- Complete a "Medication Administration Incident Report" form. (See 09.2241 AP.23) Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or student's health care provider/physician, and the student's status. All Medication Incident reports are to be located in a Master File with the location to be determined by the school principal or designee.
- Errors made in recording medications on the Medication Administration Record should be marked with a single line drawn through the entry, initialed and dated. DO NOT USE WHITEOUT.

Student Medication Administration

E. MEDICATION ERRORS - PREVENTING AND REPORTING MEDICATION ERRORS (CONTINUED)

After medication is completed or discontinued, the Parent Authorization form and Medication Administration Record shall be filed in the student's cumulative folder.

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.

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

Review/Revised:7/14/2025

Medication Administration Forms**MEMORANDUM**

To: _____, Principal

From: _____, School Nurse

Date: _____

Subject: MEDICATION ISSUES

On this date _____ / _____ / _____, I reviewed the medication logs for your school.

The following problems were noted:

The following recommendations were made:

When I returned and reviewed the records again on _____ / _____ / _____, the problems listed above were corrected.

I am willing to assist you in helping to assure that assigned staff are administering medication in a safe and appropriate manner in accordance with Board of Education Policy. Your support is essential in resolving this problem at the school level.

Thank you for taking care of this situation!

Medication Administration Forms**MEDICAL AUTHORIZATION FORM/TRAINING FOLLOW-UP****LIST OF PERSONS TRAINED TO ADMINISTER MEDS**

SCHOOL/SCHOOL YEAR

SCHOOL YEAR STUDENT NAME

PERSON DOING FOLLOW-UP

	PLACE (✓) IN BOX TO SIGNIFY ACTION WAS COMPLETED							
NAME OF PERSON ADMINISTERING AND DATE								
INFORMATION AND PROCEDURE STEPS	Note in Box as Appropriate: Y=Yes N=No							
Identifies student								
Reads medication label								
Checks label with log sheet								
Avoids touching medicine								
Watches student swallow oral medicine								
Charts on log sheet and Quick Reference Sheet								
Signature and initials on Log Sheets								
Exceptions noted and charted appropriately								
Right time								
Medicine kept and returned to secure place								
Incident reports completed as needed								
MED BOOK REVIEWED								

STUDENTS

MEDICATION ADMINISTRATION RECORDS

School: _____ Grade: _____

Name of Student: _____

Allergies: _____

Medication: _____

Dosage: _____

Route: _____ Time: _____

Starting Date: / / Ending Date / /

Teacher:

Signature/Initials of Staff Administering Med

+ Possible Weather Make-Up Day

a Medication Incident Report must be completed by the person administering medication.

** For End-of-Year Disposal of Medications, please see back of this form

* Requires further documentation on back of form. If student has three (3) late or out of med occurrences within 1 month (30 days),

MEDICATION ADMINISTRATION RECORDS – DAILY LOG - NOTES

DISPOSAL OF MEDICATIONS

Medications will be disposed of at the end of the prescription or at the end of year if Parent/Guardian does not pick up by designated date.

The disposal will be witnessed by another school employee and then verified by signing below.

Date / / and Time ☐ am ☐ pm - Parent/Guardian picked up pills. Number

of Pills Picked Up

Parent/Guardian Signature

Date: / /

Staff Signature

Date: / /

Number of Pills Destroyed

Staff Signature

Part 1: *Introduction*

Staff Signature

STUDENTS

PRN (AS NEEDED) MEDICATION ADMINISTRATION RECORD

School: _____ Grade: _____ Teacher: _____

Name of Student: _____

Signature/Initials of Staff Administering Med

/

/

/

/

Allergies: _____

Medication: _____

Dosage: _____

Route: _____ Starting Date: / _____ /

T

i

*If less than five (5) pills are left in bottle, or if inhaler is almost empty,
please send note home with student and document on the bottom of this form.*

:

E

n

d

i

n

g

D

a

t

e

/

/

Date	Time	Dosage	Initials	Comments (i.e. Student Response, Parent/Guardian Contacted, etc.)
------	------	--------	----------	---

* For Disposal of Medications, please see back of this form.

STUDENTS

*If less than five (5) pills are left in bottle, or if inhaler is almost empty,
please send note home with student and document on the bottom of this form.*

DISPOSAL OF MEDICATIONS

Medications will be disposed of at the end of the prescription or at the end of year if Parent/Guardian does not pick up by designated date.

The disposal will be witnessed by another school employee and then verified by signing below.

Date / / and Time ☐ am ☐ pm - Parent/Guardian picked up pills. Number

of Pills Picked Up

Parent/Guardian Signature

Date: / /

Staff Signature

Date: / /

Number of Pills Destroyed

Staff Signature

Date: 6/1/04

Staff Signature

Medication Authorization and Consent Forms

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

MEDICAL AUTHORIZATION FORM HEALTH CARE PROVIDER ORDER AND PARENT/GUARDIAN AUTHORIZATION

(Please complete one form for each medication.)

Student's	Name: _____		Medication
Reason	for	medication	or
Allergies: _____			

Date of Birth: ____/____/____ **School:** _____ **School Year:** _____

In order for school personnel to administer any type of medication to the student, the Parent/Guardian must provide this signed authorization form. Medicine will be dispensed to the student by the School Nurse or by unlicensed school personnel trained and deemed competent by the School Nurse. The medicine must be sent to the school with complete instructions and in the original container with the Health Care Provider's Order OR pharmacy label firmly attached to the medication.

Please be sure to complete ALL of the information on this authorization form before returning it to school.

ANY OVER-THE-COUNTER MEDICATION REQUIRES A HEALTH CARE PROVIDER'S ORDER TO ACCOMPANY IT

Medication to be administered during the school day must be brought to the school by the Parent/Guardian. Parents/Guardians shall pick up unused medication within two (2) weeks following the last day of school or it shall be destroyed. This authorization is valid for one school year and must be renewed at the beginning of each new school year.

The first dose of any new medication should NOT be given at school.

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____ request that a trained staff member administer the above medication to my student per Health Care Provider (licensed to dispense medications) instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes. I understand the Fayette County Board of Education Medication Policies and Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two (2) weeks following the last day of school, or it shall be destroyed.*

**Parent/Child is responsible for keeping a sufficient supply of medication available at school.*

X _____ / _____ / _____
(Parent/Guardian's Signature) _____ Date _____

Home Phone: _____ Work: _____ Cell: _____

Reviewed by: _____ RN _____ Date: _____

Medication Authorization and Consent Forms

**PHYSICIAN ORDER AND PARENT/GUARDIAN AUTHORIZATION
FOR SELF-MEDICATION ADMINISTRATION**

(Please complete one form for each medication.)

Student's Name: _____ **DOB:** _____
Allergies: _____
Medication: _____ **Dosage:** _____

School: _____ **School Year:** _____
In order for students to self-administer medication at school, the Parent/Guardian shall provide this signed authorization form. Also, a Physician's Order (see box below) is required for students to self-administer medication. Please be sure to complete ALL of the information on this authorization form before returning it to school. This authorization is valid for one (1) school year and must be renewed at the beginning of each new school year.

*It is recommended that only middle and high school students are allowed to carry and self-administer their own medication. For elementary age children, arrangements can be made to keep inhalers or emergency medications in the classroom. The student's teacher will provide monitoring for the child's safety.

PHYSICIAN'S ORDER

- I have examined this student for (diagnosis): _____ and have determined that he/she requires medication during school hours.
- Name of Medication _____ 3. Dosage & Route: _____
- I believe this student is able to carry and administer his or her own medication at the appropriate time and in the appropriate way. Please check:

Physician's Signature: _____ **PARENT/GUARDIAN STATEMENT** Date: ____ / ____ / ____
Printed Name: _____ Phone: _____

I, the undersigned Parent(s)/Guardian(s) of _____ give consent for** **my student to self-administer** the above medication(s). I understand the Fayette County Board of Education Medication Policies and Procedures (09.2241) are readily available for me to read. I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this consent and understand all its terms. not provided by or monitored by the School Nurse or school staff. The School Nurse reserves the right to monitor student periodically during the school year.

The School Nurse reserves the right to monitor student periodically during the school year.

***Parent/Student is responsible to have the medication available at school.**

X _____ / _____ / _____
Parent/Guardian Signature) Date

Home Phone: _____ Work: _____ Cell: _____
Reviewed by: _____ RN Date: _____

Orden Del Medico Y Autorizacion Del Padre/Madre/Tutor Para La Auto-Administracion

(Por favor, complete un formulario por cada medicamento.)

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

Alergias: _____

Medicamentos: _____ Dosis: _____

Motivo de la medicación o el diagnóstico: _____

Escuela: _____ Año Escolar: _____

Con el fin de que los estudiantes puedan auto-administrarse la medicación en la escuela, el padre/madre/tutor deberá presentar esta formulario de autorización firmado. También, es necesaria la orden firmada del doctor (véase el recuadro de abajo) para que los estudiantes puedan auto-administrarse los medicamentos. Por favor, asegúrese de completar toda la información en este formulario antes de devolverlo a la escuela. Esta autorización es válida por un año escolar y debe ser renovada al comienzo de cada nuevo año escolar.

* Se recomienda que sólo los alumnos de middle y high puedan auto-administrarse sus propios medicamentos. Para los estudiantes de elementary, pueden hacerse arreglos para mantener los inhaladores o los medicamentos de emergencia en el aula. El maestro/a del estudiante proporcionará un seguimiento para la seguridad del estudiante.

PHYSICIAN'S ORDER

- I have examined this student for (diagnosis): _____ and have determined that he/she requires medication during school hours.
- Name of Medication _____ 3. Dosage _____ & Route: _____
- I believe this student is able to carry and administer his or her own medication at the appropriate time and in the appropriate way. Please check: YES NO

Physician's Signature: _____ Date: _____ / _____
/ _____

Printed Name: _____ Phone: _____

Declaracion Del Padre/Madre/Tutor

I, el abajo firmante padre o tutor del estudiante nombrado arriba dar su consentimiento que **mi hijo pueda auto-administrarse la medicación. Entiendo que Fayette County Board de Educación Medicamentos Políticas y Procedimientos (09.2241) están disponibles para mí uso. Por la presente declaro que libero a todo el personal de la escuela libre e inofensivo de cualquier reclamo, exigencias o daños y perjuicios de cualquier lesión o complicación que pudieran derivarse de dicho tratamiento. He leído este consentimiento y comprendo todos sus términos y firmo voluntariamente y con pleno conocimiento de su importancia. Entiendo que los medicamentos auto-administrados no son proporcionados ni controlados por la enfermera de la escuela o por el personal de la escuela. La enfermera de la escuela se reserva el derecho con los alumnos de revisar periódicamente durante el año escolar.

*Padre / madre / tutor / alumno es responsable de tener medicacion disponibles en la escuela.

X _____ / _____ / _____ / _____
(Firma del Padre/Madre/Tutor) _____ / _____ / _____
Fecha _____

Telefono de Casa: _____ Trabajo: _____ Telefono Celular: _____

Reviewed by: _____ RN Date: _____

Review/Revised:7/25/2016

Medication Incident Report Form

SCHOOL NAME _____

DATE OF REPORT ____ / ____ / ____ STUDENT'S NAME _____

STUDENT'S TELEPHONE #: () _____ GRADE ____ DOB ____ / ____ / ____

STUDENT'S HOME ADDRESS _____

Street _____ City _____ State _____ Zip _____

DATE ERROR OCCURRED _____ TIME NOTED _____ AM PM

NAME OF LICENSED PRESCRIBER _____

MEDICATION _____ DOSE _____ ROUTE _____ TIME _____

TYPE OF INCIDENT (PLEASE CHECK ALL THAT APPLY):

Incorrect dosage Incorrect student Incorrect medication Incorrect time > 3 times
 Unable to locate student or student failed to report > 3 times Refused Medication >3 times
 Out of Meds > 3 days

Describe the error and how it occurred. Use reverse side if necessary: _____**ACTION TAKEN:**

Licensed Prescriber-Parent/Guardian Notified by Nurse or Staff Member <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" describe why: Licensed Prescriber Notified by Nurse or Staff Member <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" describe why: Other Persons Notified: _____ Principal _____ School _____ RN _____	Date Notified: (month/day/year) _____ Time Notified: _____ Date Notified: (month/day/year) _____ Time Notified: _____
Poison Control Notified: 1-800-222-1222 <input type="checkbox"/> Yes <input type="checkbox"/> No Recommendations: _____	

Describe the outcome: _____

Name: (print) _____ Title: _____

Signature: _____ Date: _____

Please check if information continues on back side of page Copy to School Principal Copy to School Nurse Copy to School Health Director/District Health Coordinator

Review/Revised:7/26/10

MEDICATION ADMINISTRATION RECORDS
CONTROLLED SUBSTANCE MEDICATION MONITORING SHEET

School Name: _____ Teacher Name: _____

Student Name: _____ Grade _____ DOB: ____ / ____ / ____

Allergies: _____ Medication: _____

Dose: _____ Time Scheduled: _____ Route: _____

Physician: _____ Phone _____ School RN: _____

MEDICATION COUNT:

Controlled medications must be counted when received.

Medications may be counted by parent/guardian and school staff member
or by two staff members if parent/guardian is not available.

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

MEDICATION & DOSAGE	
Signature of person Counting:	Witness Signature:
Date:	Description of Pill:
Number of Pills:	Comments:

Date Parent/Guardian contacted to pick up unused medicine: ____ / ____ / ____
 Date Parent/Guardian picked up medication: ____ / ____ / ____ # of Pills Picked Up: ____
 Signature of Parent/Guardian: _____

Date Medication destroyed: ____ / ____ / ____
 Signature of RN: _____ # of Pills Destroyed: ____
 Witness: _____

Dispensing Medication
MEDICATION LOG - MASTER LIST OF STUDENTS
QUICK REFERENCE GUIDE

Signatures of Staff Dispensing Meds / Initials

**Dispensing Medication
MEDICATION LOG - MASTER LIST OF STUDENTS
QUICK REFERENCE GUIDE**

Signatures of Staff Dispensing Meds / Initials

A vertical stack of six horizontal lines. The top two lines are dashed, and the bottom four lines are solid black.

PHYSICIAN ORDER FOR MEDICATION

(Please complete one form for each medication.)

Under Kentucky Nursing Law, a licensed nurse must have a Medication Order from a Physician, Dentist, Nurse Practitioner, or Physician's Assistant to administer or delegate to unlicensed school personnel to administer any prescription medication or any over-the-counter (OTC) medication. This form must be completed by the student's medical provider and be on file at the school before any medication can be given. Medicine will be administered to the student by the School Nurse or by unlicensed school personnel trained and delegated to administer medication by the School Nurse.

The medicine must be sent to the school in the original container.

Physician Order - Medication

Student's Name: _____ DOB: _____

Allergies: _____

School: _____ School Year: _____

Medication Name: _____ Time to Administer at School: _____

Dosage: _____ Frequency: _____ Route: _____

Start Date: _____ Duration of Order: _____

Possible Side Effects of the Medication: _____

Reason for Medication or Diagnosis: _____

X _____ / _____ / _____
(Physician's Signature) _____ / _____ / _____

(Printed Name) _____

Telephone: _____

FAX: _____

Reviewed by: _____ RN Date: _____

FIELD TRIP MEDICATION ADMINISTRATION LOG

EACH AREA NEEDS TO BE COMPLETED IN FULL

SCHOOL: _____

TEACHER: _____ GRADE: _____

NAME OF STUDENT: _____

ALLERGIES: _____

MEDICATION: _____

DOSAGE: _____ ROUTE: _____ TIME: _____

<u>CODES</u>		If med given more than 30 mins before or after scheduled time, please document reason why on the bottom of this form and complete incident report.	<u>Signature of Staff Administering Medication</u>
R=Refused	L=Late		
A=Absent	M=Missed		

CONTROLLED MEDICATIONS must be counted when received for field trip AND upon returning from trip.

Medications must be counted by parent/guardian/school staff. Must have TWO witnesses.

Count OUT to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
Count IN to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
DATE/TIME GIVEN:	NOTES/OBSERVATIONS:

Count OUT to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
Count IN to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
DATE/TIME GIVEN:	NOTES/OBSERVATIONS:

Count OUT to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
Count IN to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:

DATE/TIME GIVEN:	NOTES/OBSERVATIONS:	INITIALS:

Count OUT to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
Count IN to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:

DATE/TIME GIVEN:	NOTES/OBSERVATIONS:	INITIALS:

Count OUT to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:
Count IN to trip:	Date:
Description:	Comments:
Witness #1:	Witness #2:

DATE/TIME GIVEN:	NOTES/OBSERVATIONS:	INITIALS:

FAYETTE COUNTY PUBLIC SCHOOLS
PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS

School: _____

I, the undersigned Parent/Guardian of the student named below, understand the nature of the Field Trip being planned to: _____
(Location of Field Trip)

By: _____
(Mode of Transportation)

Leaving: (Date) _____ (Time) _____ Returning: (Date) (Time) _____

I am in accord with the purposes of and procedures governing the Field Trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Please check below IF your student has allergy or sensitivity that needs to be accommodated on this trip:

Bee Sting Nuts Dairy Latex Other: _____

Please check below IF your student has:

Asthma Diabetes Seizure Disorder Heart Condition Other: _____

Medications need to be administered during the trip: Yes ** No

****If my student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on file prior to the trip and I will supply the medication in the original container on the day of the trip. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian and Physician. Please note, school staff is not responsible for self-administered medications.**

Student's Name: _____ **Parent/Guardian:** _____
(Please print) (Please print)

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

Home Phone: _____ **Work:** _____ **Cell:** _____

Emergency Contact: (If unable to reach the above) _____ **Relationship:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Insurance Company: _____ **Phone:** _____

Name of Policyholder: _____ **Policy #** _____ **Group #** _____

Facility Usage Hourly Rate Schedule Application for Use and Contract**FACILITY USAGE APPLICATION**

Part I to be Completed by Applicant (Please Type or Print, Attach Extra Sheets if Necessary.)

<p><i>I.</i> Name of Organization/Applicant: _____</p> <p>Street Address: _____</p> <p>City / State / Zip: _____</p> <p>Type of Organization (if Applicant is an Organization):</p> <p><input type="checkbox"/> School <input type="checkbox"/> School Related Group (PTA, Booster Club, etc.) <input type="checkbox"/> SBDM Club Sport</p> <p><input type="checkbox"/> Civic <input type="checkbox"/> Charitable <input type="checkbox"/> Government <input type="checkbox"/> Non Profit <input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Commercial (For Profit) <input type="checkbox"/> Other: _____</p>																				
<p>Names & Telephone Nos. of Individual Primarily Responsible for Facility & Conduct of Persons Using Facility:</p> <table border="1"> <tr> <td>Primary Person: _____</td> <td>Phone #: _____</td> <td>Emergency Phone #: _____</td> </tr> </table> <p>School at Which Facility is Located: _____ Anticipated # of Participants: _____</p>			Primary Person: _____	Phone #: _____	Emergency Phone #: _____															
Primary Person: _____	Phone #: _____	Emergency Phone #: _____																		
<p>Description of Proposed Activities, Including Detailed Description of Any Tents, Stages, or Other Structures to be Erected (Attach Extra Sheets if Necessary):</p> <p>Is this a school related fundraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____</p> <p>Will inflatables be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: _____</p> <p><i>NOTE: FCPS will not authorize use of inflatable bounce houses or submersible dunking booths.</i></p> <p>Will admission be charged? Will donations be solicited or accepted? Will concessions or other items be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to any of the above is "Yes," will the net proceeds from such admission charges, donations, etc., be used exclusively for civic, charitable, government, non-profit, or religious purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If a non-District labor force will be used for any purpose, will it include anyone convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
<p>Facility or Area within Facility Being Requested:</p> <table border="1"> <tr> <td><input type="checkbox"/> Baseball Field</td> <td><input type="checkbox"/> Track</td> <td><input type="checkbox"/> Kitchen</td> <td><input type="checkbox"/> Library</td> </tr> <tr> <td><input type="checkbox"/> Football Field</td> <td><input type="checkbox"/> Softball field</td> <td><input type="checkbox"/> Cafeteria</td> <td><input type="checkbox"/> Classroom(s): _____</td> </tr> <tr> <td><input type="checkbox"/> Gymnasium</td> <td><input type="checkbox"/> Tennis Courts</td> <td><input type="checkbox"/> Auditorium</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Types & # of District Employees Requested:</p> <table border="1"> <tr> <td><input type="checkbox"/> Custodial: _____ (#)</td> <td><input type="checkbox"/> Law Enforcement: _____ (#)</td> <td><input type="checkbox"/> Tech. Support: _____ (#)</td> </tr> <tr> <td><input type="checkbox"/> Food Service: _____ (#)</td> <td><input type="checkbox"/> Other: _____ (#)</td> <td></td> </tr> </table> <p>Equipment Requested (Audio / Video / Lighting / Athletic Equipment / etc.):</p>			<input type="checkbox"/> Baseball Field	<input type="checkbox"/> Track	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Library	<input type="checkbox"/> Football Field	<input type="checkbox"/> Softball field	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom(s): _____	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Custodial: _____ (#)	<input type="checkbox"/> Law Enforcement: _____ (#)	<input type="checkbox"/> Tech. Support: _____ (#)	<input type="checkbox"/> Food Service: _____ (#)	<input type="checkbox"/> Other: _____ (#)	
<input type="checkbox"/> Baseball Field	<input type="checkbox"/> Track	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Library																	
<input type="checkbox"/> Football Field	<input type="checkbox"/> Softball field	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom(s): _____																	
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Other: _____																	
<input type="checkbox"/> Custodial: _____ (#)	<input type="checkbox"/> Law Enforcement: _____ (#)	<input type="checkbox"/> Tech. Support: _____ (#)																		
<input type="checkbox"/> Food Service: _____ (#)	<input type="checkbox"/> Other: _____ (#)																			
Date(s) Facility to be Used: _____	Time(s) Facility to be Used (Include Adequate Time for Setup & Cleanup): _____	No. of Hours to be Used: _____																		

On behalf of the Applicant, I confirm that I have read and understand all terms and conditions of usage set forth in the District's Facility Usage Contract on the District's web site.

Applicant Signature: _____

Applicant – Send Application to Principal/Designee for Approval

By: _____

Signature of Authorized Representative

Date

Application for Use and Contract**FACILITY USAGE APPLICATION
PAGE 2**

Part II to be Completed by School (Please Type or Print, Attach Extra Sheets if Necessary.)

II.*Is the Facility Available & Approved for Use by the Applicant on the Date(s) & at the Time(s) Requested?* Yes No If no, indicate reason:*Will the Proposed Use of the Facility Involve a School Activity?* Yes No (If a school initiates a request to collaborate on an activity that is in the school's plan or program **and** if the school maintains primary control of the activity, then it is a school activity.)*Will the Proposed Use of the Facility Require the Presence of One or More District Employees to Maintain the Care, Safety & Security of the Facility?* Yes No If "No," indicate below why a District Employee will not be needed:
 The Facility is an outdoor facility of a type which does not require a District Employee.
 Other: _____*If the Presence of One or More District Employee(s) is Required, Will it be Necessary for Such Employee(s) to Work Overtime (i.e., to be Overscheduled)?* Yes No If no, indicate below why it will not be necessary for District employee(s) to work overtime:
 Applicant will be conducting after school activities for students **during scheduled custodian hours**.
 One or more District employees will already be present during Applicant's use of the facility **and no clean up will be required to be ready to conduct school the next school day**.
 Other: _____*List Below those Overtime Hours to be Worked by District Employees (Attach Extra Sheets if Necessary):*

Types & # of District Employees Assigned:	Name(s) of Employees Assigned:	Date(s) Assigned:	Overtime Hours Assigned (In and Out)	Total # Overtime Hours:
<input type="checkbox"/> Custodial: _____ (#)				
<input type="checkbox"/> Food Service: _____ (#)				
<input type="checkbox"/> Law Enforcement: _____ (#)				
<input type="checkbox"/> Tech. Support: _____ (#)				
<input type="checkbox"/> Other: _____ (#)				

*List All Equipment Approved for Use:***Principal/Designee Signature:**

By:

Signature of Principal/Designee

Date

Principal Forward Completed Form to: Fayette County Public Schools, Department of Operations and Support
400 Springhill Drive, Lexington, KY 40503
(Phone: 859.381.3824 Fax: 859.381.3852) or
Lisa.Clark@Fayette.kyschools.us

Application for Use and Contract**FACILITY USAGE CONTRACT**

THIS CONTRACT, made and entered into on this _____ day of _____, 20____, by and between _____ (“Applicant”) and the Fayette County Board of Education (the “District”).

W I T N E S S E T H:

WHEREAS, Applicant has requested the use of District facilities, grounds, employees, and/or equipment for non-commercial activities during non-instructional time either before the commencement or after the conclusion of the school day; and

WHEREAS the Principal or other supervisor of such facilities or grounds has, in his or her discretion, confirmed the availability and initially approved the use of designated portions of such facilities and grounds, and/or the use of designated equipment, all on specified date(s) and time(s) pursuant to the terms and conditions of this Contract; and

WHEREAS, the District’s Department of Operations and Support has determined or will determine usage fees relating to the use of the facility, grounds, and/or equipment approved by the Principal and has, in its discretion, additionally approved the use of such facilities, grounds, and/or equipment on specified date(s) and time(s) pursuant to the terms and conditions of this Contract; and

WHEREAS Applicant has agreed to pay all applicable usage fees and to abide by and satisfy all other terms and conditions of this Contract as consideration for the use of the specified area(s) of the facility, grounds, and/or equipment on the specified date(s) and time(s),

NOW, THEREFORE, in consideration of the mutual promises set forth herein and other good and valuable consideration the receipt of which is hereby acknowledged, the parties hereby agree as follows:

1. The document appended hereto as Exhibit “A” is incorporated by reference into and made a part of this Contract.
2. As consideration for Applicant’s agreements to timely pay all usage fees set forth in Exhibit “A” and to abide by and satisfy all terms and conditions set forth in Paragraph 3 of this Contract, the District agrees to make available for Applicant’s reasonable use, on the date(s) and time(s) specified in Exhibit “A,” the area(s) of the facility and/or grounds (“Facility/Grounds”) and/or the District equipment (“Equipment”) specified in Exhibit “A.”
3. The parties agree that the use by Applicant of the specified area(s) of the Facility/Grounds and/or the specified Equipment shall be subject to each of the following terms and conditions:
 - a. At least two (2) weeks prior to its proposed use of the Facility/Grounds, Applicant shall:
 - i. Execute and return this Contract;
 - ii. Submit payment of the usage fee deposit listed in Exhibit “A;”

Application for Use and Contract

iii. If requested by the District, procure and maintain throughout the term of this Contract a general liability insurance policy with a reputable insurer having an A.M. Best financial strength rating of "A-" or better, in which: (a) the District is indemnified in an amount not less than \$1,000,000 for any and all claims whatsoever, including injury to persons and damage to property, arising out of the use of the Facilities/Grounds by Applicant, its agents, servants or invitees; and (b) the District is named as an additional insured under the policy. A certificate of insurance must be provided to the District prior to the use of the Facilities/Grounds.

Applicant and the District agree that any insurance policy(ies) procured by Applicant that provides benefits or protection for the District shall be primary and that any insurance policy(ies) procured by the District that might happen to provide benefits or protection to the District arising out of Applicant's use of the Facilities/Grounds shall be excess.

The executed Contract, usage fee or deposit, and any requested certificate of insurance shall each be submitted to the District's Department of Operations and Support, 400 Springhill Drive, Lexington, Kentucky 40503 (Fax: 859-381-3852).

Applicant acknowledges and agrees that failure on its part to timely submit an executed Contract or payment of the full usage fee or a requested certificate of insurance shall be grounds for non-approval by the District of Applicant's facility usage application and immediate cancellation by the District of this Contract. In the event of non-approval and cancellation, the District shall refund any and all usage fee deposits or other payments received by the District as of the date of such non-approval or cancellation.

Applicant further acknowledges and agrees that any usage fees other than those set forth in Exhibit "A" (such as usage fees relating to catering, food services, and extra time) may, at the option of the District, be separately billed to the Applicant either before or after the Applicant's use of the Facility/Grounds.

b. The District reserves the right to have one or more District employees ("Employee") present at all times the Facility/Grounds is used by Applicant. In the event Employee(s) is/are present, said Employee(s) shall in no way be responsible for the conduct of persons present at Applicant's activity(ies), nor shall such employee(s) perform duties other than those involving the care, safety, and security of the Facility/Grounds and/or Equipment.

c. Access to Facilities/Grounds shall be strictly limited to those parts of the Facilities/Grounds specified in Exhibit A and the entrances to those Facilities/Grounds.

Application for Use and Contract

- d. Applicant shall abide by all District policies, procedures, rules and regulations in its use of the Facility/Grounds, and Equipment, and shall be legally responsible for any and all damage resulting from its use of the Facility/Grounds, and Equipment, whether caused by negligence, recklessness, or willfulness on the part(s) of Applicant, its agents, servants, or invitees.
- e. Applicant agrees to indemnify and hold harmless the District, all District elected and appointed officials, all District administrators, all District principals, all District teachers and other employees, all District volunteers and representatives, and all persons and bodies corporate acting for or on behalf of them:
 - i. Against all liability, claims, demands, actions, suits, damages, proceedings, costs and expenses (including reasonable attorneys fees) whatsoever, including injury to persons and damages to property, for which they may be or become liable directly or indirectly arising out of the use of the Facilities/Grounds by Applicant or by Applicant's agents, servants, or invitees; and
 - ii. For such further sums in excess of those contained in any insurance policy procured by Applicant relating to the use of the Facilities/Grounds or for such amounts as may not be payable under any such insurance policy.
- f. Applicant shall observe all fire and safety regulations.
- g. Applicant agrees that, except as specified in Exhibit "A," no hazardous materials (including, but not limited to, flammable materials or liquids, fireworks, pyrotechnic devices, explosives, poisonous materials or plants, or strong acids or caustics) and no dangerous animals will be brought onto the Facilities/Grounds or used in any way while occupying any portion of the Facilities/Grounds.
- h. Applicant agrees that, except as specified in Exhibit "A," no amusement rides or attractions (including, but not limited to, trampolines of any type, enclosed air support structures of any type, climbing walls, climbing ropes, firearms or shooting activities, bow and arrow shooting activities, or equipment or devices related thereto) will be brought onto the Facilities/Grounds or used in any way while occupying any portion of the Facilities/Grounds.
- i. Applicant shall prohibit the use of tobacco, alternative nicotine, or vapor products and alcoholic beverages in or on the Facility/Grounds.
- j. Applicant shall not allow any immoral or illegal activity, including gambling, in or on the Facility/Grounds.
- k. The Principal or other supervisor of the Facility/Grounds and/or the District's Police Department~~Department of Law Enforcement~~ shall determine the need for security during Applicant's use of the Facility/Grounds.
- l. Applicant shall not make any alterations to the Facility/Grounds without prior approval of the District's Department of Operations and Support.

Application for Use and Contract

- m. Applicant shall not sublease or reassign any portion of the Facility/Grounds or item of equipment covered by this Contract.
- n. The use of equipment shall not be a part of this Contract unless such equipment is specifically listed in Exhibit "A". In the event equipment is listed in Exhibit "A," Applicant agrees that:
 - i. Equipment may not be used by Applicant if it is needed for school activities;
 - ii. Equipment shall not be removed from the Facility/Grounds; and
 - iii. Applicant shall assume full responsibility for any and all expenses resulting from the transfer, repair, or replacement of Equipment necessitated by its use.
- In case of damage to Equipment, the Facility Principal shall send a report to the District's Department of Financial Accounting and Benefit Services at 450 Park Place~~1126 Russell Cave Rd.~~, Lexington, KY 4051105, and to Applicant at the address listed in Applicant's Facility Usage Application. Settlement agreeable to the District shall be a pre-requisite to additional use by Applicant of any facility or grounds in the District.
- o. In the event Equipment assigned for Applicant's use is either unavailable or in unsatisfactory working condition on the date and at the time scheduled for its use, Applicant's sole remedy shall be a refund of any equipment usage fees paid by Applicant up to that point.
- p. Applicant shall ensure that proper care is taken of the Facilities/Grounds during use and that the Facility/Grounds are left in as good a condition as before used. Applicant agrees that any furniture and equipment moved during the use of the Facilities/Grounds shall be restored to its original position and that the Facilities/Grounds shall be left in a clean and tidy condition.
- q. Applicant shall not operate food or drink concessions unless approved by the Principal or other supervisor of the Facility/Grounds.
- r. Applicant shall not sell or offer for sale any merchandise at any function conducted in or on the Facility/Grounds, other than approved food and drink concessions.
- s. Applicant shall abide by all District and other administrative procedures relevant to conservation of energy.
- t. Applicant shall be responsible for the conduct of individuals using the Facility/Grounds. Applicant shall not charge admission or solicit or accept donations for attendance at or participation in events held in or on the Facility/Grounds, except that civic, charitable government, non-profit, and religious groups may charge admission or accept donations when the net proceeds of such charges or donations are used exclusively for civic, charitable, government non-profit, and religious purposes.
- u. Applicant shall not use the Facility/Grounds, or equipment for commercial, for profit activities.

Application for Use and Contract

v. Unless otherwise provided in this Contract, Applicant's privilege of using the Facility/Grounds or Equipment shall terminate upon the earlier of either (1) the delivery by one party to the other of written notice of termination; (2) the last day of the Applicant's activity as specified on Exhibit "A;" or (3) June 30 following the effective date of this Contract. Notice of termination shall be delivered by one party to the other at the address of the other party as set forth at the conclusion of this Contract.

In the event Applicant terminates this Contract by delivering written notice of termination to the District at least forty-eight (48) hours prior to the earliest date and time scheduled for the Facility's/Ground's use, Applicant shall not be charged any facility usage fees. In the event Applicant terminates this Contract by delivering written notice of termination to the District within the forty-eight (48) hour period immediately prior to the earliest date and time scheduled for the Facility's/Ground's use, Applicant shall pay a minimum of one (1) hour worth of the Full Operational Fee. In the event this Contract terminates or is terminated at any other time, Applicant shall owe all facility usage fees associated with Applicant's use of the Facility/Grounds and/or Equipment.

w. In the event of inclement weather, Applicant shall be solely responsible for ensuring that it has adequate ingress to, parking at, and egress from the Facility/Grounds by removing snow, ice, and other impediments from established Facility driveways and parking lots. Applicant may contract with a qualified outside entity for the removal of snow, ice, and other impediments, provided the outside entity is able to demonstrate that it possesses at least as much general liability insurance as that demonstrated by Applicant.

x. In the event the Applicant's activity takes more time than that originally scheduled for the activity, or in the event District employees are required to work more time than originally scheduled to get the Facility/Grounds ready for District use the next business day, the Applicant agrees to pay any additional usage fees attributable to the extra time. The District shall invoice Applicant for such additional usage fees and Applicant agrees to pay such invoices within thirty (30) days after receipt.

y. Applicant agrees that if the Facility/Grounds, Employees, or Equipment become unavailable due to circumstances beyond the District's control, including but not limited to loss of electrical power, sickness, terrorism, war, or natural disaster (earthquake, fire, flood, ice storm, tornado, windstorm, etc.), Applicant's sole remedy shall be a refund of the applicable usage fee(s) paid by Applicant.

z. Applicant agrees that, before conducting any activities at or on the Facility/Grounds, Applicant will require its on-site personnel to review such materials as may be furnished by the District concerning procedures to be followed by the District during earthquakes, fires, severe weather, tornados, and other emergencies.

Application for Use and Contract

- aa. Applicant agrees to give notice to the District, within 24 hours, of any incident resulting in bodily injury or property damage occurring on or in any way connected with the use of the Facilities/Grounds. Such notice shall include details of the time, place, and circumstances of the incident, as well as the names and addresses of any person(s) witnessing the incident.
- ab. Applicant acknowledges that approval of this request does not signify District sponsorship, endorsement or approval of the organization or the activity.

Other: _____

IN WITNESS WHEREOF, the parties have hereunto set their hands on this, the day and year first above written.

(Name of Applicant)

BY: _____
(Signature of Person Responsible)

TYPED OR PRINTED NAME

TITLE:

ADDRESS:

TELEPHONE: Home

Work

COPIES: School (white), Organization (yellow)

(Name of School)

BY: _____
(Signature of Principal)

TYPED OR PRINTED NAME

TITLE:

ADDRESS:

TELEPHONE:

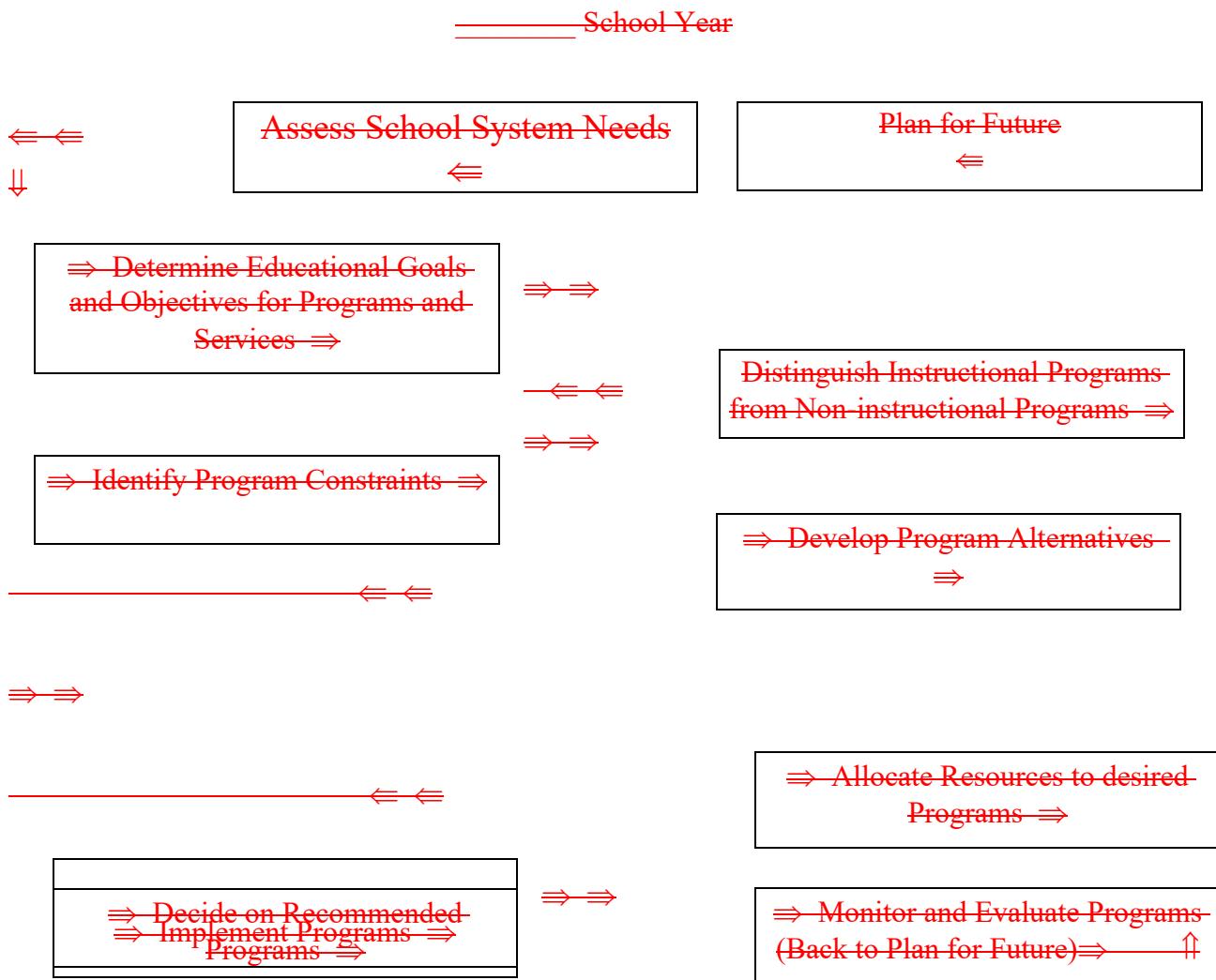
COPIES: School (white), Organization (yellow)

Budget Planning Flowchart and Timeline

BUDGET CYCLE

Budget planning and adoption shall be accomplished in accordance with the following guidelines.

~~FLOW CHART OF BUDGETARY TASKS~~

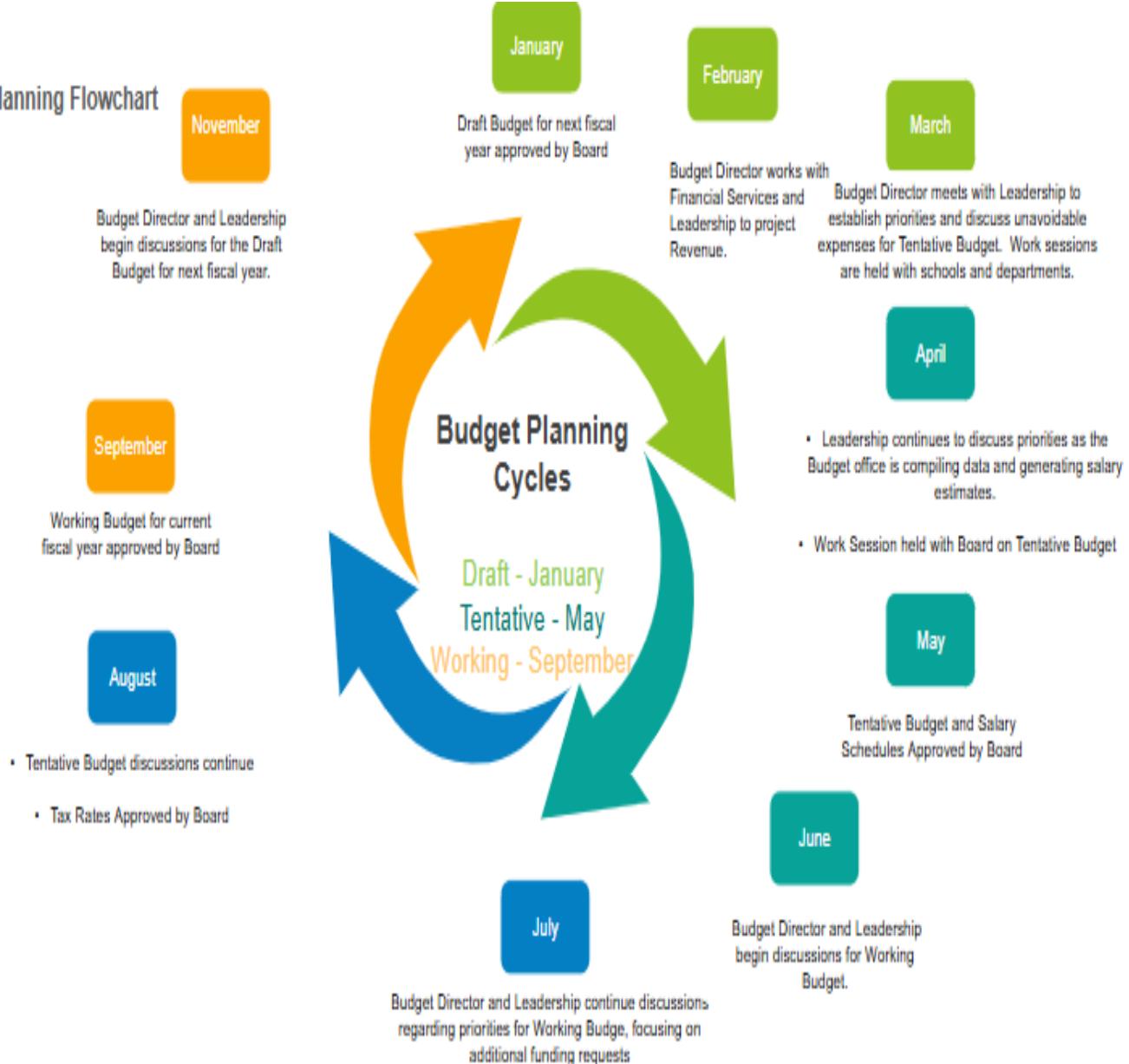


Budget Planning Flowchart and Timeline

DATE	BUDGET ACTIVITY
January	<p>Review of enrollment projections.</p> <p>Begin review of Program Budget. (Is budget emphasis consistent with educational goals?)</p> <p>Prepare for possible amendment during February.</p>
February	<p>Conduct sessions with location administrators to revise budget forms and develop guidelines for uniform budget presentation.</p> <p>Begin discussions with the Board, Superintendent and designees regarding goals, programs, and shifting emphasis.</p> <p>Review academic plan and curricular updates.</p>
March	<p>Begin budget input hearings in each of the middle schools and various budget locations.</p> <p>Begin review of salary proposals.</p> <p>Begin review of the Long Range Planning Committee's work.</p> <p>All location administrators with budget responsibilities prepare budget forms within the prescribed guidelines.</p>
April	Begin formal budget hearings and presentations to be held with the Board and public present.
May	<p>Begin working draft of the General Budget using preliminary revenue data.</p> <p>Begin discussions with the Board, Superintendent and designees on budget goals for salaries and long range planning.</p>
June	<p>Begin close out procedures for the Close Estimate Budget with intensive review of the Program Budget and expected carry over funds.</p> <p>Establish guidelines and procedures for expenditures under Interim Budget (Carry over) which is zero based.</p> <p>Continue review of salary proposals.</p>
July	<p>Review and adjustment of projections for enrollment, revenue and expenditure.</p> <p>Prepare update of preliminary General Budget.</p>
August	Continue refinement of budget data while awaiting final revenue and tax rate information.
Open	<p>Finalize and present the General Budget to the Board and public.</p> <p>Finalize and present the Close Estimate Budget to the Board and public.</p> <p>Finalize and present the Program Budget to the Board and public.</p>
October	Begin preparation for the budget for the next school year.
December	Finalize enrollment and academic program planning for the budget.

Review/Revised:7/26/10

Budget Planning Flowchart



January - March

- Draft Budget reviewed by Board in January
- Enrollment projections are completed by DPP and utilized during work sessions for upcoming school year
- Department and school budgets developed for upcoming school year in collaboration with leadership
- Review grant spending plans with program managers
- Generate salary projections for upcoming school year
- Prepare salary schedule for upcoming school year
- Examine expenditures for upcoming school year with leadership
- Staffing finalized for upcoming school year
- Collaborate with FABS on revenue projections
- Discuss Tentative Budget initiatives with leadership.
- Prepare Tentative Budget for Board and KDE approval
- Board Finance & Accountability Committee meets

April - June

- Tentative Budget and salary schedule reviewed with leadership
- Board Finance & Accountability Committee meets
- Discuss Tentative Budget at work sessions with Board
- Tentative Budget reviewed and approved by Board in May then sent to KDE for approval
- Salary Schedules approved by Board
- Commence year-end closing procedures in collaboration with FABS
- District Assurances approved by Board
- Finalize grant spending plans with grant managers
- Board Finance & Accountability Committee meets

July - September

- Complete year-end processing and roll new year budgets in MUNIS
- Receive tax rates from KDE
- Board Finance & Accountability Committee meets
- Tax rates proposed by FABS and approved by Board
- Finalize revenue projections and beginning fund balance in collaboration with FABS
- Conduct work session with leadership to discuss working budget initiatives
- Day 10 adjustments completed
- Working Budget reviewed with leadership
- Working Budget reviewed and approved by Board in September then sent to KDE for approval

October - December

- Review average daily attendance and growth with DPP and generate second month adjustments
- Calculate Carryforward for SBDM reallocation
- District audit finalized
- Board Finance & Accountability Committee meets
- Conduct work session with leadership to discuss draft budget initiatives
- Draft Budget reviewed with leadership
- Draft Budget prepared for Board review