
Vision Statement: "Educating and engaging students by challenging them to reach their maximum potential."

District Mission Statement: The Sumter County Public School System is committed to providing the best educational resources that will enable students to become productive citizens in our society.

MOTTO: "Success is the only option"

Attendees

Voting Members

Ms. Tommie Campbell, Chairman
Ms. Julene Delaine, Vice Chairman
Mrs Jeanette Payne, Board Member
Mrs Daisybelle Quinney, Board Member
Ms Darla Spencer, Board Member
Mr Glenn Harris Jr, Board Member

A. CALL TO ORDER

Meeting called to order by Board Chair Campbell at 5:03 pm

B. ESTABLISHMENT OF QUORUM

President Campbell called the roll and the following members were present/absent:

President		Ms. Tommie Campbell
Vice President	Absent	Ms. Julene Delaine
		Mrs. Daisybelle Thomas-Quinney
		Ms. Jeanette Brassfield-Payne
		Ms. Darla Spence
		Mr. Glenn Harris, Jr.
Superintendent		Dr. Anthony L Gardner
Attorney		Ms. Diane Gamble

President Campbell declared a quorum.

- C. Entertain a motion to temporarily suspend certain provisions of Alabama Administrative Code 290-010-010.04, which are in conflict and superseded by the Governor's Proclamation related to the Open Meetings Act issued on March 18, 2020; namely, the requirement to vote by raised hand and those provisions related to the establishment of a quorum by physical presence and meeting by electronic means

Motion made by: Mrs Jeanette Payne

Motion seconded by: Mrs Daisybelle Quinney

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr Glenn Harris Jr – Yes

Motion Passed.

D. APPROVAL OF AGENDA

The Board President recommends adoption of a motion "to approve the agenda for October 22, 2020

Motion made by: Mrs Daisybelle Quinney

Motion seconded by: Ms Darla Spencer

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr Glenn Harris Jr – Yes

Motion Passed.

E. PRESENTATION

Resume Winter Sports – Coach Jazmin Mitchell, Coach Tinnie Hall, and Nurse Carolyn Gosa

F. NEW ACTION ITEMS

1. Resume Winter Sports

The Superintendent is requesting that the Board consider a motion to approve or deny the proposal to resume all winter sports programming as provided under separate cover herein."

Motion made by: Mrs Daisybelle Quinney

Motion seconded by: Mrs Jeanette Payne

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr. Glenn Harris Jr. – Yes

Motion Passed.

G. PERSONNEL

1. Resignation of Personnel

The Superintendent recommends the adoption of a motion to approve the resignation of personnel as stipulated in Exhibit G1 herein.

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
<u>Classified</u>		
Alicia Collin	TRAN/Bus Driver	10/9/2020
Curtis Goodwin	Bell-Brown/Custodian	10/19/2020
Laquisha Grant	TRAN/Bus Driver	10/12/2020

Motion made by: Ms Darla Spencer

Motion seconded by: Mrs Jeanette Payne

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr Glenn Harris Jr. – Yes

Motion Passed.

2. Employment of Substitute Bus Driver

The Superintendent recommends the adoption of a motion to approve the employment of substitute bus driver as stipulated in Exhibit G2 herein.

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
<u>Classified</u>		
James Rogers	TRAN/Substitute Bus Driver	10/26/2020

Motion made by: Mrs Daisybelle Quinney

Motion seconded by: Ms Darla Spencer

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr Glenn Harris Jr. – Yes

Motion Passed.

3. Employment of Coaches

The Superintendent recommends the adoption of a motion to approve the employment of coaches as stipulated in Exhibit G3 herein.

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
Rashard Jemison	LJHS/Head Baseball	10/23/2020
Joseph Ray	LJHS/ Asst Baseball	10/23/2020
Simuel Toole	LJHS/Head B Team Basketball	10/23/2020
Simuel Toole	LJHS/Asst A Team Basketball	10/23/2020

Motion made by: Mrs Daisybelle Quinney

Motion seconded by: Ms Darla Spencer

Voting

Ms. Tommie Campbell - Yes

Ms. Julene Delaine - Not Present

Mrs Jeanette Payne - Yes

Mrs Daisybelle Quinney - Yes

Ms Darla Spencer - Yes

Mr Glenn Harris Jr – Yes

Motion Passed.

H. SUPERINTENDENT'S REPORT

- York West End Junior High School - Reopen on Tuesday, October 27, 2020. I would like to Thank Mayor Ginna Robbins and the City of York Public Work Department for Working with us to repair the gas leak.

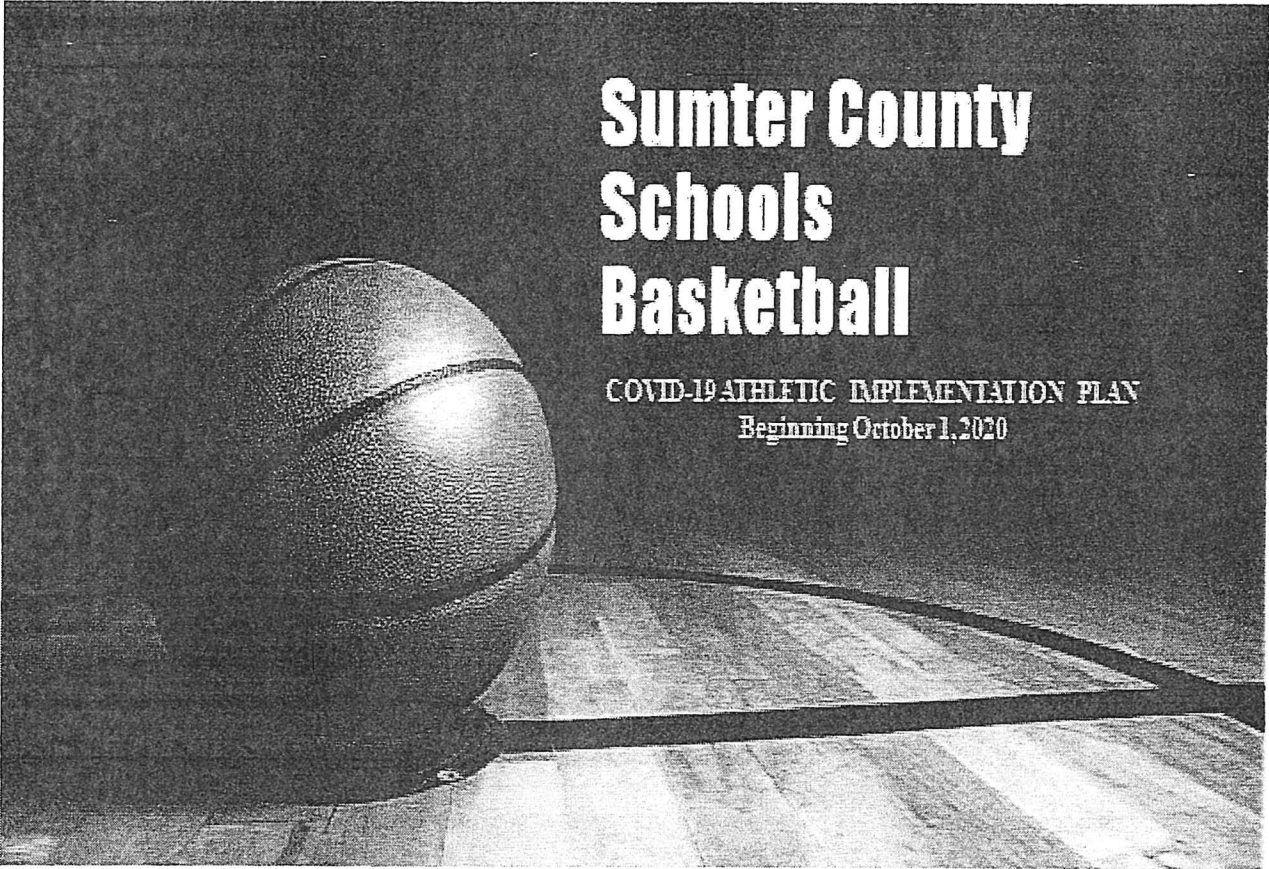
- Reminder - Coaches K-8 Teams Roster to High School Athletic Director and Coach. Also Junior High Coaches has agreed to assist the high school coaches and players.

I. ADJOURN

Meeting adjourn at 6:01 pm

Chairperson

Secretary

A black and white photograph of a basketball resting on a wooden court floor. The ball is on the left side of the frame, and the court lines are visible extending from it towards the right. The background is dark and out of focus.

Sumter County Schools Basketball

COVID-19 ATHLETIC IMPLEMENTATION PLAN
Beginning October 1, 2020



ALL GAS; NO BRAKES

J. Mitchell

T. Hall

R. Harris

R. Jemison

R. Huff

S. Pritchett

B. Brooks

- Prior to the beginning of workouts, coaches will require the athletes to provide a current physical, consent and release form, and concussion form required by the AHSAA. (SEE ATTACHEMNTS)
- Athletes will be required to check in for daily wellness checks using the nurse checklist and to answer correctly to the questions on the checklist. *(This checklist will also serve as the daily record of attendance.)*
 - Temperature check, a normal temperature does not exceed 100.4 degrees Fahrenheit
 - Have not been in close contact with a confirmed case of COVID-19
 - Are not experiencing a cough, shortness of breath or sore throat
 - Have not had a fever in the last 72 hours
 - Have not experienced new loss of taste or smell
 - Have not experienced vomiting or diarrhea in the last 24 hours
- Any answer to the above questions that does not fall within the appropriate response category will prevent the athlete from participating in athletic activities until the answers to the questions can be satisfied. Appropriate steps will be taken depending on responses given.

• GENERAL GUIDELINES

- Any athlete with a preexisting condition will be monitored according to his/her healthcare plan. Nurses will be on staff as required by healthcare plans to assist in medical need. Additionally, athletic trainers will be available or on call to assist with medical needs.
- Only essential personnel and athletes will be allowed during workouts and practices. Parents will be instructed on the pick-up and drop-off procedures for each facility so that all athletes and families meet the social distancing requirements.
- All entries will be through the Entry designated (A) of each facility and exiting will be through an alternate exit designated (B). Entry (A) will have hand sanitizing upon entering the facility and Exit (B) will have hand sanitizing prior to exiting the facility. All athletes and coaches will be required to utilize the sanitation stations at each entry and exit point.
- Coaches will be positioned in the pick-up and drop-off area outside the weight room or athletic facility to ensure social distancing guidelines are met.

- Athletic groups will be limited to a ratio of 12:1 (athlete : coach) or 36 square feet per athlete which will also include the same 36 square feet for the coach.
- Athletes will provide their own labeled water bottle. (There will be no drinking stations or shared water bottles, cups, or other drinking devices.)
- Masks or facial coverings will be worn inside all athletic facilities.
- Athletes will provide their own facial covering to ensure both the nostrils and mouth are covered.
- All locker rooms will be restricted unless granted individual permission by a coach.
- All breaks will be supervised by coaches so that social distancing guidelines are maintained and proper cleaning is completed following each break.

DURING THE ACTIVITY:

- Players, coaches, officials, and spectators shall not congregate within 6 feet of a person from another household except to the extent necessary and only to the extent necessary for players, coaches, and officials to directly participate in the athletic activity.
- Players, coaches, officials, and spectators shall refrain from high fives, handshakes, and other physical contact except to the extent necessary and only to the extent necessary for players, coaches, and officials to directly participate in the athletic activity.
- All athletes and coaches must wear facial covering when within six feet, except when directly participating in the athletic activity.
- All spotters during lifts must wear facial covering (Note: Side spotting is recommended.)
- Athletic groups and coaches will not interchange during the day (One coach designated to each group of athletes per day.)
- Equipment will be wiped and sanitized after each athlete has completed the activity.
- Athletic groups will exit through the designated Exit (B) and use the hand sanitizing station.

OUTSIDE ACTIVITIES:

- Teams will maintain social distancing guidelines and enter the appropriate designated entrance (A) for the athletic facility needed to participate in the athletic activity.
- Players, coaches, officials, and spectators shall not congregate within 5 feet of a person from another household except to the extent necessary and only to the extent necessary for players, coaches, and officials to directly participate in the athletic activity.
- Players, coaches, officials, and spectators shall refrain from high fives, handshakes, and other physical contact except to the extent necessary and only to the extent necessary for players, coaches, and officials to directly participate in the athletic activity.
- All athletes and coaches must wear facial covering when within six feet, except when directly participating in the athletic activity.
- Athletes will provide their own labeled water bottle. (There will be no drinking stations or shared water bottles, cups, or other drinking devices.)
- Athletic groups and coaches will not interchange during the day. (One coach designated to each group of athletes per day.)
- Athletic groups will exit through the designated Exit (B) and use the hand sanitizing station.

DROP-OFF/PICK-UP:

- Athletes will be picked-up and dropped-off in the front parking lot of each facility. Coaches will supervise pick-up and drop-off procedures to ensure that students report directly to assigned locations and that they follow social distancing guidelines.

PHYSICAL FORM

PHYSICAL FORM

NAME: [REDACTED] DATE: [REDACTED]

AGE: [REDACTED] SEX: [REDACTED]

HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BLOOD PRESSURE: [REDACTED]

HEART RATE: [REDACTED]

RESPIRATORY RATE: [REDACTED]

TEMPERATURE: [REDACTED]

DIET: [REDACTED]

EXERCISE: [REDACTED]

STRESS: [REDACTED]

SLEEP: [REDACTED]

SMOKING: [REDACTED]

ALCOHOL: [REDACTED]

DRUGS: [REDACTED]

ALLERGIES: [REDACTED]

CHRONIC DISEASES: [REDACTED]

ACUTE DISEASES: [REDACTED]

LABORATORY TESTS: [REDACTED]

IMMUNIZATIONS: [REDACTED]

PHYSICIAN: [REDACTED]

NURSE: [REDACTED]

DATE: [REDACTED]

PHYSICAL FORM

NAME: [REDACTED] DATE: [REDACTED]

AGE: [REDACTED] SEX: [REDACTED]

HEIGHT: [REDACTED] WEIGHT: [REDACTED]

BLOOD PRESSURE: [REDACTED]

HEART RATE: [REDACTED]

RESPIRATORY RATE: [REDACTED]

TEMPERATURE: [REDACTED]

DIET: [REDACTED]

EXERCISE: [REDACTED]

STRESS: [REDACTED]

SLEEP: [REDACTED]

SMOKING: [REDACTED]

ALCOHOL: [REDACTED]

DRUGS: [REDACTED]

ALLERGIES: [REDACTED]

CHRONIC DISEASES: [REDACTED]

ACUTE DISEASES: [REDACTED]

LABORATORY TESTS: [REDACTED]

IMMUNIZATIONS: [REDACTED]

PHYSICIAN: [REDACTED]

NURSE: [REDACTED]

DATE: [REDACTED]

AHSAA COVID-19 SCREENING FORM

AHSAA
Alaska Health Services Agency

Section 1: Personal Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Section 2: Health History

1. Have you ever been diagnosed with COVID-19? ☐ Yes ☐ No
 If Yes, when? _____

2. Have you ever been diagnosed with any other respiratory illness? ☐ Yes ☐ No
 If Yes, what was the illness? _____

3. Have you ever been diagnosed with any chronic health conditions? ☐ Yes ☐ No
 If Yes, what are they? _____

4. Have you ever been hospitalized in the last 12 months? ☐ Yes ☐ No
 If Yes, for what reason? _____

5. Have you ever been in close contact with someone who has COVID-19? ☐ Yes ☐ No
 If Yes, when? _____

6. Have you ever traveled to a country with a high risk of COVID-19 in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

7. Have you ever been to a large gathering or event in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

8. Have you ever been to a healthcare facility in the last 14 days? ☐ Yes ☐ No
 If Yes, for what reason? _____

9. Have you ever been to a school or workplace in the last 14 days? ☐ Yes ☐ No
 If Yes, for what reason? _____

10. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

11. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

12. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

13. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

14. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

15. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

16. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

17. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

18. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

19. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

20. Have you ever been to a public place in the last 14 days? ☐ Yes ☐ No
 If Yes, where? _____

Section 3: Current Symptoms

1. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

2. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

3. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

4. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

5. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

6. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

7. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

8. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

9. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

10. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

11. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

12. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

13. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

14. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

15. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

16. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

17. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

18. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

19. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

20. Have you experienced any of the following symptoms in the last 14 days? ☐ Yes ☐ No
 If Yes, what are they? _____

Section 4: Declaration

I declare that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____



Participation Agreement, Dismissal Release, And Waiver

THIS AGREEMENT, DISMISSAL RELEASE, AND WAIVER IS MADE THIS _____ DAY OF _____, 20____, BY AND BETWEEN _____, HEREINAFTER REFERRED TO AS "EMPLOYEE", AND _____, HEREINAFTER REFERRED TO AS "EMPLOYER".

1. **Participation Agreement:** Employee has agreed to participate in the _____ Plan, a plan established by Employer for the purpose of providing Employee with certain benefits. Employee understands that participation in the Plan is voluntary and that Employee may withdraw from the Plan at any time. Employee agrees to execute and sign the necessary documents to effectuate participation in the Plan, including but not limited to the Enrollment Form, the Plan Agreement, and the Waiver and Release. Employee agrees to provide accurate and complete information regarding his or her marital status, dependent status, and other information required for participation in the Plan. Employee agrees to keep Employer informed of any changes in this information. Employee agrees to pay any required contributions to the Plan. Employee agrees to execute and sign any other documents required for participation in the Plan.

2. **Dismissal Release:** Employee hereby releases, defends, holds harmless, and agrees to indemnify Employer from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by Employer in connection with the termination of Employee's employment, whether such claims, damages, losses, and expenses are known or unknown, whether or not such claims, damages, losses, and expenses are caused in whole or in part by the actions or inactions of Employer, its officers, directors, agents, or employees, or by any third party, in connection with the termination of Employee's employment. This release shall apply to all claims, damages, losses, and expenses, whether or not such claims, damages, losses, and expenses are known or unknown, whether or not such claims, damages, losses, and expenses are caused in whole or in part by the actions or inactions of Employer, its officers, directors, agents, or employees, or by any third party, in connection with the termination of Employee's employment.

3. **Waiver:** Employee hereby waives all rights to bring or participate in any class or collective action, whether at law or in equity, to assert or enforce any claim, damages, losses, or expenses against or incurred by Employer, its officers, directors, agents, or employees, or by any third party, in connection with the termination of Employee's employment. This waiver shall apply to all claims, damages, losses, and expenses, whether or not such claims, damages, losses, and expenses are known or unknown, whether or not such claims, damages, losses, and expenses are caused in whole or in part by the actions or inactions of Employer, its officers, directors, agents, or employees, or by any third party, in connection with the termination of Employee's employment.

4. **Entire Agreement:** This Agreement, Dismissal Release, and Waiver constitutes the entire agreement between Employee and Employer regarding the matters set forth herein. There are no oral or written agreements, understandings, or arrangements between Employee and Employer that modify or supplement this Agreement, Dismissal Release, and Waiver. This Agreement, Dismissal Release, and Waiver shall be binding on Employee and Employer and their heirs, assigns, and personal representatives. This Agreement, Dismissal Release, and Waiver shall be enforceable in any court of competent jurisdiction. This Agreement, Dismissal Release, and Waiver shall be governed by the laws of the State of _____.

5. **Severability:** If any provision of this Agreement, Dismissal Release, and Waiver is held to be unenforceable or invalid, the remaining provisions shall remain in full force and effect.

6. **Counterparts:** This Agreement, Dismissal Release, and Waiver may be executed in counterparts, each of which shall be deemed to be a true and correct copy of this Agreement, Dismissal Release, and Waiver. All counterparts shall be deemed to be one and the same agreement when taken together.

7. **Witness:** The execution of this Agreement, Dismissal Release, and Waiver is witnessed by _____, a competent person, who is not a party to this Agreement, Dismissal Release, and Waiver. The witness hereby certifies that the execution of this Agreement, Dismissal Release, and Waiver is voluntary and that the parties are fully aware of the contents and legal effect of this Agreement, Dismissal Release, and Waiver.

8. **Signature:** The signature of Employee shall be deemed to be the signature of Employee, and the signature of Employer shall be deemed to be the signature of Employer.

9. **Witness:** The execution of this Agreement, Dismissal Release, and Waiver is witnessed by _____, a competent person, who is not a party to this Agreement, Dismissal Release, and Waiver. The witness hereby certifies that the execution of this Agreement, Dismissal Release, and Waiver is voluntary and that the parties are fully aware of the contents and legal effect of this Agreement, Dismissal Release, and Waiver.

10. **Signature:** The signature of Employee shall be deemed to be the signature of Employee, and the signature of Employer shall be deemed to be the signature of Employer.

PARTICIPATION FORM:

Department of Defense
 Department of the Army
 Department of the Navy
 Department of the Air Force
 Department of the Marine Corps

DD FORM 1300-1 (Rev. 1-77)

CONCUSSION FORM

1. Name (Last, First, Middle Initial)
 2. Grade or Rate
 3. Branch
 4. Component
 5. Duty Station
 6. Date of Injury
 7. Location of Injury
 8. Nature of Injury
 9. Date of Report
 10. Report Made By
 11. Signature of Reporting Officer
 12. Signature of Injured Person
 13. Signature of Witness
 14. Signature of Medical Officer
 15. Signature of Commanding Officer
 16. Signature of Adjutant General
 17. Signature of Chaplain
 18. Signature of Other Officer
 19. Signature of Other Personnel
 20. Signature of Other Civilian

2. Description of Injury (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

3. Medical History (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

4. Physical Examination (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

5. Psychological Examination (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

6. Treatment (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

7. Prognosis (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

8. Remarks (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

9. Signature of Reporting Officer
 10. Signature of Injured Person
 11. Signature of Witness
 12. Signature of Medical Officer
 13. Signature of Commanding Officer
 14. Signature of Adjutant General
 15. Signature of Chaplain
 16. Signature of Other Officer
 17. Signature of Other Personnel
 18. Signature of Other Civilian

19. Date of Report
 20. Report Made By

Department of Defense
 Department of the Army
 Department of the Navy
 Department of the Air Force
 Department of the Marine Corps

DD FORM 1300-1 (Rev. 1-77)

CONCUSSION FORM

1. Name (Last, First, Middle Initial)
 2. Grade or Rate
 3. Branch
 4. Component
 5. Duty Station
 6. Date of Injury
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 8. Nature of Injury
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 13. Signature of Witness
 14. Signature of Medical Officer
 15. Signature of Commanding Officer
 16. Signature of Adjutant General
 17. Signature of Chaplain
 18. Signature of Other Officer
 19. Signature of Other Personnel
 20. Signature of Other Civilian

2. Description of Injury (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

3. Medical History (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

4. Physical Examination (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

5. Psychological Examination (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

6. Treatment (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

7. Prognosis (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

8. Remarks (Include Date, Time, Location, Nature of Injury, and Name of Person Causing Injury)

9. Signature of Reporting Officer
 10. Signature of Injured Person
 11. Signature of Witness
 12. Signature of Medical Officer
 13. Signature of Commanding Officer
 14. Signature of Adjutant General
 15. Signature of Chaplain
 16. Signature of Other Officer
 17. Signature of Other Personnel
 18. Signature of Other Civilian

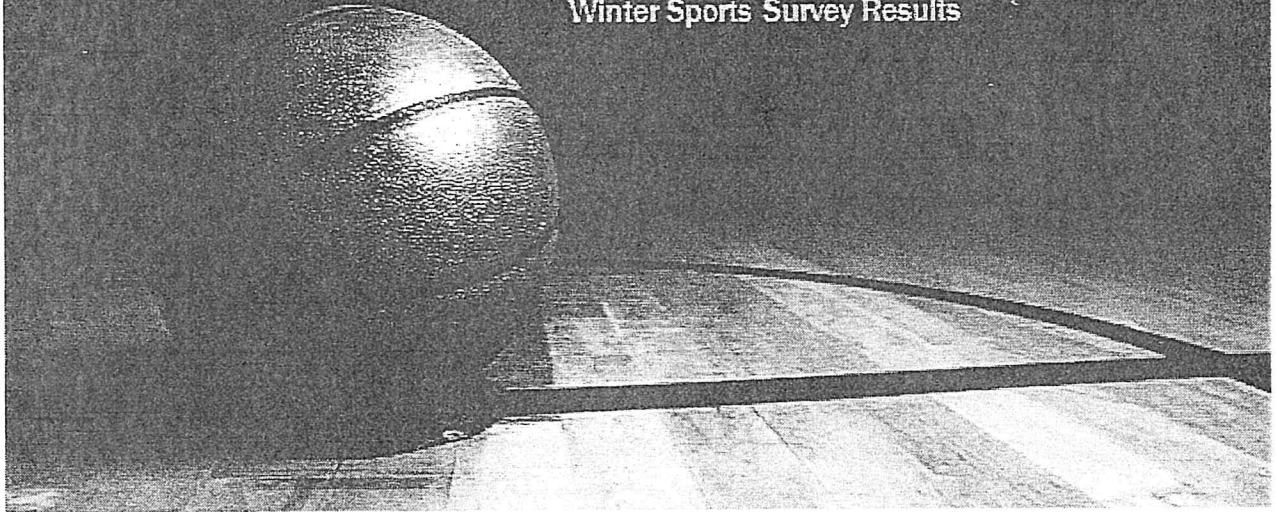
19. Date of Report
 20. Report Made By

**CONCUSSION
 FORM**

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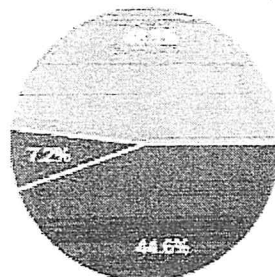
Sumter County School District

Winter Sports Survey Results



Considering current COVID-19 conditions in Sumter County, how likely are you to attend a school sponsored basketball game?

690 responses

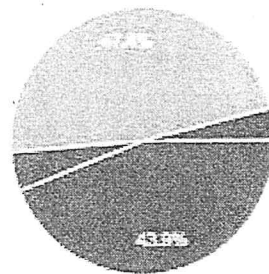


- Definitely
- Not likely
- Absolutely not likely

44.6% Definitely
52.2% Not likely
3.2% Absolutely not likely

Considering current COVID-19 conditions in Sumter County, how likely are you to allow your child to participate in school sponsored basketball and/or cheerleading?

690 responses

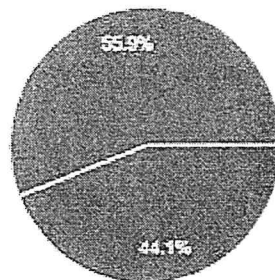


- Definitely
- Not Likely
- Absolutely not likely
- Does not apply

Definitely 316
Not Likely 213
Absolutely Not Likely 117
Does Not Apply 44

Would you be willing to sign a liability waiver that releases the Sumter County Board of Education from any and all legal responsibility should your child is not limited to basketball and cheerleading.

690 responses



- Yes
- No

Yes 316
No 213

Greatest Concerns:

- My greatest concern is my child contracting COVID-19.
- The children need something to do.
- The children feeling left out, because other schools in the area are playing sports.
- It's dangerous and too big of a risk.
- It's the seniors last chance to play.
- If we are not in school in person, there shouldn't be any sports.
- The health and safety of the children and the community should be our priority.

Resignation

Action Agenda (☒ New) / (☐ Unfinished Business)
Item: Retirement of Personnel

Item NO _____ pp _____
Exhibit _____

Background Information:

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
Classified		
Alicia Collin	TRAN/Bus Driver	10/9/2020
Curtis Goodwin	Bell-Brown/Custodian	10/19/2020
Laquisha Grant	TRAN/Bus Driver	10/12/2020

Employment of Substitute Bus Driver

Action Agenda (☒ New) / (☐ Unfinished Business)

Item: Employment of Substitute Bus Driver

Item NO _____ pp _____

Exhibit _____

Background Information:

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
James Rogers	TRAN/Substitute Bus Driver	10/26/2020

Employment of Coaches

<u>NAME</u>	<u>SCHOOL/POSITION</u>	<u>EFFECTIVE DATE</u>
Rashard Jemison	LJHS/Head Baseball	10/23/2020
Joseph Ray	LJHS/ Asst Baseball	10/23/2020
Simuel Toole	LJHS/Head B Team Basketball	10/23/2020
Simuel Toole	LJHS/Asst A Team Basketball	10/23/2020