

Berwyn Park District
Monthly Committee Meeting
Freedom Park Administration Building
3701 S. Scoville Ave. Berwyn, IL
July 2, 2024, at 4:30 p.m.
Agenda

- I. Call to Order – Roll Call of Commissioners (action)
- II. Adoption of Agenda (action)
- III. Public Comments
- IV. Correspondence
- V. Presentation from Bernardi Securities
- VI. Financial Report
 - a. Account Payables
 - b. Fund Balance Policy
- VII. Policy and Personnel
 - a. Safety Manual
 - b. Board Policy Manual
- VIII. Recreation
- IX. Parks and Facilities
- X. Technology
- XI. Other Business
- XII. Master Plan
- XIII. Government Efficiency Committee
- XIV. Commissioners Comments
- XV. Executive Session
 - a. The appointment, employment, compensation, discipline, performance, or dismissal of specific employees.
 - b. The purchase or lease of real property for the use of the public body, including meetings held for the purpose of discussing whether a particular parcel should be acquired.
 - c. Discussion of minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06
 - d. Litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting.
- XVI. Adjournment (action)

The next regular scheduled meeting of the Board of Commissioners is July 16, 2024, at 6:00pm at Proksa Park Activity Center.

The next Committee meeting of the Board of Commissioners is Aug 6, 2024, at 4:30pm at Freedom Park Administration Building.

Persons with disabilities requiring reasonable accommodation to participate in this meeting should contact Director Fallon at 708-788-1701, at least 48 hours prior to the meeting.

BOARD OF COMMISSIONERS

Brian Brock, President
Zachary Taylor, Treasurer
Gretchen Kostelny, Commissioner

Ana Espinoza, Vice President
Mario Manfredini, Secretary



PRESENTED TO:

BERWYN PARK DISTRICT
COOK COUNTY, ILLINOIS

Cathy Fallon, Executive Director



Potential Park District Bond Financing Options

Presented by:

Robert P. Vail, Managing Director

June 12, 2024

BERNARDISECURITIES
MUNICIPAL BOND SPECIALISTS

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OVERVIEW AND ORGANIZATIONAL STRUCTURE

Established and based in Illinois since 1984, Bernardi Securities, Inc. is an independent broker-dealer offering public finance and asset management services. The Bernardi team is strictly committed to the municipal bond market. We focus our expertise on assisting issuers like the District raise capital and by placing its debt with investors across the country. We make a conscious effort to keep our clients informed on pertinent information affecting the municipal finance industry. We encourage you to view our website, www.bernardisecurities.com, and read our Municipal Industry White Papers, President's Letters, and Municipal Market Updates. Since our founding, we have served municipal bond issuers, high net-worth investors, community banks and other municipal bond investors. Our dedication and commitment to the municipal bond market has been continuous since our inception.

We pride ourselves on focusing on client needs and a reputation for interacting in an honest, straightforward manner. Our core principles, combined with our transaction experience and commitment to excellence, help us achieve successful results for our clients.

Core Principles:

- ❖ Serve our clients honestly and in a forthright manner.
- ❖ Remain municipal bond experts through in-depth research, continuing education, and plain hard work.
- ❖ Maintain timely and clear communication with our clients.
- ❖ Achieve superior performance for our clients.



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We have devoted our efforts to the same industry for nearly four decades. Our Company principles are exemplified in each and every one of our employees. We encourage you to view our exemplary compliance record at www.brokercheck.firma.org. With our deep resources and coordinated team approach, we are positioned to provide our clients with high quality service and above average results.

FIRM LOCATIONS

Bernardi Securities, Inc. has four offices within the State of Illinois. We are headquartered in Northfield, Illinois and have offices in Bloomington, O'Fallon, and Peru.

PUBLIC FINANCE DEPARTMENT

Bernardi Securities, Inc. is one of the Midwest's most active municipal bond underwriters. Our Public Finance Team collectively draws on their diverse backgrounds in accounting, finance, financial analysis, economics and quantitative analysis to deliver innovative and cost-effective results. Our underwriting team includes 3 Investment Bankers, 3 Analysts, 4 traders and a municipal sales force. Over the past five years, we have participated as manager or co-manager in over 315 Illinois negotiated transactions.

Visit us at: WWW.BERNARDISECURITIES.COM.

OVERVIEW AND ORGANIZATIONAL STRUCTURE

SALES, TRADING AND UNDERWRITING DEPARTMENTS

Our Sales, Trading and Underwriting Departments are responsible for marketing firm underwritings. Our Trading Department actively participates in the secondary market to maintain a dynamic inventory of investment grade municipal bonds. Over the past five years, we have participated as manager or co-manager in over 877 competitive bid transactions. **During calendar year 2023, our firm bought and traded approximately \$2.125 billion in par amount of fixed income securities in the primary and secondary markets combined.**

For many decades, we have supported and traded bonds issued by numerous communities located around the District.

MUNICIPAL CREDIT DEPARTMENT

Our Municipal Credit Department is the foundation of our underwriting process. Mr. Pat Squeglia is the director of municipal bond credit at Bernardi Securities. He oversees and direct the firm's municipal credit analysis process and he also serves on the firm's Credit Committee. Pat and his team are responsible for maintaining the surveillance of municipal bond issues, updating internal credit files and periodically releasing market commentary. Prior to Bernardi, he was a senior associate and investment grade credit research analyst for PIMCO Municipals in the Chicago office. Mr Squeglia holds a master's degree in public administration from Cornell University and a bachelor's degree in psychology from Penn State University.

MUNICIPAL PORTFOLIO MANAGEMENT DEPARTMENT

The Portfolio Management Department manages or assists in the management of municipal portfolios exceeding \$1.78 billion. Bernardi's portfolio managers provide our clients with a value-added perspective seeking above average rate of returns on high quality fixed-income portfolios.

If selected to serve as an Underwriter, we plan to direct initial marketing efforts to our large network of retail investor clients, community banks, bank trust departments and investment advisors. We will allocate a meaningful amount of time before and during the order period to contact investor clients who we believe will have an interest in the debt issue. In our experience, this approach often results with buy-and-hold investors supporting your issue. Support from these investor groups serves to complement orders we receive from other large institutional clients.

COMPLIANCE DEPARTMENT

Ronald P. Bernardi serves as our Chief Compliance Officer. We do not outsource our compliance responsibilities and take great pride in our exemplary compliance record. He is assisted in this area by Lisa Evensky, Financial Operations Principal & Vice President.

Our firm is vertically integrated: control and execution of the firm's critical services are in-house and are not farmed out to third parties. This means our public banking services, underwriting, trading, compliance, credit, and portfolio management are completely under the control of our management team. This structure ensures our issuer clients significant advantages in terms of flexibility, marketing efficiency and operational integrity.

BERNARDI SECURITIES, INC. FINANCING TEAM

Ronald P. Bernardi, President and CEO

rbernardi@bernardisecurities.com / 312.281.2030

Role: Oversees all deal team personnel involved in this transaction.

Mr. Bernardi is President & Chief Executive Officer of Bernardi Securities, Inc. **with over forty (40) years of experience** in the municipal bond industry. He is a graduate of Bucknell University with a BA in Economics. Ron served two terms on the Board of Directors of Bond Dealers of America (BDA) and as Chairman of its Municipal Fixed Income Committee. In June 2017, Ron was elected and served three years as an industry representative on FINRA's Fixed Income Committee, which regularly meets in Washington D.C. In the past, he served on the technical advisory committee of the non-partisan Municipal Bonds for America coalition. Mr. Bernardi has published extensively on the municipal bond market, including the white papers Tax-Exempt Municipal Bonds: The Case for an Efficient, Low Cost, Job Creating Tax Expenditure and REPEALING TAX-EXEMPTION – Impact on Small and Medium sized Communities. He is a former Board Member and Treasurer of the Union League Club of Chicago, a current Trustee of the ULC Foundation for Boys & Girls Clubs and founding Chairman of the Lake Forest, Illinois High School Foundation.

Robert P. Vail, Senior Vice President/ Director of Public Finance
(PRIMARY CONTACT)

rvail@bernardisecurities.com / 312.281.2014

Role: Lead Investment banker on the transaction and he will interact and coordinate with areas of the firm and the District working together on the potential bond issue to ensure a successful financing.

Bob joined the firm in 1998 and manages the Public Finance Department. Bob is responsible for structuring general obligation and revenue-backed bond issues for clients around the country. **Bob has worked on over 450 Illinois negotiated municipal bond transactions with a total par amount of approximately \$1.790 billion since 1998.** Bob has helped numerous municipalities, counties, school districts, and park districts throughout Illinois find immediate and future financing, refinancing and debt restructuring solutions. He has extensive knowledge in advanced and current refunding bond issues, alternate revenue source bonds, enterprise system revenue issues, and debt and levy structuring. Bob holds a B.S. in Finance from the University of Kentucky and the Series 52, 53, and 63 securities licenses.

Matthew P. Bernardi, Vice President/ Investment Specialist

matt.bernardi@bernardisecurities.com / 312.281.2015

Role: Will lead the marketing strategy on this transaction.

Matt joined the firm in August of 2013 after trading for 3 years at Chesapeake Partners, a hedge fund located in Baltimore, Maryland. Matt currently assists individuals, pension funds, banks, and other institutions regarding their municipal bond portfolios. He graduated from Johns Hopkins University in 2010 with a B.A. in history and economics minor. Matt holds the Series 7, 24, 27, 52, 53, 63, and 65 licenses. Matt currently serves on the Union League Boys & Girls Club investment committee and is past President of the Associate Board.

BERNARDI SECURITIES, INC. FINANCING TEAM

Peter Raines, Vice President/ Head of Underwriting

praines@bernardisecurities.com / 312.281.2033

Role: Head Underwriter and will be responsible for underwriting and pricing responsibilities on the issue.

Mr. Raines is Principal and Vice President and has over 14 years of experience in the fixed income industry in various areas including trading, underwriting and sales. He has been involved in the marketing, trading and underwriting of over \$20 billion in municipal bond transactions. A 2008 graduate of Winthrop University, he is CFA Charterholder and a member of the CFA Society of Chicago. He also holds Series 52, 53, 66 and 7 securities licenses.

Pat Squeglia, Director of Credit

psqueglia@bernardisecurities.com / 312.281.2026

Role: Is the firm's lead credit analyst and will provide the financing team with credit analysis and insights on the proposed financing.

Mr. Squeglia joined Bernardi Securities in January 2023. Prior to this, he was a senior associate and investment grade credit research analyst for PIMCO Municipals in the Chicago office. Before joining PIMCO in 2021, he was a senior associate on the credit research team within the investment research and strategy department at Gurtin Municipal Bond Management, a PIMCO company. Prior to joining Gurtin in 2016, Mr. Squeglia worked as a water capacity infrastructure consultant at Danby Volunteer Fire Company, as well as a graduate assistant at Cornell University in the department of policy analysis and management. Previously, he worked in risk management and policy research for the New York State government. He has nine years of investment experience and holds a master's degree in public administration from Cornell University and a bachelor's degree in psychology from Penn State University.

ILLINOIS NEGOTIATED RANKINGS

Bernardi Securities has been an active underwriter of municipal debt for decades. As shown in the table below, for calendar years 2019 through 2023, per “Bloomberg L. P.,” **Bernardi Securities, Inc. underwrote more Illinois negotiated municipal bond issues than any other investment bank in the United States.**

State of Illinois Municipal Rankings Total Illinois Negotiated Senior or Sole Managed Underwritings (Number of Issues from 2019 through 2023)			
<u>Rank</u>	<u>Book Runner (Equal if Joint)</u>	<u>Cumulative Number of Issues</u>	<u>Market Share</u>
1	Bernardi Securities Inc.	232	25.61%
2	Stifel Nicolaus & Co.	222	24.50%
3	Robert W. Baird & Co.	113	12.47%
4	Mesirow Financial Inc.	95	10.49%
5	Raymond James & Associates	87	9.60%
6	DA Davidson	42	4.64%
7	Piper Sandler & Co	36	3.97%
8	J P Morgan Securities Inc.	31	3.42%
9	Oppenheimer	24	2.65%
10	RBC Capital Markets	24	2.65%

Source: Bloomberg L.P.

SCOPE OF UNDERWRITING SERVICES

Since 1984, Bernardi Securities, Inc. has helped state and local governments throughout the Midwest raise cost-effective capital to help ensure their growth. We are one of the few broker-dealers in the Midwest specializing exclusively in municipal bonds. This specialization allows our team of Public Finance Investment Bankers to share their extensive expertise to assist you or your municipal advisor in the debt financing process.

Our underwriting services include:

FINANCIAL DEBT STRUCTURING & PLANNING

- Working with issuer's advisors to evaluate financing goals and objectives of the issuer as well as analyze current financials and economic base
- Evaluate structuring options for a particular issuance
- Meet with elected officials to discuss bond issue details and implications
- Assist with potential credit enhancements and credit rating agencies related to a particular issuance
- Assist in preparation of the offering documents for a particular issuance
- Provide an estimated timeline for the bond issuance

MARKETING THE BOND ISSUANCE

- Engage in *extensive* pre-sale marketing
- Circulate offering documents to potential investors
- Manage the distribution of your bond issue
- Coordinate the execution of bond documents to ensure a successful closing

CREDIT RATING ASSISTANCE

Bernardi Securities, Inc. has significant expertise and experience interacting with credit rating agencies. We assist issuers in their presentations to the credit rating agencies. Our relationships with the three main credit rating agencies span three decades.

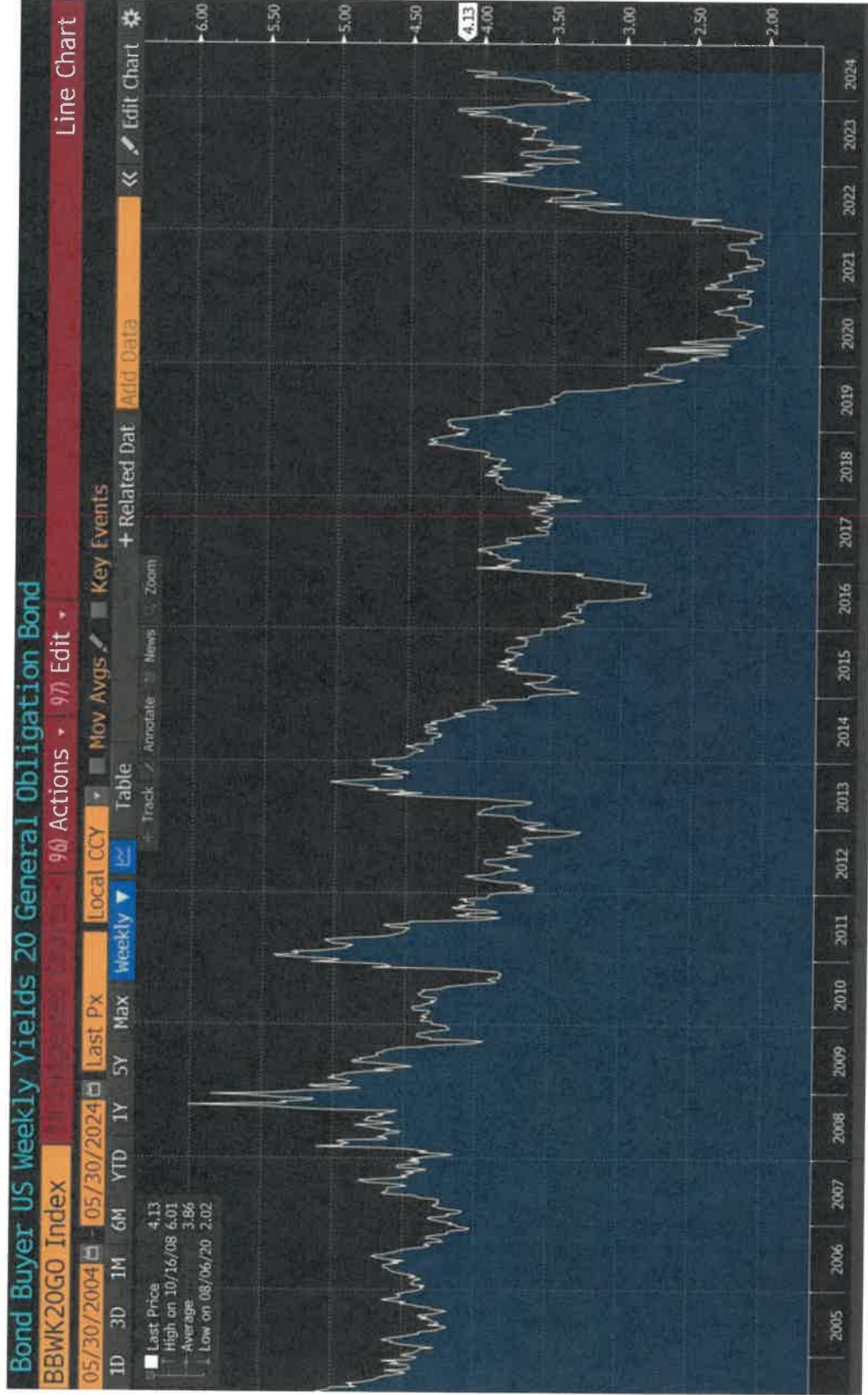
We assist in assembling and organizing the financial documentation package sent to the credit rating agencies for review. We also coordinate the rating call between the credit rating analyst(s), the District, its advisors and Bernardi. In preparing for the rating call, Bernardi if requested, will prepare a rating agenda and have a practice call with the District. As appropriate, we will arrange for the rating agency analyst to visit the issuer for an in-person credit rating presentation.

In our experience, rating agencies look at many factors when determining a rating for issuers. These include:

- Management Practices of the Issuer: relations, union contracts, stability and operations;*
- Socio-Economic: population, valuations, economic indicators, largest employers and taxpayers, income levels and employment;*
- Debt Levels: debt ratios, overlapping debt, future debt needs and pension and retirement levels;*
- Finances: fund balances, cash flow, tax rates and caps, tax collections, revenue mix and spending level;*
- Planning: capital and economic development plans, budgeting and financial goals and policies*

CURRENT MARKET CONDITIONS

- BOND BUYER WEEKLY 20 G.O. INDEX
- 20 Yr. HISTORY, 2004 - 2024



ESTIMATED LEGAL DEBT MARGIN

LEGAL DEBT MARGIN	
2022 Estimated Full Value of Taxable Property	\$ 1,445,022,483
2022 Equalized Assessed Valuation of Taxable Property	481,674,161
Debt Limit (2.875 % of EAV)	\$ 13,848,132
<u>General Obligation Bonded Debt:</u>	
<i>General Obligation Limited Tax Park Bonds, Series 2019</i>	1,630,000
Total Direct General Obligation Debt	\$ 1,630,000
Legal Debt Margin:	\$ 12,218,132

DEBT SERVICE EXTENSION BASE

Levy Year	Collection Year	Fiscal Year	Series 2019 Debt Service	Total DSEB Debt Service	DSEB Growth Rate*	DSEB*	Available DSEB	Tax Rate
2019	2020	2021	273,450	273,450	1.90%	273,811	361	0.06600 (1)
2020	2021	2022	271,250	271,250	2.30%	280,109	8,859	0.05255 (1)
2021	2022	2023	273,850	273,850	1.40%	284,030	10,180	0.05815 (1)
2022	2023	2024	271,050	271,050	5.00%	298,232	27,182	0.05909 (1)
2023	2024	2025	273,050	273,050	5.00%	313,143	40,093	0.05835 (3)
2024	2025	2026	269,650	269,650	3.40%	323,790	54,140	0.05650 (3)
2025	2026	2027	273,200	273,200	2.00% (2)	330,266	57,066	0.05612 (3)
2026	2027	2028	269,200	269,200	2.00% (2)	336,871	67,671	0.05421 (3)
2027	2028	2029	270,000	270,000	2.00% (2)	343,609	73,609	0.05331 (3)
2028	2029	2030	270,400	270,400	2.00% (2)	350,481	80,081	0.05234 (3)
2029	2030	2031	270,400	270,400	2.00% (2)	357,490	87,090	0.05131 (3)
2030	2031	2032	-	-	2.00% (2)	364,640	364,640	- (3)
2031	2032	2033	-	-	2.00% (2)	371,933	371,933	- (3)
2032	2033	2034	-	-	2.00% (2)	379,372	379,372	- (3)
2033	2034	2035	-	-	2.00% (2)	386,959	386,959	- (3)
2034	2035	2036	-	-	2.00% (2)	394,698	394,698	- (3)
2035	2036	2037	-	-	2.00% (2)	402,592	402,592	- (3)
2036	2037	2038	-	-	2.00% (2)	410,644	410,644	- (3)
2037	2038	2039	-	-	2.00% (2)	418,857	418,857	- (3)
2038	2039	2040	-	-	2.00% (2)	427,234	427,234	- (3)
2039	2040	2041	-	-	2.00% (2)	435,779	435,779	- (3)
2040	2041	2042	-	-	2.00% (2)	444,494	444,494	- (3)
2041	2042	2043	-	-	2.00% (2)	453,384	453,384	- (3)
2042	2043	2044	-	-	2.00% (2)	462,452	462,452	- (3)
Totals:			2,166,950	2,166,950				

* Per Illinois statutory law (35 ILCS 200/18-185 through 18-245). DSEB established or increased at any time pursuant to any provision of the law, except Section 18-212, shall be increased by the lesser of 5% or the percentage increase in the Consumer Price Index during the 12-month calendar year preceding the levy year. Subject to Bond Counsel Approval.

(1) Based on actual EAV amounts for each tax year and includes County's 5% Loss added in.

(2) Assumes 2.00% CPI growth going forward.

(3) Based on the District's tax year 2022 EAV, then assumes 2% growth thereafter.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE

Maximizing DSEB 10-Years

General Obligation Limited Park Bonds, Series 2024

Dated: 9/1/2024

Hypothetical Amortization (1)										
Levy Year	Collection Year	Max DSEB	Principal (12/1)	Interest (6/1 & 12/1)	Cap Interest	Net Debt Service	Total	Remaining DSEB	Additional Tax Rate (2)	
2024	2025	54,140	\$ -	\$ 84,375	\$ (33,750)	\$ 50,625	\$ 50,625	3,515	0.01010	0.00000
2025	2026	57,066	-	67,500	(13,500)	54,000	54,000	3,066	0.01056	0.00000
2026	2027	67,671	-	67,500	-	67,500	67,500	171	0.01295	0.00000
2027	2028	73,609	5,000	67,500	-	72,500	72,500	1,109	0.01363	0.00000
2028	2029	80,081	10,000	67,250	-	77,250	77,250	2,831	0.01424	0.00000
2029	2030	87,090	20,000	66,750	-	86,750	86,750	340	0.01568	0.00000
2030	2031	364,640	295,000	65,750	-	360,750	360,750	3,890	0.06392	0.00000
2031	2032	371,933	315,000	51,000	-	366,000	366,000	5,933	0.06358	0.00000
2032	2033	379,372	340,000	35,250	-	375,250	375,250	4,122	0.06391	0.00000
2033	2034	386,959	365,000	18,250	-	383,250	383,250	3,709	0.06399	0.00000
2034	2035	394,698	-	-	-	-	-	394,698	0.00000	0.00000
2035	2036	402,592	-	-	-	-	-	402,592	0.00000	0.00000
2036	2037	410,644	-	-	-	-	-	410,644	0.00000	0.00000
2037	2038	418,857	-	-	-	-	-	418,857	0.00000	0.00000
2038	2039	427,234	-	-	-	-	-	427,234	0.00000	0.00000
2039	2040	435,779	-	-	-	-	-	435,779	0.00000	0.00000
2040	2041	444,494	-	-	-	-	-	444,494	0.00000	0.00000
2041	2042	453,384	-	-	-	-	-	453,384	0.00000	0.00000
2042	2043	462,452	-	-	-	-	-	462,452	0.00000	0.00000
			\$ 1,350,000	\$ 591,125	\$ (47,250)	\$ 1,893,875				
True Interest Cost						3.85%				
Net Reoffering Premium						\$ 130,422				
Net Bond Proceeds						\$ 1,370,000				

(1) Based on a hypothetical interest rate and estimated cost of issuance.

(2) Assumes 2% EAV growth.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE

Berwyn Park District, Cook County, Illinois

Estimated Debt Service and B&I Levy

Levy Year	Collection Year	Taxable EAV	EAV Growth ⁽¹⁾	Series 2019 Debt Service	Series 2024 Debt Service	Total Debt Service	Bond & Interest Tax Rate
2019	2020	435,008,965	3.48%	273,450	-	273,450	0.0639
2020	2021	541,954,218	24.58%	271,250	-	271,250	0.0501
2021	2022	494,495,086	-8.76%	273,850	-	273,850	0.0554
2022	2023	481,674,161	-2.59%	271,050	-	271,050	0.0563
2023	2024	491,307,644	2.00%	273,050	-	273,050	0.0556
2024	2025	501,133,797	2.00%	269,650	50,625	320,275	0.0639
2025	2026	511,156,473	2.00%	273,200	54,000	327,200	0.0640
2026	2027	521,379,603	2.00%	269,200	67,500	336,700	0.0646
2027	2028	531,807,195	2.00%	270,000	72,500	342,500	0.0644
2028	2029	542,443,338	2.00%	270,400	77,250	347,650	0.0641
2029	2030	553,292,205	2.00%	270,400	86,750	357,150	0.0645
2030	2031	564,358,049	2.00%	270,400	360,750	360,750	0.0639
2031	2032	575,645,210	2.00%	270,400	366,000	366,000	0.0636
2032	2033	587,158,115	2.00%	270,400	375,250	375,250	0.0639
2033	2034	598,901,277	2.00%	270,400	383,250	383,250	0.0640
2034	2035	610,879,302	2.00%	270,400	-	-	0.0000
2035	2036	623,096,888	2.00%	270,400	-	-	0.0000
2036	2037	635,538,826	2.00%	270,400	-	-	0.0000
2037	2038	648,270,003	2.00%	270,400	-	-	0.0000
2038	2039	661,235,403	2.00%	270,400	-	-	0.0000
2039	2040	674,460,111	2.00%	270,400	-	-	0.0000
2040	2041	687,949,313	2.00%	270,400	-	-	0.0000
2041	2042	701,708,299	2.00%	270,400	-	-	0.0000
2042	2043	715,742,465	2.00%	270,400	-	-	0.0000
2043	2044	730,057,315	2.00%	270,400	-	-	0.0000
				1,895,900	1,893,875	3,789,775	
					Cap. Int: \$ 47,250		
					TIC%: 3.83% ⁽²⁾		
					Project Amount: \$ 1,370,000		

(1) EAV Growth assumes actual growth for tax years 2019-2022 and 2% growth assumption thereafter.

(2) Estimated rate as of June 12, 2024.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE

CURRENT TAX IMPACT (2019 BONDS)

<i>Estimated Homeowner Tax Impact Data - Current Bond Levy (2019 Bonds)</i>				
Project Amount:				\$0
Length to Maturity:				0
2022 E.A.V. ⁽¹⁾ :				\$481,674,161
Estimated Bond & Interest Tax Rate ⁽²⁾ :				\$0.0563
Market Value of Home	Taxable Value of Home ⁽³⁾	Est. Daily Tax	Est. Monthly Tax	Est. Yearly Tax
\$150,000	\$44,000	\$0.07	\$2.06	\$24.77
\$200,000	\$60,667	\$0.09	\$2.85	\$34.16
\$300,000	\$94,000	\$0.14	\$4.41	\$52.92

⁽¹⁾ 2022 Equalized Assessed Valuation (E.A.V.); 2.0% growth thereafter has been assumed.
⁽²⁾ Rate expressed as dollars per \$100 of 2022 E.A.V., assumes 2.0% growth. Actual tax rate may vary based on EAV growth, State Law changes, property tax rate initiatives and other factors. Assumes the 2019 Bonds Outstanding.
⁽³⁾ Taxable Value of Home is calculated at 1/3 of Market Value of Home less a \$6,000 homeowner occupied exemption.

ADDITIONAL TAX IMPACT (2024 LIMITED BONDS)

<i>Estimated Homeowner Tax Impact Data - Bond Levy Increase (2024 Limited Bonds - Netting \$1,370,000)</i>				
Project Amount:				\$1,370,000
Length to Maturity:				10-Years
2022 E.A.V. ⁽¹⁾ :				\$481,674,161
Estimated Increase in Bond & Interest Tax Rate ⁽²⁾ :				\$0.0077
Market Value of Home	Taxable Value of Home ⁽³⁾	Est. Daily Tax Increase	Est. Monthly Tax Increase	Est. Yearly Tax Increase
\$100,000	\$27,333	\$0.01	\$0.18	\$2.10
\$300,000	\$94,000	\$0.02	\$0.60	\$7.24
\$400,000	\$127,333	\$0.03	\$0.82	\$9.80

⁽¹⁾ 2022 Equalized Assessed Valuation (E.A.V.); 2.0% growth thereafter has been assumed.
⁽²⁾ Rate expressed as dollars per \$100 of 2022 E.A.V., assumes 2.0% growth. Actual tax rate may vary based on EAV growth, State Law changes, property tax rate initiatives and other factors. Assumes a \$1,370,000 bond issue amortized over a 10-year period based on an estimated interest rate of 3.83%. Actual interest rate may vary depending on market conditions at the time of sale of the bonds.
⁽³⁾ Taxable Value of Home is calculated at 1/3 of Market Value of Home less a \$6,000 homeowner occupied exemption.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE W/ 2019 REFUNDING

Maximizing DSEB 20-Years / With 2019 Bond Refunding

General Obligation Limited Park Bonds, Series 2024

Dated: 9/1/2024

Hypothetical Amortization (1)

Levy Year	Collection Year	Max DSEB	Refundcd 2019 D/S	Principal (12/1)	Interest (6/1 & 12/1)	Cap Interest	Net Debt Service	Total	Remaining DSEB	New Bond Tax Rate (2)
2024	2025	323,790	\$ 147,484	\$ -	\$ 184,375	\$ (11,063)	\$ 320,796		2,994	0.06401
2025	2026	330,266	145,292	30,000	147,500	-	322,792		7,474	0.06315
2026	2027	336,871	146,589	35,000	146,000	-	327,589		9,282	0.06283
2027	2028	343,609	142,682	50,000	144,250	-	336,932		6,677	0.06336
2028	2029	350,481	143,857	60,000	141,750	-	345,607		4,874	0.06371
2029	2030	357,490	144,737	65,000	138,750	-	348,487		9,004	0.06298
2030	2031	364,640	145,317	75,000	135,500	-	355,817		8,824	0.06305
2031	2032	371,933	145,610	85,000	131,750	-	362,360		9,574	0.06295
2032	2033	379,372	145,594	100,000	127,500	-	373,094		6,278	0.06354
2033	2034	386,959	145,274	110,000	122,500	-	377,774		9,186	0.06308
2034	2035	394,698	144,583	125,000	117,000	-	386,583		8,116	0.06328
2035	2036	402,592	143,533	140,000	110,750	-	394,283		8,310	0.06328
2036	2037	410,644	142,093	155,000	103,750	-	400,843		9,802	0.06307
2037	2038	418,857	145,265	170,000	96,000	-	411,265		7,593	0.06344
2038	2039	427,234	142,790	190,000	87,500	-	420,290		6,945	0.06356
2039	2040	435,779	-	350,000	78,000	-	428,000		7,779	0.06346
2040	2041	444,494	-	375,000	60,500	-	435,500		8,994	0.06330
2041	2042	453,384	-	405,000	41,750	-	446,750		6,634	0.06367
2042	2043	462,452	-	430,000	21,500	-	451,500		10,952	0.06308
			\$ 2,170,694	\$ 2,950,000	\$ 2,136,625	\$ (11,063)	\$ 7,246,256			

True Interest Cost
 Net Reoffering Premium
 Net Bond Proceeds

4.71%
 \$ 217,478
 \$ 3,085,000

(1) Based on a hypothetical interest rate and estimated cost of issuance.
 (2) Assumes 2% EAV growth.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE W/ 2019 REFUNDING

Berwyn Park District, Cook County, Illinois

Estimated Debt Service and B&I Levy

Levy Year	Collection Year	Taxable EAV	EAV Growth ⁽¹⁾	Series 2019		Series 2024		Total Debt Service	Bond & Interest Tax Rate
				Debt Service	Debt Service	Debt Service	Debt Service		
2019	2020	435,008,965	3.48%	273,450	-	273,450	0.0629		
2020	2021	541,954,318	24.58%	271,250	-	271,250	0.0501		
2021	2022	494,493,086	-8.76%	273,850	-	273,850	0.0554		
2022	2023	481,674,161	-2.59%	271,050	-	271,050	0.0563		
2023	2024	491,307,644	2.00%	273,050	-	273,050	0.0556		
2024	2025	501,133,797	2.00%	-	320,796	320,796	0.0640		
2025	2026	511,156,473	2.00%	-	322,792	322,792	0.0631		
2026	2027	521,379,603	2.00%	-	327,589	327,589	0.0628		
2027	2028	531,807,195	2.00%	-	336,932	336,932	0.0634		
2028	2029	542,443,338	2.00%	-	345,607	345,607	0.0637		
2029	2030	553,292,205	2.00%	-	348,487	348,487	0.0630		
2030	2031	564,358,049	2.00%	-	355,817	355,817	0.0630		
2031	2032	575,645,210	2.00%	-	362,360	362,360	0.0629		
2032	2033	587,158,115	2.00%	-	373,094	373,094	0.0635		
2033	2034	598,901,277	2.00%	-	377,774	377,774	0.0631		
2034	2035	610,879,302	2.00%	-	386,583	386,583	0.0633		
2035	2036	623,096,888	2.00%	-	394,283	394,283	0.0633		
2036	2037	635,558,826	2.00%	-	400,843	400,843	0.0631		
2037	2038	648,270,003	2.00%	-	411,265	411,265	0.0634		
2038	2039	661,235,403	2.00%	-	420,290	420,290	0.0636		
2039	2040	674,460,111	2.00%	-	428,000	428,000	0.0635		
2040	2041	687,949,313	2.00%	-	435,500	435,500	0.0633		
2041	2042	701,708,299	2.00%	-	446,750	446,750	0.0637		
2042	2043	715,742,465	2.00%	-	451,500	451,500	0.0631		
2043	2044	730,057,315	2.00%	-	-	-	0.0000		
				273,050	Total P & I: \$ 7,246,256	7,519,306			
					Capt. Int: \$ 11,063				
					TIC%: 4.71% ⁽²⁾				
					Project Amount: \$ 3,085,000				

(1) EAV Growth assumes actual growth for tax years 2019-2022 and 2% growth assumption thereafter.

(2) Estimated rate as of June 12, 2024.

NON-REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE W/ 2019 REFUNDING

ADDITIONAL TAX IMPACT (2024 LIMITED BONDS)

<i>Estimated Homeowner Tax Impact Data - Bond Levy Increase (2024 Limited Bonds - Netting \$3,085,000)</i>				
Project Amount:			\$3,085,000	
Length to Maturity:			19-Years	
2022 E.A.V. ⁽¹⁾:			\$481,674,161	
Estimated Increase in Bond & Interest Tax Rate ⁽²⁾:			\$0.0071	
Market Value of Home	Taxable Value of Home ⁽³⁾	Est. Daily Tax Increase	Est. Monthly Tax Increase	Est. Yearly Tax Increase
\$100,000	\$27,333	\$0.01	\$0.16	\$1.94
\$300,000	\$94,000	\$0.02	\$0.56	\$6.67
\$400,000	\$127,333	\$0.02	\$0.75	\$9.04

⁽¹⁾ 2022 Equalized Assessed Valuation (E.A.V.); 2.0% growth thereafter has been assumed.

⁽²⁾ Rate expressed as dollars per \$100 of 2022 E.A.V., assumes 2.0% growth. Actual tax rate may vary based on EA V growth, State Law changes, property tax rate initiatives and other factors. Assumes a \$3,085,000 bond issue and restructuring of 2019 Bonds, amortized over a 19-year period based at an estimated interest rate of 4.71%. Actual interest rate may vary depending on market conditions at the time of sale of the bonds.

⁽³⁾ Taxable Value of Home is calculated at 1/3 of Market Value of Home less a \$6,000 homeowner occupied exemption.

REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE AND TAX IMPACT

\$1 MILLION G.O. PARK BONDS – REFERENDUM APPROVED

Berwyn Park District, Cook County, Illinois						
<i>Estimated Debt Service and B&I Levy</i>						
Levy Year	Collection Year	Taxable EAV	EAV Growth ⁽¹⁾	Series 2019 Debt Service	Series 2024 Debt Service	Total Debt Service
2019	2020	433,008,965	3.48%	273,450	-	273,450
2020	2021	541,954,218	24.58%	271,250	-	271,250
2021	2022	494,493,066	-8.76%	273,850	-	273,850
2022	2023	481,674,161	-2.59%	271,050	-	271,050
2023	2024	491,307,644	2.00%	273,050	-	273,050
2024	2025	501,133,797	2.00%	269,650	70,375	340,025
2025	2026	511,156,473	2.01%	273,200	68,250	341,450
2026	2027	521,379,603	2.00%	269,200	67,250	336,450
2027	2028	531,807,195	2.01%	270,000	71,250	341,250
2028	2029	542,443,338	2.00%	270,400	70,000	340,400
2029	2030	553,292,205	2.00%	270,400	73,750	344,150
2030	2031	564,358,049	2.00%	277,250	77,250	354,500
2031	2032	575,645,210	2.00%	275,500	75,500	351,000
2032	2033	587,158,115	2.00%	278,750	78,750	357,500
2033	2034	598,901,277	2.00%	281,750	81,750	363,500
2034	2035	610,879,302	2.00%	284,500	84,500	369,000
2035	2036	623,096,888	2.00%	282,000	82,000	364,000
2036	2037	635,558,826	2.00%	284,500	84,500	369,000
2037	2038	648,270,003	2.00%	286,750	86,750	373,500
2038	2039	661,235,403	2.00%	288,750	88,750	377,500
2039	2040	674,460,111	2.00%	290,500	90,500	381,000
2040	2041	687,949,313	2.00%	292,000	92,000	384,000
2041	2042	701,708,299	2.00%	293,250	93,250	386,500
2042	2043	715,742,465	2.00%	292,250	92,250	384,500
2043	2044	730,057,315	2.00%	299,750	99,750	399,500
2044						
				1,895,900	1,635,375	3,531,275
				Total P & I: \$		3,531,275
				Cap. Int: \$		-
				TIC %:		4.36% ⁽²⁾
				Project Amount: \$		1,400,000

(1) EAV Growth assumes actual growth for tax years 2019-2022 and 2% growth assumption thereafter

(2) Estimated rate as of June 12, 2024.

REFERENDUM BONDS – PRELIMINARY DEBT STRUCTURE AND TAX IMPACT

ADDITIONAL TAX IMPACT (2024 G.O. PARK BONDS – REFERENDUM APPROVED)

<i>Estimated Homeowner Tax Impact Data - Bond Levy Increase (2024 GO Bonds - Netting \$1,000,000)</i>				
Project Amount:			\$1,370,000	
Length to Maturity:			20-Years	
2022 E.A.V. ⁽¹⁾:			\$481,674,161	
Estimated Increase in Bond & Interest Tax Rate ⁽²⁾:			\$0.0134	
Market Value of Home	Taxable Value of Home ⁽³⁾	Est. Daily Tax Increase	Est. Monthly Tax Increase	Est. Yearly Tax Increase
\$100,000	\$27,333	\$0.01	\$0.31	\$3.66
\$300,000	\$94,000	\$0.03	\$1.05	\$12.60
\$400,000	\$127,333	\$0.05	\$1.42	\$17.06

⁽¹⁾ 2022 Equalized Assessed Valuation (E.A.V.); 2.0% growth thereafter has been assumed.
⁽²⁾ Rate expressed as dollars per \$100 of 2022 E.A.V., assumes 2.0% growth. Actual tax rate may vary based on EAV growth, State Law changes, property tax rate initiatives and other factors. Assumes a \$1,000,000 bond issue amortized over a 20-year period based at an estimated interest rate of 4.36%. Actual interest rate may vary depending on market conditions at the time of sale of the bonds. Bonds may be issued in one or more series over a 5 year period from date of referendum.
⁽³⁾ Taxable Value of Home is calculated at 1/3 of Market Value of Home less a \$6,000 homeowner occupied exemption.

PARK DISTRICT DEBT FINANCING ISSUANCE TYPES

ALTERNATE REVENUE SOURCE BONDS

General Characteristics:

- No voter approval is required for Alternate Bonds.
- Alternate Bonds are backed by proven revenue stream(s).
- This bond issuance type is secured by a general obligation property tax pledge of an issuer in the event that the pledged revenue stream(s) is insufficient at any time.
- Alternate Bonds do not count against the issuer's legal debt limit unless a general obligation bond levy is extended.
- The issuer must demonstrate that the dedicated revenue stream(s) cover 125% of annual debt service of the Alternate Bonds.
- The bond issuance is subject to 30-day petition period.
- The bond issuance does not count towards the debt service extension base in tax capped Counties.
- A Bond Issue Notification Act (BINA) hearing required (public hearing) for Alternate Bonds.
- Maximum financing term is 40 years for Alternate Bonds.

GENERAL OBLIGATION BONDS / LIMITED GENERAL OBLIGATION BONDS

General Characteristics:

- General Obligation Bonds require referendum approval with a specific amount to be approved.
- General Obligation Bonds count against an issuer's legal debt limit.
- General Obligation Bonds are payable from ad valorem tax levy.
- Maximum financing term is 20-years for General Obligation Bonds.
- In tax-capped counties, non-voter approved General Obligation Bonds may be issued as limited bonds payable from debt service extension base.
- No referendum is required, and max financing term is 30 years if General Obligation Bonds are issued by a home rule community

DEBT CERTIFICATES

General Characteristics:

- No voter approval required for Debt Certificates.
- An issuer must have a sufficient revenue stream to support Debt Certificates and the issuer must annually appropriate upcoming debt service payments.
- Debt Certificates count against an issuer's legal debt limit.
- Debt Certificates do not count towards an issuer's debt service extension base in tax capped Counties.
- Maximum financing term is 20 years for Debt Certificates.

REGULATORY COMPLIANCE AND REQUIRED DISCLOSURES

There are no criminal investigations or pertinent litigation pending against our firm. There have not been any orders, judgments or decrees of any federal or state authority barring, suspending or otherwise limiting the right of the firm, its management, any subsidiary engaging as a counterparty in derivative agreements, or any principal in the firm's municipal bond or public finance operations to engage in any business activity. We are in complete compliance with MSRB rule G-37 concerning political contributions. There are no prohibitions on municipal securities business imposed on our firm.

MSRB RULE G-23 DISCLOSURE, G-17 DISCLOSURE and SEC MUNICIPAL ADVISOR RULE

In recent years, Congress has enacted legislation seeking to reform financial markets in the wake of the 2008-2009 financial crisis. One of the most prominent pieces of legislation is the Dodd-Frank Wall Street Reform and Consumer Protection Act. The implementation of Dodd-Frank has led to a series of regulatory changes governing municipal securities.

Until the passage of the Dodd-Frank Act, the activities of municipal advisors (commonly referred to as "financial advisors") were largely unregulated, and municipal advisors were generally not required to register with the Securities Exchange Commission (SEC) or any other federal, state, or self-regulatory entity with respect to their municipal advisory activities.

The Dodd-Frank Act amended the Exchange Act to require municipal advisors to register with the Commission. In addition, the Exchange Act, as amended by the Dodd-Frank Act, grants the MSRB regulatory authority over municipal advisors when advising municipal entities.

The SEC Municipal Advisor Rule, the 2011 amendments to Rule G-23, and the 2012 amendments to Rule G-17, of the Municipal Securities Rulemaking Board (MSRB) require Bernardi Securities, Inc. to define its role at the earliest stages of our relationship with the potential issuer.

Bernardi Securities, Inc. is seeking to serve only as an underwriter. As an underwriter, we will be acting as a principal in a commercial, arms' length transaction, and not as a municipal advisor, financial advisor, or fiduciary. As an underwriter, our purchase of securities will be with a view to distribute these securities to investors. It is important for you to understand that in this role Bernardi Securities, Inc. has financial and other interests that may differ from yours.

REGULATORY COMPLIANCE AND REQUIRED DISCLOSURES

MSRB Rule G-17 requires us to deal fairly at all times with both municipal issuers and investors. Our duty to purchase securities from an issuer at fair and reasonable prices must be balanced with the duty to sell securities to investors at fair and reasonable prices.

Section 975 of the Dodd-Frank Act created a new class of regulated persons, “municipal advisors,” and requires these advisors to register with the SEC. This new registration requirement, which became effective October 1, 2010, makes it unlawful for any municipal advisor to provide certain advice to or on behalf of, or to solicit, municipal entities or certain other persons without registering with the SEC. The new registration requirements and regulatory standards are intended to mitigate some of the problems observed with the conduct of some municipal advisors, including “pay to play” practices, undisclosed conflicts of interest, advice rendered by financial advisors without adequate training or qualifications, and failure to place the duty of loyalty to their clients ahead of their own interests.

Nothing in this document should be construed as advice, a suggestion to take action or a recommendation.

It is important for you to understand that under the new regulatory standards effective July 1, 2014 Bernardi Securities, Inc., once engaged as underwriter, is allowed to provide advice on these specific areas operating under the underwriter’s exemption section of the rule:

- Advice regarding the structure, timing, terms, and other similar matters concerning a particular issuance of municipal securities (except as otherwise provided herein with respect to advice on investment strategies, municipal derivatives, or other activities identified by the Commission as outside the scope of an underwriting)
- Preparation of rating strategies and presentations related to the issuance being underwritten
- Preparations for and assistance with investor “road shows” and investor discussions related to the issuance being underwritten
- Advice regarding retail order periods and institutional marketing if the municipal entity has determined to engage in a negotiated sale
- Assistance in the preparation of the preliminary and final official statements for the municipal securities
- Assistance with the closing of the issuance of municipal securities, including negotiation and discussion with respect to all documents, certificates, and opinions needed for such closing
- Coordination with respect to obtaining CUSIP numbers and the registration of the issue of municipal securities with the book-entry only system of the Depository Trust Company
- Preparation of post-sale reports for such municipal securities
- Structuring of refunding escrow cash flow requirements necessary to provide for the refunding and defeasance of an issue of municipal securities. Subject to independent escrow verification.

REGULATORY COMPLIANCE AND REQUIRED DISCLOSURES

It is important for you to understand that under rules effective July 1, 2014 all broker-dealers without exception are prohibited from providing issuers with: advice on investment strategies; advice on municipal derivatives (including derivative valuation services); advice on what method of sale (competitive sale or negotiated sale) a municipal entity should use for an issuance of municipal securities; advice on whether a governing body of a municipal entity or obligated person should approve or authorize an issuance of municipal securities; advice on a bond election campaign; advice that is not specific to a particular issuance of municipal securities on which a person is serving as underwriter and that involves analysis or strategic services with respect to overall financing options, debt capacity constraints, debt portfolio impacts, analysis of effects of debt or expenditures under various economic assumptions, or other impacts of funding or financing capital projects or working capital; assisting issuers with competitive sales, including bid verification, true interest cost (TIC) calculations and reconciliations, verifications of bidding platform calculations, and preparation of notices of sale; preparation of financial feasibility analyses with respect to new projects; budget planning and analyses and budget implementation issues with respect to debt issuance and collateral budgetary impacts; advice on an overall rating strategy that is not related to a particular issuance of municipal securities on which a person is serving as an underwriter, including advice and actions taken on behalf of a municipal entity or obligated person between financing transactions; advice on overall financial controls that are not related to a particular issuance of municipal securities on which a person is serving as an underwriter; or advice regarding the terms of requests for proposals or requests for qualification for the selection of underwriters or other professionals for a project financing and advice regarding review of responses to such requests, including matters regarding compensation of such underwriters or other professionals.

Bernardi Securities, Inc. seeks to serve as an underwriter on a future transaction and not as a financial advisor or municipal advisor. The information provided is for discussion purposes only in anticipation of being engaged to serve as underwriter. Bernardi Securities, Inc.'s primary role as an underwriter is to purchase securities with a view to distribution in an arm's-length commercial transaction, in which we: (i) are acting solely for our own financial and other interests that may differ from yours; (ii) are not acting as your municipal advisor or financial advisor, and have no fiduciary duty to you with respect to this transaction; and (iii) are not recommending that you take an action with respect to this transaction. Before acting on this information, it should be discussed with the financial and/or municipal, legal, accounting, tax and other advisors you deem appropriate. If you would like a municipal advisor in this transaction that has legal fiduciary duties to you, you are free to engage a municipal advisor to serve in that capacity.

If the Issuer engages Bernardi Securities, Inc., the designation of Bernardi Securities, Inc. as underwriter applies solely to this issue.

REGULATORY COMPLIANCE AND REQUIRED DISCLOSURES

Until Bernardi is engaged on a particular transaction, the discussions between the Issuer and Bernardi are based solely on general market issues, topics, and other publicly available information and are not to be construed as a recommendation or advice. Bernardi Securities, Inc. is not recommending an action to the municipal entity or obligated person. Bernardi Securities, Inc. is not acting as an advisor to the municipal entity or obligated person and does not owe a fiduciary duty pursuant to Section 15B of the Exchange Act to the municipal entity or obligated person with respect to the information and material contained in this communication. Bernardi Securities, Inc. is acting for its own interests. The municipal entity or obligated person should discuss any information and material contained in this communication with any and all internal or external advisors and experts that the municipal entity or obligated person deems appropriate before acting on this information or material.

The SEC believes that a person could rely on the general information exclusion from advice under the Final Rules when providing a municipal entity or obligated person with information that does not involve a recommendation, such as factual information that does not contain subjective assumptions, opinions, or views. Examples of this type of general information include: (a) information regarding a person's professional qualifications and prior experience (e.g., lists, descriptions, terms, or other information regarding prior experience on completed transactions involving municipal financial products or issuances of municipal securities); (b) general market and financial information (e.g., market statistics regarding issuance activity for municipal securities or current market interest rates or index rates for different types of bonds or categories of credits); (c) information regarding a financial institution's currently-available investments (e.g., the terms, maturities, and interest rates at which the financial institution offers these investments) or price quotes for investments available for purchase or sale in the market that meet criteria specified by a municipal entity or obligated person; (d) factual information describing various types of debt financing structures (e.g., fixed rate debt, variable rate debt, general obligation debt, debt secured by various types of revenues, or insured debt), including a comparison of the general characteristics, risks, advantages, and disadvantages of these debt financing structures; and (e) factual and educational information regarding various government financing programs and incentives (e.g., programs that promote energy conservation and the use of renewable energy).

CONTACT INFORMATION

CONTACT INFORMATION

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WWW.BERNARDISECURITIES.COM

DATE: 07/2/2024
TO: The Board of Commissioners
FROM: Cathy Fallon
RE: Finance Report

- Account Payables
- Included is a draft Fund Balance Policy. This policy and the parameters set forth will be a tool to help guide the budget process, the way the Park District will levy dollars and keep our fund balances up with the current standards.



Berwyn Park District Fund Balance Policy

Table Of Contents

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Berwyn Park District Fund Balance Policy

- I. **Overview:** The purpose of this policy is to establish the principles and parameters to which a Fund Balance target will be defined at the beginning of each budget period. This policy is established to provide financial stability, cash flow for operations, and the assurance that the District will be able to respond to emergencies with fiscal strength.

In the event that unexpected situations may cause the District to fall below the minimum level, certain steps will be followed to correct the deficiency, as outlined in the section below “Minimum Target Balances”.

- II. **Definitions: Governmental Funds** – are used to account for all or most of the District’s general activities, including the collection and disbursement of earmarked monies (special revenue funds), the acquisition or construction of general capital assets (capital projects fund/department), and the servicing of long-term debt (debt service funds). The General Fund is used to account for all activities of the District not accounted for in some other Fund.

Fund Balance – the difference between assets and liabilities in a Governmental Fund

Net Assets – the amount remaining after subtracting total liabilities from total assets for Enterprise Funds. For reserve purposes the golf fund “fund balance/reserve” will be calculated as current assets minus accounts payable, accrued interest payable and accrued payroll

Operating Expenditures – total expenditures minus capital and debt service.

Governmental Funds – Fund Balance will be composed of three primary categories:

1. **Nonspendable Fund Balance** – the portion of a Governmental Fund’s net assets that are not available to be spent, whether short or long-term, in either form or through legal restrictions (inventories, prepaid items, land held for resale and endowments).
2. **Restricted Fund Balance** – the portion of a Governmental Fund’s net asset that is subject to external enforceable legal restricts, (grants, debt proceeds, tax levies).



Berwyn Park District Fund Balance Policy

3. Unrestricted Fund Balance – (three categories)

- a. **Committed Fund Balance** – amounts constrained to specific purposes by a government itself, using its highest level of decision-making authority; to be reported as committed, amounts cannot be used for any other purpose unless the government takes the same highest-level action to remove or change the constraint.
- b. **Assigned fund balance** - amounts a government intends to use for a specific purpose; intent can be expressed by the governing body or by an official or body to which the governing body delegates the authority.
- c. **Unassigned Fund Balance** – available expendable resources that are not the object of a tentative management plan.

Proprietary Funds

Proprietary funds include enterprise and internal service funds. The net assets will be composed of three primary categories:

- 1) **Invested in Capital Assets, Net of Related Debt** – portion of a proprietary fund's net assets that reflects the fund's net investment in capital assets less any amount of outstanding debt related to the purchase/acquisition of said capital assets. Related debt, for this purpose, includes the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of capital assets of the Government.
- 2) **Restricted Net Assets** – portion of a proprietary fund's net assets that are subject to external enforceable legal restrictions (e.g., grantor, contributor and bond covenants).
- 3) **Unrestricted Net Assets** – portion of a proprietary fund's net assets that is neither restricted nor invested in capital assets (net of related debt).

III. Guiding Parameters: It is the District's philosophy to support long-term financial strategies, where fiscal sustainability is its first priority, while also building funds for future growth. It is essential to maintain adequate levels of fund balance to mitigate current and future risks and to ensure stable tax rates. Credit rating agencies carefully monitor levels of fund balance to evaluate the District's credit worthiness.

The following parameters will be used as part of the budget process to establish targets for the following funds:



Berwyn Park District Fund Balance Policy

General Fund – the unrestricted fund balance target should represent six months of operating expenditures (total expenditures minus capital department). Balances above the six month target may be transferred to the capital projects department.

Capital Projects Department – capital projects are funded through the capital projects department in the General Fund. Amounts set aside for capital will be considered restricted, committed or assigned depending on the intended source/use of the funds within the General Fund balance.

Recreation Fund – the unrestricted fund balance target should represent six months of operating expenditures. Any funds in excess of the target will be used to fund future recreation needs.

Special Recreation Fund – no target is established for this fund. All amounts levied are transferred to the Western Suburban Special Recreation Association (WSSRA) to provide for recreation or District capital improvements for our special needs population.

Debt Service Fund – no target is established for this fund. The District levies an annual amount to pay annual debt principal and interest. All funds maintained in the fund are restricted for the purpose of paying debt service.

Social Security, IMRF, Liability, Safety and Security and Audit Funds – these funds have a targeted fund balance between three and six months of expenditures. These funds will be monitored and the taxes levied to support them will be adjusted to ensure they operate within the target range. It may take more than one levy cycle to ensure the funds are operating within the proper range.

IV. Flow Assumptions: Some projects (funds) are funded by a variety of resources, including both restricted and unrestricted (committed, assigned and unassigned). When restricted funds exist, those funds are used first, then unrestricted. For unrestricted funds, committed funds are used first, then assigned, then unassigned.

Berwyn Park District Fund Balance Policy

- V. Authority/Reporting:** Staff will prepare and include in the budget document a schedule that shows the status of the District's balances compared to the Targets outlined in this policy. The Executive Director of the Naperville Park District is given authority within this policy to assign fund balance to specific projects/expenditures.
- VI. Minimum Targets:** Management will monitor the major revenue collections and the amount of cash available by reviewing the monthly financial reports. During the year, if revenue projections suggest that revenue will not meet expectations and the fund target(s) will not be met by year-end, the Executive Director will take the following actions to reach the goals established in the adopted budget:
- Review expenses with Directors,
 - Reduce capital asset expenditures,
 - Reduce operational expenditures, where appropriate, while maintaining the adopted budget goals,
 - Present to the Board of Park Commissioners other expenditure control options, including those that might modify the goals established in the adopted budget.
- VII. Exceptions to the Policy** If the Board of Park Commissioners adopts a budget that does not meet the parameters of this policy, then the budget will include a plan for adhering to this Policy within a five-year period.

DATE: 07/02/2024
TO: The Board of Commissioners
FROM: Cathy Fallon
RE: Policy and Personnel

- **Safety Manual:** Included is a draft of the Safety Policy Manual. The Safety Committee has been working to assemble a safety manual that is inclusive of safety policies and recommendations from PDRMA tailored to Berwyn Park District Operations.
- **Board Policy Manual:** The manual will be broken down into 4 section Governance, Board Meetings, Financial Policies and Procedures, Park and Facilities Guidelines and Procedures. Submitted to the Board is Section A of Governance. I only submitted a small section to ensure this process will work for the Board moving forward.



Employee Safety Manual

BERWYN PARK DISTRICT

SAFETY MANUAL

Safety Committee Members

John Roberts, Safety Coordinator/Superintendent of Parks & Facilities

Cindy Hayes, Assistant Safety Coordinator/Superintendent of Finance & HR

Nicole Collier, Superintendent of Recreation

Taip Beshiri, Recreation Manager

Javier Garcia, Parks & Facilities Foreman

Cathy Fallon, Executive Director

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BERWYN PARK DISTRICT

I. SAFETY POLICY STATEMENT

We acknowledge an obligation to provide safe working conditions for employees and a safe leisure environment for the public using our programs, facilities, and parks.

It is the intention of the Berwyn Park District to develop, implement and administer a comprehensive loss control program. In all of our assignments, the health and safety of all should be of paramount consideration.

Personnel at all levels are directed to make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. Each supervisor is responsible for work being performed in a safe manner, inspections being conducted on a regular basis, hazards and dangers being confronted and accidents being investigated. This program is established to emphasize that effective loss prevention is an integral part of management procedures designed to fully utilize the Districts capital and personnel.

Every employee is charged with the responsibility of supporting and cooperating with the loss prevention program outlined in this manual. All employees are expected, as a condition of employment, to adopt the concept that the safest way to perform a task is the most efficient and the only acceptable way to perform it. Safety adherence and performance will be considered an important measure within supervisory and employee evaluations at the District. Non-compliance with safety policy is considered very serious and could lead to suspension without pay or dismissal.

Brian Brock, Board President

Date

Cathy Fallon, Executive Director

Date

John Roberts, Safety Coordinator

Date

II. SAFETY PHILOSOPHY

2.01. OBJECTIVES OF THE SAFETY COMMITTEE

The District Safety Committee is intended to assist District employees in providing safe and efficient operations and services for employees and patrons. The Safety Committee is comprised of one or more employees from each department/facility. Meetings are held monthly, and visitors are encouraged to attend. Please speak with your immediate supervisor if you would like to attend a safety meeting.

A Safety Committee has been established as an on-going committee to initiate and to implement a safety program as follows:

1. Conducting regularly scheduled committee meetings for the purpose of discussing accident prevention methods, safety promotions, items noted on facility and park inspections, injury records and other pertinent subjects.
2. Assisting with inspections of facilities and parks for the purpose of discovering potential hazards to both employee and public health and safety.
3. Investigating accidents for the purpose of recommending improved preventive measures.
4. Recommending proper protective equipment and devices and their proper use.
5. Developing safety rules and guidelines to comply with the District's current and anticipated loss reduction needs.
6. Promoting safety and first aid training for all employees, intended to develop safety awareness and reduce the occurrence and severity of accidents.

2.02. ASSIGNMENT OF RESPONSIBILITY

Each employee will be directly responsible for adherence to the safety rules and procedures in this manual as well as those presented in In-Service Training programs.

Responsibility for enforcement of these safety procedures and for on-going instruction and training of employees in safety begins with a commitment by the Park Board and District Executive Director and extends down to each Supervisor.

Employees who do not comply with safety policies will be given a verbal reprimand. Repeated failure to follow policies may result in a written reprimand, followed by suspension without pay and possible dismissal.

Listed below are general responsibilities:

1. **Executive Director**
 - A. Establish and administer the loss control program.
 - B. Maintain a working knowledge of all general and department-specific safety rules.

- C. Appoint a Safety Coordinator to implement the loss control program for the agency.
- D. Instill in each department head, a clear understanding of their duties and responsibilities in the areas of loss control and safety.
- E. Participate in Safety Committee functions.
- F. Evaluate the accident investigation policy and procedures to ensure that sufficient data is being gathered for review.

2. **Department Heads**

- A. Work in harmony with the Safety Coordinator to organize Loss Control program aspects which are particular to their department (i.e., Parks, Recreation/Fitness, Administration, and Registration Office).
- B. Maintain a working knowledge of all general and departmental specific safety rules.
- C. Enforce safety rules and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions.
- D. Make specific budget allocations for the purchase of safety equipment, safety services and safety training (i.e., material handling, fire prevention, etc.).
- E. Review and update inspection criteria. Present a departmental inspection report (or have alternate deliver) at Safety Committee Meetings.
- F. Provide proper orientation, job instruction training and in-service training to employees and supervisors.
- G. Prepare needed support information for the PDRMA Loss Control Program Audit meetings.

3. **Supervisory Personnel**

- A. Become thoroughly familiar with the Safety Manual contents.
- B. Maintain a working knowledge of all general and departmental-specific safety rules.
- C. Inspect work areas (use checklists) for compliance with safe work practices and rules.
- D. Properly orient new employees. Provide good job instruction training and in-service training to current employees.
- E. Enforce safety rules and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions.
- F. Report and investigate accidents. Provide medical authorization for injured employees to obtain medical care.
- G. Make sure necessary safety equipment and protective devices for each job or program are available, used and properly maintained.

- H. Cooperate with the Safety Coordinator in making sure all memos, training records, and correspondence are sent for their review.
- I. Enforce disciplinary policies.
- J. Treat public complaints and concerns with the utmost attention. Be courteous in all cases.

4. **Employee Responsibilities**

- A. Maintain a working knowledge of all general and departmental-specific safety rules.
- B. Immediately report all accidents and unsafe conditions to the supervisor.
Refer to Section VIII. Accident Reporting Procedures.
- C. Cooperate and assist in the investigation of accidents.
- D. Attend all required safety programs and in-service education meetings.
- E. Treat public complaints and concerns with the utmost attention. Be courteous in all cases.
- F. Pay strict attention to housekeeping of work area(s) and general facility.

2.03. DUTIES OF SAFETY COORDINATOR

The Safety Coordinator of the District is responsible for:

- 1. Formulates, directs and coordinates all safety activities throughout the District.
- 2. Acts as chairperson of the Safety Committee.
- 3. Analyzes loss data from accident reports and PDRMA's Loss Control Department.
- 4. Receives and reviews staff training rosters.
- 5. Participates in the orientation and safety training of supervisors and staff.
- 6. Provides Director and Department Heads with regular information on safety, loss control, PDRMA newsletters, etc.
- 7. Schedules and participates in safety inspections of sites and facilities to identify unsafe conditions or practices.
- 8. Maintains files on loss control and safety program components.
- 9. Provides coordination in preparing for the PDRMA Loss Control Audit and Reviews.
- 10. Acts as District liaison to PDRMA for accident/injury reporting.

2.04. SAFETY COMMITTEE RESPONSIBILITIES

- 1. Establish and meet specific short-term and long-term safety and loss control program goals and objectives.

2. Review all District injuries, accidents and incidents (near misses) and develop countermeasures for prevention.
3. Discuss existing safety policies. Make recommendations for modification/ upgrading and advertise or utilize policies in the preparation of educational materials.
4. Oversee the completion and review of, all inspections and coordinate a self-inspection program.
5. Develop recommendations and target dates (time lines) for loss control program improvement.
6. Concentrate heavily on needs and concerns that arise during the summer seasonal (busy) months.
7. Prepare for and participate in the PDRMA Loss Control Program Audits and Reviews.

2.05. SAFETY INCENTIVE PROGRAM

Each year the District will offer a quarterly safety challenge. High safety standards make the environment safer for staff members as well as program participants and residents. In addition, these high safety standards have saved the District and the resident resources that would have been spent on higher premiums, medical costs, litigation costs, liability costs and property damage repair costs.

III. ENFORCEMENT OF STANDARDS

All District employees and volunteers shall adhere to all safety standards adopted by the District. Each Supervisor is responsible for enforcement and compliance. Written notice of a violation shall be submitted to the Department Head and the Safety Coordinator for review. Failure to comply with adopted safety policies may lead to disciplinary action up to and including reprimand, suspension or dismissal. Any employee who is disciplined has a right to appeal through the District's established grievance procedure.

IV. PARK DISTRICT RISK MANAGEMENT AGENCY (PDRMA)

The District is a member of the Park District Risk Management Agency (PDRMA). PDRMA is an organization of Illinois Public Park and Recreation Agencies formed as a contractual organization under the Illinois Intergovernmental Cooperation Act to administer a program of self-funding and commercial insurance in the areas of property, liability and worker's compensation. In addition, PDRMA provides support services such as claims and litigation administration and management, loss control services and training, legal services, risk management and financial reporting services.

Cooperation with PDRMA staff and implementation of PDRMA recommendations benefits the District by utilizing their vast experience and expertise. One of PDRMA's roles is to assist the District in providing a safe environment for employees and the public participating in parks, programs and facilities. All employees are expected to fully cooperate with PDRMA staff.

V. GENERAL SAFETY POLICY AND RULES

Safety while on the job is the responsibility of every District employee. With proper precautions, most accidents on the job can be prevented. It is every employee's responsibility to know and comply with all health and safety policies, rules and regulations, and to act in a safe manner. Carelessness, inattention, neglect and disregard for safety rules cause accidents. Therefore, you must at all times be careful, attentive, alert, and follow proper safety procedures. The District will not condone any breach of safety rules or regulations by employees. You are expected to be alert for safety hazards that may exist and could affect the general public or employees of the District. You are also responsible for reporting any unsafe equipment or condition to your immediate supervisor immediately upon your discovery of such condition. We must all work together to achieve a safe and healthy working environment. You should make certain that you do not create safety hazards and that safety hazards are eliminated.

It is the intent of the District to provide a safe working environment for you and a safe leisure environment for the public using our programs, facilities and parks. It is also the intent of the District to develop, implement and administer a safety and comprehensive loss control program. In all assignments, the health and safety of all persons should be the first consideration.

Make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. Use best efforts to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted and removed, and accidents are investigated as appropriate. Cooperation and support are expected of the employee. Accordingly, all employees shall adhere to the following rules:

1. Horseplay and fighting will not be tolerated in the work place.
2. Possession of unauthorized firearms, alcoholic beverages, illegal drugs or unauthorized medically prescribed drugs will not be tolerated in the work place.
3. Your immediate supervisor must be informed if you are required to take medication during work hours which may cause drowsiness, alter judgment, perception or reaction time. Written medical evidence stating that the medication will not adversely affect your decision-making or physical ability may be required. Please refer to the comprehensive Alcohol and Drug Abuse Policy.
4. Your immediate supervisor must be notified of any permanent or temporary impairment that reduces your ability to perform in a safe manner or will prevent or hinder your performance of the essential functions of your position.
5. Personal protective equipment must be used when potential hazards cannot be eliminated.
6. Equipment is to be operated only by trained and authorized personnel.
7. Periodic inspections of workstations may be conducted to identify potential hazards and to ensure that equipment or vehicles are in safe operating condition.

8. Any potentially unsafe conditions or acts are to be reported immediately to your immediate supervisor.
9. If there is any doubt about the safety of a work method, your immediate supervisor should be consulted before beginning work.
10. All accidents, near misses, injuries and property damage must be reported to your immediate supervisor, regardless of the severity of the injury or damage.
11. Failure to report an accident or known hazardous condition may be cause for disciplinary action up to and including dismissal.
12. All employees must follow recommended work procedures outlined for their job, department and/or facility.
13. Employees are responsible for maintaining an orderly environment. All tools and equipment must be stored in a designated place. Scrap and waste material are to be discarded in a designated refuse container.
14. Any smoke, fire or unusual odors must be reported promptly to your immediate supervisor once Emergency Personnel have been notified.
15. If you create a potential slip or trip hazard, correct the hazard immediately or mark the area clearly before leaving it unattended.
16. Safety and restraint belts must be fastened before operating any motorized vehicle.
17. Employees who operate vehicles must obey all driver safety instructions and comply with traffic signs, signals and markers and all applicable laws.
18. Employees who are authorized to drive are responsible for having a valid driver's license for the class vehicle they operate. You must report revocation or suspension of your driver's license to your immediate supervisor.
19. All employees must know departmental rules regarding accident reporting, evacuation routes and fire department notification.
20. Departmental and facility rules and procedures specific to departmental operations must be followed by each employee in the department.
21. Employees must assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as required.

VI. SAFETY TRAINING PROGRAM

6.01 TRAINING OVERVIEW

The Safety Committee will provide two mandatory training sessions per year for the overall staff of the District.

The Executive Assistant is responsible for the documentation of mandatory trainings for the District. Each Department Head is responsible for ensuring all employees attend mandatory trainings or that the training is provided in an alternative manner within their department, in the event a staff person has an emergency situation and does not attend the mandatory trainings. Staff persons who do not attend the mandatory trainings may be subject to disciplinary action which may include not receiving a merit increase, reprimand, suspension and possible dismissal.

Department Heads are required to ensure specific safety trainings needed for their department/programs are developed, administered and documented.

6.02 TRAINING FREQUENCY

The following topics need to be reviewed with all employees:

1. Annually

- A. Statement of Admission
- B. Emergency Operations Plan
- C. Crisis Management Plan
- D. Reporting of Child Abuse/Mandated Reporting Right-to-Know Training
- E. Harassment
- F. Communicable Disease
- G. Lifting (if applicable)
- H. Respirator Use (if applicable)
- I. Hearing Protection (if applicable)
- J. Vehicle Check Rides
- K. Lockout/Tagout Awareness

2. Bi-Annually

- A. 1st Aid/CPR/AED Training
- B. Confined Space Awareness
- C. Behavior Management
- D. Personal Protective Equipment (if applicable)
- E. Fall Protection (if applicable)
- F. Forklift Use (if applicable)
- G. High Risk Equipment (if applicable)

3. Every 3 years

- A. Defensive Driving (if applicable)

VII. STATEMENT OF ADMISSION

After an accident, many questions may be asked of the agency, such as: “Who will pay for the damage?” “Who was at fault?” “What could or should the agency or employee have done to prevent the accident?” Also, employees who have just witnessed an injury to a patron may naturally feel sympathetic and will often feel and express guilt, even if the employees did nothing wrong. Employees who make statements about fault, causation, guilt, etc. will be placing the District at risk or loss, either financially or through reputation. Moreover, employees in such stressful situations invariably provide inaccurate, incomplete or misleading information or misrepresent the position of the agency or the law. Such comments and statements unnecessarily expose the agency to potential liability and/or unfounded public scrutiny.

All employees are expected to act and conduct themselves at all times in the best interest of the agency. When an accident occurs, no matter how insignificant it may seem to be, it is of the utmost importance never to presume or admit guilt or fault of any kind. Employees should never speculate on the cause(s) of an accident or injury or discuss any facts about an accident. Employees should cooperate with investigating authorities and with any investigation conducted by or on behalf of the agency. Any and all questions relating to an accident involving agency property and/or personnel should be promptly directed to a department head or agency spokesperson.

VIII. ACCIDENT/INCIDENT REPORTING PROCEDURES

Employees must immediately report to their Supervisor any injuries, accidents, or property damage caused by or to employees or visitors. A completed Accident/Incident report form should be sent to the Department Head for review and signature. The Department Head should immediately send the report to the Safety Coordinator. Reports of serious accidents or incidents must be reported to PDRMA within 24 hours of the accident or incident. All completed reports shall be reviewed by the Safety Committee and kept on file. *(See Appendix 1; Outlines the procedures for How to Handle an Accident).*

8.01. ACCIDENT/INCIDENT REPORTS – PARTICIPANTS/PUBLIC/PROPERTY

1. Personal Injury

- A. Staff is directed to use their best judgment at all times when making decisions regarding accidents. Staff, not the injured party, must decide when to call 9-1-1 for assistance.
- B. If the victim is a minor, notify the parents or legal guardian as soon as possible so that any necessary medical treatment can be authorized.
- C. Accident Report forms are available at all facilities and must be completed for **all** accidents and incidents involving participants, employees and/or property *(see Appendix 2; for Accident/Incident Report Form)*. Any life-threatening injury or injury requiring admittance to a hospital should be reported to the Safety Coordinator **immediately**. Accident/Incident Reports must be completed immediately following the accident/incident or as soon as possible thereafter, but in all cases within 24 hours.

D. Accident/Incident Reports must be filled out in their entirety and signed by the staff member who completed the form. **NOTE THAT PATRONS ARE NOT TO FILL OUT ACCIDENT REPORTS.** The form is then routed as follows:

- 1) Supervisor
- 2) Manager
- 3) Registration Office (Scan to Management Team)
- 4) Safety Coordinator

E. Staff is not to discuss any aspect of the accident/incident with any member of the public. Any questions regarding the accident/incident should be directed to the Safety Coordinator or Park District Executive Director.

2. **Employee Accidents, Injuries or Illnesses**

- A. When a work-related accident, injury or illness occurs, the employee must immediately notify their supervisor.
- B. It is required that employees who have been injured on the job are taken to a Physicians Immediate Care. If time permits, a Medical Authorization Form should be completed by the Manager/Supervisor and sent with the employee to the hospital.
- C. Employees shall provide all information relative to the accident/injury in order to complete the necessary forms. If additional follow-up medical care is necessary, the employee must inform the supervisor of appointment dates and times. The employee shall report the results of the visit to the Supervisor immediately following treatment. Failure to follow this procedure may result in disciplinary action.
- D. Any doctor, hospital or prescription bills resulting from a work-related injury or illness shall be immediately forwarded to the Executive Assistant for submission to PDRMA.
- E. Any employee or volunteer who seeks medical attention for work-related injury/illness must submit a return to work notice from the physician.
- F. Employee Injury Report Form 04 must be filled out for any employee or volunteer who is injured (*see Appendix for Form 04; Employee Injury Report Instructions and Form*). The form is available from the Safety Coordinator and must be submitted to PDRMA within 24 hours of the accident/injury.
- G. Any employee seeking medical attention as a result of a work-related injury is entitled to receive the Handbook on **Workers' Compensation and Occupational Diseases**.
- H. A serious injury that requires hospitalization or inability to work the next day should be reported to the Safety Coordinator immediately by telephone.

3. **Serious Medical Emergency, follow the following guidelines**

- A. Give necessary first aid immediately
- B. Activate emergency medical system by dialing 9-1-1
- C. Be sure to give the following information:
 - 1) Location of the accident
 - 2) Injury – nature and extent
 - 3) First aid administered
 - 4) Equipment needed
- D. Send a person to escort the ambulance to the victim's location
- E. Comfort and reassure the victim
- F. Notify parents or guardians; do not diagnose the injury over the phone

4. **Property Damage (Including Vehicles)**

- A. Accident reports for property damage should be routed and reviewed in the same manner as personal injury reports. Police must be called immediately for any vehicle accident with the exception of a District vehicle damaging District property; in that case, the Safety Coordinator must be notified immediately. Procedures to be followed in the event of an accident will be placed in the glove compartment of each vehicle. *See Appendix 3; Vehicle Accident Report – Auto and Truck.*
- B. General instructions for vehicle accidents:
 - 1) Stop vehicle in a safe place and shut off the engine, turn on hazard flashers.
 - 2) If safe, extinguish small fires. Do not allow smoking in the area.
 - 3) Get assistance quickly and warn oncoming traffic with reflectors, flags, etc.
 - 4) Call 9-1-1 and then call the administration office at 630-393-7279.
 - 5) Identify witnesses. Record their names, addresses and telephone numbers.
 - 6) BE COURTEOUS. Be willing to show your driver's license and proof of insurance to police and other drivers.
 - 7) Recollect the time just before the accident and note your speed, your lane, weather conditions, etc.
 - 8) NEVER ADMIT GUILT. Do not argue about the accident and NEVER ADMIT GUILT. However, record any admission of guilt by occupants of other vehicles.
 - 9) If the accident involves an unattended vehicle, call the police and have an accident report completed.
 - 10) Report the accident to your supervisor.

8.02. RETURN TO WORK

To ensure that employees are returned safely to work after a work-related injury, the Worker's Compensation Policy (Personnel Policy Manual, Section 4; Compensation; 4.8) must be followed. The policy establishes communication lines between the injured employee, the attending physician, the employee's supervisor and the District. The District will strive to return employees safely to work as quickly as is reasonably possible.

1. The employee shall provide the supervisor with the name and location of the medical assistance they received.
2. Based upon the evaluation of the injury, the physician shall determine the physical restrictions or limitations of the employee.
3. Based upon the physician's determination, the department head shall modify the employee's job tasks to ensure that the employee is well within the medical restrictions.
4. Specific attention shall be paid to the physician's prescribed length of time for modified work or restriction.
5. All medical records and reports shall be submitted to the Administration Office by the department head and kept on file.
6. Under the Illinois Workers' Compensation Act, the District may ask for a follow-up evaluation by a doctor of its choice.

8.03. ACCIDENT INVESTIGATION PROCEDURE

The following steps should be taken when investigating an accident:

1. **Respond promptly:** take control and administer first aid or call for help. Provide control to prevent secondary accidents from occurring. Identify sources of evidence and preserve the evidence. Determine the loss potential and notify the appropriate personnel.
2. **Collect information - Follow the four P's**
 - Position*** Notice where everything was before, during and after the accident.
 - People*** Find witnesses. Involve supervisors and co-workers. Identify any trainers or technical experts that may aid the investigation.
 - Paper*** Gather training records, maintenance logs, work schedules, inspection schedules, task procedures, inspection reports.
 - Photos*** If necessary, take photos of the accident scene as soon as possible; look for property damage, labels, safeguards, signs and markings.
3. **Analyze the cause:** use cause and effect sequence, make a causal factor outline, examine the immediate causes and examine the basic causes.

4. **Develop and take action:** for immediate causes, fix immediately. For basic causes, redesign the process, revise training procedures, get different materials and purchase protective equipment.
5. **Report findings:** report in writing to the proper department heads and the Executive Director. Do not give information to anyone else except the police.
6. **Follow through:** retrain employees, provide purchasing controls, have general inspections, prepare job analysis and procedures.
7. **If staff is asked questions regarding an accident:** refer all questions to Safety Coordinator or Executive Director.

IX. FIRST AID AND EMERGENCY PROCEDURES

9.01. FIRST AID KIT

Each program must have a first aid kit on hand at all times! This includes practices, rehearsals, etc., as well as games, events and District vehicles.

First aid kits will include at least Band-Aids, gloves and ice packs. Contents of the kit should be checked on a regular basis by the instructors. If any content has been used, instructor should inform immediate supervisor who will replace or put additional items in kit.

9.02. ADMINISTERING FIRST AID

Program areas should be inspected for hazards. Program equipment should be checked before being issued to participants.

It is recommended that anyone in charge of youth or adult activities should be prepared with emergency, first aid and, if possible, CPR training.

1. Minor Injuries

- A. Use proper Personal Protective Equipment to administer aid with band aids, antiseptic wipes and cold packs only. Do not apply any other substance to the skin or wound. Do not give medications.
- B. Call the parents, but don't alarm them unnecessarily.
- C. In all cases of injury, enter information onto a minor accident log; no exceptions! No accident is insignificant.

2. Major Injuries

- A. Remain in charge and stay with the victim. Survey the situation and decide what steps need to be taken. Do not move an injured person unless it is necessary to prevent further injury. Re-assure the victim by letting them know that you are in control of the situation.

- B. If possible, send two people to phone for help and make sure they return to the accident scene. Make sure that they know how to describe your location, the situation and the injury.
- C. If applicable, send someone to retrieve the AED.
- D. When it is a life-threatening situation and you know the correct treatment, perform necessary first aid. Do not attempt any unnecessary treatments or try to diagnose any injury. Do not discuss the injury with bystanders. Have spectators removed from the area, if possible.
- E. Always treat for shock, no matter what the injury. Keep the victim lying down to improve circulation and keep them covered just enough to prevent loss of body heat.
- F. Keep victim in position that is best for the injury.
 - 1) Do not move the victim or roll them over if neck or spine injuries are suspected.
 - 2) If there are severe injuries to the face or jaw, or if the person is unconscious, place the victim on their side to allow for drainage and avoid blockage of airway.
 - 3) If it is a head injury, make sure the head is not lower than the rest of the body.
 - 4) Most people recover from shock faster if their feet are raised. If raising feet causes difficulty in breathing, or pain, change position to lying flat.
- G. While waiting for help to arrive, observe the victim and watch for:
 - 1) Signs of shock (pale, moist skin, weakness, faint, rapid pulse, quick breaths)
 - 2) Cessation of breathing
 - 3) Recurrence of bleeding
 - 4) Cessation of heartbeat
 - 5) Blockage of air passageway by blood, vomit, tongue, etc.
 - 6) If comfortable, administer first aid if any of these symptoms are observed
- H. Find out to which hospital the victim is being transported. As soon as possible, notify the injured participant's parents or family.
- I. Other participants should be reassured that the victim is receiving proper care. You can then encourage them to continue their activity.
- J. Notify your supervisor as soon as possible. Make no statements to anyone else.
- K. Complete an Accident Report and submit it to your Supervisor as soon as possible (no longer than 24 hours after the accident).
- L. As soon as possible, write down everything that you remember about the accident: what happened, what the victim was doing, any details that you can think of, etc. and turn it in with the Accident Report.

3. Seizure Management and First Aid Procedures

A. Assess

Seizures can be identified by disoriented actions, staring into space, or trembling. Whenever participation involves aquatic activities, staff are to follow PDRMA's recommendation for seizure prone swimmer.

B. Communicate

- 1) Call 9-1-1 if appropriate.
- 2) Assure patient that help is on the way; stay calm.
- 3) If patient is under 18, notify parent or legal guardian as quickly as possible.
- 4) Ask another staff member to assist you to provide information to EMS and to keep area secure.
- 5) Contact your immediate supervisor after ensuring safety steps.

C. Ensure Safety

- 1) Monitor the duration of the seizure from the moment staff first observed the symptoms (and when possible, from the time of onset)
- 2) Do not move the victim unless there is danger of further injury. Instead clear everything away from patient. Do not put anything in the person's mouth or try to restrain them.
- 3) Do not give the victim anything to eat or drink.
- 4) Tend to any injuries once seizing has stopped.

D. Secure Property

Secure cash drawers and lock the facility if deemed necessary to leave these areas unattended.

E. Documentation

Complete PDRMA's Accident/Incident form (Form 01) as soon as possible whenever 9-1-1 is called. Additional PDRMA report claim forms may be necessary to complete depending on the situation. Forms are located on the District's Shared Drive.

Document the nature/character of the seizure.

4. Other Emergency Situations

- A. Non-Breathing - Open airway, apply CPR as trained using AED if available
- B. Choking - Use Abdominal Thrusts - Choking Maneuver
- C. Circulation - Stop severe bleeding with direct pressure.

- D. Possible Fracture - Allow NO victim movement.
- E. Neck Injuries - No movement – possible quadriplegia
- F. Back Injuries - No movement – possible paraplegia.
- G. Electrical
 - 1) Were they shocked?
 - 2) Look around for possible danger to yourself and others.
 - 3) Turn off power.
- H. Burns
 - 1) If the burn is a very small area,
 - a) For a very shallow burn, cool with water for 20 minutes.
 - 2) If the burn is a large area or deep involvement
 - a) DO NOT TOUCH!
 - b) DO NOT cool with water
 - c) Dial 911
 - d) Watch patient for signs of shock
- I. Eye Injuries - Cover both eyes to eliminate sympathetic movement.
- J. Seizure - Protect the head. Remove spectators.
- K. Embedded Object - Do not remove.

9.03. DISASTER PLANS

The Registration Staff at each facility is designated as the staff to notify fire/police of an emergency. Each facility shall have its own specific Disaster Plan for that building.

However, in general, during tornado, weather, fire or other disaster conditions, programs should be cancelled. Instructors are responsible for notifying parents either by phone or in person stating that the program is cancelled.

After an emergency situation has been identified, proceed as follows:

1. Notify the District Administration Office during business hours at (708-788-1701). After hours or on weekends please reach out to John or Cindy.
2. The Office will notify the Executive Director and All Department Heads.
3. The Office will implement the Crisis Management Plan.
4. The Office will notify other facilities.
5. Youth program participants' parents will be notified.

9.04. EMERGENCY RESPONSE PROCEDURES - General
(See Emergency Response Plan)

WHAT CONSTITUTES AN EMERGENCY?

1) **Weather**

- A. Notification of Watch (thunderstorms or tornado watch) – Continue normal activity but watch for threatening conditions and listen to radio for latest weather service warnings.
- B. Notification of Warning – Take immediate action to direct participants and staff to go to a safe place. Follow specific plan for your facility.
- C. Do NOT send participants who are minors (18 years and under) home at any time until contact is made with parents or guardians.
- D. General Rules During Tornado Conditions:
 - 1) The southwest corner of a structure is generally the worst place due to intensity of winds.
 - 2) Any object can become a deadly missile during a tornado.
 - 3) Do not send children home on their own during a tornado warning.
 - 4) Avoid glass areas; especially windows and doors on outside areas.
 - 5) Avoid long halls; they tend to serve as wind tunnels.
 - 6) Avoid long roof spans; such as in multi-purpose rooms.
 - 7) Those in charge of a group must try to keep others as calm as possible.
 - 8) It is recommended that someone who can make quick, reasonable decisions is designated as group leader.
 - 9) People should be sitting with face to wall with head down, knees up and arms protecting the body and head.

2) **Fire – Basic Action**

- A. Get people to safety.
- B. Call Fire Department.
- C. Be ready to assist Fire Department with information.

3) **Utility Failure – Basic Action**

- A. All facilities – staff will obtain emergency equipment bag and use flashlights.
- B. Take steps to calm all participants and proceed with quiet activities.
- C. If power failure is just in building, contact the Registration Office and then call parents of young participants. Adult participants may be sent home.

- D. Call Northern Illinois Gas (1-888-642-6748) and Common Wealth Edison (1-877-426-6331):
- 1) If gas or burning odor is detected, evacuate the building immediately.
 - 2) Call 9-1-1
 - 3) If power failure is area wide, continue quiet activities and contact parents of young participants.

4. Bomb Threat - Procedures

Bomb threats are potentially dangerous, disruptive situations that can occur at any facility at any time. Persons making such threats are dependent on the “panic” demonstrated by the targeted agency. Therefore, preplanning, establishing procedures and employee training are all critical parts of an emergency response plan.

A. Assess

- 1) Receiving a Telephone Call:
 - a) Person taking telephone threat: (take them seriously) Get as much specific information as possible and write it down immediately. *(Use the “Telephone Call Questionnaire for Bomb Threats Part 1 and 2”; located in Appendix 7).*

While taking the call, immediately notify fellow employee, to call 9-1-1 as quickly as possible.

- Write down all caller identification information that appears on the phone.
- Attempt to delay the caller and obtain as much information as possible. Ask as many questions as the caller will answer.
- Attempt to identify the caller’s age, sex, accent, etc. Listen to the caller’s voice, tone, background noises and write down any specific informative clues.
- At the very least, see if you can get the caller to give you an idea of what kind of explosive device is involved, what it looks like, when it is set to detonate, and where it is located.

NOTE: If the caller is reluctant to answer questions, try to encourage them by expressing a desire to save lives while keeping the caller on the phone as long as possible.

- b) Understand and respond to the caller.
- c) After the caller hangs up, immediately call 9-1-1 to notify police (if not already notified). They will determine the next steps.

- d) Alert your immediate supervisor, notify your Department Head and the Executive Director.
- e) Initiate evacuation procedures to protect employees and patrons. Announce “Code White” over the intercom and activate the building fire alarm.
- f) Sweep zones for disabled persons and assist with evacuation or place disabled person in the Area of Rescue for Emergency Personnel.

AREA OF RESCUE is located inside emergency exit door #6. Entry to this location is through the FitnessNOW Center or Track, northeast corner by the Community Building.

- g) Designate/remind staff of outside control points for instructions, re-uniting lost persons, first aid services, etc. Be at least 300 feet from the building.
- h) Prohibit building re-entry.
- i) Police Department personnel will take over at this point.

2) Written Threats

If a written threat is received, all materials including the envelope or container must be saved. Any unnecessary handling should be avoided. While most written messages are usually generalized threats and/or extortion attempts, they should never be ignored. Contact the police immediately.

3) Discovering a Bomb-Like or Suspicious Object

If an object is found which is believed to be a bomb, do not move or disturb the object. Call 9-1-1 and evacuate the building at least 300 feet from the building or move to designated areas. Managers/Supervisors will account for employees and instructors will account for participants.

When fire or police arrive provide exact location of the questionable object.

DO NOT USE PHONES OR RADIOS NEAR THE POTENTIAL BOMB.

B. Ensure Safety

1) Establish Evacuation Options:

The decision to evacuate or not is one of the most critical steps in a bomb threat scenario. Options are:

- a) Immediate evacuation – When a bomb threat is made, evacuation of the premises is conducted immediately. Immediate evacuation addresses issues of public safety, but can also cause program and service disruption, media attention, and be costly.

- b) Evacuation after evaluation of threat – Based on information given by the caller with regard to the call/message credibility, content, motive, specifics and type of caller can provide a better indication of whether or not to evacuate the premises.

C. General Evacuation/Partial Evacuation/Building Search

- 1) The Executive Director, in cooperation with the police and fire departments, will need to decide the next response. Options are:
 - a) Limited or general building evacuation
 - b) Conduct a limited or general building search based on recommendation of Emergency Personnel
 - c) Combination of options.
- 2) In evaluating the response, consider the following:
 - 1) The occupancy of the building
 - 2) Time needed to evacuate
 - 3) Types of activities taking place
 - 4) Likely areas of the explosives location
- 3) Also, the credibility of the threat:
 - a) The time of day
 - b) Specifics of the threat (place, time of explosion)
 - c) Identity of caller (child, slurred or affected speech indicating possible intoxication or drug use, etc.)
 - d) Possibility of access to the area. (How easily could this be accomplished?)
 - e) Motive

D. Communicate

- 1) Enacting the Response
 - a) If evacuation is ordered, conduct a room by room sweep. Do not panic patrons by announcing a bomb threat. If general evacuation, announce “Ladies and gentlemen – at this time, please calmly exit the building using exits. All staff please assist in a general evacuation.” If a device has been located, evacuate away from it immediately.
 - b) The Management Team will determine who is being evacuated. The Management Team member will take a roll call or account for persons/staff. All persons should remain 300 feet from the building and not be allowed to re-enter.

- c) Notify your Supervisor, who will contact the Executive Director and Safety Coordinator.

E. Secure Property

- 1) Lock Facility after Evacuation: **No unfamiliar object should be touched or moved. Emergency officials should be informed immediately if a potential object is recognized.**
- 2) Be cautious of easily accessible public areas such as:
 - a) Washrooms
 - b) Lockers
 - c) Lounges
 - d) Reception areas
 - e) Trash Containers, etc.
 - f) Outside area adjacent to building

If a potential device is found, do not touch it or move it. Evacuate immediately, (maintain a clear zone of at least 300 feet), secure area and inform authorities.

- 3) Re-Entry and Aftermath
 - a) If a device is found, no one should re-enter until the device has been removed by professionals.
 - b) A building search by professionals should then be conducted to ensure no secondary device was set.
 - c) If a search finds no such device, management then must make the decision to reoccupy the building. Keep in mind this has been a high stress time period for all employees and patrons.
 - d) The decision for re-entry is made using all of the caller information (time of detonation, location, call credibility) and by a thorough search. See recommendations by the emergency persons at the scene.
 - e) The Executive Director will enact the Crisis Management Plan following the plan protocol if necessary.
- 4) Documentation The person who received the threat, with their immediate supervisor will complete PDRMA's Accident/Incident form (Form 01) as soon as possible whenever 9-1-1 is called. Additional PDRMA report claim forms may be necessary to complete depending on the situation. Forms are located on the District's Shared Drive.
 - a) Complete documentation of the Bomb Threat Checklist.

b) Deliver all forms and paperwork to the Safety Coordinator within 24 hours.

Warning Signs for Mail Bombs	Warning Signs for Car Bombs
<ul style="list-style-type: none"> • Restrictive markings • Excessive postage • Handwritten or poorly typed address • Titles but no name for addressee • Misspelling of common words • Oily stains or discolored envelope • No return address • Excessive weight • Rigid, lopsided or uneven envelope • Protruding wires or aluminum foil • Excessive marking tape or string • Visual distractions 	<ul style="list-style-type: none"> • Heavily laden vehicles when no bulk is visible • Hastily parked vehicles • Erratic, nervous drivers • Vehicles with suspicious boxes or bottles in the back or cargo area • Vehicles parked illegally near buildings • License plates with signs of tampering • Idle vehicles with no driver in the area

5) **Missing Person**

A. Assess

1) If a person approaches you and says that a child is missing, quickly get a detailed description of the child, including:

a) Name, age, hair color, and eye color Approximate weight & height What the child was wearing, for example, the color and type of clothing and, most importantly, shoe color and style (although the clothes may be changed, an abductor does not usually remove or change shoes). Ask person who is missing the child to stay at the front desk to identify the child when found.

If the missing person is an adult, follow the same procedures as above, except wait 30 minutes before calling police except if the adult has a mental illness, call after 10 minutes.

2) Communicate

a) Go to the Registration Desk at your building and inform the staff that there is a missing child. Full-time staff must secure exits.

- b) Provide the Registration staff with a full description of the missing child.
 - c) Missing Child is confirmed; announce “Code Pink” (Missing Child) over the intercom.
 - d) Registration staff will contact the Safety Coordinator or Manager in charge of facilities who will then assemble a search team.
 - e) All available staff should begin searching for the missing child.
 - f) The Superintendent of Recreation/Safety Coordinator or Manager in Charge at the time of the incident will contact the Executive Director.
 - g) If staff encounters a child who resembles the description of the missing child they should bring the child to the Registration Desk for identification.
- 3) Ensure Safety
- a) If the child is not found within 10 minutes, call 911.
 - b) Don’t hesitate; the police would rather get a second call saying that the child has been found, than to discover it is too late and the child has been abducted.
 - c) If the child is found and appears to have been lost unharmed, reunite the child with the parent or guardian.
 - d) If the child is found accompanied by someone other than the parent or guardian:
 - Use reasonable effort to delay the departure of the person accompanying the child, but do not put yourself, the staff, or other people around you at risk.
 - Call the police and describe in detail the person accompanying the child.
 - e) Conclude the incident by notifying staff that the missing child has been found by announcing “Code Pink Cancelled, All Clear” over the intercom.

6) **Lockdown Procedure**

A. Hard Lockdown

A Hard Lockdown is used when a serious/volatile situation exists that could jeopardize the physical safety of staff and/or patrons. During a hard lockdown staff members are to ignore fire alarms unless they receive verbal instructions from the first responder, local emergency responders or if the condition (fire, structural damage, etc.) warrants the evacuation of the area. Otherwise, no one is allowed to leave their room/office during a hard lockdown.

- 1) Go To Hard Lockdown If You Witness:
 - a) An individual carrying a weapon
 - b) An individual threatening to do physical harm to any District staff or participant

- c) An individual not in control of their anger/emotions and destroying property (i.e. hitting the wall, knocking over tables, throwing chairs, etc.)
 - d) Any other situation you deem as a violent situation where immediate safety is a concern.
- 2) Communicate Activating Hard Lockdown
- a) Announce that the building is going into hard lockdown; “Code Brown” over the intercom. Any administrator or staff member can initiate a hard lockdown.
 - b) Contact nearest staff and repeat announcement until all have been informed. The announcement should state the following: “Your attention please, we are experiencing an emergency situation and need to initiate a hard lockdown of the facility. Close and lock all room and office doors and windows. Ignore all alarms until further notice.”
 - c) Call 911 immediately. Provide name and address of the building and as much detail about the incident, including a description of the offender.
 - d) Notify staff and patrons outside to immediately move off property as far away as possible from the emergency.
 - e) Get to safety – go to the closest lockable room and try to stay away from windows or line of sight.
 - f) Inform the Executive Director of the situation. If warranted by the Executive Director, the Crisis Management Plan will be initiated.
 - g) If possible, notify the Safety Coordinator who will contact PDRMA.
 - h) When the situation has been resolved, each room & office will be visited individually by a uniformed police officer who will notify you that it is safe to leave the room. The police will also give instruction regarding what to do next.
- 3) When You Hear A Hard Lockdown Activated:
- a) Move any patrons and staff in nearby hallways into closest lockable room.
 - b) If in a lockable room, lock door. Shut off the lights, close blinds or cover window.
 - c) Remain silent; do not answer anyone at the door.
 - d) Get out of line of sight from the windows (i.e. behind file cabinet or under desk).
 - e) Make a list of all people in the room.
 - f) Stay in room until evacuated by a police officer.
 - g) Do not open the door until identity of police officer is confirmed (cell phone or badge shown).

- h) Do not be a hero. For your safety and those of your co-workers, stay in the locked room.
- i) If you are outside during a lockdown, do not attempt to enter the building. Get to safety and wait until a police officer has cleared the scene or an "All Clear" has been given.

B. Soft Lockdown

During a soft lockdown, staff and patrons can continue normal activities. A soft lockdown example includes a situation where police are looking for a felon in the area, during a toxic spill event near the park location, or other threats where park patrons are safe and better managed inside.

A Soft Lockdown is primarily used in two different scenarios.

1) Go into a Soft Lockdown If You Witness:

- a) Conditions exist outside of the park building that could potentially present a threat to the safety of the staff and patrons.
- b) Inside the building where the District or local emergency responders need to keep staff and patrons in their rooms and away from an incident or activity.

2) Communicate Activating Soft Lockdown

- a) Announce that the building is going into soft lockdown. Any administrator or staff member can initiate a soft lockdown.
- b) Contact nearest staff and repeat announcement until all have been informed. The announcement should state the following: "Your attention please, we are experiencing an emergency situation and need to initiate a soft lockdown of the facility. Please remain in the building and ignore bells/alarms until further notice."
- c) Instruct patrons who are outside to return to the building.
- d) If appropriate, call 911. Provide as much detail about the incident as possible.
- e) Notify Department Director or Supervisor at the building and advise them of the situation.
- f) Notify and brief the Executive Director. If warranted by the Executive Director, the Crisis Management Plan will be initiated.
- g) Notify the Safety Coordinator who will inform PDRMA.
- h) Confirm that all staff and patrons from outside of building have returned to the building.
- i) Confirm that all exterior doors are locked and monitored.
- j) No one enters the building unless escorted by a staff member.

- k) When the situation is determined to be safe, announce “All Clear” and provide staff further instruction about resuming normal activity.
- 3) When You Hear A Soft Lockdown Activated:
- a) Leave blinds open unless otherwise advised.
 - b) If outside the building, immediately return to the building. (Unless the soft lockdown is called due to a bomb-threat. In this case, you will be notified to report to the assembly area outside the building).
 - c) Remain in the building or office until the “All Clear” is sounded
 - d) No staff or patron is allowed in or out of the building without approval by the Executive Director or Department Head in charge.
- C. Ensure Safety
- 1) Recovery After Any Lockdown
- a) Account for every District employee, participant, parent, community member and guest who was in the building before the lockdown occurred. Check all offices and closets for patrons.
 - b) Check for injuries-call 9-1-1 if any injuries require emergency medical assistance.
 - c) Notify families and guardians of participants and employees in the building.
 - d) Check for property damages.
 - e) Recommend the EAP help line to those in need.
- 2) Documentation
- a) Complete PDRMA’s Accident/Incident form (Form 01) as soon as possible whenever 9-1-1 is called.
 - b) Additional PDRMA report claim forms may be necessary to complete depending on the situation. Forms are located on the District’s Shared Drive.

9.05. SEVERE WEATHER AND LIGHTNING POLICY

Lightning is a violent act of nature and causes approximately 10 deaths per year in Illinois. In most instances, people injured by lightning are not directly hit. These non-direct hit injuries are caused by transients, currents that flow through people in the vicinity of lightning strikes to the ground. Lightning strikes occur most frequently during the spring and summer months when thunderstorms are prevalent. It is the policy of the District that all persons supervising outdoor activities be aware that when lightning or thunder is observed or heard, outdoor programs should be suspended and everyone should seek appropriate shelter. Supervisors should adhere to the following procedures and guidelines.

1. Outdoor Programs

- A. Instructors and supervisors should listen to current weather forecasts and check **intellicast.com** prior to any outdoor planned activities. Employees must be alert to potential changing weather conditions.
- B. Monitor weather radios when possible.
- C. Designate buildings that can be used when severe weather occurs.
- D. Plan alternative indoor activities for camps and related groups
- E. **Whenever lightning is observed or thunder is audible, all outdoor activities must be suspended for a minimum of 30 minutes after the last sign of lightning or thunder is gone.**

1) **When Outside:**

- a) Avoid areas that are higher than the surrounding landscape.
- b) Do not use a tree for shelter.
- c) Keep away from metal objects, including bicycles, umbrellas, etc.
- d) Avoid standing near tall or metal objects such as fences, light poles or power lines.
- e) Swimmers should immediately leave the water and find shelter.
- f) If you feel your skin tingle or your hair stand on end, squat low to the ground on the balls of your feet. Place your hands on your knees with your head between them. Make yourself as small target as possible and minimize your contact with the ground.

2) **When Inside:**

- a) Stand clear from doors and windows.
- b) Do not use electrical equipment, including hair dryers, curling irons, computers, etc.
- c) Do not attempt to unplug TVs, stereos or computers during a storm.
- d) Avoid contact with sinks, faucets and related piping. Do not use bathrooms.
- e) Do not use the telephone unless for emergency use.

9.06. COMMUNICABLE DISEASE PROCEDURES

The existence of communicable diseases has become a fact in today's society. The transmission, infection and severity of the subsequent illness vary according to the type of disease encountered. As public employees, we must be aware of the risks, equip ourselves with knowledge as well as protective materials, react when an exposure occurs and follow up through the appropriate channels.

Because other infections in addition to the HIV virus, the Hepatitis B Virus and AIDS can be present in blood, non-intact skin, exposed body tissue, excrement or other body fluids, the following routine procedures are required when handling blood (e.g. cleansing of and applying first aid to open wounds, stopping a nose bleed), excrement or urine (cleaning up “potty accidents” of young children) or other body fluids.

Guidelines are established for the safety of staff members, volunteers, participants and the public to help prevent the spread of communicable diseases. Staff shall adhere to the guidelines and procedures as outlined herein. It is to be emphasized that these procedures are required for all persons, not just those who may be infected with the AIDS virus or other infectious diseases. Precautionary procedures for handling blood and body fluids should be predicated on the assumption that all blood/body fluids are infectious. These procedures should be followed and enforced routinely.

1. **General**

- A. Hand washing is the most important technique for preventing the spread of disease. Hand washing should be done frequently by staff, volunteers, and participants and is required before and after food preparation, after toileting, after contact with any body fluids, etc. Where soap and water is not available, an antiseptic towelettes or wipes may be used, followed as soon as possible by washing with soap and water.
- B. Disposable gloves which are impervious to blood must be worn. Such gloves should be immediately available for use in areas where need is most predictable (first aid kits, near changing tables in day-care facilities, etc.). Care should be taken to avoid any bodily contact with blood or other body fluids of other persons. In particular, exposure of open skin lesions or weeping dermatitis or mucous membranes to blood or body fluids should be avoided. Even though gloves are used, hands must be washed with soap and water immediately and thoroughly after the gloves are removed.
- C. Soiled surfaces and recreational materials of any kind (including van and bus seats, exercise mats, changing tables, etc.) should be promptly cleaned with disinfectants such as household bleach (diluted 1-part bleach to 10 parts water). Bleach should not be placed directly on large amounts of protein matter (urine, stool, blood, sputum, etc.) in order to protect the employee from noxious fumes. Therefore, large quantities of bodily waste of fluids should be picked up prior to disinfecting. If a mop is used, it should be rinsed in the disinfectant. These surfaces should be routinely cleaned and disinfected at the end of each work shift.
- D. Disposable towels or tissues should be used whenever possible. After use, they should be saturated with the disinfectant and disposed of in plastic bags rather than unlined containers.
- E. When wiping up, emptying regular trash or washroom waste or sanitary napkin containers or cleaning up sharp objects (i.e., broken glass) employees must wear non-sterile, non-latex gloves.

- F. Employees should avoid placing their hands in trash or waste containers in order to “pack down” the trash and should otherwise handle trash with care. Puncture-proof or non-latex gloves would be worn when emptying trash or garbage receptacles.
- G. All cuts and open wounds should be covered following basic First Aid procedures. Protective coverings, band aids, bandages, etc., should be worn by all staff, volunteers or participants and provided by the District. Staff and volunteers are responsible for providing protective coverings to participants who have open lesions.
- H. Sharing of personal items, such as combs, brushes, toothbrushes, lipstick, etc. should be avoided. Whenever possible, disposable items, i.e., cups and utensils, should be provided and not be shared by others.
- I. Disinfectant should be stored in a safe area that is inaccessible to participants.
Note: Material Safety Data Sheets (SDS) should be maintained for each disinfectant.
- J. Documentation of incidences of contact with blood or other body fluids should be made whether or not a participant or employee is known to have a communicable disease.
- K. Hand soap and disposable towels or tissues and gloves should be available at all facilities.

2. **Current Communicable Disease Information**

A. Human Immunodeficiency Virus (HIV) and AIDS:

The HIV virus is fragile outside the body. Soap and water, rubbing alcohol and household bleach will kill it.

HIV is infectious, but unlike the common cold, cannot be transmitted through respiratory secretions. It may be transmitted through intimate sexual contact, injection or puncture with a contaminated needle, receiving infected blood or blood products, from mother to fetus and possibly through breast feeding. It may also be transmitted by blood or other bodily fluids coming into contact with non-intact skin, i.e. cuts, sores, lesions, abrasion or hang nails.

There is no evidence that HIV or AIDS is spread by casual social contact such as shaking hands, hugging, social kissing and crying, coughing, sneezing, spitting or runny nose.

There is no evidence that HIV or AIDS has been contracted from swimming pools, hot tubs, toilet seats, bathtubs or showers, eating in restaurants or using dishes, glasses, straws, utensils or food handled by a person with HIV or AIDS.

There is no evidence that HIV or AIDS has been contracted from door-knobs, linens, clothing, telephones, office machinery, furniture or other articles touched by a person with HIV or AIDS.

The HIV virus may be found in a variety of body fluids including blood, urine, semen, saliva and tears; however there is no evidence that it has been transmitted through saliva or tears.

Although HIV may not be transmitted through casual contact, certain opportunistic infections such as pneumonia, tuberculosis and salmonellosis may be transmitted through social contact and sometimes are found in people with HIV or AIDS.

B. Hepatitis B Virus (HBV) and Hepatitis C:

The Hepatitis B Virus (HBV) causes Hepatitis B, a serious liver disease once known as serum hepatitis. Symptoms include anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, skin rashes, arthritis, and can cause acute and chronic hepatitis, cirrhosis and liver cancer. The fatality rate is less than 2 percent.

Like HIV, HBV is contagious and is also known to be transmitted through exchange of body fluids through sexual contact, injection or puncture with contaminated objects and receiving infected blood products. It can also be transmitted through the mouth, nose, mucous membranes or non-intact skin.

HBV is a heartier virus than HIV. According to the Centers for Disease Control, it can survive for at least one week in dried blood on environmental surfaces or contaminated needles and other sharp objects. It can survive in a clean-up in which alcohol is used; therefore, bleach is recommended.

C. Other Communicable Diseases:

Other common infectious diseases, which can pose a threat to children and adults, include the following:

<u>Disease</u>	<u>Transmission</u>
Chicken pox (varicella)	Respiratory & lesion secretions
Meningitis	Respiratory secretions
Mumps	Respiratory secretions
Measles (Rubella)	Respiratory secretions
Pneumonia	Respiratory secretions
Salmonellosis	Food handling
Tuberculosis	Airborne droplets
Whooping Cough	Respiratory secretions
Coronavirus	Respiratory secretions/Airborne droplets

Although these diseases are not regarded as bloodborne pathogens, they can become serious if unrecognized and untreated. Sound hygienic practices are necessary to prevent their transmission.

3. Participation in Programs by Persons Who are Infected

In view of current evidence, individuals who are carriers and/or infected **should not be routinely excluded or restricted from program participation**. When it is otherwise known that a person is infected, participation will be considered based upon the following:

- A. The nature of the risk (how the diseases are transmitted)
- B. The duration of the risk (how long the carrier is infectious)
- C. The severity of the risk: what is the potential harm to others and what is the person's ability to control behavior and control the means by which the disease may be transmitted? This is particularly relevant in cases involving individuals with disabilities who may bite or have lack of control of their body functions/secretions. There may be a need for extra measures to accommodate these individuals or a more restricted level of participation granted until these behaviors can be more effectively monitored/controlled.
- D. The possibility of increased risk to the carrier of contraction of an opportunistic infection that could further complicate their health situation.

A team approach should be used to make participation decisions. The team may include the carrier's doctor, other public health personnel, District staff, the parent/guardian and, when applicable, the participant. Additional resources could include Western DuPage Special Recreation Association staff, the District's attorney and the participant's attorney. This "review team" is charged with considering all of the information specific to the situation and formulating a recommendation for the Executive Director, who will then make a final determination regarding participation.

4. Employees Who are Carriers

The District will treat all prospective employees and current employees with fairness and will abide by all state and federal regulations with respect to employment. Neither prospective nor current employees will be asked whether they are infected with a communicable disease.

The District may uniformly ask whether a candidate can perform the essential functions of the job for which they are applying.

Testing for HIV, HBV or AIDs shall not be routinely conducted or required.

The employee who is a carrier shall be treated as any other employee, as long as their able to perform the essential functions of the job and does not pose a demonstrable risk of transmitting the disease. If the carrier is unable to perform the essential functions or is at risk of transmitting the disease, District staff and the review team should consider whether any "reasonable accommodation" can be made.

The review team, using the same factors with respect to program participation, shall to the extent practical, make recommendations regarding employment or continued employment. The team's decision will be reviewed and the Executive Director will make a final decision.

Any employee who poses a significant risk of transmitting the disease to others will not be considered otherwise qualified to continue on the job if reasonable accommodation will not eliminate the risk.

5. **Privacy Considerations**

The carrier's right to privacy shall be respected, including maintaining confidential records. These records are not subject to disclosure under the Freedom of Information Act. The number of people who are informed of the situation will be kept to a minimum, and will be comprised of the review team and any others the review team determines have a need to know based upon assuring proper care and precaution regarding the carrier.

District staff will be made aware of the legal ramifications to themselves and the District regarding a breach of confidentiality. No information regarding the identity of the carrier should be discussed with anyone, including and without limitation, spouses, family members or other staff.

Unless the carrier gives written permission, the District may not inform the public, program participants, or their parents/guardians of the carrier's affiliation with District (as a participant or employee). However, if permission is granted, the District may consider advising the public of the situation involving the carrier (no name, gender, or other specific identifying should be included). The message should communicate current medical information and invite questions or comments.

All inquiries from the public should be directed to the Executive Director (or the administrative head in the Executive Director's absence). No other person should divulge information regarding a carrier who is a participant or an employee, other than to state that the District is maintaining confidentiality for the carrier and is receiving medical and legal advice on the matter.

6. **First Aid Training**

Unless first aid is specific to a job description (i.e., FitnessNOW Attendants) park and recreation employees should understand that the care they provide is purely from a moral standpoint, and that they are regarded as "Good Samaritans" in doing so. First Aid/CPR training should be preceded by an introduction to communicable disease protection.

- A. Follow instructions for use that are provided with the mouthpiece.
- B. First aid students should be provided with disposable latex gloves in order to promote their use (i.e., bleeding and bandaging segments). All practice sessions should take place with the disposable gloves being worn.

- C. Each student should be provided their own microshield, face mask, manikin face/airway or manikin depending upon the type of equipment used for practice based on the procedures of the Independent Contractor Agreement.

7. **Use of Microshields or Face Masks for CPR**

The microshield or face mask is designed to prevent direct physical contact between the rescuer and victim. This equipment shall be provided by the District under conditions where staff/volunteers may be required to administer CPR or artificial respiration.

- A. Follow instructions for use that are provided with the mouthpiece.
- B. Instructions will be in the package or within the confines of the first aid kit.
- C. Discard microshields or face masks after use.
- D. Wash hands immediately or as soon as possible after removal and disposal of equipment for CPR or artificial respiration.

8. **Cleaning up Blood or Other Body Fluid Spills**

- A. In situations where bleeding is due to lacerations, cuts, etc. and must be immediately controlled, first aiders should provide patients with compress material and encourage them to administer self-help through applying direct pressure on their wound(s).
- B. Wear disposable gloves, which should be discarded following cleanup. When disposable gloves are not available or unanticipated contact occurs, wash hands and other affected areas with soap and water immediately after contact.
- C. Clean and disinfect soiled area immediately using paper towels, soap and water.
- D. Disinfect area with 70% - 90% isopropyl alcohol solution, or 1-part to 10 parts water solution.
- E. Rinse clothing soaked with body fluids and place in a plastic bag to be sent home.
- F. Place soiled sanitary napkins in plastic bags, secure and dispose.
- G. Place paper towels and disposable gloves in plastic bags and dispose of same.
- H. Wash hands and other skin that may have come in contact with body fluids thoroughly with soap and water or other antiseptic hand cleanser and flush eyes or other mucous membranes with water, immediately or as soon as following contact of such body areas with blood, body fluids or other potentially infectious materials.

9. Cleaning of Equipment

- A. Toys that participants put into their mouths should be washed after each use and should not be shared.
- B. Clean all equipment such as mats, wedges, feeding chairs, etc., with soap and water as needed.
- C. Use disinfectant solution to clean equipment when contact with blood or other body fluids has been made.
- D. Clean cooking equipment thoroughly using soap and hot water. Sanitize surfaces.

9.07 PANDEMIC RESPONSE PROCEDURES

LEVEL I: Precautionary Health Measures

A. Cleaning and Supplies

- 1) Purchase additional cleaning and disease prevention supplies.
- 2) Provide tissues and hand sanitizer to staff and in public areas.
- 3) Offer PPE's (limited to masks and gloves) or other recommended supplies to staff, to be used if desired, as supplies are available.

- 4) Perform routine cleaning and extra sanitation of key touch point areas.
 - countertops
 - door knobs
 - workstations
 - tables
 - bathrooms
 - frequently used surfaces
- 5) Provide team members with disinfectant wipes for quick sanitation
- 6) Staff should contact Parks if a specific area needs to be thoroughly cleaned

B. Work Adjustments

- 1) Authorities may request that persons returning from an infected area of the world not return to work for a period of time. Absences for this purpose will be excused.
- 2) Any employee presenting symptoms congruent with the outbreak will be asked to return home/or refrain from coming to work.
- 3) Review documentation of departmental procedures and/or departmental cross training so others can take over for sick employees.

C. Communicate to the Public

- 1) Share official sources for health information with patrons.
- 2) Recommend that patrons and staff with symptoms not enter the building.
- 3) Promote healthy habits.

D. Communicate to Staff

- 1) Share this Pandemic Response Procedure.
- 2) Encourage staff to receive appropriate vaccinations (if available).
- 3) Emphasize that staff should stay home when sick and follow respiratory etiquette and hand hygiene.
- 4) Communicate any CDC reporting requirements.
- 5) Advise traveling staff to check the CDC's Traveler's Health Notices.
- 6) Promote healthy habits.

LEVEL II: Moderated Services

In the event an official source declares a pandemic, the District will respond according to the official recommendations of the CDC, DuPage County Health Department, or other appropriate public health authorities. The responses to the recommendations may include:

A. Cleaning and Supplies

- 1) Purchase additional cleaning and disease prevention supplies.
- 2) Provide tissues and hand sanitizer to staff and in public areas.
- 3) Offer PPE's (limited to masks and gloves) or other recommended supplies to staff, to be used if desired, as supplies are available.
- 4) Perform routine cleaning and extra sanitation of key touch point areas.
 - countertops
 - door knobs
 - workstations
 - tables
 - bathrooms
 - frequently used surfaces
- 5) Provide team members with disinfectant wipes for quick sanitation
- 6) Staff should contact Parks if a specific area needs to be thoroughly cleaned

B. Service Adjustments

- 1) Create social distancing, limiting the number of patrons at programs and events, review rentals, and altering work schedules so that fewer people are working in close proximity to one another.
- 2) Reduce or suspend services. Public health authorities may advise that agencies and other gathering places minimize or entirely suspend situations where numerous individuals congregate relatively confined spaces. In such cases, the Executive Director may suspend some or all:
 - District programming
 - Recreation
 - Outdoor Playgrounds
 - Outdoor courts
- 3) Review and prepare options for emergency District services as necessary.

C. Work Adjustments

- 1) Cancel all District-related travel to areas under CDC Traveler's Health Notice
- 2) Adjust volunteer work schedules as affected by service adjustments.
- 3) Reduce Hours.
- 4) Permit work from home accommodations.

D. Communicate to Public

- 1) Continue messaging as in Level I. Messages should explicitly state that service reductions are being done to slow down disease transmission, not because of an abundance of sick staff.
- 2) Post an alert on the website outlining adjustments to services; adjust homepage to include pointers to official sources of info about the pandemic.
- 3) Contact affected program registrants, meeting room users, etc. to notify of service adjustments.

E. Monitor and Coordinate Adjustments

- 1) Executive Director is to monitor and coordinate response among authorities, schools, city, and library
- 2) Encourage staff to wear gloves and masks when performing potential exposure duties
- 3) Review and adjust staff notification list to ensure information is current

LEVEL III: Moderated Services

A. Cleaning and Supplies

- 1) Purchase additional cleaning and disease prevention supplies.
- 2) Provide tissues and hand sanitizer to staff and in public areas.
- 3) Offer PPE's (limited to masks and gloves) or other recommended supplies to staff, to be used if desired, as supplies are available.
- 4) Perform routine cleaning and extra sanitation of key touch point areas.
 - countertops
 - door knobs
 - workstations
 - tables
 - bathrooms
 - frequently used surfaces

- 5) Provide team members with disinfectant wipes for quick sanitation
- 6) Staff should contact Parks if a specific area needs to be thoroughly cleaned

B. Service Adjustments

1) Enact Temporary Closure

During the course of a pandemic, the Executive Director may temporarily close the District facilities to the public under one or more of the following conditions:

- a) Public health authorities advise, request or order such a closure
 - b) Public visitation is too low to warrant keeping the building open
 - c) Staffing levels are too low to operate the facilities
 - d) Any other conditions that prevent the District from operating the facilities safely and effectively
- 2) Disaster and emergency procedures apply; staff are not required to remain “on call” during an extended closure
 - 3) Inform vendors and delivery services that we are closed and not accepting deliveries

C. Work Adjustments

- 1) Executive Director will continue to work as an essential employee to coordinate response among staff and with the Board of Commissioners
- 2) Executive Director and Superintendent of Parks and Facilities will continue to work remotely to monitor buildings, parks and system conditions.
- 3) Executive Assistant/HR Manager will continue to work remotely to provide administrative and HR support and services to the Board, Executive Director, Management and communicate with employees
- 4) Superintendent of Finance and Technology will continue to work remotely processing payroll and inputting invoices.
- 5) Office Manager and Marketing Coordinator will continue to work remotely to communicate with the public
- 6) Staff and volunteers are to refrain from reporting to work in person

X. FLEET SAFETY

Drivers of vehicles that are owned, rented or leased by the District will be required to follow defensive driving practices. An up-to-date file should be kept on each employee who drives a vehicle; information should include all drivers' license dates (particular attention should be given to expiration dates), tickets that have been issued, number of minor or major accidents while working for the District, check-ride dates and education classes taken.

The basic defensive driving practice is to plan ahead and do everything that one could reasonably do to prevent an accident. *(See Appendix 3; Fleet Safety Forms)*. The following guidelines should also be followed:

1. Drivers must be at least 18 years of age and must possess a valid driver's license in order to operate a District vehicle. Under state law, you must be 21 to transport patrons (see Vehicle Safety Manual for more information). All drivers should be reviewed to see if their employee's job responsibilities involve the operation of vehicles that require a chauffeur's or special license, in accordance with the state laws. The license should be cited by supervisory or personnel staff at the time of hire. A Driver's Abstract form must be completed, signed, filed and periodically checked for validity for all vehicle drivers.
2. New employees should be pre-tested before allowed to drive.
3. Employees should have their driver's license with them at all times when driving vehicles.
4. Periodic unannounced inspections of licenses should be done to make sure employees have it with them and to make sure licenses have not expired or been revoked.
5. Employees are required to report any change in status on their license to their supervisor immediately.
6. Any employee who loses their driving privileges from the state must notify the District of the loss immediately.
7. The driver should be physically and mentally capable of driving the type of vehicle their assigned to, whether that vehicle is a car, van, bus or truck.
8. The driver should show the ability to pass written tests on driving regulations and the actual on-the-road vehicle test and check-rides that are required by the state or District.
9. All District drivers should be trained on safe driving skills through the use of recognized organizations that conduct driver training courses that cover defensive driving techniques such as two-vehicle collision prevention, backing accident prevention, safe following distance, passing skills, intersection driving and turns.
10. Only drivers or operators qualified to operate specific vehicles and equipment are allowed to operate them and must possess the appropriate driver's license.
11. Employees must possess the proper valid driver's license requirements based on the Districts vehicles and equipment.

12. Any employee having two tickets in a twelve-month period may be subject to additional training, probation, suspension and/or additional check-rides at the discretion of the supervisor.
13. Driver assignments should be tracked in order to have a record of damaged vehicles.
14. There should be no more riders in a vehicle than there are seat belts.
15. Riding in the back of trucks is not permissible.
16. Unattended vehicles should not be left running.
17. All trucks should be equipped with a gate that should be put up when operating. When the gate must be down for wide or extra-long items, vehicles must be properly flagged and four-way flashers on.
18. Tractor buckets should always be in the lowered position prior to any turning.
19. Each driver is responsible for reporting all accidents, vehicle damage and malfunctions to the immediate supervisor on a daily basis.
20. Driver must maintain the posted speed limits at all times and observe all other vehicle operation regulations. In pathways and parks, vehicles should not exceed 10 mph and drivers should be alert if conditions warrant a slower speed. The traveling speed on residential streets should not exceed 25 mph unless posted otherwise.
21. When operating a vehicle in a park, the existing paved access road should be used. Vehicles are not allowed on grass unless it is required for completion of the work project.
22. All persons driving or riding as a passenger in a District vehicle must wear seat belts.
23. The following guidelines will apply to cell phone use while driving:
 - A. All persons driving a District vehicle are to fully comply with all traffic laws and laws related to cellular phone use.
 - B. Accessing electronic mail, text messaging, or instant messaging while operating a vehicle on a roadway is prohibited.
 - C. Employees may not use a cell phone at any time while operating a motor vehicle on a roadway in a school zone, or on a highway in a construction or maintenance speed zone. **In an emergency, pull over prior to making a call.**
 - D. If there is a passenger in the vehicle, let them take or make the call.
 - E. Never dial the phone or take notes while driving.
 - F. If your phone rings while driving, let your voice mail take the call and listen to the message later when parked on the shoulder of a roadway or when the vehicle is stopped due to normal traffic being obstructed and the driver has the motor vehicle transmission in neutral or park.

XI. SAFETY IN THE WORKPLACE

11.01 BUILDINGS

1. Exits

- A. At least 2 exits should be available from all floors.
- B. There should never be any obstructions in aisles or exits.
- C. All exits should be clearly lit and marked.

2. Fire Extinguishers

- A. Enough fire extinguishers of the proper type should be provided to meet minimum fire code regulations.
- B. Fire extinguishers should be placed within easy reach, be properly marked and OSHA color coded as to type.
- C. Fire extinguishers must be checked annually and proper levels maintained at all times.
- D. Smoking is prohibited in all District facilities.
- E. A master plan of each building should be available indicating location of all fire extinguishers to better facilitate annual inspections.

3. Storage

- A. Materials and equipment should be stored in pre-designated areas.
- B. All stored materials should be neatly secured so as not to pose possible injury to bystanders.
- C. All refuse should be placed in proper containers and a sufficient number of receptacles should be emptied as needed, and again at building closing; they should never be allowed to be overfilled.
- D. All combustible materials must be marked and stored in a separate, proper fire container, i.e., flammable paint, paint thinner, varnish.
- E. All oil rags must be stored in a self-closing fire resistant container.
- F. All toxic substances must be properly labeled with labels facing forward and stored in compliance with the Toxic Substance Disclosure Act.
- G. All full soft drink and CO2 cylinders in concessions areas must be chained or stored in an enclosed area.

4. Floors, Stairways & Windows

- A. Substances spilled on floors should be cleaned up immediately.

- B. Floors should be maintained at an even level; repairs should be made to holes, depressions, broken floor surfaces, uncovered drains, loose or poorly fitted gratings, sagging or expanded floor supports.
- C. Broken glass in windows and doors should be replaced immediately.
- D. Curtains and drapes should be fire retardant.
- E. All stairways should be equipped with secure railings and should be well lit.

5. **Lighting and Electrical**

- A. Emergency and security lighting should be installed in all buildings used by the public and checked monthly to insure proper operation.
- B. Broken lights should be replaced immediately.
- C. Electrical wiring should be properly encased and replaced when worn.
- D. Care should be taken not to over load circuits.
- E. All electrical cords should be 3-pronged, double insulated and of proper wire size. All extension cords should be used on a short-term basis only and should not be substituted for permanent approved wiring.
- F. Electrical cords and extension cords should not be run under carpeting, across aisles or be exposed, which may result in accidental falls.
- G. Heating elements on appliances should only be on when needed and should be turned off at closing.

6. **General**

- A. All buildings should have an emergency phone number located at the telephone as well as emergency procedures posted.
- B. All buildings should be equipped with sufficient first aid supplies, which include Band Aids and ice packs.
- C. Sidewalks, steps, parking lots, tennis courts and basketball courts should be repaired if shifting or cracking presents hazardous conditions.
- D. The Right to Know Law should be posted in a conspicuous location.

11.02 PARKS

The District is committed to providing quality parks. As part of the commitment, staff members and volunteers must work together to maintain the highest degree of safety in parks and facilities and the equipment located within them.

The Parks Department will maintain a separate Parks Department Manual addressing maintenance, repairs, equipment, inspections, uniforms and safety within the parks system. This manual will be issued to all employees in the Parks Department and will be available in the Administration Office.

11.03 MOTOR VEHICLE SAFETY

1. All District-owned vehicles will go through State inspection if required to do so.
2. Vehicles for park operations should be inspected each day prior to usage for all fluid levels, lights and turn signals, brakes, tire wear and damage.
3. Accurate records should be kept up-to-date on all repairs and maintenance for each vehicle.
4. Roll bars should be installed on all tractors as required by OSHA Standards.
5. Any new vehicles that are purchased should comply with OSHA Standards.
6. Fire extinguishers, first aid kits, and jumper cables should be on hand in all vehicles.

11.04 EQUIPMENT & TOOLS

1. Proper training should be given, including the proper PPE's (Personal Protective Equipment), prior to any use of equipment using the manufacturer's operating manual.
2. All equipment and tools should be stored in a pre-designated area and should be kept clean and in good repair at all times.
3. Operational instructions for all machinery should be in a written report and kept in a file for employee reference.
4. All electrical cords and safety plugs should be checked before operating power tools, including floor machines, vacuum cleaners and/or cleaning equipment.
5. Unplug any cleaning equipment, including vacuums, etc., when not using; do not leave equipment unattended.
6. All handles on hammers, axes, sledge hammers, pick axes, etc., should be checked for wear, cracks, breaks or loose heads prior to use.
7. Proper use of ladders should be taught, including proper angle placement. Ladders should be replaced or repaired before using if there are cracked rungs or side rails, ineffective braces, no ladder shoes or insufficient clearance.
8. Any mobile equipment or tools to be left unattended at a work site should be left in a locked, safe and secure position. Cutting blades and Power Take Off's (PTO's) must be disengaged before dismounting equipment. Equipment must be turned off before inspection of cutting blades, u-joints, shafts or chains.
9. Every cutting and welding operation must be approached with extreme caution. A cutting and welding permit must be used whenever the District or other outside contractors perform welding and cutting in or on District property.

11.05 EMPLOYEE SAFETY GEAR

1. The District will provide essential safety gear for all staff and will replace when necessary for each individual. If any gear is lost or damaged by misuse the employee responsible shall pay for the replacement. At termination of employment, safety equipment will be returned to the District, with the exception of clothing, shoes or other personal items.

2. Hard hats will be worn whenever the possibility of head injury could be present. This includes, but is not limited to, building repairs, construction projects, tree cutting and work performed in close quarter areas. Under some circumstances head protection may be required when operating equipment that has no cab protection. Helmet liners will be provided for cold weather use.
3. Appropriate protective clothing, respirators and eye protection will be worn when working with hazardous chemicals.
4. Appropriate ear protection, mufflers or ear plugs will be worn whenever working with or around loud machinery, equipment or in unusually noisy environments.
5. Proper eye protection will be worn when working with or around any power tools or equipment and in areas where airborne particulates could present a hazard.
6. Gym shoes will only be worn in areas where they are appropriate or required, for instance, dance/group fitness room and gym floors.
7. A hard-soled work boot should be worn for maintenance work.
8. Shirts and long pants will be worn by all employees performing maintenance tasks unless specific exception is granted by the Department Head.
9. Headphone radios are not allowed while working.
10. Staff who have been issued cell phones must carry them to ensure their immediate availability in emergency situations.

11.06 HOT WORK/BURNING PROCEDURE

1. **Purpose**

From time to time it may be necessary for cutting or welding to be performed in areas of buildings where such work would normally not occur. These situations increase the potential for fires, accidents and injuries. To decrease the possibility for such events, a Hot Work/Burning Procedure has been developed.

2. **Training**

All employees required to perform welding or cutting shall be properly trained on the work and the proper procedures to follow when engaged in this work. The training shall be formal and documented.

3. **Procedures**

Before work may begin, the supervisor shall check to ensure:

- A. The welding equipment is in proper working order.
- B. The welder is wearing proper personal protective equipment:
 - 1) Face shield with proper lens.

- 2) Leather gloves.
 - 3) Leather apron and gauntlets.
 - 4) Long sleeved shirt, pants, etc.
- C. Sprinkler system is in service.
- D. An operational fire extinguisher is provided.
4. **Precautions within 35 Feet of the Work Area**
- A. Floors are swept clean of combustibles.
 - B. Combustible floors are wet down, covered with damp sand and/or fire resistive sheets.
 - C. Flammable and combustible liquids are removed.
 - D. Explosive atmosphere in the area is eliminated.
 - E. Fire resistive tarpaulins are suspended beneath the work.
5. **If Working on Walls or Ceilings**
- A. Construction is non-combustible and without combustible covering or insulation.
 - B. Combustible materials are moved away from the other side of the wall.
6. **Work on Enclosed Equipment**
- Enclosed equipment shall be cleaned of all combustible or flammable liquids.
7. **Fire Watch**
- A fire watch shall be performed for at least 30 minutes after welding or cutting work. The fire watch person(s) shall look for signs of heat, smoke, etc. that may occur around the hot work area. The fire watch person(s) should look for signs above or below ceilings and on both sides of walls.
- A fire extinguisher shall be made available to the fire watch person. If a fire is found, the fire watch person shall activate the fire alarm. All employees and patrons shall follow the emergency procedures for fire.
8. **Cutting/Welding Permits**
- A. Before any hot work/welding is performed, a permit shall be completed by the supervisor. The supervisor shall ensure (visual inspection) that all aspects of this program are met before signing the permit.
 - B. The front page of the permit shall be completed and placed on file. The card section shall be prominently displayed on the welding area by the welder.
 - C. When work has been completed, the welder shall conduct a fire check of the area and complete Section C of the card. This section shall be returned to the supervisor.
 - D. 2-4 hours after the work is completed, a final area check shall be completed. Section B of the card shall be completed and returned to the supervisor.
 - E. All sections of the permit shall be kept on file.

11.07 CONFINED SPACE PROGRAM

The District recognizes that confined spaces pose significant risks and that the development of the confined space program is reasonably necessary to protect affected employees from those risks.

1. Definition of a Confined Space

- A. A space that is large enough and so configured that an employee can bodily enter and perform assigned work; and
- B. Has limited or restricted means for entry or exit; and
- C. Is not designed for continuous human occupancy.

In response to the above hazard recognition, the District has adopted a Confined Space Program. The Confined Space Program is in the Parks Department Manual.

All employees of the District should be aware of confined space signage and the general requirement not to enter any area defined and posted as a confined space.

11.08 YOUR RIGHT TO KNOW

1. Working with Hazardous Substances

The District is committed to protecting you against the dangers of hazardous materials on the job. Safety training and the proper handling and storage of hazardous substances are just a few of the things we do to keep you safe. In addition, the Occupational Safety and Health Administration (OSHA) has issued a regulation that states that you have a right to know what hazards you face on the job and how you can protect yourself against them. This is your RIGHT-TO-KNOW.

OSHA's hazard Communication Standard affects everyone in the workplace who comes into contact with hazardous materials.

Chemical manufacturers must determine the physical and health hazards of each product they make, and they have to let users know about those hazards by providing information on the container label and on a Safety Data Sheet (SDS) for every product.

Employers must develop a written hazard communication program that:

- A. Tells employees about the Hazard Communication Standard.
- B. Explains how the standard is in effect in the workplace.
- C. Provides information and training on hazardous chemicals in the workplace, which includes how to recognize, understand and use labels and SDS sheets, and the correct safety procedures for working with hazardous substances.

Employees have to read labels and SDS sheets, and they have to follow the company's safety procedures for storing, handling and using hazardous materials.

2. What Information is on the Label?

Although labels differ from company to company, all labels will contain similar types of information. The label will use words and/or symbols to tell you:

- A. The common name of the substance.
- B. The name, address and emergency phone number of the company that made or imported the substance.
- C. The signal word that outlines the seriousness of the substance. Signal words, ranked from the most serious to the least serious, are **Danger**, **Warning** and **Caution**.
- D. The physical hazards (Will it explode or catch fire? Is it reactive?), and the health hazards of the substance. (Is it toxic? Could it cause cancer? Is it an irritant?)
- E. The precautionary measures to be taken, including basic protective clothing, equipment and procedures that are recommended when working with this substance.
- F. First aid instructions, in case of exposure.
- G. Proper handling and storing instructions.
- H. Special instruction concerning children.

While a lot of valuable information can be found on the label, refer to the SDS sheet if you don't find all of the information you need.

3. What Information is on the SDS sheets?

The SDS sheet is your guide to working safely with hazardous substances. This sheet provides information on everything that is known about the substance, including chemical and physical dangers, safety procedures and emergency response techniques. Specifically, SDS sheets cover:

- A. **Identity**, including the manufacturer's name, address and phone number, and the date the substance was produced.
- B. **Hazardous ingredients**, including the substance's hazardous components, its chemical ID and common names. Worker exposure limits to the substance and other recommended limits are also included.
- C. **Physical and chemical characteristics**, such as boiling point, vapor pressure, vapor density, melting point, evaporation rate, water solubility and appearance and odor under normal conditions.
- D. **Physical hazards**, including fire and explosion, and ways to handle those hazards (such as firefighting equipment and procedures).
- E. **Reactivity**, including whether or not the substance is stable and which substances to keep it away from so it won't react.

- F. **Health hazards**, including how the substance can enter the body and the possible health hazards that could arise from exposure. This section also covers signs and symptoms of exposure, such as eye irritation, nausea, dizziness, etc., and whether or not the substance is carcinogenic. Emergency and first aid procedures are also outlined.
- G. **Precautions for safe handling and use**, including what to do if the substance spills or leaks, how to dispose of the substance, equipment needed for cleaning up spills and leaks, proper storage and handling and any other necessary precaution.
- H. **Control measures** will lessen your exposure to the materials. This section outlines the personal protective equipment, clothing, respirators and ventilation that should be used when handling the substance. Special work or hygiene practices are also outlined.
- I. **OSHA's Right-to-Know** regulation was developed to protect you on the job.

For the Right-to-Know Standard to be effective, you must:

- 1) Respect all warnings and precaution – don't take any chances!
- 2) Read all substance labels and SDS sheets.
- 3) Follow warnings and instructions.
- 4) Use the correct personal protective equipment when handling hazardous substances.
- 5) Know in advance what could go wrong and what to do about it.
- 6) Practice sensible, safe work habits.
- 7) Ask your supervisor when in doubt.

11.09 LOCKOUT/TAGOUT

This program is used to help ensure that certain equipment, specifically energy isolating devices, are locked out or tagged out before employees conduct maintenance activities. The District has developed lockout/tagout procedures located in the Parks Department Manual. The general population of employees, however, must be aware of lockout/tagout in order to identify a piece of equipment that has been either locked out or tagged out and could pose a hazard to other employees or the public.

Lockout is the placement of a lockout device, such as a key lock, on an energy isolating device ensuring that the equipment being serviced cannot be operated until the lockout is removed.

Tagout is the use of a prominent warning device, such as a tag, that can be securely fastened to the energy isolating device.

District supervisors will provide periodic inspections to ensure employees are following lockout/tagout procedures, providing periodic training, develop new equipment procedures and manage outside contractors.

11.10 WORK REQUESTS

Any safety hazards that are observed must be reported either to the immediate supervisor or to the Safety Committee verbally or in writing at the first opportunity. A work order should be sent to the Superintendent of Parks and Facilities by the Department Head if appropriate.

XII. ILLINOIS DEPARTMENT OF LABOR INSPECTION PROCEDURES

The Illinois Department of Labor may inspect District property at any time. Inspectors may or may not call to schedule an appointment for an inspection. Most likely, they may arrive unannounced. The inspector has the complete authority to conduct the inspection regardless if agency staff is available or not.

Upon entering the workplace, the IDOL inspector will present their credentials and ask to meet with management to discuss the purpose of the visit and scope of the inspection. The District has designated the Executive Director to meet with the IDOL inspector. If the Executive Director is not available, then the following individuals will be alternates; Superintendent of Recreation/Safety Coordinator, and then the Superintendent of Parks and Facilities. The District representative should accompany the inspector at all times.

The inspector will outline what records will be reviewed and then the inspection begins. The inspector may solicit employee input at any time during the inspection and employees are allowed to participate when requested. Any minor violations that are discovered during the course of the inspection should be corrected during the course of the inspection. Present the District view of any situations that warrant a response.

A closing conference will then be held to review any violations noted by the inspector. Violations must be corrected within 30 days of the closing conference date. Citations for violations will be issued in writing by IDOL within 30 days.

Immediately following the inspection, the District must establish internal procedures and a timeline to correct noted violations.

XIII. EMPLOYMENT PRACTICES

Employees should become familiar with the District Personnel Policy Manual that is made available to all employees.

13.01 PRE-EMPLOYMENT PHYSICALS

1. It is the policy of the District to require pre-placement physicals after an offer of employment has been made for all new full-time employees and certain part-time positions requiring heavy or continuous lifting or other rigorous physical activities. The exam should take place prior to the first day of employment. The examining physician will have a copy of the physical requirements of the job prior to the examination.
2. The District shall maintain a relationship with a physician or occupational health clinic to provide the examinations. Physicians Immediate Care is our current provider.

13.02 CRIMINAL BACKGROUND CHECKS

All offers of employment will be contingent upon a satisfactory result of a third party vendor criminal background inquiry and generally on a three year basis thereafter.

BERWYN PARK DISTRICT

EMPLOYEE ACKNOWLEDGEMENT FORM

I hereby acknowledge receipt of a copy of the **Berwyn Park District Safety Manual** and I agree to become familiar with its contents. I further certify that I have received a brief explanation of the content of each manual received and that I will read and abide by these rules and procedures during the course of my employment with the District. I further understand that this Safety Manual is a general manual for the entire District and that additional Safety Policies, Procedures, Rules and Guidelines may be applicable depending on the facility in which I work and the duties that I perform in my job and that these will be made available to me by my supervisor. I am aware that the manual may have to be changed from time to time, and that updates will be available to me.

Printed Name _____

Employees Signature _____

Date _____

APPENDICES

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How to Handle an Accident

There is no single correct procedure to follow when an accident occurs. The Districts coverage provider, **NOT** the District will make the determination as to whether or not the District is legally liable for any medical bills or damages arising out of an accident. In very minor injuries (cuts, scratches) you may administer minimal first aid, such as ice and a bandaid. If the accident is more severe, follow the following procedure:

1. If the injury is to a child, contact the child's parents and inform them of the nature of the injury and request that they pick up the child.
2. If the person needs medical attention, call 9-1-1. Notify the parents if it is a child. Whenever a child is taken for medical attention, always register them in the name of the parent. When talking with parents, be calm and reassuring.
3. If the person or parents inquire whether the District will pay for the medical bills, advise them to call the Safety Coordinator at 708-788-1701.
4. Once the person has been adequately cared for, call your supervisor and inform them of the accident. Complete the Accident/Incident form within 24 hours and turn it in to your supervisor.
5. If an accident investigation is likely, consider the following:
 - a. Identify sources of evidence and preserve evidence
 - b. Note position of people/equipment during and after accident
 - c. Find and identify witnesses
 - d. Protect and give any physical evidence to the police
 - e. Take pictures if possible.
 - f. Gather training records, maintenance logs, work schedules, inspection records, etc.
 - g. Provide any additional information as necessary
6. Direct all inquiries to the Safety Coordinator at 708-788-1701



Leading the Way to Risk
Management Solutions

Post-CPR/-AED Use Form

(Attorney/Client and Risk Management Privileged Document)

Instructions: You must complete this form and forward to PDRMA along with **Form 01 – Accident Injury Report Claim Form** within 24 hours after administering CPR and/or using an AED. Email both forms to newclaims@pdrma.org. Do not delay sending this form even if some requested information is not immediately available.

Agency Information

Agency name: _____
 Name of person completing this form: _____
 Title: _____ Phone number: _____
 PDRMA Form 01 – Accident Incident Report Claim Form submitted? Y / N Date: _____

Victim Information

Name of victim: _____ M / F Age: _____
 Home address: _____
 Activity victim was participating in just prior to incident (if known): _____
 Participant registration and waiver form on file? Y / N / Unknown

General Incident Information

Location: _____
 (Name of facility/park and specific area where incident occurred.)
 Incident date: _____ Time: _____ AM / PM
 Witness(es) to the incident:
 1. _____ Phone#: _____ Employee? Y / N
 2. _____ Phone #: _____ Employee? Y / N
 3. _____ Phone #: _____ Employee? Y / N
 Time of call to EMS/911: _____ AM / PM Time EMS arrived: _____ AM / PM
 Person who called EMS/911: _____ Employee? Y / N
 Location where agency stores AED: _____
 Person who brought AED: _____ Employee? Y / N
 Was the victim breathing normally? Y / N / Unknown Have a pulse? Y / N / Unknown
 Type of CPR administered: Conventional / Hands-only
 Person(s) who performed CPR:
 1) _____ Employee? Y / N Certified in CPR? Y / N
 2) _____ Employee? Y / N Certified in CPR? Y / N
 3) _____ Employee? Y / N Certified in CPR? Y / N
 4) _____ Employee? Y / N Certified in CPR? Y / N

Post-CPR/AED Use Form
Page | 2

Person(s) who used the AED:

- 1) _____ Employee? Y / N Certified in use? Y / N
- 2) _____ Employee? Y / N Certified in use? Y / N

Number of shocks, if any, delivered before EMS took over care? _____

Did the person have a pulse when EMS took over care? Y / N / Unknown

Was the person breathing normally when EMS took over care? Y / N / Unknown

Name of EMS department that responded: _____

Was there a police response? Y / N Department? _____

Victim transported? Y / N Hospital transported to? _____

Post Incident Actions

Did the employee(s) performing CPR use protective gloves? Y / N / Unknown

Did the employee(s) performing CPR use a mouth barrier? Y / N / Unknown

Did the employee(s) come into contact with any bodily fluids? Y / N / Unknown

If yes, were they offered a post-exposure medical evaluation? Y / N / Unknown

Was the employee(s) offered EAP (Employee Assistance Program) services? Y / N / Unknown

AED Information

AED model: _____

Data card/report secured or downloaded? Y / N (Contact manufacturer for assistance, if needed. Download and save the AED report in a secure location.)

AED back in service? Y / N AED battery, pads and data card replaced? Y / N

Additional information

Signature of person completing report: _____

Date completed: _____



Accident/Incident Report

Attorney/Client Privileged Document

Form
01

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)		
3	Name of person completing report	Title of person completing report		
4	Business phone number	Business email		
5	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)			
6	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.			
7	Is there an address for this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, please provide the following:				
Street address _____				
City		State	Zip code	
8	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i>)			
9	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i>)			

BODILY INJURY

If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.

10	Was a person injured? (<i>Ex. patron, citizen, participant, volunteer</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
11	If yes, please provide the following information:			
Last name _____		First name _____		
Address _____				
City _____		State _____	Zip code _____	
Home phone # _____		Work phone # _____	Cell phone # _____	
Age _____		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
12	Is injured person an agency volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
13	Describe the injury (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i>)			
14	Did injured person make any statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, what did injured person say? _____				



Accident/Incident Report

Attorney/Client Privileged Document

Form 01
(pg. 2)

15 Was first aid administered? Yes No Unknown

Name and position of person who administered first aid _____

What first aid was given? _____

Did first aid involve AED and/or CPR? Yes No Unknown

If yes, please submit a PDRMA post-AED form.

Were paramedic services offered?

Called and refused (at scene by patron) Yes Offered and called Yes

Offered and refused Yes Offered, refused, called by agency anyway Yes

Unable to respond and called Yes

Were police called? Yes If yes, please provide the following information.

Name of police department _____

Name of officer _____

Do you expect this person to submit a claim? Yes No Unknown

PROPERTY DAMAGE

16 Was property damaged as a result of this accident/incident? Yes No Unknown

17 If yes, how was the person involved in the accident/incident?

Owner of property adjacent to park district

Vehicle owner

Patron

Other

18 Last name (or business name) _____ **First name (not necessary if business name)** _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

Describe the property damage _____

WITNESS INFORMATION

19 If there was a witness(es) to the accident/incident, please provide the following information:

Last name _____ First name _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

20 Did witness make any statements? Yes No Unknown

If yes, what did witness say? _____

21 Where was witness when the accident/incident occurred? _____

#	Section	Instructions
11	Injured person (non-employee)	<p>If you answer Yes to Question 10, provide the following information about the injured person:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address, city, state and zip code. • Phone numbers. • Age. • Sex (Female/Male/Unknown).
12:	Is injured person an agency volunteer?	Check Yes, No or Unknown.
13	Describe the injury (affected body part and type of injury (Ex. contusion, bruise, laceration, sprain, break, etc.),	Briefly describe the injury.
14	Did injured person make any statements?	Check Yes, No or Unknown. If you check Yes, provide a brief description of what the injured person said in the statement.
15	<p>Was first aid administered?</p> <p>Name and position of person who administered first aid</p> <p>What first aid was given?</p> <p>Did first aid involve AED and/or CPR?</p> <p>Were paramedic services offered?</p> <p>Were police called?</p> <p>Do you expect this person to submit a claim?</p>	<p>Check Yes, No or Unknown.</p> <p>Provide the name and position of the person who administered first aid.</p> <p>Describe the first aid administered to injured person.</p> <p>Check Yes, No or Unknown. If you check Yes, please submit a PDRMA post-AED form.</p> <p>Check the option that applies:</p> <ul style="list-style-type: none"> • Called and refused (at scene by patron). • Offered and called. • Offered and refused. • Offered, refused, called by agency anyway. • Unable to respond and called. <p>Check Yes or No. If you check Yes, provide the following information:</p> <ul style="list-style-type: none"> • Name of police department. • Name of officer. <p>Check Yes, No or Unknown.</p>
16	Was property damaged as a result of this accident/incident?	Check Yes, No or Unknown.

Section		
17	<p>If yes, how was the person involved in the accident/incident?</p>	<p>If the answer to Question 15 is Yes, check the option that applies.:</p> <ul style="list-style-type: none"> • Owner of property adjacent to park district • Vehicle owner. • Patron. • Other.
18	<p>Provide contact information for property owner.</p>	<p>If you identify the person in Question 17, provide the following contact information:</p> <ul style="list-style-type: none"> • Last name or name of business. • First name if not a business. • Address, city, state, zip code and phone number. • Description of the property that was damaged and how the damage occurred.
19	<p>Witness,(es) to accident/incident</p>	<p>If there is a witness(es) to the accident/incident, the following information:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address, city, state, zip code and phone number.
20	<p>Did witness make any statements?</p>	<p>Check Yes, No or Unknown. If you check Yes, provide a brief description of what the witness said.</p>
21	<p>Where was the witness when the accident/ incident occurred?</p>	<p>Briefly describe where the witness was located in relation to where the accident/incident occurred.</p>



Vehicle Accident Report

(Accident involving agency vehicle May 11, 2011 involving bodily injury/property damage.)

Attorney/Client Privileged Document

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.n.,lp .m.)		
3	Name of person completing the report	Title of person completing report		
4	Business phone	Business email		
5	How did the incident occur? (Provide a brief factual summary.)			
6	Name of the location (street/road/highway) or nearest intersection where the incident occurred.			
7	Is there an address for incident location? If yes, please provide the following:			
	Street address			
	City	State	Zip code	
8	Location			
	Offsite (non-agency owned)	<input type="checkbox"/>	On agency property	<input type="checkbox"/>
9	Primary location			
	Highway/roadway	<input type="checkbox"/>	Parking lot	<input type="checkbox"/>
10	Was the agency vehicle occupied? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
11	Agency driver last name		First name	
	Address			
	City	State	Zip code	
	Home phone #	Work phone#	Cell phone#	
	Email			
	Is this driver an employee? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
	If Yes, enter job title of employee			
	Identify the type of driver			
	Full-time employee	§	Intern Volunteer	E3
	Part-time employee		Spouse/family member	E3
12	Agency vehicle VIN	Make	Model	license number



Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)
Attorney/Client Privileged Document

**Form
02**
(pg. 2)

13	Is vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, provide current location of vehicle _____ _____												
14	Area of damage _____ _____												
15	Estimated repair cost _____ _____												
16	Was a trailer involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide the following information. <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Trailer year</td> <td style="width: 25%;">Make</td> <td style="width: 25%;">Model</td> <td style="width: 25%;">License number</td> </tr> </table> Trailer area of damage _____ Current location of trailer _____ Estimated repair cost of trailer _____ _____	Trailer year	Make	Model	License number								
Trailer year	Make	Model	License number										
17	Has a police agency conducted an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information. What police agency investigated the incident? _____ Police report number _____ _____												
18	Was the agency driver ticketed, arrested or cited for violation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide details of the ticket, arrest or violation(s). _____ _____ _____												
19	CLAIMANT INFORMATION												
Identify other people involved in the accident. <i>(Make additional copies of this section if needed.)</i> How was the person involved in the accident? <i>(Check all that apply.)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Driver of other vehicle <input type="checkbox"/></td> <td style="width: 25%;">Injured person <input type="checkbox"/></td> <td style="width: 25%;">Owner of involved property <input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Owner of other vehicle <input type="checkbox"/></td> <td>Passenger of agency vehicle <input type="checkbox"/></td> <td>Passenger of other vehicle <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Pedestrian <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> Last name or business name _____ First name (not necessary for business) _____ Address _____ City _____ State _____ Zip code _____ Home phone # _____ Work phone # _____ Cell phone # _____ _____ _____		Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>		Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>		Pedestrian <input type="checkbox"/>			
Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>											
Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>											
Pedestrian <input type="checkbox"/>													



Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

Attorney/Client Privileged Document

19 Vehicle make _____ Model _____ Year _____

Area of damage _____

Is vehicle driveable? Yes No If no, current location of vehicle _____

Extent of damage Moderate Nothing visible Severe Slight

Describe the property damage (other than vehicle) _____

Extent of damage to property other than vehicle Moderate Nothing visible Severe Slight

Age of injured person _____ Sex of injured person Male Female

Was the injured person transported by paramedics? Yes No

If yes, where was the injured person taken? _____

Do you expect the injured person to file a claim? Yes No

Describe the injury _____

ADDITIONAL INFORMATION

Identify other people involved in the accident. (Make additional copies of this section if needed.)
 How was the person involved in the accident? (Check all that apply.)

Driver of other vehicle Injured person Owner of involved property
 Owner of other vehicle Passenger of agency vehicle Passenger of other vehicle
 Pedestrian

Last name or business name _____ first name (not necessary for business) _____

Address

City _____ State _____ ZIP code _____

Home phone # _____ Work phone# _____ Cell phone# _____

Vehicle make _____ Model _____ Year _____

Area of damage _____

Is vehicle driveable? Yes No If no, current location of vehicle _____

Extent of damage Moderate Nothing visible Severe Slight

Describe the property damage (other than vehicle) _____

Extent of damage to property other than vehicle Moderate Nothing visible Severe Slight



Vehicle Accident Report

(Accident involving agency vehicle may involve bodily injury/property damage.)

Attorney/Client Privileged Document

19	Age of injured person _____	Sex of injured person <input type="checkbox"/> Male <input type="checkbox"/> Female
	Was the injured person transported by paramedics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where was the injured person taken?	
	Do you expect the injured person to file a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Describe the injury	
20	Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)	
	Last name	First name
	Address	
	City	State Zip code
	Home phone #	Work phone# Cell phone#
	Witness to accident? Yes No Unknown	If yes, provide the following information.
	Relation to injured person or property owner:	
	Agency employee or volunteer <input type="checkbox"/> E3	Another program participant or park user <input type="checkbox"/> D
	Other <input type="checkbox"/> E3	Friend Relative <input type="checkbox"/> E3
	Did witness make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	If yes, provide the following information. What did witness say?	
	Where was witness when the accident occurred?	
21	Was the driver of the agency vehicle conducting agency business at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22	What street was the agency driver on?	What street was the other driver driving on?
23	What direction was the agency driver traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
	What direction was the other driver traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
24	Weather conditions	
	Dry <input type="checkbox"/> Fog Ice Snow Wet	
25	Accident diagram	



Vehicle Accident Report

INSTRUCTIONS (PDF FORM)

**Form
02**

#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m./p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cellphone number of the person completing the report.
	Business email of person completing the report	Provide a business, not personal, email for the employee or volunteer completing the report.
5	How did the incident occur? (Brief summary of incident.)	Provide a short description of how the accident occurred.
6	Name of the location or nearest intersection where the incident occurred	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	Select Yes or No. If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Check one of the these two options: <ul style="list-style-type: none"> • Offsite (non-agency owned). • On agency property.
9	Primary location	Check one of these three options: <ul style="list-style-type: none"> • Highway/roadway. • Parking lot. • Other.

		Instructions
10	Was the agency vehicle occupied?	Check Yes, No or Unknown..
11	Agency driver	<p>If you answer Yes to Question 10, provide the following information about the agency driver:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address. • City, state, zip code. • Home, work and cell phone numbers. • Email address. <p>Is this driver an employee of the agency? Check Yes, No or Unknown..</p> <p>Identify the type of driver Check one box from the following options:</p> <ul style="list-style-type: none"> • Full-time employee. • Part-time employee. • Seasonal employee. • Intern. • Volunteer. • Non-park district employee. • Spouse/family member.
12	Agency vehicle information	<p>Provide the following information about the agency vehicle:</p> <ul style="list-style-type: none"> • VIN. • Make. • Model. • License number.
13	Is vehicle drivable?	Check Yes, No or Unknown.. If you check No, provide the current location of the vehicle.
14	Area of damage	Describe what part of the agency vehicle is damaged.
15	Estimated repair cost	Provide an estimated dollar amount of what it will cost to repair the agency vehicle.

#	Section	Instructions
16	Was a trailer involved?	<p>Check Yes, No or Unknown. If you check Yes, provide the following information:</p> <ul style="list-style-type: none"> • Trailer year, make, model and license number. • Trailer area of damage. • Current location of trailer. • Estimated repair cost of trailer.
17	Has a police agency conducted an investigation?	<p>Check Yes, No or Unknown. If you check Yes, provide the following information:</p> <ul style="list-style-type: none"> • What police agency investigated the incident? • Police report number.
18	Was the agency driver ticketed, arrested, or cited for violations?	<p>Check Yes, No or Unknown. If you check Yes, provide details about the ticket, arrest or violation.</p>
19	Identify other people involved in the accident	<p>If other people were involved in the accident, check all of the following boxes that apply:</p> <ul style="list-style-type: none"> • Driver of other vehicle. • Owner of other vehicle. • Pedestrian. • Injured person. • Passenger of agency vehicle. • Owner of involved property. • Passenger of other vehicle. <p>Provide the following information about the person:</p> <ul style="list-style-type: none"> • Last name or business name. • First name if not a business. • Address. • City, state and zip code. • Home, work and cell phone numbers. • Vehicle make, model and year. • Area of damage. <p>Is vehicle drivable? Check Yes, No or Unknown. If you check No, provide the current location of vehicle.</p> <p>Extent of damage Designate the extent of damage by checking one of the following options:</p> <ul style="list-style-type: none"> • Moderate. • Nothing visible. • Severe. • Slight.

#	Section	Instructions
19	Identify other people involved in the accident	<p>Describe the property damage (other than vehicle). Provide a brief description of the property damaged, other than a vehicle.</p> <p>Extent of damage to property other than vehicle Designate the extent of damage to property other than vehicle by checking one of the following options:</p> <ul style="list-style-type: none"> • Moderate. • Nothing visible. • Severe. • Slight. <p>Age of injured person If the person involved was injured, provide the following information:</p> <ul style="list-style-type: none"> • Age of injured person. • Sex of injured person. <p>Was the injured person transported by paramedics? Check Yes or No. If you check Yes, identify where the injured person was taken.</p> <p>Do you expect the injured person to file a claim? Check Yes or No.</p> <p>Describe the injury. Briefly describe the injury the person sustained.</p>
	ADDITIONAL CLAIMANT INFORMATION	This section is provided if multiple people were involved in the vehicle accident. Refer to the instructions for Question 19 to fill out this section on an additional claimant.
20	Identify witnesses of the accident	<p>If there is a witness(es) to the accident, provide the following information about each witness:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address. • City, state, zip. • Home, work and cell phone numbers. <p>Witness to accident? Check Yes or No.</p>

#	Section	Instructions
20	Identify witnesses of the accident	<p>Relation to injured person or property owner</p> <p>If you check Yes for the question above, check one of the following options:</p> <ul style="list-style-type: none"> • Agency employee or volunteer. • Another program participant or park user. ■ Friend. • Other. • Passerby. • Relative. <p>Did witness make any statements? Check Yes, No or Unknown.</p> <p>What did witness say? If you checked Yes above, provide a brief description of what witness said in the statement.</p> <p>Where was the witness when the accident occurred? Briefly describe where the witness was located when the accident occurred.</p>
21	Was the driver of the agency vehicle conducting agency business at the time of accident?	Check Yes, No or Unknown.
22	What street was the agency driver on? What street was the other driver driving on?	<p>Provide the name of the street on which the agency driver was driving.</p> <p>Provide the name of the street on which the other driver was driving.</p>
23	What direction was the agency driver traveling? What direction was the other driver traveling?	<p>Check the box to indicate whether the agency driver was traveling north, south, east or west when the accident occurred.</p> <p>Check the box to indicate whether the other driver was traveling north, south, east or west when the accident occurred.</p>
24	Weather conditions	<p>Check one of the following options:</p> <ul style="list-style-type: none"> • Dry. • Fog. ■ Ice. • Snow. • Wet.
25	Accident diagram	Please include a drawing of the accident scene.



Property Loss Report

(For damage to agency property)

Attorney/Client Privileged Document

1	Agency name	Today's date
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.m./p.m.)
3	Name of person completing the report	Title of person completing report
4	Business phone	Business email
5	How did the incident occur and what property was damaged? (Provide a brief factual summary.)	
6	Name of the location (park, pool, community center; ex. <i>Smith Pool, Johnson Community Center</i>), or nearest intersection when the incident occurred.	
7	Is there an address for incident location? If yes, please provide the following:	
	Street address	
	City	State Zip code
8	Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. & <i>maintenanc</i> name: <i>garage, sports field</i>)	
9	Primary location (Identify the exact area of damage. Ex. <i>tool storage, batting cage</i>)	
10	Estimate of loss	
11	Contact person at facility	
12	Contact person's email	
13	Contact person's phone number	
14	Was damage caused by third-party (non-agency) individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15	Has the party responsible for damage been identified? If yes, provide the following contact information for the person or persons identified:	
	Name	Street address
	City	State Zip code
16	Has a police agency conducted an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17	What police agency investigated the incident?	number?
18	Were criminal charges brought against the responsible party? If yes, what were the charges?	



Property Loss Report INSTRUCTIONS (PDF FORM)

**Form
03**

#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m./p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cell phone number of the person completing the report.
	Business email of person completing the report	Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
5	How did the incident occur and what property was damaged? (Brief summary of incident.)	Provide a short description of how the accident occurred and a description of the property and how it was damaged.
6	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.
9	Primary location	Provide a more detailed description of the incident location than in Question 8 (Ex. lap pool, cart storage, classroom, pavilion, etc.).

#	Section	Instructions
10	Estimate of loss	Provide estimated dollar amount of damage if available or a description of the severity of the damages.
11	Contact person at facility	Provide the name of the person at the agency to contact for more information regarding the loss.
12	Contact person's email	Provide <u>business</u> , not personal, e-mail address for the contact person, if available.
13	Contact person's phone number	Provide the business or cell phone number for the contact person.
14	Was damage caused by 3rd party (non-agency individual)?	Check Yes, No or Unknown.
15	Has the responsible party for the damage been identified?	If yes, provide the following information about the responsible party: <ul style="list-style-type: none"> • First and last name. • Street address. • City, state and zip code.
16	Has a police agency conducted an investigation?	Check Yes, No or Unknown.
17	What police agency investigated the incident?	Provide the law enforcement agency name.
	What is the police report number?	Provide the police report number.
18	Were criminal charges brought against the responsible party?	If yes, identify the charges.



Notification of Injury to Employer Report
(Employee to complete and submit to supervisor or HR.)

Form 04E

1	Employee name.
2	Date of incident (mm/dd/yyyy) Time of incident (hh/mm a.m./p.m.)
3	Specific location of accident. (Ex. Second floor hallway of recreation center, storage closet of maintenance shed, south entrance of aquatic facility, etc.)
4	Are you reporting the injury for the first time using this form? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when did you first report the injury (verbally or in writing) and to whom did you report it? Date: _____ Time: _____ Reported to: _____
5	Describe how the injury occurred. (Identify the job task you were doing and include a step-by-step explanation of what led to the injury.)
6	Name all people present at the time of injury (e.g., coworkers and/or witnesses).
7	Identify all body parts you injured. (Be specific. Indicate left or right, upper or lower.)
8	Did you seek medical attention on the date of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where did you seek treatment?



Notification of Injury to Employer Report
(Employee to complete and submit to supervisor or HR.)

Form 04E
 (pg. 2)

9 Have you injured this body part previously? Yes No

If yes, please describe which body part and what the prior injury was.

If yes, where did you receive treatment?

The above information is true and accurate:

(Employee signature) _____
 Date

Notification of injury was received on:

(Date received by employer representative)

Notification of injury was received by:

(Representative signature)

(Printed name)



Employee Injury Report

1	Complete an Employee Injury Report for each employee injured.		
2	Agency name	Today's date	
3	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)	
4	Name of person completing report	Title of person completing report	
5	Business phone	Business email	
6	How did the incident occur? (Provide a one-line factual description.)		
7	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.		
8	Is there an address for this location? If yes, please provide the following:		
	Street address		
	City	State	Zip code
9	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i>)		
10	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i>)		
11	Employer's FEIN		
12	Did the employee miss more than three (3) scheduled workdays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
13	What was the employee doing when the accident occurred?		
14	How did the incident occur? (Provide a detailed factual description.)		
15	Employee last name	First name	
	Address		
	City	State	Zip code
	Home phone#	Work phone#	Cell phone#
	Best number to contact employee	Email	
	Social security number	Date of birth (mm/dd/yyyy)	Gender Male Female
	Marital status (divorced/married/single/unknown)	Number of dependents	Does employee speak English? Oves D No
	Average weekly wage	Job title/occupation	



Employee Injury Report

Form
04
(pg. 2)

15	What is the employee's employment status?					
	<input type="checkbox"/> Permanent full-time	<input type="checkbox"/> Permanent part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Intern <input type="checkbox"/> Other		
	Date hired (mm/dd/yyyy)		What is the employee's tenure? (length of employment)			
			<input type="checkbox"/> Less than 1 yr. <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 4-10 yrs. <input type="checkbox"/> 11-19 yrs. <input type="checkbox"/> More than 20 yrs.			
	Time employee began work on day of incident (hh/mm a.m./p.m.)					
	Last date employee worked prior to date of incident (mm/dd/yyyy)					
	If the employee died as a result of the accident, give the date of death. (mm/dd/yyyy)					
	Did the incident occur on agency premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
	Injury or illness? <input type="checkbox"/> Injury <input type="checkbox"/> Illness					
	Describe the injury or illness (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i>)					
	What object or substance, if any, directly harmed the employee?					
	16	Did the injured employee seek medical attention?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17		If yes, was the treatment given away from the worksite?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		18	Was the employee treated in an emergency room?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			19	Was the employee hospitalized overnight as an inpatient?		
		20 Name of treating physician, health care provider, or emergency room				
Address						
City		State	Zip code	Phone number		



Employee Injury Report

INSTRUCTIONS (PDF FORM)

**Form
04**

#	Section	Instructions
1	Complete an Employee Injury Report for each employee injured.	If more than one agency employee was injured in a single accident, submit an Employee Injury Report for each employee.
2	Agency name Today's date	Write in your agency name. Provide today's date
3	Date of incident (mm/dd/yyyy) Time of incident (hh:mm a.m./p.m.)	Provide the date the incident occurred or your best estimate if you do not know the specific date. Provide the time the incident occurred or your best estimate if you do not know the specific time.
4	Name of person completing the report Title of person completing the report	Provide the name of the person completing the report. This person must be an agency employee. Provide the title of the person completing the report.
5	Business phone number of person completing the report Business email of person completing the report	Provide the best business or cell phone number of the person completing the report. Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
6	How did the incident occur? (Provide a one-line factual description.)	Provide a one-line factual description of how the accident occurred. You can provide a more detailed description of the incident later on in the form.
7	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
8	Is there an address for incident location?	If Yes, provide the address, city and state of the location named in Question 7 (park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
9	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.

#	Section	Instructions
10	Primary location	Provide a more detailed description of the incident location than in Question 9 (Ex. lap pool, cart storage, classroom, pavilion, etc.).
11	Employer's FEIN	Provide your agency's Federal Employer Information Number.
12	Did the employee miss more than three (3) scheduled workdays?	Check Yes, No or Unknown.
13	What was the employee doing when the accident occurred?	Briefly describe what activity or job the employee was doing when injured. (Mowing, clearing brush, instructing aerobics class, etc.)
14	How did the accident occur? (Provide a detailed description.)	Provide a detailed, factual description of how the accident occurred. (Do not just say "twisted ankle." State whether the employee stepped into, off something, tripped, etc., which resulted in a twisted ankle.)
15	Employee	<p>Provide the following contact information for the injured employee:</p> <ul style="list-style-type: none"> • Last and first name. • Address. • City, state and zip code. • Home, work and cell phone numbers. • Best phone number to contact employee. • Social security number, DOB and gender. • Marital status, number of dependents, whether the employee speaks English. • Average weekly wage and job title. <p>What is the employee's employment status? Place a check in the appropriate box for Permanent full-time, Permanent part-time, Seasonal, Intern or Other.</p> <p>Date hired Provide the mm/dd/yyyy of hire.</p>

#	Section	Instructions
15		<p>What is the employee's tenure? Place a check in the appropriate box from the options provided:</p> <ul style="list-style-type: none"> • Less than 1 yr. • 1-3 yrs. • 4-10 yrs. • 11-19 yrs. • More than 20 yrs. <p>Time employee began work on day of incident Provide time as hh/mm and designate a.m./p.m.</p> <p>Last date employee worked prior to date of incident Provide date as mm/dd/yyyy.</p> <p>If the employee died as a result of the accident, give the date of death. Provide date as mm/dd/yyyy.</p> <p>Did the incident occur on agency premises? Check Yes, No or Unknown.</p> <p>Injury or illness? Check Injury or Illness.</p> <p>Describe the injury or illness Identify the body part and type of injury, such as contusion, bruise, laceration, sprain, break, etc.</p> <p>What object of substance, if any, directly harmed the employee? Identify the object or substance.</p>
16	Did the injured employee seek medical attention?	Check Yes, No or Unknown.
17	If yes, was the treatment given away from the worksite?	Check Yes, No or Unknown.
18	Was the employee treated in an emergency room?	Check Yes, No or Unknown.
19	Was the employee hospitalized overnight as an inpatient?	Check Yes, No or Unknown.
20	Name of physician, health care provider, or emergency room	<p>Provide the following information:</p> <ul style="list-style-type: none"> • Name of physician, health care provider or emergency room. • Address. • City, state, zip code and phone number.

BOARD GOVERNANCE

A. Park District and Board Authority

1. Statutory Authorization and Legal Status

Example #1

A park district is a municipal corporation created for the purpose of providing recreation services and acquiring and maintaining parks, and is separate and distinct from the city, county or any other political body. It is an agency through which in part, the people of the state carry on government. It is not purely local in function, for the courts have held that the park property is held in trust for the use of the people of the state at large and not for the exclusive use of the people of the district. (*Quinn v. Irving Park District*, 207 Ill. App. 449). A park district is purely a creation of the legislature, and has no inherent powers, but only such powers as have been granted it by the legislature, or as are necessarily implied to give effect to the powers specifically granted. In 1947, the legislature enacted "The General Park District Code." This was the first step in codifying the laws pertaining to park districts which served a population of less than 500,000, and it incorporated all of the basic laws of the three different types of park districts which existed. This legislation is contained in 70 ILCS 1205/. Many of the legislative changes in the basic code are prepared by the Illinois Association of Park Districts, and the Park District is a member of that Association. Current revised copies of the Park District Code are available, and the Code explains in detail the authority and responsibilities of an Illinois park district. This manual provides guidance and presents duties and policies for the conduct of Board level business. In addition, it also presents the general policies used to administer the District as a whole.

Example #2

A park district is purely a creation of the legislature, and has no inherent powers, but only such powers as have been granted to it by the legislature, or as are necessarily implied to give effect to the powers specifically granted. The district is governed by numerous statutes of the State of Illinois. (Ill. Comp. Stats.) However, the principle statutory authority is the Park District Code (70 ILCS 1205/1-1, *et seq.*), which is codification of the general law relating to park districts in Illinois. References and excerpts from the Park District Code and other related laws are made in this manual.

2. Scope and Declarations of Controls

Example #1

This manual applies to and be enforced in all of the territory originally embraced in, heretofore added to, and which may hereafter be embraced in the boundaries of said District, and in all parks, greenways, boulevards, public places, and other facilities now under or hereafter coming under the control of the District, whether within or outside the boundaries of said District. The premises heretofore laid out and identified and public places as may hereafter be acquired, leased, laid out, or appropriated by the appropriate corporate motion of the District are hereby declared to be in the possession and control of the District for park purposes. Whenever in this manual the parks, greenways, boulevards or public places of the District are referred to, such words shall be held to refer to include all such areas, including buildings and other structures in the possession and control of the District.

Example # 2

The provisions of this manual will apply to and be enforced in all of the territory now or hereafter coming within the boundaries of the District and in all parks, boulevards, public places, and other facilities now or hereafter coming under the control of the District, whether within or outside the boundaries of the District. All properties, real or personal, and previously or hereafter acquired by the District, whether by gift, devise, grant, purchase, lease, or by appropriation, are hereby declared to be in the possession of and under the control of the District.

3. Authority of Board Members

Example #1

Commissioners serve as members of the Board. Individual Commissioners do not have authority to act for the Board unless duly authorized to do so by the Board. Authority as a Commissioner is limited to participation in official meetings of the Board or official committees thereof and to other duties that have been specifically delegated by the Board to its elected officers or to other board members on an ad hoc basis.

Example #2

In the discharge of their duties, Board members act as a Board and not as individuals. The individual has no more authority over park and recreation policies or park and recreation personnel than any other citizen. The Commissioner has no legal or moral right to speak for the Board unless specifically authorized to do so by action of the Board. Board members should avoid making any promises in advance of a meeting relative to their vote on any proposition which is to be considered. Also, it is improper, ill-advised and unethical for individual pronouncements and public conjectures about Board matters not yet decided by the Board when made outside of the official Board meeting. Members should respect the Board's commitment to work through its Executive Director by requesting desired information about the parks and recreational programs directly from them, by referring to their suggestions for new policies for their professional advice, by refraining from acting on any complaint until after the Executive Director has had an opportunity to investigate fully and report on the situation and then wholeheartedly supporting approved actions of the administration.

4. Adherence to Laws

Example #1

The Board expressly adopts as its policy, a determination to adhere strictly to and conform with all applicable laws of the Federal Government and of the State of Illinois as they may from time to time become enacted, pertaining to this and all other aspects of the Board functions.

Example #2

This Board expressly adopts as its policy a determination to adhere strictly to and conform with all applicable laws of the Federal Government and of the State of Illinois as they may from time to time become enacted, pertaining to this and all other aspects of Board functions. All Board members and employees are expected to know and shall be responsible for observing all provisions of the law and all rules and regulations of the Board pertinent to their activities as Board members and employees of the District.

DATE: 7/02/2024
TO: The Board of Commissioners
FROM: Recreation Department
RE: Recreation

Athletics:

- We currently have 63 signed up for Fall Youth Soccer.
- We have 24 kids signed up for volleyball.
- We have 20 kids signed up for basketball.
- We currently have 29 kids signed up for our soccer camp.

General Recreation:

- Tumbling and Gymnastics is full with 15 kids enrolled.
- Book and Bites has 7 kids enrolled.
- Let's Eat Out for July has 7 enrolled.
- We had 13 come out to the informational meeting for our 2025 trips – Treasure of Croatia & Slovenia, and Alpine Swiss Villages and Rails

Marketing:

- New branding for BrewFest is complete.
 - Sponsorship opportunities will be going out for BrewFest and Back-to-School in the next week.

Special Events:

- Our first movie in the park was a success. We had triple the amount of people come out to this one than all last year's movies.
- We've sold 35 tickets for BrewFest.
 - We have 1 confirmed food vendor, 2 bands have been booked, T-shirt launcher has been secured and 2 beers vendors are confirmed.

RAISE A GLASS TO THE

10TH ANNUAL



FROM
1-5 PM

SATURDAY, SEPTEMBER 14TH

AT
PROKSA
PARK

**THIS YEAR EVEN BIGGER AND
BETTER TO CELEBRATE 10 YEARS!**

EARLY BIRD TICKETS ON SALE NOW

REGULAR TICKET SALES WILL
INCREASE BY \$10 ON JULY 8TH

GET YOUR TICKETS EARLY TO SAVE!

EARLY BIRD PRICES

Now thru July 7th

- VIP - \$65
- GENERAL ADMISSION - \$55
- BREWFEST LIGHT - \$35
- DESIGNATED DRIVER - \$15

BEER - FOOD - LIVE MUSIC

RAISE A GLASS TO THE

10TH ANNUAL



SATURDAY, SEPTEMBER 14TH

BEER - FOOD - LIVE MUSIC

DATE: 7/2/2024
TO: The Board of Commissioners
FROM: John Roberts, Superintendent of Parks and Facilities
RE: Department Report

Routine Maintenance

- Trash removal and collection of debris from all parks.
- Clean all facilities.
- Graffiti removal.
- Monthly inspections of vehicles, parks and facilities.
- Grass cutting (Wednesday & Thursday) weather permitting.
- Baseball field set up on Mondays, Tuesdays, Thursdays, and Fridays.
- Watering of newly planted trees, flower beds and planters.

Completed Projects

Project	Status	Completed Date
RPZ valves at Serenity and Mraz Park	Inspection	May 24, 2024
Flower bed prep at all parks	Edging, removal of weeds, leaves, grass and pruning	June 12, 2024
Bus Maintenance	Bus was brought to Deece Automotive for an air conditioning check. Additional freon was added.	June 26, 2024
Sunshine Park Weed removal	Removed all weeds from the sand volleyball, bocce and playground.	June 24, 2024

Upcoming Projects

Project	Status	Anticipated Completed Date
Pond at Proksa Park	Reaching out to pond companies to come and evaluate the situation.	Unknown
Drinking Fountains	Proksa and Serenity	Pending repairs at Proksa. Please see Serenity info below
Proksa Fence	Removal of the fence at 29 th and Home Ave.	July 8, 2024
Urban Tree Management	Updating Tree Catalog.	Ongoing as trees are added and removed

Update Mulch at all parks.	Project will be ongoing.	Completed by July 22, 2024
----------------------------	--------------------------	----------------------------

Serenity Park Update: When the RPZ valve was inspected a leak was noted by Superintendent Roberts. Upon further investigation it was found the RPZ valve was not correctly installed. We are awaiting two quotes from Berwyn Western, one quote to correct the problem and restore the water service; the second quote will be to cap off the water at Serenity Park.

DATE: 7/02/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: Technology

- Included is the final quote for the IT clean up, cabling and cabinet projects. Additionally included is the quote for the new computers that will be installed after the cleanup project is included.



800.367.1508

vdaudelin@cdsot.com

www.cdsofficetechnologies.com

SO#: 503428



Statement of Work Network Cleanup & Cabling

Cable Cleanup / Cabling for Future CCTV Cameras CABLING ONLY project details, contact information, and proposed implementation plan for Berwyn Park District.

Created by:

Vince Daudelin | vdaudelin@cdsot.com
Senior Account Manager
CDS Office Technologies

Prepared for:

Berwyn Park District
Signature Required

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Acceptance Criteria

Acceptance

Introduction

Client: Berwyn Park District

SO Number: 503428

Upon acceptance by both parties as listed herein, this Statement of Work (SOW) shall become part of the binding agreement between CDS Office Technologies and the Customer. Tasks not specifically identified in this SOW or subsequent addendums incorporated herein and not signed by both parties will be excluded from this SOW. This Statement of Work represents cable cleanup and cabling for future CCTV security cameras.

Effective cable management and cleanup within a network infrastructure are crucial for maintaining optimal performance, ensuring reliability, and facilitating troubleshooting. The importance of cable cleanup within a network can be understood through the following key points:

- 1. Enhanced Airflow and Cooling Efficiency:** Proper cable organization allows for better airflow within network racks and cabinets, preventing overheating of equipment. Efficient cooling is essential to maintain the longevity and optimal performance of network devices.
- 2. Ease of Troubleshooting and Maintenance:** Neatly organized cables make it easier to identify and replace faulty cables or malfunctioning equipment. Quick and efficient troubleshooting reduces downtime and minimizes the impact on network operations.
- 3. Reduced Risk of Cable Damage:** Tangled and unmanaged cables are more prone to damage due to accidental pulls, bends, or pinches. Proper cable management protects cables from wear and tear, prolonging their lifespan and ensuring consistent performance.
- 4. Improved Accessibility and Scalability:** Well-organized cables allow for easier access to network devices and ports, facilitating upgrades, expansions, and modifications to the network. Scalability is enhanced as it becomes simpler to add or remove cables and devices as the network grows or evolves.
- 5. Enhanced Aesthetic Appearance:** A tidy and organized network with clean cable management reflects professionalism and attention to detail. Aesthetic appeal can be particularly important in environments where clients or visitors may have access to the network infrastructure.
- 6. Compliance with Industry Standards and Regulations:** Many industries have specific standards and regulations regarding cable management to ensure safety and compliance. Proper cable cleanup helps organizations meet these standards and avoid potential legal and regulatory issues.
- 7. Improved Signal Integrity and Performance:** Neatly arranged cables reduce electromagnetic interference and signal degradation, ensuring optimal network performance and reliability. Consistent and reliable signal transmission is essential for maintaining high-speed connectivity and data integrity.

Scope Of Work

Overview

Cable cleanup within a network is not merely a matter of aesthetics but plays a vital role in ensuring the efficiency, reliability, and longevity of the network infrastructure. By investing time and resources in proper cable management and organization, organizations can significantly improve the performance, accessibility, and maintainability of their network, ultimately leading to enhanced productivity and reduced operational costs.

Name	Subtotal	Price
Freedom Park Consolidate 3 12-port patch panels onto a single 24 port patch panel. Provide & install 39" deep 27U enclosed rack & 24 port Cat6 Patch Panel Determine which cables are live & label both ends. 18U Enclosed, lockable wall rack Addition of at least 8 new cable runs for future cameras to be located in Admin Building and Pool Building outside.	\$8,224.99	\$8,224.99
Sunshine Maint Facility Trace, test, terminate, & label existing cables Provide & Install 6U enclosed wall rack & 24 port Cat6 patch panel Clean up drops in the office area Enclosed, lockable wall rack Re-run approximately 19 cables to accommodate new data rack location Addition of 4 camera runs (Cat5e) for new cameras. Mainly outside	\$6,856.72	\$6,856.72
Proksa Park Trace, test, terminate, & label existing cables Provide & Install 6U enclosed wall rack & 24 port Cat6 patch panel Remove & consolidate Power Outlet Strips 12U Enclosed, lockable wall rack Re-run approximately 10 cables to accommodate new data rack location	\$4,710.55	\$4,710.55
CDS Professional Services Setup Networks and Troubleshoot	\$2,500.00	\$2,500.00

Additional Service - May be REQUIRED	\$133.34	\$133.34
Testing existing cameras & cable to be performed at \$133.34/hr. if necessary		

Tax \$0.00

Total \$22,425.60

Period Of Performance

All work will be completed during regular business hours, Monday through Friday, 8:00 am to 5:00 local central time, excluding CDS observed holidays or during "off hours" that are mutually agreeable to both the customer and CDS.

Place Of Performance

Building	Address	City	State	Zip
Berwyn Park District	3701 Scoville Ave	Berwyn	IL	60402

Applicable Standards

All work done to complete this project will be performed in a workmanlike manner that exemplifies professional diligence and skill necessitated per industry best practices.

Client Responsibilities

If not currently under contractual management by CDS, the customer is adhered to the following responsibilities to establish the vitality of the project:

- Customer commits to provide all resources necessary to successfully complete the engagement in a timely manner. Project delays caused as a result of customer availability are not the responsibility of CDS and may cause additional costs to be incurred.
- If administrative access cannot be provided to CDS engineers, a capable IT engineer or technician should be made available for the duration of the project to assist in the installation and deployment of any software or drivers, as well as the enabling of printing, scanning, and other services on customer devices.

***** 30% Down Payment Required *****

Scope Limitations

CDS is not responsible for conflicts with existing software or network permissions conflicts, as configured by customer network and active directory **unless the network and devices in question are currently under contractual management by CDS**. CDS will work with any necessary 3rd party vendors for installation as needed.

Change Control Procedure

- Any change in project scope must be initiated formally in writing and agreed upon by the client and CDS Office Technologies Executive Staff.
- A formal CHANGE ORDER pdf will need to be completed by the client to change any component of the SOW once signed.
 - CHANGE ORDER document can be requested via CDS Project Manager
- Changes to the Scope of Work defined herein will be considered change requests and will not be incorporated into this SOW until signed by both parties and may result in modifications to the schedule and/or associated costs/fees.

Communication Plan

Both parties will designate primary points of contact to ensure that communications between CDS and the customer are timely and effective.

CDS Points Of Contact:

Title	Name	Email	Phone
Senior Account Manager	Vince Daudelin	vdaudelin@cdsot.com	630-625-4543
Virtual Chief Information Officer	Vincent DiBeasi	vdibeasi@cdsot.com	847-429-2770
Support	CDS Managed Support Team	helpdesk@cdsot.com	855.215.7663

Client Points Of Contact:

Name	Email	Phone
Cathy Fallon	cfallon@berwynparks.org	708-956-7857
Cindy Hayes	chayes@berwynparks.org	708-956-7857

Post Installation & Ongoing Support

Once installation is complete, any future support requests will be handled by our Managed Support Team. Based out of our corporate headquarters in Springfield, IL, our Managed Support Team is equipped to handle any remotely accessible issues that may arise with the system. If an issue requires onsite support for any reason, our Managed Support Team will coordinate with our other engineers for scheduling and dispatch. A support agreement is not included in this project. Any support provided after our "30 day free period" will be billed at \$100/hr (.25hr minimum for remote support, 1hr minimum for onsite support)

Managed Support Team Contact:

Phone: 855.215.7663 | Email: helpdesk@cdsot.com

Acceptance Criteria

From the date the deliverable(s) is completed by CDS, the customer shall have (5) business days to accept or reject the deliverable(s) in writing. Any deliverable(s) for which CDS does not receive written notice, of either acceptance or rejection, within the applicable timeframe shall be deemed accepted.

Acceptance

Upon acceptance by both parties as listed herein, this Statement of Work (SOW) shall become part of the binding agreement between CDS Office Technologies and the Customer.

	Berwyn Park District	CDS Office Technologies
Print	Cathy Fallon _____	Morgan McDonnell _____
Signed	_____	_____
Title	Director _____	Branch Manager _____
Date	_____	_____

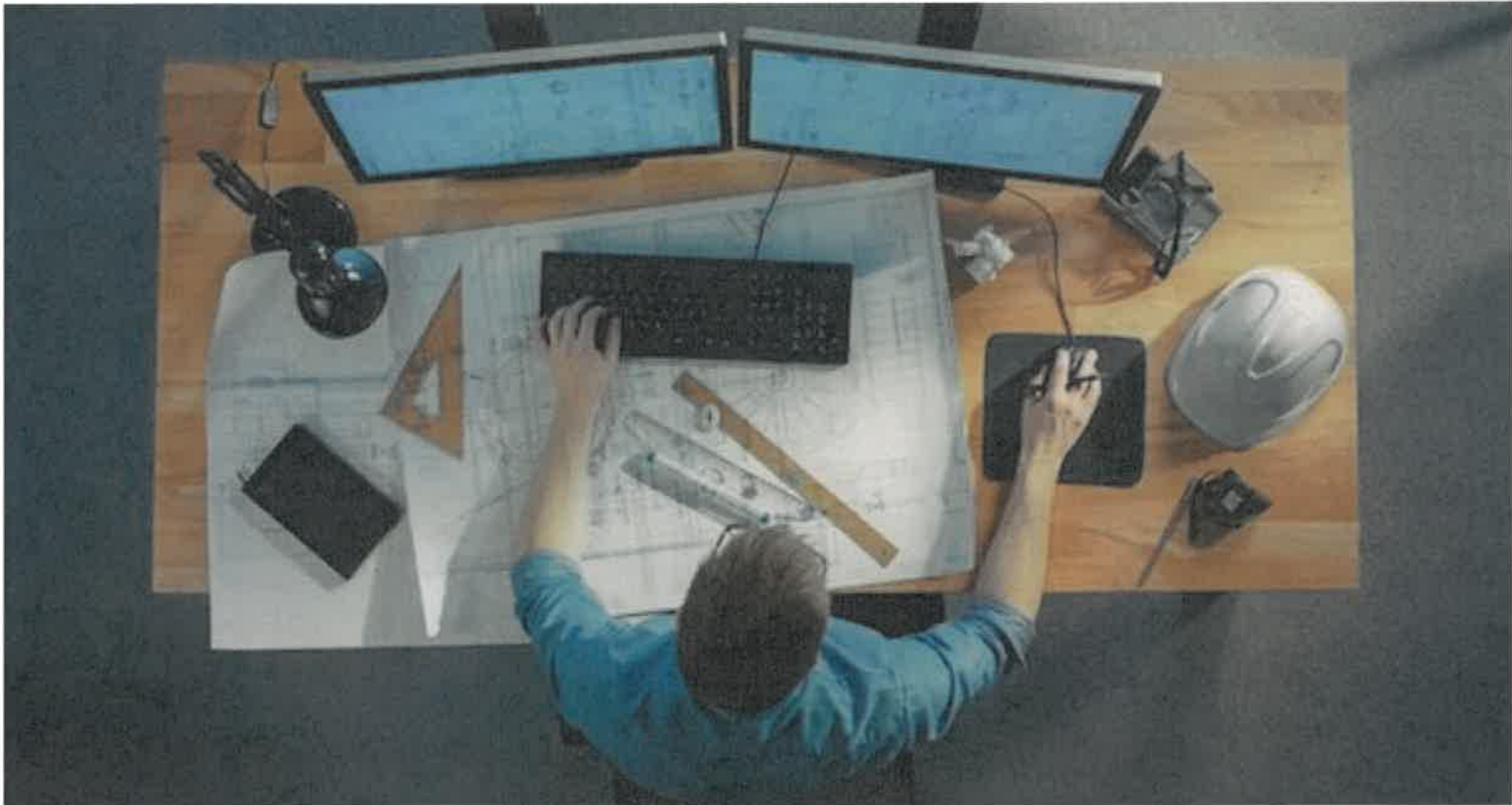


800.367.1508

vdaudelin@cdsot.com

www.cdsofficetechnologies.com

SO#: 503170



Statement of Work

Technology Lifecycle Plan project details, contact information, and proposed implementation plan for Berwyn Park District.

Created by:

Vince Daudelin | vdaudelin@cdsot.com
Senior Account Manager
CDS Office Technologies

Prepared for:

Berwyn Park District
Signature Required

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Acceptance Criteria

Acceptance

Introduction

Client: Berwyn Park District

SO Number: 503170

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A technology lifecycle plan is crucial for organizations as it provides a structured approach to managing the various stages of technology from acquisition to disposal. Here are the primary reasons for having a technology lifecycle plan:

1. Cost Management

- **Budgeting and Forecasting:** Predicting costs associated with acquiring, maintaining, and eventually replacing technology helps in accurate budgeting and financial planning.
- **Total Cost of Ownership (TCO):** Understanding and managing all costs over the lifecycle of the technology can prevent unexpected expenses.

2. Risk Mitigation

- **Security Risks:** Outdated technology often has vulnerabilities. A lifecycle plan ensures timely updates and replacements to mitigate security risks.
- **Compliance Risks:** Keeping technology updated can help in staying compliant with industry standards and regulations.
- **Operational Risks:** Reduces downtime by planning for end-of-life scenarios and ensuring replacements or upgrades are ready.

3. Efficiency and Productivity

- **Performance Optimization:** Regular updates and upgrades ensure that technology performs optimally, boosting overall productivity.
- **Resource Allocation:** Efficiently managing the lifecycle of technology allows for better allocation of IT resources and personnel.

4. Strategic Planning

- **Alignment with Business Goals:** Ensures that technology investments align with the organization's strategic goals and future needs.
- **Innovation and Competitiveness:** Regularly evaluating and updating technology helps organizations stay competitive and take advantage of new innovations.

5. Sustainability and Environmental Responsibility

- **E-Waste Management:** Planning for the disposal or recycling of outdated technology reduces environmental impact.
- **Energy Efficiency:** Regularly updating technology can lead to more energy-efficient operations, supporting sustainability goals.

6. Asset Management

- **Inventory Tracking:** Helps in keeping an accurate inventory of technology assets, which is crucial for management and auditing purposes.
- **Lifecycle Tracking:** Monitoring the lifecycle stages of each asset can improve decision-making related to maintenance, upgrades, or disposal.

In conclusion, a technology lifecycle plan is essential for managing the complexities of technology in a systematic and efficient manner. It not only supports financial and operational stability but also ensures that the technology environment remains secure, efficient, and aligned with the organization's long-term goals.

Scope Of Work

Overview

The following tasks will be preconfigured at CDS Office Technologies and delivered to complete the setup:

- * Setup and configure new laptops with docking stations and monitors
- * Install CDS Software - AV & Remote Support
- * Join laptops to the domain
- * Install and setup Office 365
- * Sync SharePoint Folders
- * Install Print Drivers
- * Provide White Glove Service and assist where needed

Name	Price	QTY	Subtotal
Lenovo ThinkPad P16s Gen 1 21BT Laptops	\$2,570.00	7	\$17,990.00
Lenovo ThinkPad Universal Thunderbolt 4 Smart Dock Docking Stations	\$343.00	7	\$2,401.00
Lenovo ThinkVision T24i-30 Monitors	\$171.00	9	\$1,539.00
Lenovo ThinkCentre M80s Gen 3 11TG Desktops	\$1,455.00	2	\$2,910.00
RAM Upgrade for Desktops 16GB RAM Sticks x2 Kit	\$123.00	1	\$123.00
Lenovo Essential Wireless Combo Wireless Keyboard & Mouse	\$24.00	9	\$216.00
CDS Professional Services Included with MTS Agreement	\$0.00	1	\$0.00

Subtotal	\$25,179.00
Tax	\$0.00
Total	\$25,179.00

Monthly Technology Utilization	Investment Options
60-month lease option: \$554.00	39-month lease option: \$794.90
48-month lease option: \$665.00	36-month lease option: \$847.80

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Cindy Hayes	chayes@berwynparks.org	708-956-7857

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	Berwyn Park District	CDS Office Technologies
Print	Cathy Fallon _____	Morgan McDonnell _____
Signed	_____	_____
Title	Executive Director _____	Branch Manager _____
Date	_____	_____

DATE: 7/02/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: Other Business

- Legal Services for 2025, and transition plan need to be discussed. Our current attorney will be retiring from Ice Miller. The agency can choose to stay with the current attorney as he intends to continue working. The agency can continue to stay with Ice Miller or the agency can begin a new search for an attorney.