

MINUTES

BOARD OF EDUCATION REGULAR MEETING February 11, 2025

These minutes are unofficial until approved at the next regular board meeting

The Lead-Deadwood School District #40-1 held their regular meeting on February 11, 2025, at 5:30 p.m., in the Boardroom, Lead-Deadwood High School building. President Amber Vogt presided.

Amber Vogt, Chair
Lexi Lux, Member
Jodi Campbell, Member
Margie Rantapaa, Business Manager

Amber Diers, Vice-Chair
Robin Lucero, Member
Dr. Erik Person, Superintendent
Mary Schumacher, Recording Secretary

Dan Van Bibber, Elementary Principal
Darcy Percy, School Nurse-arrived at 6:10pm
Elizabeth Frith, Food Service Director
Jamie Hohn, Network Director
Derek Sukstrof, Academic Manager, Boxelder Job Corps

Jay Beagle, MS Principal/Spec Ed Director
Mark Jacobs, High School Principal-via zoom
Zack Clement, A.D./6-12 Asst. Principal-arrived at 7:00pm
Bill Snow, Maint/Trans Supervisor

Nineteen guests were present.

112. President Vogt called the meeting to order at 5:30 p.m. Roll call disclosed all board members present.

The audience recited the Pledge of Allegiance.

113. Lux moved and Diers seconded to **approve the agenda as presented**. Aye-All. **Motion carried**.

114. No action was needed on Waiver Authorization Pursuant to SDCL 3-23-3.

115. Lucero moved and Lux seconded to **approve the minutes from the January 14, 2025 meeting** as presented. Aye-All. **Motion carried**.

116. Lux moved and Diers seconded to **approve the expenditures** as presented. Aye-All. **Motion carried**.

February 11, 2025

A.	General Fund	71,431.10
	Capital Outlay	4,497.54
	Special Education	9,165.69
	Food Service	10,649.63
B.	Prepaid Checks	25,201.79
C.	Insurance	156,428.87

117.A. Lux moved and Lucero seconded to **approve the January 31, 2025 financial statements** as attached. Aye-All. **Motion carried**.

B-I. The January 31, 2025 Fiduciary Funds financial statements showed:

	BEG. BALANCE	REVENUE	EXPENDITURES	END. BALANCE
PSUF	7,155.29	10,792.32	11,896.32	6,051.29
USF	113,270.91	6,054.24	9,188.68	110,136.47
Scholarship	199,583.60	12,700.75	0.00	212,284.35
Medical Acct	4,212.36	0.00	0.00	4,212.36

J. The January 31, 2025 Budget Report was reviewed by the Board.

K. Publication of Payroll	SDCL 6-1-10
Instruction	371,012.61
Administration	30,576.39
Operation & Maintenance	47,649.58
Transportation	14,156.04
Food Service	16,691.89
Special Education	95,798.65
Driver's Ed	<u>0.00</u>
TOTAL	575,885.16

118.A. In celebration of School Board Recognition week, February 17-21, 2025, Dr. Person, Superintendent, thanked the Board Members for their service to the Lead-Deadwood School District. Dr. Person presented certificates from the Associated School Boards of South Dakota honoring those who serve on school boards throughout the State of South Dakota. On behalf of the Student Councils at the elementary, middle school and high school, gifts were presented to the board members thanking them for serving on the Lead-Deadwood School Board of Education.

B. National School Counseling Week was February 3-7, 2025. The 2025 theme is "School Counseling: Helping Students Thrive." Yolanda Price, Middle School Counselor and Rhonda Britzman, High School Counselor shared with the Board the duties they conduct in the schools. President Vogt thanked the counselors for all the work they do for our students and schools.

119.A. Dr. Person gave an update on the process of the MS Project. The architectural firm will provide cost estimates for the project within the next couple of weeks. Mr. Beagle reviewed the project designs with the Board.

120.A. Lucero moved and Diers seconded **to approve the Contract/Resignation List** as presented. Aye-All. **Motion carried. (Copy attached)**

B. Lux moved and Diers seconded **to approve the 2025-2026 Administrator Contract List**. Aye-All. **Motion carried.**

C. Lux moved and Diers seconded to surplus the Weight Room equipment items listed to the Lawrence Co. Sheriff's Office, the Handley Center and the Deadwood Police Department at no cost. Aye-All. **Motion carried.**

D. Lux moved and Diers seconded **to authorize the superintendent to initiate the process for annexation of the school land into the Lead City limits**. Lucero recused herself from voting. Aye-All. **Motion carried.**

- E. Lux moved and Diers seconded to **approve the facility use agreement with the City of Lead for the use of Mountain Top Field on July 2-5, 2026** . Lucero recused herself from voting. Aye-All. **Motion carried.**
- F. Diers moved and Lucero seconded to **approve the use of a bus for the SDSTE group on April 26, 2025**. Aye-All. **Motion carried.**
- G. The Board reviewed the District Climate Survey.
- H. The Board reviewed the 2025-2026 LDSD Calendar.
- I. The Board reviewed the Health Office Procedures, Protocols and Standing Orders.

121.A. A thank you from Shannon Mollman was reviewed by the Board.

122.A. Dr. Person, Superintendent, reviewed current legislation as it pertains to school districts. Mr. Beagle, Mr. Van Bibber and Mr. Jacobs will be attending the BHSU Teacher Fair on February 25th and Mr. Van Bibber and Dr. Person will be attending the Teacher Career Fair in Sioux Falls on February 22nd. Dr. Person informed the Board that he has been visiting with Oliver Renner about a project to recognize middle school students. A committee has been formed to move forward with the project.

B. Elizabeth Frith, Food Service Director, reported to the Board that things are going well in the food service department. She is building menus around the federal dollars that the district receives. The kitchen equipment is functioning well.

C. Bill Snow, Building & Transportation Supervisor, updated the Board on projects in the district.

D. Margie Rantapaa, Business Manager, presented an overview to the Board regarding the funding and expenditures allocated to the school district from the Elementary and Secondary School Emergency Relief funding aimed at supporting efforts during the COVID-19 pandemic. The district received approximately \$2.8 million dollars in ESSER funds. She will present the FY2026 proposed budget at the May board meeting. The Board will adopt the final budget at the July board meeting.

123. No questions were addressed on the Public Forum

124. Lux moved and Diers seconded to go into Executive Session at 7:47 p.m. per SDCL 12-25-2 (1).

President Vogt called the Board out of Executive Session at 8:34 p.m.

125. The next regular board meeting will be held on Tuesday, March 11, 2025 at 5:30 p.m., LDHS Boardroom.

126. Diers moved and Lux seconded to **adjourn the meeting** at 8:35 p.m.

Amber Vogt, President

Margie Rantapaa, Business Manager

Accounts Payable February 2025

<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
<u>General Fund</u>		
Ace Hardware - Lead	Maintenance Supply/Repair	244.31
Belle Fourche School Dist. 9-1	WR/One Act Entry Fee	399.78
BJ's Instrument Repair	Instrument Repairs	230.00
Black Hills Chemical	Custodial Supply	3,339.49
Black Hills Pure	Water Cooler	11.50
Black Hills Security	Fire & Alarm Security	854.10
Black Hills Special Services	Job Corp Salary	13,528.51
Bloomers Flowers & Gifts, LLC	Sympathy Plant	154.00
Britzman, Rhonda	MA Conf Ed Rising	88.00
Cash-Wa Distributing, Inc.	FFVP	2,153.41
Central Distribution	Maintenance Supply	1,574.98
Core Educational Cooperative	Online Courses	2,050.00
Dakota Sports, Dakota Lettering,	Lettering Pins	24.25
First Interstate Bank - Mastercard	See Attached	15,000.37
Flinn Scientific, Inc.	Chemistry Supplies	191.18
Floyd's Truck Center	Bus Repair	214.26
Food Service	Adult Meals/Salads Digger Depot	650.00
Frontier Glass LLC	Window	294.11
G & R Controls Inc	Maintenance repair	1,684.14
Grossenburg Implement, Inc.	Wiper	641.10
Hill City School District 51-2	WR Entry Fee	150.00
Hot Springs School District	WR Entry Fee	150.00
Jacobs Precision Welding Inc.	Iron	100.57
Johns & Kosel, Prof. LLC	Prepare Letter for Audit	100.00
KONE Inc	Repair/EMS Agreement	2,506.05
Lutherans Outdoors	SY 2025-26 Deposit	125.00
Lynn's Dakotamart-Lead	Supplies	364.23
McLeod's Printing & Office	Payroll checks	123.64
Newcastle High School	WR Entry Fee	100.00
Northwest Pipe Fittings, Inc.	Supplies	141.95
Professional Plumbing Group	Supplies	129.76
PSUF	RI Jan	1,296.00
Rainbow Gas Company	Gas Commodity	3,080.93
Ramkota Inn - Pierre	Conf Lodging	114.00
Rapid City Area School District	XC Entry Fee	150.00
Region VIII Music Contest	Contest Entry Fee	172.50
Riverside Technologies, Inc.	Laptop Repairs	916.00
SouthSide Oil	Fuel/Def/Tires	4,561.18
Spearfish Motors, Inc.	Mini Bus Repair	589.47
Stahls' Transfer Express	Digger Depot	1,191.31
Sturdevant's Auto Parts	Bus/Vehicle Maintenance	400.79
Super 8-Chamberlain	WR Lodging	868.50
Terry Peak Ski Area	Skiing	10,170.00
Twin City/Waters Hardware	Woodshop Supplies	228.89
Tycz Electric	Lightbulbs/Repair	272.84
Winner School District	WR Entry Fee	100.00
Total General Fund	Fund Total	71,431.10

<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
<u>Capital Outlay Fund</u>		
Century Business Products, Inc.	Copy Services	1,380.49
Consolidated Electrical Distributors	HS Electrical Upgrade	868.24
First Interstate Bank - Mastercard	See Attached	438.50
Penworthy Company, The	Books	1,241.68
Time Management Systems, Inc.	Timeclock Fees	269.40
Voyager Sopris Learning	Student Licenses	77.25
Zaner-Bloser, Inc	Replacement Books	221.98
Total Capital Outlay Fund		Fund Total 4,497.54
<u>Special Education Fund</u>		
Building Blocks Therapy, Inc.	OT Services	3,259.89
Children's Home Society	Tuition	3,022.60
Katie Johnson PT Services	PT Services	1,374.75
McPherson, Elizabeth	MA & Mileage RI WA Conf	412.80
Total Special Education Fund		Fund Total 9,165.69
<u>Food Service Fund</u>		
Al Cornella Refrigeration	Walk In Cooler Repair	849.22
Black Hills Chemical	Supplies	264.99
Cash-Wa Distributing, Inc.	Food & Supplies	8,994.98
First Interstate Bank - Mastercard	See Attached	441.08
Harris School Solutions	EZSchoolPay Fees	85.00
Lynn's Dakotamart-Lead	Supplies	14.36
Total Food Service Fund		Fund Total 10,649.63

<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
<u>General Fund</u>		
Amazon	Classroom supplies	107.11
Amazon	Couch Cover, Certificates	67.95
Amazon	Date Stamper, Pens, Batteries, Pencil Sharpener	175.16
Amazon	Digger Depot Supplies	695.30
Amazon	MS PBIS Supplies	131.09
Amazon	Bulbs	179.98
Black Hills Pioneer	Ads/Legals	197.99
BHSU	Teacher Fair Regis	300.00
CHSCA	Track Clinic	250.00
Climate Control	EMS Agreement	4,325.00
F16 Services	Snow Removal	2,437.50
Hermitage Art	Class Day Programs	28.14
Kieffer Sanitation	Waste Utilities	2,359.06
Matheson Trigas	Welding Supply/Rental	240.06
MonumentHealth	Employment Screening	30.00
Neptune Game Time	Music Licensing	1,995.00
Sanford Health	Employee Screening	35.00
SDCTM	STEM Conf Regis	225.00
SDTEA	Conf Regis	100.00
Servall	Maintenance Supply	197.74
Summit Fire Protection	HS/Elem Inspection	550.40
Varitronics	Laminator Supply	372.89
Total General Fund	Fund Total	15,000.37
<u>Capital Outlay Fund</u>		
Amazon	Books	246.90
HW Wilson	Books	191.60
Total Capital Outlay Fund	Fund Total	438.50
<u>Special Education Fund</u>		
Amazon	Weighted Blanket	35.48
USD Center for Disabilites	Conf Registrations-6 teachers	960.00
QBS Midco	Training Fee	48.00
Verizon Wireless	Dec Phone Usage	52.17
Total Special Education Fund	Fund Total	1,095.65
<u>Food Service Fund</u>		
Amazon	Oven Cleaning Supplies	287.12
Pan-O-Gold	Bread	153.96
Total Food Service Fund	Fund Total	441.08

ACCOUNTS PAYABLE -January 2025

Prepaid Checks		Bill List	
1/3/2025	BHE Autopay#2645	Utilities	\$11,569.30
1/6/2025	Wells Fargo Copier Lease Autopay#2646	Utilities	\$1,548.45
1/9/2025	Brad Mackaben (WR) #90838	Official	\$204.28
1/9/2025	Brock Besler (WR) DD#499601	Official	\$306.06
1/10/2025	Wells Fargo CC Autopay #2647	Supplies/Trip	\$1,803.58
1/10/2025	MDU Autopay #2649	Utilities	\$3,490.17
1/13/2025	City of Lead Autopay #2650	Utilities	\$1,427.51
1/16/2025	Breon Derby (BBB) #90865	Official	\$210.92
1/16/2025	Matt Gottlob (GBB BBB) #90866	Official	\$194.12
1/16/2025	Matt Kemp (GBB BBB) #90867	Official	\$293.19
1/16/2025	Alec Schoof (GBB) #90868	Official	\$40.00
1/16/2025	Dalton Wademan (GBB BBB) #90869	Official	\$176.48
1/16/2025	Shane Bartels (BBB) DD#499770	Official	\$97.73
1/16/2025	Genevieve Dement-Osborn (BBB) DD#499771	Official	\$145.30
1/16/2025	LeeRoy Leal (BBB) DD#499772	Official	\$218.96
1/17/2025	Lead Deadwood Sanitary District Autopay #2657	Utilities	\$563.55
1/22/2025	Wex Fuel CC Autopay #2658	Fuel	\$192.81
1/24/2025	MDU Trans Acct Autopay #2659	Utilities	\$720.57
1/24/2025	Sam's Club CC Autopay #2661	Supplies	\$704.00
1/24/2025	LeeRoy Leal (MSBBB) DD#499773	Official	\$198.96
1/30/2025	Erica Hansen (GBB) #90870	Official	\$80.00
1/30/2025	Tom Heitsch (GBB BBB) #90871	Official	\$255.09
1/30/2025	Kaden Kirk (BBB) #90872	Official	\$105.46
1/30/2025	Travis Ladson (GBB BBB) #90873	Official	\$195.46
1/30/2025	Michael Schumacher (MSBBB) DD#499903	Official	\$57.78
1/30/2025	Brock Besler (WR) DD#499904	Official	\$42.00
1/30/2025	LeeRoy Leal (MSBBB BBB) DD#499905	Official	\$173.96
1/30/2025	Robert Lehmann (GBB BBB) DD#499906	Official	\$186.10
		Total	<u>\$25,201.79</u>

JANUARY 2025 INSURANCE PAYABLES

Check #	Date	Payee	Description	Amount
2655AutoPay	1/1/2025	DD	Jan 2025 Dental Insurance Premiums	\$11,951.04
90836	1/1/2025	ST	Jan 2025 Life/Add Life Insurance Premiums	\$1,529.47
2654 AutoPay	1/1/2025	WBCBS	Jan 2025 Health Insurance Premiums	\$142,853.36
90837	1/7/2025	CM	Dec 2024 Flex Fees	\$95.00
			TOTAL	<u>\$156,428.87</u>

LEAD-DEADWOOD SCHOOL DISTRICT #40-1
Financial Statement
January 31, 2025

	GENERAL FUND	CAPITAL OUTLAY	SPECIAL EDUCATION	JENSEN ESTATE	FOOD SERVICE	ENTERPRISE FUND
BALANCE 12/31/2024	\$4,319,487.17	\$4,304,226.52	\$997,686.79	\$638,295.50	(\$48,795.90)	\$7,268.12
RECEIPTS:						
TAXES	\$51,495.43	\$11,860.75	\$11,623.70			
TAX DEED						
TUITION & FEES						
EARNINGS ON INVESTMENTS	\$13,117.72	\$12,581.20	\$2,961.30	\$1,988.91		
EARNINGS ON CO CERTIFICATES						
ADMISSIONS	\$3,209.00					
PROSPECTOR BOWL						
SALES TO PUPILS					\$9,936.60	
SALES TO ADULTS					\$1,115.00	
A LA CARTE SALES					\$463.40	
OTHER SALES						\$170.00
EZ SCHOOL PAY FEE						
BOOKSTORE SALES						
COCURRICULAR ACTIVITIES						
OUTLAW RANCH						
RENTALS						
ELEMENTARY POP RENTAL	\$71.39					
MIDDLE SCHOOL POP RENTAL	\$50.07					
HIGH SCHOOL POP RENTAL	\$166.81					
DONATIONS/CAPITAL CONTRIB	\$2,650.00	\$13,718.00				
DONATIONS/PBIS MS						
DONATIONS/STUDENT O/T MONTH						
DONATIONS/HOF						
DONATIONS/JERSEY MIKES						
ELEMENTARY DONATIONS						
MIDDLE SCHOOL DONATIONS						
HIGH SCHOOL DONATIONS						
WELLNESS DONATIONS						
LEAS W/IN THE STATE						
LEAS OUTSIDE THE STATE						
REFUND Pr/Yr EXPENDITURES						
RESTITUTION						
LAPTOP INSURANCE	\$125.00					
MEDICAID ADMIN PROGRAM	\$1,157.94		\$1,065.30			
OTHER REVENUE - LOCAL	\$42.00					
DIGGER DEPOT REVENUE	\$4,787.00					
REVENUE - COUNTY	\$7,724.66					
REVENUE - STATE	\$20,981.00					
REVENUE - FEDERAL	\$41,983.11				\$9,533.29	
CO CERTIFICATE PROCEEDS						
COMP FOR LOSS OF GFA						
SALE OF GFA						
Total Receipts	\$147,561.13	\$53,509.95	\$15,650.30	\$1,988.91	\$21,218.29	\$0.00
TRANSFERS IN						
DISBURSEMENTS:						
Verified Claims:	\$725,702.11	\$27,033.66	\$318,138.99	\$0.00	\$33,039.55	\$0.00
TRANSFERS OUT						
Payables(acts,contracts,employer matching)						
Interfund Loan	\$8,932.62		\$6,125.33		(\$1,255.28)	
Other non cash expenses						
BALANCE 1/31/2025	\$3,750,278.81	\$4,330,702.81	\$701,323.43	\$640,284.41	(\$61,872.44)	\$7,268.12
BALANCE 1/31/2024	\$2,949,506.25	\$3,429,853.12	\$444,723.84	\$675,496.84	\$76,278.70	\$7,268.12

PUBLIC SCHOOL UTILITY FUND

Checking #410007662

First Interstate Bank

As Of January 31, 2025

<u>DATE</u>	<u>PAYEE</u>	<u>DESCRIPTION</u>	<u>Receipt Number</u>	<u>Check Number</u>	<u>Imprest Account</u>		<u>Transfer Out</u>	<u>BALANCE</u>
					DR.	CR.		
12/31/24	Account Balance				\$7,155.29			\$7,155.29
01/31/25	First Interstate Bank	January Interest	88589		\$0.32			\$7,155.61
01/31/25	GF Checking	Transfer December Interest					\$0.32	\$7,155.29
01/31/25	Lead-Deadwood School District	Reimbursement for December Expenses	88586		\$192.00			\$7,347.29
01/31/25	Clerk of Courts	Restitution Payment	88587		\$600.00			\$7,947.29
01/31/25	Edward Jones/Randy Aker	Jay Vogt Scholarship Donation	88588		\$10,000.00			\$17,947.29
01/31/25	Zack Clement	Meal Allowance BBB & G & B Wrestling		9755		\$324.00		\$17,623.29
01/31/25	Zack Clement	Meal Allowance G & B Wrestling Presho		9756		\$280.00		\$17,343.29
01/31/25	Travelers Bond & Specialty Insurance	Restitution Payment		9757		\$600.00		\$16,743.29
01/31/25	Mike Sacesby	Meal Allowance Boys Wrestling Pierre		9758		\$148.00		\$16,595.29
01/31/25	SDACCC	Registration Job Fair in Sioux Falls		9759		\$300.00		\$16,295.29
01/31/25	Will Malde	Meal Allowance Track Clinic in Colorado		9760		\$204.00		\$16,091.29
01/31/25	Chad McCarty	Meal Allowance SDTEA Perkins in Pierre		9761		\$40.00		\$16,051.29
01/31/25	LPL Financial	Jay Vogt Scholarship Donation		9762		\$10,000.00		\$6,051.29
01/31/25					\$10,792.32	\$11,896.00	0.32	(\$1,104.00)
01/31/25	Account Balance				\$6,051.29			\$6,051.29

Checking Account	Bank Statement	Outstanding Transfers	Outstanding Checks	Totals	Differences
	\$16,991.29	\$0.00	\$10,940.00		
				\$6,051.29	\$0.00

LEAD-DEADWOOD SCHOOL DISTRICT 40-1**PUBLIC SCHOOL UTILITY FUND**

Checking #41007662

YEAR TO DATE REPORT July 2024 - June 2025

<u>DATE</u>	<u>DESCRIPTION</u>	<u>IMPREST ACCOUNT</u>		<u>BALANCE</u>
		<u>DR.</u>	<u>CR.</u>	
06/30/24	Final Account Balances	\$4,000.00		\$4,000.00
07/31/24	July Balances	\$6,400.20	\$6,400.00	\$4,000.20
08/31/24	August Balances	\$1,680.29	\$1,691.80	\$3,988.69
09/30/24	September Balances	\$4,495.60	\$1,000.29	\$7,484.00
10/31/24	October Balances	\$22,507.26	\$24,687.76	\$5,303.50
11/30/24	November Balances	\$2,144.26	\$300.53	\$7,147.23
12/31/24	December Balances	\$800.32	\$792.26	\$7,155.29
01/31/25	January Balances	\$10,792.32	\$11,896.32	\$6,051.29
02/28/25	February Balances			\$6,051.29
03/31/25	March Balances			\$6,051.29
04/30/25	April Balances			\$6,051.29
05/31/25	May Balances			\$6,051.29
06/30/25	June Balances			\$6,051.29
	Totals	\$48,820.25	\$46,768.96	
06/30/25	Final Account Balances	\$6,051.29		\$6,051.29

**UNITED STUDENT FUND
FOR PERIOD ENDING
January 31, 2025**

Account Name		Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
951	ART	\$3,004.20				\$ 0.03		\$3,004.23
952	BAND TRIP	\$19,784.44	\$4,752.50			\$ 0.17	\$1,000.00	\$23,537.11
953	USA SKILLS (Robotics)	\$221.23						\$221.23
954	ELEM ST. COUNCIL	\$1,165.84				\$ 0.01		\$1,165.85
956	NHS	\$3,627.13				\$ 0.03	\$628.19	\$2,998.97
957	Q & S	\$767.74				\$ 0.01		\$767.75
958	ST. COUNCIL	\$2,924.60	\$680.00			\$ 0.03	\$1,293.30	\$2,311.33
960	THESPIANS	\$2,420.01				\$ 0.02	\$377.25	\$2,042.78
961	SUB STATE	(\$0.00)						(\$0.00)
962	CHOIR	\$1,926.19				\$ 0.02		\$1,926.21
963	PROM	\$2,998.79				\$ 0.03		\$2,998.82
965	MS St. Council	\$6,354.21	\$16.00			\$ 0.05		\$6,370.26
966	SNOWBOARD/SKI CLUB	\$112.71						\$112.71
967	FCA	\$507.40						\$507.40
968	KEY CLUB	\$3,104.93	\$100.00			\$ 0.03		\$3,204.96
969	RESIDENTIAL CONSTRUCTION	\$701.84				\$ 0.01		\$701.85
970	BOYS BASKETBALL	\$8,755.81	\$75.00			\$ 0.07	\$297.12	\$8,533.76
971	FOOTBALL	\$6,965.49				\$ 0.06		\$6,965.55
972	WRESTLING	\$1,698.61				\$ 0.01	\$701.25	\$997.37
973	GIRLS BASKETBALL	\$8,368.95	\$75.00			\$ 0.07	\$2,871.28	\$5,572.74
974	VOLLEYBALL	\$7,353.80				\$ 0.06		\$7,353.86
975	CROSS COUNTRY	\$1,376.55				\$ 0.01		\$1,376.56
976	BASKETBALL/FOOTBALL CHEER	\$1,680.51				\$ 0.01	\$380.72	\$1,299.80
978	HIGH SCHOOL DANCE	\$1,748.05				\$ 0.01		\$1,748.06
979	MIDDLE SCHOOL DANCE	\$36.76						\$36.76

**UNITED STUDENT FUND
FOR PERIOD ENDING
January 31, 2025**

Account Name		Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
980	FORENSIC LEAGUE	\$2,705.03				\$ 0.02	\$140.61	\$2,564.44
981	T. SENTOVICH MEMORIAL GOLF	\$1,408.64				\$ 0.01	\$29.29	\$1,379.36
982	BUILDER'S CLUB	\$791.88				\$ 0.01	\$136.50	\$655.39
983	LDHS SKILLS USA	\$5,235.01				\$ 0.04		\$5,235.05
984	BAND DONATION	\$1,926.45				\$ 0.02		\$1,926.47
985	HOSA	\$2,234.72				\$ 0.02		\$2,234.74
987	TRAVEL CLUB	\$4,949.95	\$12.78			\$ 0.04	\$1,057.02	\$3,905.75
988	POWERLIFTING CLUB	\$2,129.78	\$342.00			\$ 0.02	\$276.15	\$2,195.65
989	FUTURE FARMERS OF AMERICA	\$736.78				\$ 0.01		\$736.79
990	TRACK	\$3,546.88				\$ 0.03		\$3,546.91
	TOTAL	\$113,270.91	\$6,053.28	\$0.00	\$0.00	\$ 0.96	\$9,188.68	\$110,136.47
	Checking Account	Bank Statement	Outstanding Deposits			Outstanding Checks	Totals	Differences
		\$111,716.79				\$1,580.32	\$110,136.47	0.00

**UNITED STUDENT FUND
FOR PERIOD
July 1, 2024 through June 30, 2025**

Account Name		Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
951	ART	\$3,004.04				\$ 0.19		\$3,004.23
952	BAND TRIP	\$22,377.45	\$5,573.70			\$ 1.35	\$4,415.39	\$23,537.11
953	USA SKILLS (Robotics)	\$421.23					\$200.00	\$221.23
954	ELEM ST. COUNCIL	\$541.64	\$699.20			\$ 0.01	\$75.00	\$1,165.85
956	NHS	\$2,903.95	\$1,306.91			\$ 0.18	\$1,212.07	\$2,998.97
957	Q & S	\$767.68				\$ 0.07		\$767.75
958	ST. COUNCIL	\$2,945.33	\$2,760.00			\$ 0.17	\$3,394.17	\$2,311.33
960	THESPIANS	\$1,952.67	\$653.00			\$ 0.14	\$563.03	\$2,042.78
961	SUB STATE	(\$0.00)						(\$0.00)
962	CHOIR	\$1,754.29	\$250.00			\$ 0.13	\$78.21	\$1,926.21
963	PROM	\$2,998.63				\$ 0.19		\$2,998.82
965	MS St. Council	\$6,305.98	\$163.00			\$ 0.38	\$99.10	\$6,370.26
966	SNOWBOARD/SKI CLUB	\$112.71						\$112.71
967	FCA	\$507.40						\$507.40
968	KEY CLUB	\$900.92	\$2,340.00			\$ 0.12	\$36.08	\$3,204.96
969	RESIDENTIAL/CONSTRUCTION	\$701.79				\$ 0.06		\$701.85
970	BOYS BASKETBALL	\$511.01	\$8,900.60			\$ 0.32	\$878.17	\$8,533.76
971	FOOTBALL	\$800.83	\$8,258.00			\$ 0.32	\$2,093.60	\$6,965.55
972	WRESTLING	\$2,426.94	\$717.00			\$ 0.15	\$2,146.72	\$997.37
973	GIRLS BASKETBALL	\$2,037.92	\$9,667.60			\$ 0.43	\$6,133.21	\$5,572.74
974	VOLLEYBALL	\$7,877.77	\$250.00			\$ 0.45	\$774.36	\$7,353.86
975	CROSS COUNTRY	\$1,936.02	\$1,335.00			\$ 0.11	\$1,894.57	\$1,376.56
976								

**UNITED STUDENT FUND
FOR PERIOD
July 1, 2024 through June 30, 2025**

Account Name	Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
978 BASKETBALL/FOOTBALL CHEE	\$1,480.22	\$250.00			\$ 0.07	\$430.49	\$1,299.80
979 HIGH SCHOOL DANCE	\$118.09	\$1,738.00			\$ 0.04	\$108.07	\$1,748.06
980 MIDDLE SCHOOL DANCE	\$36.76						\$36.76
981 FORENSIC LEAGUE	\$2,817.81	\$937.00			\$ 0.17	\$1,190.54	\$2,564.44
982 T. SENTOVICH MEMORIAL GOLF	\$1,224.74	\$740.00			\$ 0.08	\$585.46	\$1,379.36
983 BUILDER'S CLUB	\$1,305.82				\$ 0.07	\$650.50	\$655.39
984 LDHS SKILLS USA	\$5,734.74				\$ 0.31	\$500.00	\$5,235.05
985 BAND DONATION	\$1,803.15	\$250.00			\$ 0.13	\$126.81	\$1,926.47
986 HOSA	\$2,234.60				\$ 0.14		\$2,234.74
987 TRAVEL CLUB	\$3,755.86	\$2,336.53			\$ 0.22	\$2,186.86	\$3,905.75
988 POWERLIFTING CLUB	\$1,869.66	\$1,042.00			\$ 0.14	\$716.15	\$2,195.65
989 FFA	\$736.72				\$ 0.07		\$736.79
990 TRACK	\$1,307.85	\$3,325.00			\$ 0.18	\$1,086.12	\$3,546.91
TOTAL	\$88,212.22	\$53,492.54	\$0.00	\$0.00	\$ 6.39	\$31,574.68	\$110,136.47
Checking Account	Bank Statement \$111,716.79	Outstanding Deposits \$0.00			Outstanding Checks \$1,580.32	Totals \$110,136.47	Differences 0.00

LEAD DEADWOOD SCHOOL DISTRICT SCHOLARSHIP ACCOUNT
LPL FINANCIAL
FOR PERIOD ENDING
January 31, 2025

Account Name		Beg Balance	Revenue Donor	Interest LPL	Fees LPL	Gains (Losses)	Scholarship Expense	Ending Balance
850								
	BJORGE	\$44,060.06				\$596.22		\$44,656.28
851	KRUG	\$19,154.84				\$259.20		\$19,414.04
852	HANSON	(\$0.00)						(\$0.00)
853	FERM	\$454.32				\$6.15		\$460.47
854	WOMEN'S CLUB	\$131.33				\$1.78		\$133.11
857	BRUST	\$65,237.19				\$882.78		\$66,119.97
858	DUNN	\$2,762.05				\$37.38		\$2,799.43
859	GROENWALD	\$1,136.53				\$15.38		\$1,151.91
861	LIEN	\$50.98				\$0.69		\$51.67
863	STABIO	\$102.40				\$1.39		\$103.79
864	ROTTER	\$2,811.99				\$38.05		\$2,850.04
867	SELMA HERBERT	\$5,342.71				\$72.30		\$5,415.01
868	K RICE MATH AWARD	\$1,464.21				\$19.81		\$1,484.02
869	M STANLEY ESTATE	\$14,517.55				\$196.45		\$14,714.00
874	AWARDS	\$4,202.77				\$56.87		\$4,259.64
875	CAITLIN WALSH MEMORIAL	\$2,741.95				\$37.10		\$2,779.05
876	JAY VOGT SCHOLARSHIP	\$13,684.09	\$10,000.00			\$185.17		\$23,869.26
877	HOMESTAKE VETS SCHOLARSHIP	\$21,728.63				\$294.03		\$22,022.66
	TOTAL	\$199,583.60	\$10,000.00	\$0.00	\$0.00	\$2,700.75	\$0.00	\$212,284.35
	Checking Account	Bank Statement \$202,284.35		Outstanding \$10,000.00	Outstanding Checks		Totals \$ 212,284.35	Differences 0.00

LEAD DEADWOOD SCHOOL DISTRICT SCHOLARSHIP ACCOUNT

FOR PERIOD

July 1, 2024 through June 30, 2025

Account Name	Beg Balance	Revenue	Interest		Fees	Gains	(Losses)	Scholarship Expense	Ending Balance
			Donor	LPL					
850 BJORGE	\$42,847.32					\$4,607.28	(\$2,298.32)	(\$500.00)	\$44,656.28
851 KRUG	\$18,658.93					\$2,004.29	(\$999.18)	(\$250.00)	\$19,414.04
852 HANSON	\$0.00								\$0.00
853 FERM	\$436.86					\$47.31	(\$23.70)		\$460.47
854 WOMEN'S CLUB	\$126.30					\$13.66	(\$6.85)		\$133.11
857 BRUST	\$63,690.77					\$6,832.18	(\$3,402.98)	(\$1,000.00)	\$66,119.97
858 DUNN	\$2,655.95					\$287.56	(\$144.08)		\$2,799.43
859 GROENWALD	\$1,092.86					\$118.33	(\$59.28)		\$1,151.91
861 LIEN	\$49.02					\$5.31	(\$2.66)		\$51.67
863 STABIO	\$98.48					\$10.65	(\$5.34)		\$103.79
864 ROTTER	\$2,703.95					\$292.77	(\$146.68)		\$2,850.04
867 SELMA HERBERT	\$7,056.90					\$636.80	(\$278.69)	(\$2,000.00)	\$5,415.01
868 K RICE MATH AWARD	\$1,407.96					\$152.44	(\$76.38)		\$1,484.02
869 M STANLEY ESTATE	\$14,919.55					\$1,551.73	(\$757.28)	(\$1,000.00)	\$14,714.00
874 AWARDS	\$3,992.83	\$50.00				\$434.79	(\$217.98)		\$4,259.64
875 CAITLIN WALSH MEMORIAL	\$3,404.39					\$317.69	(\$143.03)	(\$800.00)	\$2,779.05
876 JAY VOGT SCHOLARSHIP	\$4,585.00	\$18,940.00				\$1,031.67	(\$687.41)		\$23,869.26
877 HOMESTAKE VETS	\$0.00	\$21,546.73				\$1,070.98	(\$595.05)		\$22,022.66
TOTAL	\$167,727.07	\$40,536.73	\$0.00		\$0.00	\$19,415.44	(\$9,844.89)	(\$5,550.00)	\$212,284.35
Checking Account	Bank Statement	Outstanding Deposits					Totals		Differences
	\$202,284.35	\$10,000.00					\$212,284.35		\$0.00

LEAD DEADWOOD SCHOOL DISTRICT MEDICAL ACCOUNT
FOR PERIOD ENDING
January 31, 2025

Account Name		Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
750	Receipt							
Check No.	MEDICAL ACCOUNT	Number	\$4,212.36					
								\$4,212.36
								\$4,212.36
	TOTAL		\$4,212.36	\$0.00	\$0.00	\$0.00	\$0.00	\$4,212.36
	Checking Account	Bank Statement	Outstanding Deposits		Outstanding Checks		Totals	Differences
		\$4,212.36			\$0.00		\$ 4,212.36	0.00

LEAD DEADWOOD SCHOOL DISTRICT MEDICAL ACCOUNT

July 1, 2024 through June 30, 2025

Account Name		Beg Balance	Revenue	Transfer In	Transfer Out	Interest	Expense	Ending Balance
750	Receipt							
MEDICAL ACCOUNT	Number	\$4,187.86				\$ 24.50		\$4,212.36
								\$4,212.36
TOTAL		\$4,187.86	\$0.00	\$0.00	\$0.00	\$24.50	\$0.00	\$4,212.36
Checking Account		Bank Statement \$4,212.36	Outstanding Deposits			Outstanding Checks \$0.00	Totals \$ 4,212.36	Differences 0.00

Budget Report
February 2025

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
10-1110	Elementary Programs	1,613,716.00	706,426.58	1,094.36	906,195.06
10-1120	Middle School Programs	1,109,750.00	461,673.50	1,924.25	646,152.25
10-1130	High School Programs	1,533,923.00	662,905.24	1,110.06	869,907.70
10-1140	Pre-School Services	0.00	0.00	0.00	0.00
10-1270	Programs for Academic Achievement	366,062.00	152,651.12	0.00	213,410.88
10-1290	Special Programs	229,561.00	105,904.13	0.00	123,656.87
10-2110	Social Work Services	1,450.00	30,594.06	0.00	-29,144.06
10-2120	Guidance Service	351,672.00	155,741.47	0.00	195,930.53
10-2130	Health Service	88,853.00	59,588.60	0.00	29,264.40
10-2210	Improvement of Instructional Service	58,435.00	24,723.44	988.58	32,722.98
10-2222	Educational Media Service	155,207.00	84,111.09	0.00	71,095.91
10-2227	Computer Services	195,494.00	112,684.19	0.00	82,809.81
10-2310	Board of Education Service	94,936.00	53,611.76	0.00	41,324.24
10-2320	Executive Administration Service	211,426.00	114,667.15	0.00	96,758.85
10-2410	Office of Principal	618,133.00	341,829.08	0.00	276,303.92
10-2490	Medicaid Administration	1,200.00	231.58	0.00	968.42
10-2520	Fiscal Service	313,609.00	175,930.95	0.00	137,678.05
10-2540	Oper/Maint of Plant Service	1,517,887.00	1,006,215.66	134,650.00	377,021.34
10-2550	Pupil Transportation Service	297,233.00	148,465.72	0.00	148,767.28
10-2560	Fresh Fruits & Vegetables	19,630.00	8,860.05	0.00	10,769.95
10-2570	Central Supply	12,000.00	1,569.51	0.00	10,430.49
10-2620	Plan,Research,Development & Eval.	3,600.00	3,600.00	0.00	0.00
10-2630	Information Service	1,000.00	1,000.00	0.00	0.00
10-2644	Classified Travel	1,000.00	3,000.00	0.00	-2,000.00
10-2649	Other Staff Services	0.00	0.00	0.00	0.00
10-3500	After School Program	0.00	0.00	0.00	0.00
10-3900	Community Service	0.00	869.99	0.00	-869.99
10-4900	Concession Stand	0.00	0.00	0.00	0.00
10-6100	Male Activities	106,948.00	56,984.56	4,142.38	45,821.06
10-6200	Female Activities	75,365.00	51,903.79	1,395.90	22,065.31
10-6500	Transportation for Co-Curricular	15,259.00	8,483.41	0.00	6,775.59
10-6900	Combined Activities	227,010.00	99,105.06	10,777.63	117,127.31
10-7000	General Fund Contingencies	0.00	0.00	0.00	0.00
10-8100	Transfer Out	210,000.00	0.00	0.00	210,000.00
Total All General Funds		\$9,430,359.00	\$4,633,331.69	\$156,083.16	\$4,640,944.15

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
21-1110	Elementary Programs	56,273.00	50,231.66	9,444.38	-3,403.04
21-1120	Middle School Programs	48,640.00	40,355.26	-9,222.40	17,507.14
21-1130	Senior High Programs	65,413.00	37,588.74	0.00	27,824.26
21-1220	Mild to Moderate Disabilities	710.00	710.00	0.00	0.00
21-1299	Alternative Schooling	0.00	0.00	0.00	0.00
21-2113	Social Work Services	0.00	0.00	0.00	0.00
21-2120	Other Guidance Services	3,500.00	0.00	0.00	3,500.00
21-2130	Other Health Services	18,099.00	17,148.96	0.00	950.04
21-2140	Psychological Services	0.00	0.00	48.00	-48.00
21-2150	Speech Pathology Services	135.00	138.52	0.00	-3.52
21-2160	Audiology Services	0.00	0.00	0.00	0.00
21-2170	Occupational Therapy	0.00	0.00	0.00	0.00
21-2210	Curriculum Development Service	0.00	0.00	0.00	0.00

Budget Report February 2025

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
21-2222	Educational Media Service	13,958.00	7,628.04	736.12	5,593.84
21-2223	Audio Visual Services	0.00	0.00	0.00	0.00
21-2227	Computer Services	50,767.00	765.90	0.00	50,001.10
21-2310	Service Area Direction	4,392.00	4,391.10	0.00	0.90
21-2320	Executive Administration Service	0.00	0.00	0.00	0.00
21-2410	Principals' Office	13,998.00	12,908.17	0.00	1,089.83
21-2520	Fiscal Service	16,430.00	15,045.98	0.00	1,384.02
21-2530	Construction and Improvements	0.00	0.00	0.00	0.00
21-2540	Oper/Maint of Plant Service	1,584,269.00	435,672.76	99,666.14	1,048,930.10
21-2546	Security Services	0.00	0.00	0.00	0.00
21-2550	Vehicle Service	0.00	0.00	0.00	0.00
21-2560	Food Service	177,177.00	64,906.50	0.00	112,270.50
21-2570	Printing,Publishing,Duplicating	38,781.00	19,124.14	38,236.94	-18,580.08
21-2630	Public Information Equipment	16,800.00	16,800.00	0.00	0.00
21-2640	In-Service (Classified Travel)	0.00	0.00	0.00	0.00
21-2750	Hearing Loss	0.00	0.00	0.00	0.00
21-3500	After School Program	0.00	0.00	0.00	0.00
21-5000	Debt Service-Interest	327,900.00	327,600.00	600.00	-300.00
21-6100	Male Activities	28,575.00	24,229.78	0.00	4,345.22
21-6200	Female Activities	10,693.00	9,478.14	0.00	1,214.86
21-6510	Transportation Co-Curricular	0.00	0.00	0.00	0.00
21-6900	Combined Activities	6,900.00	1,563.00	2,900.00	2,437.00
21-8100	Operating Transfers Out	60,000.00	0.00	0.00	60,000.00
Total Capital Outlay		\$2,543,410.00	\$1,086,286.65	\$142,409.18	\$1,314,714.17

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
22-1221	Mild to Moderate Services	1,165,920.00	573,366.35	960.00	591,593.65
22-1222	Severe Disability Services	114,430.00	40,755.31	0.00	73,674.69
22-1223	Day Program Services	136,800.00	55,800.00	0.00	81,000.00
22-1224	Residential Program Services	36,000.00	15,073.66	0.00	20,926.34
22-1225	Homebound Programs	0.00	0.00	0.00	0.00
22-1226	Early Childhood Services	144,165.00	71,181.66	52.17	72,931.17
22-1227	Prolonged Assistance Programs	0.00	0.00	0.00	0.00
22-2140	Psychological Service	119,688.00	119,117.34	0.00	570.66
22-2150	Speech Pathology & Audiology	112,245.00	110,186.04	0.00	2,058.96
22-2160	Audiology Services	0.00	0.00	0.00	0.00
22-2170	Student Therapy Services	43,064.00	21,454.89	0.00	21,609.11
22-2210	Curriculum Development Services	0.00	0.00	0.00	0.00
22-2540	Oper/Maint of Plant Service	0.00	0.00	0.00	0.00

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
22-2550	Payment in Lieu of Transportation	0.00	0.00	0.00	0.00
22-2710	Administration	75,340.00	43,393.22	0.00	31,946.78
22-2720	Speech/Language Impairments	0.00	0.00	0.00	0.00
22-2730	Payment in Lieu of Transportation	0.00	198.75	0.00	-198.75
22-2740	Preschool	42,048.00	23,239.82	0.00	18,808.18
22-2750	Other Special Education	81,296.00	80,439.32	31.85	824.83
22-2760	Other Special Education	0.00	0.00	0.00	0.00
22-4900	Pmts to Non-Gov't Units	0.00	0.00	0.00	0.00
22-8110	Operating Transfer Out	7,700.00	0.00	0.00	7,700.00

Total Special Education	\$2,078,696.00	\$1,154,206.36	\$1,044.02	\$923,445.62
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Budget Report
February 2025

Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
29-8110	Mary Jensen Estate	117,933.00	0.00	0.00	117,933.00
	Total Mary Jensen Estate	\$117,933.00	\$0.00	\$0.00	\$117,933.00
Account #	Description	Appropriation	Expenditures	Encumbrance	Balance
51-100	Salaries	195,315.00	93,394.85	0.00	101,920.15
51-200	Employee Benefits	98,915.00	45,866.79	0.00	53,048.21
51-300	Purchased Service	1,900.00	1,510.28	0.00	389.72
51-400	Supplies and Materials	178,396.00	56,441.01	469.96	121,485.03
51-500	Other Equipment	0.00	0.00	0.00	0.00
51-600	Dues and Fees	2,000.00	2,108.50	0.00	-108.50
51-900	Depreciation-Local Funds	0.00	0.00	0.00	0.00
51-8110	Operating Transfers Out	3,700.00	0.00	0.00	3,700.00
	Total Food Service	\$480,226.00	\$199,321.43	\$469.96	\$280,434.61

JANUARY 2025 PAYROLL PUBLICATION

Publication of Payroll January 2025

Instruction:	\$371,012.61
Administration:	\$30,576.39
Operation and Maintenance:	\$47,649.58
Transportation:	\$14,156.04
Special Education:	\$95,798.65
Food Service:	\$16,691.89
Driver's Ed:	
Organization Totals:	<u>\$575,885.16</u>

2022 CERTIFIED SUBSTITUTES**\$135/day**

Cudmore, Julie
Schrier, Amanda

\$115/day

Andrus, Rylie

2025 CLASSIFIED SUBSTITUTES

Hanson, Randy
Cudmore, Julie
Mitchell, Bryce
Strand, Sherrie

Snow Removal	\$18.81/hour
Paraprofessional	\$18.81/hour
Food Service	\$18.81/hour
Food Service	\$18.81/hour

2025 RESIGNATION/RETIREMENTS

Jenkins, Katie
Harris, Winifred
Kremer, Tanya
Johnston, Christina
Stagner, Lecia
Rantapaa, Lisa
Rogers, Amy

Elementary Food Service	effective 1/24/25
Elementary Food Service	effective 1/24/25
Elementary Food Service	effective 1/24/25
Elementary SPED Instructor	effective the end of the 24-25 school year
Elementary P.E. Instructor	effective the end of the 24-25 school year
MS (6 th grade) Instructor	effective the end of the 24-25 school year
12-month Technology Asst.	effective the end of the 24-25 school year

2025 CLASSIFIED WORK AGREEMENT

Rogers, Amy

9-month Technology Asst.
LD Elementary School

2025-2026 ADMINISTRATOR CONTRACTS

Dr. Erik Person, Superintendent

Margie Rantapaa, Business Manager

Daniel Van Bibber, Elementary Principal

Jay Beagle, Middle School Principal/SPED Director

Mark Jacobs, High School Principal

Zack Clement, 6-12 Assistant Principal, Activities Director

Darcy Percy, District Nurse

Jamie Hohn, Network Director

Bill Snow, Maintenance/Transportation Supervisor

Elizabeth Frith, Food Service Director

Surplus**1 30 2025 Weight Room Surplus List**

<u>Asset Tag</u>	<u>Asset Description</u>	<u>Serial Number</u>	<u>Condition</u>
22603	Nirto Plus Gaxitron Nautilus		Fair
22610	Nirto Plus Incline Press Nautilus		Fair
53493	Promxima Cable Cross Over		Fair
22614	Hammer Strength Lift Machine		Fair
52570	Barbell Set & Frame		Fair
22604	Hammer Strength Weight Machine		Fair
22601	Nitro Plus Rear Delt Pec Fly Nautilus		Fair
20644	Ground Base Squat Lunge		Fair
22617	Arm Curl Machine		Fair
53492	Nitro Plus Sealed Leg Curl		Fair
22615	Lift Machine		Fair
22608	Nitro Plus Leg Extension Nautilus		Fair
22613	Nitro Plus Overhead Press Nautilus		Fair

Responses Overview Closed

Responses

95



Average Time

38:49



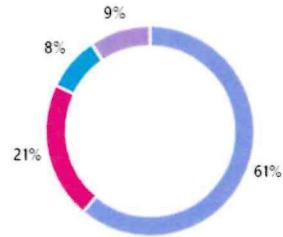
Duration

4 Days



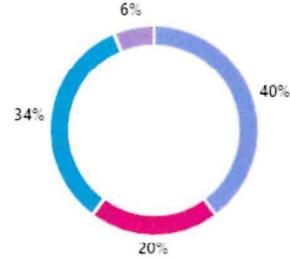
1. My current position is best described as...

● Certified Teacher	58
● Classified Paraprofessional	20
● Classified Support (clerical, business office, custodial, maintenance, food service)	8
● Administration	9



2. In my current position, I mostly work in this location...

● Elementary	38
● Middle School	19
● High school	32
● District-Wide	6



3. I am happy in my job.

● Strongly agree	32
● Agree	46
● Neutral	14
● Disagree	3
● Strongly disagree	0



4. I'm spoken to and treated respectfully by my supervisor.



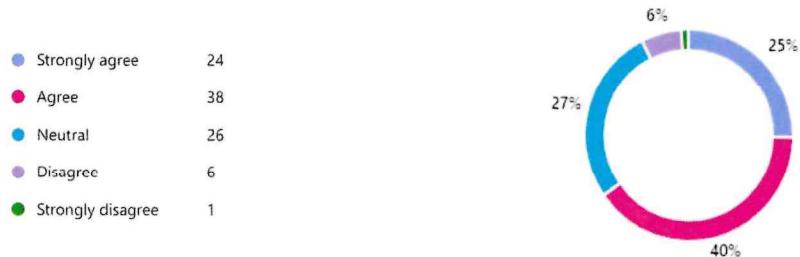
5. I'm spoken to and treated respectfully by my peers and colleagues.



6. I feel supported by my colleagues and peers with whom I work.



7. I feel that student learning drives decision making in the school district.



8. I feel empowered to make decisions that are best for students



9. I feel that my school is a safe place for students and staff.



10. I feel heard by my building level administration

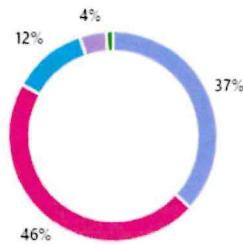


11. I feel that the building level administration treats staff fairly.



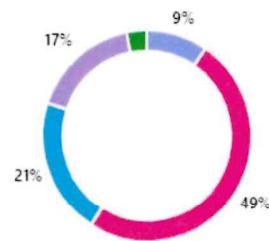
12. I feel like I have an appropriate level of autonomy in my job.

Strongly agree	35
Agree	44
Neutral	11
Disagree	4
Strongly disagree	1



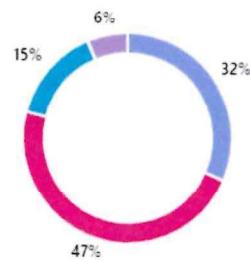
13. Employees in the school district are held accountable appropriately.

Strongly agree	9
Agree	47
Neutral	20
Disagree	16
Strongly disagree	3



14. I feel like I am a valued part of a team.

Strongly agree	30
Agree	45
Neutral	14
Disagree	6
Strongly disagree	0



Lead-Deadwood School District 40-1

2025 August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	01					

2025 September						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	01	02	03	04	05	06
07	08	09	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	01	02	03	04
05	06					

2025 October						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	01
02	03					

2025 November						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	01
02	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	01					

2025 December						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	01	02	03	04	05	06
07	08	09	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	01	02	03
04	05					

2025-2026 District Calendar

2026 January						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
01	02					

2026 February						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
01	02	03	04	05	06	07
08	09					

2026 March						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	01	02	03	04
05	06					

2026 April						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	01	02
03	04					

2026 May						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	01					

Legend

	Professional Development Day
	1st Day / School Resumes
	No School
	Semester Tests
	Semester Tests / Quarter End

	Homecoming
	3 Hour Early Out / P/T Conferences
	2 Hour Early Out
	End of Quarter
	Graduation

Each snow day after 5 will automatically be made up as follows: January 5, February 13, March 20, March 23, May 22

LEAD-DEADWOOD SCHOOL DISTRICT
HEALTH OFFICE PROCEDURES, PROTOCOLS, AND STANDING ORDERS

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-South Dakota Department of Health Reportable Diseases	
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AUTOMATIC EXTERNAL DEFIBRILLATORS (AED)

CPR

AEDs will be strategically placed in various high traffic areas to be readily available for use in all schools and sports fields. Selected staff will be trained and receive periodic updates from the school nurse, at each site, on the proper use of the AEDs. A minimum of one employee (per school building) in addition to the School Nurse will be certified to use the AED. Efforts will be made to have as many staff and coaches as possible complete this training.

Administrative Guidelines:

AED Placement

Each AED will be located in a central/visible/secure area in the following locations:

- Gym I Foyer of the High School
- Hallway landing outside of the High School auditorium.
- Mountain Top Field maintenance room next to restrooms.
- Hallway outside of Middle Multipurpose Room
- Main office of the Middle School
- Hallway outside of the elevator 2nd floor Elementary School
- Main office of the Elementary School
- Ferguson Field in the concession hallway during fall sports (moved to baseball field concession for spring and summer)

The School Nurse will:

- Complete and document monthly checks of the device.
- Notify local emergency dispatch and EMS as to the availability, location and type of AED available.
- Order replacement supplies as needed.
- Track which employees have been certified and when re-certification is needed.
- Orient as many staff as possible to increase awareness of this device.

Full self-testing including interactive portion will be done monthly, after each use, whenever the battery is replaced, and whenever there is a possibility, the AED may have tampered with or sustained damage. Individuals using the AED should fill out student injury report form and return it to the school nurse on the next working day. This will also alert the school nurse to the need to perform self-testing on the equipment and to replace any supplies that were used.

CPR

CPR training will be provided to the school secretaries and coaches every two years to maintain their current certification. CPR will be offered to as many staff as possible that are willing to maintain certification.

First Aid, Emergency Care, and Illness Procedure

Student Directory Information

It is imperative that the information on each student's directory information be current at the beginning of each school year and updated as indicated throughout the year.

General Directives for Illness or Injury

Any student who has taken ill while at school or was injured while on school property during school hours will be given primary attention or emergency care by the school nurse. In the absence of the school nurse, the student will be seen by the school district designee. The school district designee will determine the need, if necessary to call the school nurse for further evaluation. In the absence of the school nurse, emergency first aid treatment will be administered by the school district appointed designee Trained by the school nurse in medication administration, first aid, and CPR. In some circumstances the school districts SRO may be asked to assist the school districts appointed designee in emergency situations.

Disposition of Minor Illness or Minor Injury

1. If the illness or injury is presumed to be minor in nature, it may be appropriate that the student remains in school for the remainder of the day. If the student requires medical attention, the parent or guardian will be notified immediately by the nurse, or the school district appointed designee. All arrangements for further medical care will be made by the parents or guardian.
2. In non-emergent cases, if efforts to reach parents or guardians are not successful, the student will be kept in school. The student's condition will be monitored periodically by the school nurse or the school district appointed designee.

Disposition of Major Illness or Major Injury

1. If in the judgment of the nurse or other designated staff member, the illness is deemed serious enough to require treatment by a physician or emergency room staff, the student should be transported immediately by the parent guardian or ambulance. If the emergency is critical and life threatening, 911 should be called immediately while other staff members contact the parents, guardians, or other emergency contact. If the parents or other emergency contacts cannot be located and the condition of the student continues to be critical or life threatening the school staff may instruct the ambulance attendance to transport the student to the emergency room.

Transportation

1. Sick or injured students of elementary or middle school age shall not be sent home alone. Students must be picked up by a parent or designated adult.
2. Students in high school may possibly be sent home alone after a conscious effort is made to notify their parents or guardian. Judgment will be made by the school nurse or designated school district employee on an individual basis.

Reporting accidents

Immediately after first aid has been administered to a student, the school nurse or principal will gather further information related to the accident and record such information on the student accident/ injury report form. A copy of the form will be kept by the school nurse, and one will be sent to the business manager.

Criteria for being excused from school:

- Temperature of 100.4 F or greater
- Witnessed vomiting of more than a single episode (witnessed by staff)
- Signs and symptoms of a communicable disease in need of medical evaluation or treatment (chicken pox, impetigo, strep throat, etc.)
- School nurse discretion based on nursing assessment

Nurse Excused/Exempt

The school nurse or school district designated staff will evaluate each student with complaints of illness. A student will be sent home as a nurse excused/exempt absence only when they meet exclusion criteria. This means they meet the above-listed criteria, and the student should be picked up as soon as possible. If the student does not meet the above requirement to go home, they will be sent back to class. Each situation may be different based on the student's symptoms and school nurse assessment.

Students will be expected to be evaluated prior to calling home. If a student contacts their parent prior to evaluation and the parent chooses to pick the student up it will not be considered a nurse excused/exempt absence.

Temporary Exclusion Recommendations for SCHOOL SETTINGS

Students and faculty should be excluded from school activities for the following conditions:

- Ø **Chicken pox (Varicella):** exclude until all lesions have dried and crusted or, in immunized children without crusts, until no new lesions appear within a 24-hour period.
- Ø **COVID-19:** exclude based on current CDC and SD Department of Health guidance, see doh.sd.gov/.
- Ø **Diarrheal diseases:** exclude while symptomatic only if person is unable to practice independent hygiene.
- Ø **Haemophilus influenzae type B, invasive (Hib):** exclude until after the child has been cleared by a physician.
- Ø **HIV, Hepatitis B, Hepatitis C, and other bloodborne diseases:** generally no exclusion; considerations may exist if there is potential for bloodborne exposure. Consult healthcare provider for guidance.
- Ø **Hepatitis A:** exclude until one week after onset of illness.
- Ø **Influenza and Influenza-like illness:** exclude until fever has been absent for 24 hours in an unmedicated state. Additional exclusions may be necessary for documented novel strain or pandemic influenza based on SD Department of Health and CDC guidance.
- Ø **Measles:** exclude until four days after onset of rash.
- Ø **Meningococcal disease (*Neisseria meningitidis*):** exclude until after 24 hours of antibiotic treatment.
- Ø **Methicillin-resistant *Staphylococcus aureus* (MRSA):** exclude only if confirmed MRSA is present from a wound in which drainage is occurring and cannot be covered and contained.
- Ø **Mumps:** exclude until five days after the onset of parotid gland swelling.
- Ø **Pertussis (Whooping cough):** exclude until completion of 5 days of appropriate antibiotic treatment. If appropriate antibiotic treatment is not received, exclude until 21 days after onset of cough.
- Ø **Pink eye, head lice, ringworm, herpes gladiatorum, molluscum contagiosum, and skin rashes without fever:** generally no exclusion; considerations may exist for certain sports, extracurricular activities or behaviors that might increase risk of transmission. Consult healthcare provider for guidance.
- Ø **Rubella:** exclude until seven days after onset of rash.
- Ø **Scabies:** exclude until after treatment has started.
- Ø **Shingles (Herpes zoster):** generally no exclusion if lesions can be covered. If lesions cannot be covered, exclude until rash or lesions have crusted over.
- Ø **Strep throat and Streptococcal skin infections:** exclude until after 12 hours of antibiotic treatment.
- Ø **Tuberculosis:** exclude until a physician, concurring with the SD Department of Health, states the child is not infectious.

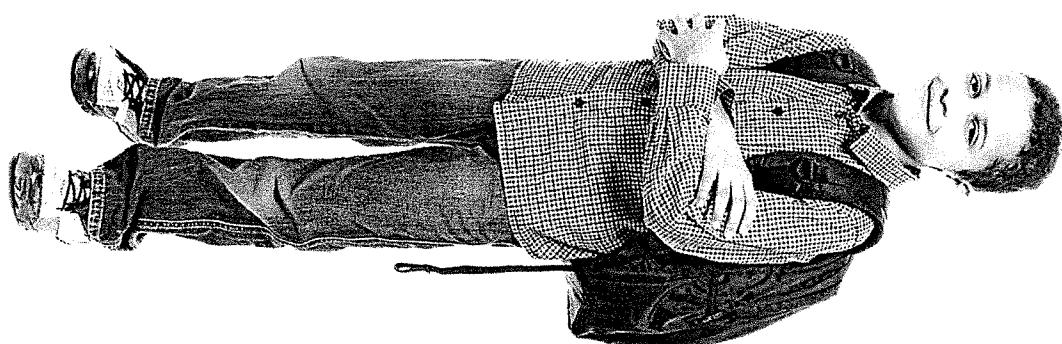
2022 Red Book, American Academy of Pediatrics, 32nd Edition; 2022 Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide, American Academy of Pediatrics, 6th Edition; 2022 Control of Communicable Diseases Manual, American Public Health Association, 21st Edition.

If you have questions about infectious diseases or immunizations, contact the Department of Health or your physician.

South Dakota Department of Health, Office of Disease Prevention and Health Promotion - Epidemiology, Surveillance, and Informatics Center: 605-773-3737 or 800-592-1861

Local Disease Intervention Specialist: _____ Phone: _____
Local Community Health Nurse: _____ Phone: _____

See also SD Department of Health disease fact sheets: <https://doh.sd.gov/diseases/>



Reportable Diseases – South Dakota

+Category I diseases: *Report immediately* on suspicion of disease
 Category II diseases: Report within 3 days

★ Send isolate or specimen to South Dakota Public Health Laboratory

Effective Date:
 1 January 2024

<p>Acute flaccid myelitis +Anthrax (<i>Bacillus anthracis</i>★) Anaplasmosis (<i>Anaplasma phagocytophilum</i>) Arboviral encephalitis, meningitis and infection (including, but not limited to, West Nile, Zika, St. Louis, Eastern equine, Western equine, Chikungunya, California, LaCrosse, Jamestown Canyon, Japanese, Powassan, Colorado tick fever) Babesiosis (<i>Babesia</i> spp) +Botulism (<i>Clostridium botulinum</i>) +Brucellosis (<i>Brucella</i> spp★) Campylobacteriosis (<i>Campylobacter</i> spp) Carbon monoxide poisoning Chancroid (<i>Haemophilus ducreyi</i>) Chlamydia (<i>Chlamydia trachomatis</i>) Cholera (<i>Vibrio cholerae</i>) Coccidioidomycosis (<i>Coccidioides</i> spp) +Coronavirus respiratory syndromes, MERS-CoV, SARS-CoV-1 and SARS-CoV-2 Cryptosporidiosis (<i>Cryptosporidium</i> spp) Cyclosporiasis (<i>Cyclospora cayetanensis</i>) Dengue viral infection (<i>Flavivirus</i>) +Diphtheria (<i>Corynebacterium diphtheriae</i>★) Drug resistant organisms: <ul style="list-style-type: none"> - Carbapenemase-Producing Organisms (CPO★) - <i>Candida auris</i>★ - Vancomycin-intermediate & resistant <i>Staphylococcus aureus</i> (VISA, VRSA★) +<i>E. coli</i>, shiga toxin-producing (<i>Escherichia coli</i>★) Ehrlichiosis (<i>Ehrlichia</i> spp) Giardiasis (<i>Giardia lamblia</i> / <i>intestinalis</i>) Gonorrhea (<i>Neisseria gonorrhoeae</i>) Haemophilus influenzae★, invasive disease Hantavirus pulmonary syndrome or infection Hemolytic uremic syndrome Hepatitis, viral, acute A, B and C; chronic B and C; and perinatal B and C </p>	<p>Human immunodeficiency virus (HIV) infection, including: <ul style="list-style-type: none"> - Stage III, Acquired immunodeficiency syndrome, (AIDS) - CD4 counts in HIV infected persons - HIV viral loads, - pregnancy in HIV infected females, - HIV gene sequencing - HIV antiviral resistance, - Confirmatory results, positive or negative, following a reactive HIV screening test +Influenza, novel strains★ Influenza: including: <ul style="list-style-type: none"> - hospitalizations, - deaths, - lab confirmed cases (culture, DFA, PCR), - weekly aggregate totals of rapid antigen positive (A and B) and total tested Lead, all blood levels Legionellosis (<i>Legionella</i> spp) Leprosy / Hansen's disease (<i>Mycobacterium leprae</i>) Leptospirosis (<i>Leptospira</i>) Listeriosis (<i>Listeria monocytogenes</i>★) Lyme disease (<i>Borrelia burgdorferi</i>) Malaria (<i>Plasmodium</i> spp) +Measles / Rubeola (<i>Paramyxovirus</i>) Melioidosis (<i>Burkholderia pseudomallei</i>) +Meningococcal disease, invasive (<i>Neisseria meningitidis</i>★) Mumps (<i>Paramyxovirus</i>) +Orthopoxviruses (<i>Variola</i>★ or mpox virus) Paratyphoid fever Pertussis (<i>Bordetella pertussis</i>) Pesticide-related illness and injury, acute +Plague (<i>Yersinia pestis</i>★) +Poliomyelitis, paralytic and nonparalytic (<i>Poliovirus</i>) Psittacosis (<i>Chlamydophila psittaci</i>) Q fever (<i>Coxiella burnetii</i>) +Rabies, human and animal (<i>Rhabdovirus</i>) +Rubella and congenital rubella syndrome (<i>Togavirus</i>) Salmonellosis (<i>Salmonella</i> spp★) Shigellosis (<i>Shigella</i> spp★) Silicosis </p>	<p>Spotted fever rickettsiosis (<i>Rickettsia</i>) Streptococcus pneumoniae, invasive Syphilis (<i>Treponema pallidum</i>) including primary, secondary, latent, early latent, late latent, neurosyphilis, late non-neurological, stillbirth, and congenital Tetanus (<i>Clostridium tetani</i>) Toxic shock syndrome (Streptococcal and non-Streptococcal) Transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease Trichinosis (<i>Trichinella</i> spp.) +Tuberculosis, active disease or latent Infection (<i>Mycobacterium tuberculosis</i>★ or <i>Mycobacterium bovis</i>★) (Latent TB Infection only in certain high risk persons: foreign-born <5 yrs in US, close contacts, diabetes, renal dialysis, children <5 yrs, and certain medical conditions) +Tularemia (<i>Francisella tularensis</i>★) Typhoid (<i>Salmonella typhi</i>★) Vaccine Adverse Events Varicella / Chickenpox (<i>Herpesvirus</i>) +Viral Hemorrhagic Fevers (Crimean-Congo Hemorrhagic Fever virus, Ebola virus, Lassa virus, Lujo virus, Marburg virus, Chapre virus, Guanarito virus, Junin virus, Machupo virus, Sabia virus) Vibriosis (<i>Vibrio</i> spp) +Yellow fever (<i>Flavivirus</i>) +Outbreaks of: <ul style="list-style-type: none"> +Acute upper respiratory illness +Diarrheal disease +Foodborne disease +Healthcare-associated infections +Illnesses in child care setting +Rash illness +Waterborne disease +Syndromes suggestive of bioterrorism and other public health threats +Unexplained illnesses or deaths in human or animal </p>
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The South Dakota Department of Health is authorized by SDCL 34-22-12 and ARSD 44:20 to collect and process mandatory reports of diseases and conditions by physicians, hospitals, laboratories, and other institutions.

How to report:

Secure website: sd.gov/diseasereport

Telephone: 605-773-3737 or 800-592-1861 during business hours (or After Hours for emergency reporting of Category I diseases)

Fax: 605-773-5509

Mail or courier: Infectious Disease Surveillance, SD Department of Health, 615 East 4th Street, Pierre, SD 57501; mark "Confidential"

What to report:

Reports must include as much of the following as known:

- Disease or condition
- Date of disease onset
- Relevant lab results and specimen collect date
- Case name, age, birth date, sex, race, address, occupation
- Attending physician's name, address, phone number
- Name and phone number of person making report



Head Injury/Concussion Procedure and Protocol

Every head injury should be taken seriously and evaluated. If a head injury occurs during school hours the student's parent/ guardian will be contacted via phone call. The student's teacher should be notified so further monitoring may be done throughout the day.

Concussion

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Even mild bumps to the head may cause a concussion.

Please refer to the CDC's Heads Up Fact Sheet (attached) for signs and symptoms of a concussion.

If a student presents with symptoms of a concussion The school nurse will notify the parent/ guardian and recommend that the student be evaluated by their health care provider.

Students with a diagnosis or suspected concussion may need accommodations in the classroom.

A FACT SHEET FOR Parents



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

*Only ask about sleep symptoms if the injury occurred on a prior day.

Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to

www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021



Medication Administration Delegation

Unlicensed Assistive Personnel Training

The school nurse assures that the school district designated personnel that will provide medication administration to students receive training approved by the South Dakota Board of Nursing. Medication administration training will be provided to the employee upon being identified as an unlicensed assistive personnel that will assist in student care in the school nurse's office. Review of this information will be done every two years with CPR renewal and a return demonstration of medication administration procedure (skills training) to the school nurse to ensure competency at least yearly.

The school nurse provides yearly knowledge and skills acquisition training for emergency medication administration such as albuterol, epinephrine, and naloxone.

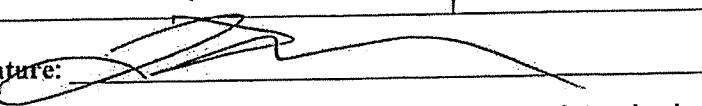
The school nurse maintains documentation of all staff who have received medication administration training and have demonstrated competency through successful completion of medication administration written test and return demonstration of medication administration skills checklist.

The school nurse provides ongoing supervision of school personnel authorized to administer medications.

LEAD-DEADWOOD SCHOOL DISTRICT 40-1

Standing Orders for Over the Counter (OTC) Medications

PAIN/FEVER	
<p>Medicate for fever if:</p> <ul style="list-style-type: none"> • Temperature is greater than 103°F and student cannot be immediately dismissed to parent/guardian. OR • Temperature is greater than 104°F. 	<p>Medications may be administered in the dosage indicated:</p> <p><u>Acetaminophen</u> – by mouth per weight/age dosing every 4-6 hours</p> <p><u>Ibuprofen</u> – by mouth per weight/age dosing every 6-8 hours</p>
<p>Medicate for pain if:</p> <ul style="list-style-type: none"> • Non-medicinal care is ineffective or unavailable. AND • Student has not been medicated in the past 4-6 hours. 	<p>Medications may be administered in the dosage indicated:</p> <p><u>Acetaminophen</u> – by mouth per weight/age dosing every 4-6 hours</p> <p><u>Ibuprofen</u> – by mouth per weight/age dosing every 6-8 hours</p> <p>NOTE: For pain that is not relieved by medication, is persistent for two or more days, or for pain reoccurring weekly or more often, notify school nurse and parent/guardian.</p>
STOMACHACHE/NAUSEA/HEARTBURN	
<p>Stomachache:</p> <ul style="list-style-type: none"> • Document time of onset, duration, quality, severity and location of pain. • Assess temperature and if fever is present, dismiss student from school. • Consider non-medicinal care (crackers, peppermint, rest, or use of the bathroom) for minor pain in the absence of fever. <p>Nausea/Vomiting:</p> <ul style="list-style-type: none"> • Assess temperature and if fever is present, dismiss student from school. • Consider non-medicinal care (soda crackers, peppermint, rest, or use of the bathroom) in the absence of fever. • If vomiting occurs, dismiss student from school until vomiting has subsided for 24 hours. <p>Heartburn:</p> <ul style="list-style-type: none"> • Consider non-medicinal care (soda crackers and/or water). 	<p>Medications may be administered in the dosage indicated:</p> <p><u>Antacid</u> – by mouth per weight/age dosing every 6 hours</p> <p>NOTE: For pain that is not relieved by medication, is persistent for two or more days, or for pain reoccurring weekly or more often, notify school nurse and parent/guardian.</p>
Cough	
<ul style="list-style-type: none"> • Assess temperature and if fever is present, dismiss student from school. • Consider non-medicinal care (water, rest, peppermint). 	<p><u>Cough drops</u>: dissolve 1 drop in the mouth slowly every 2 hours as needed</p>

Physician Signature: 

Date: 5/7/29

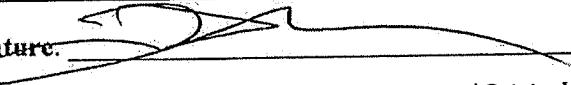
*Original signed orders on file in District Nursing Coordinator office.

LEAD-DEADWOOD SCHOOL DISTRICT 40-1

STANDING ORDERS FOR OTC MEDICATION (1 of 2)

STANDING ORDERS FOR OTC MEDICATION (page 2 of 2)

MINOR WOUNDS	
<ul style="list-style-type: none"> Assess wound for purulent drainage, redness, heat, blisters, or broken skin. Notify school nurse and parent/guardian if signs or symptoms of infection are present. <p>NOTE: Do not apply to severe wounds or puncture wounds unless directed by physician.</p>	For wounds vulnerable to infection and/or with the presence of signs of minor infections apply: <u>Benzalkonium</u> – cleanse wound as needed <u>Antibiotic ointment</u> – apply to wound 1-3 times per day as needed <u>First aid (benzocaine) spray</u> – apply to wound 1-3 times per day as needed
MILD BURNS AND SUNBURN	
<ul style="list-style-type: none"> Assess burn for purulent drainage, redness, heat, blisters, or broken skin. Notify school nurse and parent/guardian if signs or symptoms of severe burn or infection are present. <p>NOTE: Do not apply to burns with blistered or broken skin.</p>	<u>Burn gel</u> – apply to affected area 1-3 times per day as needed <u>First aid (benzocaine) spray</u> – apply to affected area 1-3 times per day as needed
INSECT BITES	
<ul style="list-style-type: none"> Assess insect bite for blistered, open, or irritated skin. Discontinue use and notify parent/guardian if a burning sensation occurs, rash develops, condition worsens or persists for several days. <p>NOTE: Do not apply to blistered, open, or irritated skin.</p>	<u>Calamine</u> – apply to affected area 3-4 times per day as needed *Cleanse area with soap and/or water and dry before each application. <u>First aid (benzocaine) spray</u> – apply to affected area 1-3 times per day as needed <u>1% Hydrocortisone</u> – apply 3-4 times a day as needed *Do not apply to areas larger than 10 inches by 10 inches unless by physician's orders. Avoid face, eye, eyelid and oral contact.
RASHES/SKIN IRRITATION/INFLAMMATION	
<ul style="list-style-type: none"> Notify parent/guardian of extensive or prolonged rash or skin irritation. 	<u>1% Hydrocortisone</u> – apply 3-4 times a day as needed *Do not apply to areas larger than 10 inches by 10 inches unless by physician's orders. Avoid face, eye, eyelid and oral contact. <u>Vaseline/petroleum jelly</u> – apply topically as needed <u>Skin lotion</u> – apply topically as needed <u>Carmex/medicated lip balm</u> – apply 3-4 times daily as needed
OTHER	
<u>Benadryl (Diphenhydramine)</u> – school nurse and/or parent/guardian direction for treatment of allergic reactions; by mouth per weight/age dosing <u>Benzocaine 10-20% (Orajel)</u> – apply topically for mouth lesions 3-4 times per day as needed <u>Eye wash solution/saline</u> – apply as needed for eye irritation	

Physician Signature: 

Date: 8/7/29

*Original signed orders on file in District Nursing Coordinator office.

Protocol and Procedure for Administration of Opioid Antagonist

Naloxone is a safe prescription medication indicated for the emergency reversal of a known or suspected opioid overdose. Opioids include heroin and prescription pain medication such as morphine, hydrocodone, and oxycodone. Naloxone acts by displacing an opioid from the opioid receptors in the brain and reverses respiratory depression. Naloxone does not cause a euphoric effect. If administration to someone who is not experiencing an overdose it will not cause any harm. Lead-Deadwood school district will train designated staff to be prepared to use naloxone in the advent of an opioid overdose.

Recognizing the Symptoms of an Opioid Overdose

Signs and Symptoms of an Overdose

- Unresponsiveness or unconsciousness
- Slowed or stopped breathing
- Snoring or gurgling sounds (agonal breathing)
- Cold and/or clammy skin
- Blue/gray lips and/or fingernails
- Pinpoint pupils

Use of Naloxone

In case of a suspected opioid overdose, lead Deadwood school district designated personnel shall follow the protocol outlined in the naloxone training.

- Check for responsiveness
- Shout for nearby help
- Activate the emergency response system (call 911)
- Get AED and naloxone
- Follow **BLS Suspected Opioid Overdose Algorithm**
- Give another dose of naloxone in 3 minutes if no response or minimal breathing/responsiveness after first dose
- Remain with Victim until EMS arrives
- Notify parent/ guardian that student will be transported to emergency room. **All students that have received naloxone will be transported by EMS to the emergency room.**
- Fill out “Naloxone in Public Schools Reporting Form” and return to the school nurse

Adverse Response to an Opioid Antagonist

Opioid antagonists are generally considered safe medication and adverse reactions are very rare. The most common side effects are opioid withdrawal symptoms.

- Nausea/ vomiting
- Discomfort
- Chills
- Diarrhea
- Anxiety
- Combativeness
- Disorientation

Follow Up

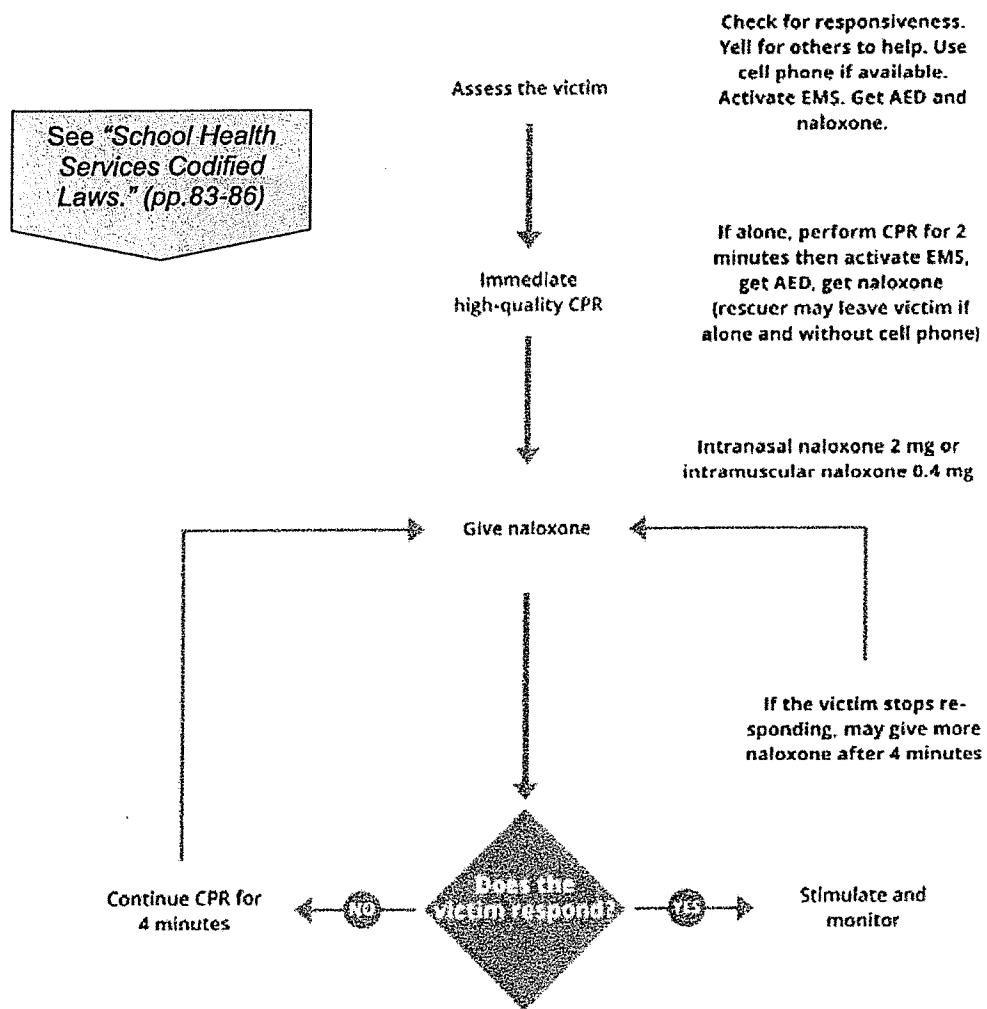
After the administration of naloxone, the school nurse will notify appropriate administration and support staff to follow up with overdose victims' family.

Training

The school nurse will schedule training with the South Dakota Department of Health for designated staff for opioid antagonist administration training and will review training yearly with staff.

Naloxone may be provided free of charge to schools through a grant from the Department of Social Services in conjunction with the Department of Health. The Department of Health has identified a contract physician who will provide the standing order for any school participating in the program.

BLS Suspected Opioid Overdose Algorithm



Opioid overdose can depress a person's drive to breath and may lead to death. Individuals who are at imminent risk of death from opioids may be given naloxone in pre-hospital settings by trained lay rescuers. Naloxone competes with opioid drugs at opioid receptors, and reverses the effects of the drug. Naloxone has a short half-life in the body—shorter than most opioid drugs of abuse—so multiple administrations may be needed.

LEAD-DEADWOOD SCHOOL DISTRICT 40-1

Standing Orders: Opioid Antagonist/Naloxone

Naloxone is a safe prescription medication indicated for the emergency reversal of a known or suspected opioid overdose. Opioids include heroin and prescription pain medication such as morphine, hydrocodone, and oxycodone. Naloxone acts by displacing an opioid from the opioid receptors in the brain and reverses respiratory depression. Naloxone does not cause a euphoric effect. If administration to someone who is not experiencing an overdose it will not cause any harm. Lead-Deadwood school district will train designated staff to be prepared to use naloxone in the advent of an opioid overdose.

Standing Orders: Opioid Antagonist/Naloxone	
<p><u>Recognizing the Symptoms of an Opioid Overdose:</u></p> <p>Signs and Symptoms of an Overdose</p> <ul style="list-style-type: none">• Unresponsiveness or unconsciousness• Slowed or stopped breathing• Snoring or gurgling sounds (agonal breathing)• Cold and/or clammy skin• Blue/gray lips and/or fingernails• Pinpoint pupils	<p>Protocol:</p> <p>In case of a suspected opioid overdose, lead Deadwood school district designated personnel shall follow the protocol outlined in the naloxone training.</p> <ul style="list-style-type: none">• Check for responsiveness• Shout for nearby help• Activate the emergency response system (call 911)• Get AED and naloxone• Follow Opioid-Associated Emergency for Lay Responders Algorithm• Give another dose of naloxone in 3 minutes if no response or minimal breathing/respondiveness after first dose• Remain with Victim until EMS arrives• Notify parent/ guardian that student will be transported to emergency room. All students that have received naloxone will be transported by EMS to the emergency room.• Fill out “Naloxone in Public Schools Reporting Form” and return to the school nurse

LEAD-DEADWOOD SCHOOL DISTRICT 40-1

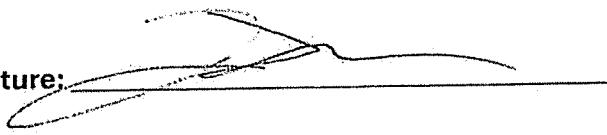
Follow Up

After the administration of naloxone, the school nurse will notify appropriate administration and support staff to follow up with overdose victims' family.

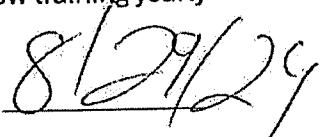
Training

The school nurse will schedule training with the South Dakota Department of Health for designated staff for opioid antagonist administration training and will review training yearly with staff.

Physician Signature:



Date:



LEAD-DEADWOOD SCHOOL DISTRICT 40-1

Standing Orders: Allergy/Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction that may involve various areas of the body (such as skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Onset may be sudden or may occur up to four hours after contact. Severe, even fatal reactions can occur in previously unidentified individuals.

Common Causes of Anaphylaxis (NOTE: any substance is capable of causing an anaphylactic reaction):

- Drugs: most commonly antibiotics and pain medications
- Foods: most commonly peanuts, milk, eggs, tree nuts, fish, shellfish, soy, and wheat (foods may be contaminated with an allergen from cooking or serving or may be hidden ingredients)
- Insect Bites: most commonly bees, yellow jackets, wasps, hornets, and fire ants
- Latex

Steps for treating an allergic reaction:

1. Act quickly.
2. Locate and refer to the Individual Healthcare Plan if available.
3. If there is no Individual Healthcare Plan – follow the Standing Orders below.
4. Notify school nurse or nurse back up.

STANDING ORDERS: ALLERGY/ANAPHYLAXIS TREATMENT PROTOCOL	
<p>Mild reactions (symptoms may include): mild hives, itching, localized swelling (NOT including face, tongue or mouth), runny nose, and sneezing</p>	<p>Protocol:</p> <ol style="list-style-type: none">1. Contact school nurse.2. Administer Benadryl (diphenhydramine) if there is no allergy or contraindication to Benadryl.<ol style="list-style-type: none">a. Administer by mouth per weight/age dosing listed on container.3. Contact parent/guardian and advise follow-up with physician.
<p>Severe reactions (symptoms may include): Lung: short of breath, wheeze, repetitive cough Heart: pale, blue, faint, weak pulse, dizzy, confused Throat: tight, hoarse, difficulty breathing/swallowing Mouth: obstructive swelling (tongue and/or lips) Skin: hives over body OR Combination of symptoms from different body areas: Skin: hives, itchy rashes, swelling (eyes, lips) Gut: vomiting, cramping pain, diarrhea HEENT: runny nose, sneezing, swollen eyes, phlegmy throat Other: confusion, agitation, feeling of impending doom</p> <p>EpiPen Instructions</p> <ol style="list-style-type: none">1. Refer to instructions on device.2. Remove safety cap.3. Firmly push tip into outer thigh.4. Hold in place for 3 seconds.5. Gently massage area for 30 seconds.	<p>Protocol:</p> <ol style="list-style-type: none">1. Do not hesitate; it is safer to give epinephrine than to delay treatment.2. Give Epinephrine:<ol style="list-style-type: none">a. For an infant: Call EMS and ask for further instructions.b. For a patient <66 pounds administer Junior EpiPen (0.15 mg epinephrine)c. For a patient >66 pounds administer Adult EpiPen (0.3 mg epinephrine)3. Call 911.4. May repeat dose (if available) in 5 minutes if symptoms worsen or there is no improvement.5. Stay with patient until EMS arrives.6. If available administer O2 by face mask at _____ liters/min.7. Administer CPR if needed.8. Notify parent/guardian.9. Complete LDSD Student Injury Form.

Physician Signature:

Date: 8/29/29

CERTIFICATION FORM:
Free EPIPEN® (epinephrine injection, USP) Auto-Injector for
***EPIPEN4SCHOOLS®* Program**

The school and/or school district identified below (the "School") hereby acknowledges and agrees that the Free EPIPEN (epinephrine injection, USP) Auto-Injector for EPIPEN4SCHOOLS Program made available by Viatris™ ("Viatris") to the School is because it is a school and is conditioned upon the undersigned making this certification to Viatris.

The School represents and warrants to Viatris that:

- (i) all of the information provided in this certification is true, complete and accurate;
- (ii) the School will only receive EPIPEN (epinephrine injection, USP) 0.3mg and EPIPEN JR® (epinephrine injection, USP) 0.15mg Auto-Injectors, or authorized generic for EPIPEN (epinephrine injection, USP) 0.3mg and EPIPEN JR (epinephrine injection, USP) 0.15mg Auto-Injectors, in accordance with all applicable laws for use by the School, and the School has presented a valid prescription for the product;
- (iii) the School is an entity whose primary purpose is education for students in grades K through 12 that is licensed as an educational facility under all applicable laws;
- (iv) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EPIPEN or EPIPEN JR Auto-Injectors or authorized generic for EPIPEN or EPIPEN JR Auto-Injectors;
- (v) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
- (vi) such EPIPEN Auto-Injectors or authorized generic for EPIPEN Auto-Injectors received by the School shall be for its own use and the School shall not sell or transfer any such EPIPEN Auto-Injectors or authorized generic for EPIPEN Auto-Injectors received pursuant to the Free EPIPEN Auto-Injector for EPIPEN4SCHOOLS Program to a non-school third party, unless the prior written approval of Viatris, in its sole discretion, is obtained;
- (vii) any transfer of any quantity of EPIPEN Auto-Injectors or authorized generic for EPIPEN Auto-Injectors received pursuant to the Free EPIPEN Auto-Injector for EPIPEN4SCHOOLS Program available to schools in violation of this certification will be considered a breach of this certification allowing Viatris to prohibit the School from receiving EPIPEN Auto-Injectors or authorized generic for EPIPEN Auto-Injectors pursuant to the Free EPIPEN Auto-Injector for EPIPEN4SCHOOLS Program available to schools;
- (viii) neither the School, nor any healthcare professional associated with or providing medical services on behalf of the School, will bill any patient or any third-party payer/government program for any free EPIPEN or EPIPEN JR Auto-Injector or authorized generic for EPIPEN or EPIPEN JR Auto-Injector administered to any patient; and

Please input the number of EPIPEN 2-PAK and/or EPIPEN JR 2-PAK cartons below.

Authorized Schools are eligible to receive four EPIPEN Auto-Injectors in the form of two EPIPEN 2-PAK cartons; or two EPIPEN JR 2-PAK cartons; or one of each 2-PAK cartons. Total quantity ordered must be no more than two 2-PAK cartons.

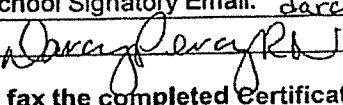
Product/Carton Type	Quantity Ordered*	Price
EPIPEN 2-PAK Cartons	3	FREE
EPIPEN JR 2-PAK Cartons	3	FREE
Total Quantity Ordered *must be no more than two 2-PAK	6	FREE

*Please note there are two auto-injectors per EPIPEN 2-PAK or EPIPEN JR 2-PAK. Example: If you wish to order two EPIPEN Auto-Injectors and two EPIPEN JR Auto-Injectors, put the number "1" in the Quantity Ordered box next to EPIPEN 2-PAK and "1" in the Quantity Ordered box next to EPIPEN JR 2-PAK. If you wish to order four EPIPEN JR Auto-Injectors, put the number "2" in the Quantity Ordered box next to EPIPEN JR 2-

PAK® and 0 (zero) in the Quantity Ordered box next to EPIPEN 2-PAK. Please note that Schools may receive the authorized generic versions of EPIPEN and EPIPEN JR.

† ORDERING FOR MULTIPLE SCHOOLS: If you are ordering for multiple Schools within a single school district, you may order up to two 2-PAK cartons per school. Please provide a list of all of the Schools for which you are ordering product if ordering for multiple Schools, including the name and address of each School. For example, if you are ordering two EPIPEN JR 2-PAK cartons for each of 10 Schools, you should enter 20 in the Quantity Ordered column next to EPIPEN JR 2-PAK cartons. Under this scenario, your total quantity ordered cannot exceed the number of Schools multiplied by 2.

If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name:	Lead- Deadwood School District
School Address:	716 Main St.
City/State/Zip:	Deadwood, SD 57732
School Phone:	605-717-3884
Authorized School Signatory Name:	Darcey Percy RN, BSN
Authorized School Signatory Title:	School District Nurse
Authorized School Signatory Email:	darcy.percy@k12.sd.us
Signature:	
	Date: 8-14-24

Please fax the completed Certification Form and a copy of a valid EPIPEN Auto-Injector prescription to BioRidge Pharma, LLC
Attn: Kristina Paich Fax: 973-718-4328 or email scan to: info@bioridgepharma.com
Phone: 973-845-7600

Indications (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN and EPIPEN JR Auto-Injectors are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. EPIPEN and EPIPEN JR Auto-Injectors are intended for immediate administration in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

Important Safety Information (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN (epinephrine injection, USP) 0.3 mg and EPIPEN JR (epinephrine injection, USP) 0.15 mg Auto-Injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

EPIPEN and EPIPEN JR should **only** be injected into the anterolateral aspect of the thigh. **Do not inject intravenously, into buttock, or into digits, hands, or feet.** Instruct caregivers to hold the leg of young children firmly in place and limit movement prior to and during injection to minimize risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.

Epinephrine should be used with caution in patients with heart disease, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.

Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see the Full Prescribing Information for EPIPEN

Please see the Full Prescribing Information for the Authorized Generic for EPIPEN

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Epinephrine Standing Order Protocol

I, the undersigned Physician, for the purpose of facilitating the use of epinephrine in individuals in the case of anaphylaxis, a life-threatening allergic reaction, and in compliance with all applicable state laws and regulations, issue this epinephrine standing order Protocol ("Protocol") on the following terms:

Physician License: I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine in emergency situations as further described below in a school setting.

Delegation: I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Issued to:

Lead-Deadwood School District 40-1

Name of School/District

716 Main St

Street Address

Deadwood, SD 57732

City, Zip Code

Standing Order: All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the school system may administer epinephrine via an undesignated epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction (anaphylaxis).

Emergency Treatment Procedures: The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is a life-threatening allergic reaction that is rapid in onset.

1. **Dosage:** If conditions of anaphylaxis are developing or present themselves, administer EPIPEN® (epinephrine injection, USP) or EPIPEN JR® (epinephrine injection, USP) Auto-Injector, or the authorized generic for EPIPEN or EPIPEN JR Auto-Injector, intramuscularly into the anterolateral aspect of the thigh (through clothing if necessary). Selection of the appropriate dosage strength (EPIPEN 0.3 mg or EPIPEN JR 0.15 mg, or the authorized generics of these strengths) is determined according to patient body weight, as discussed in the product labeling.
 - a. For individuals 33 to 66 pounds, use one EPIPEN JR (epinephrine injection, USP) Auto-Injector or the authorized generic for EPIPEN JR Auto-Injector to deliver 0.15 mg of epinephrine injection, USP.
 - b. For individuals approximately 66 pounds and greater, use one EPIPEN (epinephrine injection, USP) Auto-Injector or the authorized generic for EPIPEN Auto-Injector to deliver 0.3 mg of epinephrine injection, USP.
2. **Frequency:** Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated. More than two sequential doses of epinephrine for the same episode should be administered only under direct medical supervision.
3. **Referral:** The individual must be referred to a physician for medical evaluation, even if symptoms resolve completely. Symptoms may recur after the epinephrine wears off, as much as 24 hours later.
4. **Documentation and Notification:** Document the details of the incident and notify the individual's parent, guardian, or caretaker and primary care physician in accordance with school policy.

In every case, emergency services must be contacted as soon as possible by calling 911 or local emergency medical services.

Please review the attached prescription:

Effective Date: 8/29/24

Physician Signature: 

Physician Name (printed): John K. Timnes

Physician Contact Number: 605-317-6431

Physician Address: 71 Charles St., Deadwood SD 57732

Physician State of License: South Dakota

Physician State License Number: 12422

Strength	Quantity Requested*
0.3mg EPIPEN 2-PAK	3
0.15mg EPIPEN JR 2-PAK	3

*Please note there are two auto-injectors in each EPIPEN 2-PAK or EPIPEN JR 2-PAK. Example: If you wish to order 100 EPIPEN Auto-Injectors and 80 EPIPEN JR Auto-Injectors, put the number 50 in the quantity requested box next to the 0.3mg EPIPEN 2-PAK and 40 in the quantity requested box next to the 0.15mg EPIPEN JR 2-PAK. Please note that schools may receive the authorized generic versions of EPIPEN and EPIPEN JR.

Indications (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN and EPIPEN JR Auto-Injectors are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. EPIPEN and EPIPEN JR Auto-Injectors are intended for immediate administration in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

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Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.

Epinephrine should be used with caution in patients with heart disease, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.

Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see the Full Prescribing Information for EPIPEN

Please see the Full Prescribing Information for the Authorized Generic for EPIPEN

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Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.

Epinephrine should be used with caution in patients with heart disease, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.

Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see the Full Prescribing Information for EPIPEN

Please see the Full Prescribing Information for the Authorized Generic for EPIPEN

EPIPEN and EPIPEN JR are registered trademarks of Mylan Inc., a Viatris Company.

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STANDING ORDER CERTIFICATION FORM

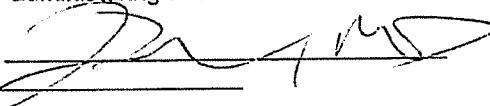
Practitioner Name:	John Tronnes MD
Practitioner Address:	71 Charles St Deadwood, SD 57732
Practitioner Phone:	605-777-6431
Date:	8/29/14

Shipment Information

Please ship to Providers Address!

Recipient Name:	Darcy Percy, RN, RSN
Recipient Title:	School District Nurse
Recipient Address:	

By signing this Certification form, I certify that, under applicable state law, I may (1) purchase and possess quantities of EPIPEN® (epinephrine injection, USP) or EPIPEN JR® (epinephrine injection, USP) Auto-Injectors, or the authorized generic for EPIPEN (epinephrine injection, USP) or EPIPEN JR (epinephrine injection, USP) Auto-Injectors (the "Product"), (2) prescribe, furnish and administer the Product to patients, (3) issue standing orders or otherwise delegate to appropriate persons the authority to prescribe, furnish or administer the Product to a student at a school or involved in a school-related activity, and (4) ship, or direct shipment of, quantities of the Product to a school for prescribing, furnishing or administering to a student at the school or involved in a school-related activity.

Practitioner Signature: 

Date: 8/29/14

Indications (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN and EPIPEN JR Auto-Injectors are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. EPIPEN and EPIPEN JR Auto-Injectors are intended for immediate administration in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

Important Safety Information (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN (epinephrine injection, USP) 0.3 mg and EPIPEN JR (epinephrine injection, USP) 0.15 mg Auto-Injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

EPIPEN and EPIPEN JR should only be injected into the anterolateral aspect of the thigh. Do not inject intravenously, into buttock, or into digits, hands, or feet. Instruct caregivers to hold the leg of young children firmly in place and limit movement prior to and during injection to minimize risk of injection-related injury.

Lead-Deadwood School District Screening Procedure

Vision screening: Pre-K, K-3, 5, 7, 11th grades

Hearing screening: Pre-K, K-3, 5, 7, 11th grades

Height and weight/ BMI: select grades during P.E.

Dental screening: offered to all students.

Lead-Deadwood school district will partner with the Lions Club to provide vision screenings for students in the fall and for the upcoming years kindergarten registered students. Teachers may make referrals to the school nurse for individual screenings at any time they feel the student is having difficulty with vision. If a student fails a vision screening they will be referred for a full vision exam.

Lead-Deadwood school district will partner with South Dakota School for the Deaf to provide hearing screenings for students in the fall. Teachers may refer students to the school nurse at any time for screening if they feel the student is having difficulty with their hearing. If a student fails a hearing screening they will be referred for a full hearing exam.

Height and weight/ BMI's will be recorded by the schools physical education teacher as required by the state and reported to them per their guidelines.

Lead Deadwood school district will partner with delta dental mobile bus to provide dental screenings available upon authorization by parents for any student in need. This will occur at least once a year as funding allows.

Lead-Deadwood School District Head Lice Protocol and Guideline

Introduction

Head lice are a fairly common problem in school-aged children. It is most prevalent among preschool and elementary school age children and their household members or caretakers. While head lice are a nuisance it does not pose a significant health hazard and is not known to spread disease. Head lice can be acquired anywhere in the community and may not be identified until weeks to months after exposure. Having head lice is not related to the cleanliness of the person or their environment.

The most challenging aspects of head lice are not the condition itself but school staff and parent's reaction and emotions that occur when head lice are suspected. A lice infestation is made worse than it should be when parents, school and or the community react with fear and anger, creating an environment of hysteria. This overreaction frequently creates anger directed towards parents and or the school personnel and it often leads to teasing or alienation of the child, which can impact his or her self-esteem. Inappropriate management of head lice can also result in unnecessary absenteeism and may lead to improper treatment that could potentially be harmful.

Historically, in an effort to decrease head lice manifestations, many US schools adopted a "no knit" policy. This type of policy leads to extended student absences related to chronic infestations in certain students. One study found 12 million to 24,000,000 school days are lost annually in the United States due to excluding students with knits. However, research shows that the presence of knits does not indicate active infestations and do not lead to any disease process. The American Academy of Pediatrics recommends that classroom or school wide screening should be strongly discouraged due to the lack of evidence of efficacy and instead suggest that schools help educate parents in diagnosing and managing head lice.

The Center for Disease Control, the American Academy of Pediatrics, and the National Association of School Nurses all recommend that students not be excluded from school for having knits and that the management of head lice should not disrupt the student's education process. The APP further recommends that since a child with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem, he or she should remain in class but be discouraged from close direct head contact with others. If a child is assessed as having head lice, confidentiality must be maintained so the child is not embarrassed. The child's parent/guardian should be notified that day and educated on the

prompt, proper treatment of head lice. The child should be allowed to return to school after proper treatment.

Procedure

In a case of lice, suspected or found, the following procedure should be followed:

1. A trained designee from the school should check the child for head lice.
2. Once a case is confirmed, the school should notify the parent of the head lice and the procedure to follow for treatment. It is preferable to have the parent/ guardian pick up the child at school at the end of the day so the information on the procedure for treatment can be discussed. **Immediate removal of the child is unnecessary.** If a child has lice they may have been infested for weeks and immediate removal of the child from the classroom could lead to embarrassment and ridicule. **Children can be sent home at the end of the day,** and they should be allowed to ride the bus home. Transmission via school bus seats is not likely because of the biology of the head lice.
3. Send “lice packet” home with student or give to parents when they pick the student up at the end of the day.
4. The child with suspected head lice should be restricted from activities involving close contact or shared personal items with other children until treated.
5. If several cases of head lice occur in the same classroom the principal may choose to send a letter home notifying classmates parents that a case of head lice is suspected and asking them to check all their children for head lice.
6. All students in the classroom/ grade **should not** be checked. Current evidence does not support the efficacy and cost effectiveness of classroom or school wide screening and can cause more harm than good given the psychological impact life may have on a child.
7. The child may return to school the following day after lice treatment has been completed. The school nurse will check the student to verify that treatment occurred.

Roles and responsibilities

Parents have the ultimate responsibility for their children. This includes assisting in the prevention and management of head lice cases by regularly checking their child's hair and immediately treating when lice is detected.

Schools have a responsibility to designate an individual who will be responsible to check students who are suspected of having head lice, notifying parents of confirmed head lice, sending home head lice education materials and educating parents/ guardians, and

educating students on how to prevent transmission of head lice. The school is also responsible for keeping a clean environment and maintaining strict confidentiality of each student.

LEAD-DEADWOOD SCHOOL DISTRICT

Personal Care and Toileting Procedure

- I. **PURPOSE:** The purpose of this procedure is to provide guidelines to further enhance the safety and security regarding personal care for toddlers, preschool, pre-kindergarten, and school age children by Lead Deadwood school district employees and enable students who require assistance with self-care to obtain it in an appropriate manner while reducing the risk of spreading germs and disease within the school environment.
- II. **BACKGROUND:** Children who are not toilet trained cannot be excluded from School entry. Mastery of self-care skills, including toilet training cannot be a precondition for student enrollment. In addition to toileting, self-care includes all the activities students are expected to be able to do in order to meet their basic needs, such as eating/feeding, bathing, dressing, grooming, and teeth brushing. While students entering school for the first time are expected to be able to manage most self-care needs, some students may require additional assistance and adult support for various reasons.
- III. **PROCEDURE:** It is essential that every student is treated as an individual and care is given as gently and respectfully as possible.

All students:

- Have the right to feel safe and secure.
- Should be respected and valued as individuals.
- Have the right to privacy, dignity, and a professional approach from staff members when meeting their personal care needs.
- Should be given the opportunity to be treated in an age-appropriate manner.
- Have the right to receive guidance and support to enable them to make appropriate choices when it comes to their personal care needs.
- Have the right to be accepted for who they are, without regard to age, gender, ability, race, culture, or beliefs.
- Have the right to express their needs, wants, concerns, and have what they expressed responded to appropriately.

A parent permission form should be completed and kept on file for general education students prior to staff assisting students with toileting and personal care needs. If a parent does not wish for school staff to assist with this need, the school must promptly notify the parent or an emergency contact who will be asked to come to the school and attend to the child's needs without delay.

For students with disabilities whose personal care needs are documented in an I Yep or 504 plan, no additional parent consent is required for staff assistance.

Best practice and guidance in personal care:

- This requires great trust and responsibility. When providing personal care, administrative, instructional, and support staff members must attend to the safety and comfort of the students, and ensure they are treated with dignity and respect. There is a balance struck between maintaining privacy and dignity for children alongside protection of the student and staff members.
- **At no time should students' personal care needs related to toileting be managed in the instructional setting or in the presence/view of other students.**
- All adults assisting with personal care should be employees of LDSD.
- Staff members assigned to support a student with personal care needs shall notify other staff members and request coverage, if needed, when they are taking a student out of the classroom to another designated location to take care of personal care needs.

Changing soiled underwear, pull-ups, and clothing:

Step one: get organized. Prior to bringing the child to the changing area:

- Wash your hands thoroughly with soap and warm running water. Dry hands with disposable towel.
- Put on a pair of disposable gloves.
- Have a small disposable bag open and ready for pull-ups or clothing that have been soiled.

Step 2: Bring child to the classroom bathroom. Remove soiled items and avoid direct contact with items.

- If changing the child standing, remove bottom clothing, socks, and shoes that risk becoming soiled during the change. To avoid soiling the child's top clothing half the child hold it above their belly button during the change, if developmentally appropriate.
- Carefully remove the soiled underwear, diaper, or pull up. Minimize contact between the soiled item and the rest of the child during the removal.
- For diapers/pull-ups containing feces, replace the diaper/ pull up in a small disposable plastic bag. Leave the bag open until the child is completely changed.
- Do not rinse soiled clothing, as it risks contaminating the environment. Place all soiled clothing in a separate plastic bag that can be secured and sent home to be cleaned.
- Store any soiled clothes in an area not accessible to students until they may be sent home to be cleaned.

Step 3: Clean the child's skin.

- Using wipes remove the urine and/ or feces from the front to back. Use a fresh wipe each time you clean from front to back.
- Lift the child's legs as needed to ensure they are entirely clean.
- Place all soiled wipes into the plastic bag.
- Remove your gloves using the proper technique.

Step 4: Put on clean pull up or underwear.

- Encourage the child to put on another pull up or underwear and re dress as independently as possible.

- Encourage the child to put back on their socks and shoes as independently as possible.

Step 5: Wash the child's hands: using soap and warm water have the child thoroughly clean and rinse their hands and dry them with a disposable paper towel.

Step 6: Clean and disinfect the changing surface.

- Wash your hands and thoroughly dry them before putting on a second pair of disposable gloves.
- Securely tie the plastic bag with the child's soiled clothes and store in designated location. Securely tie the plastic bag with the soil diaper/pull up and discard in designated garbage can.
- Using the approved cleaning wipes disinfect changing pad or floor.
- Remove gloves using proper technique.

Step 7: Wash your hands thoroughly with soap and warm water before returning to the classroom.

Lead-Deadwood Board of Education,

Thank you once again for
the staff Christmas dinner
at the Lodge.

It is always so nice to
get together and visit with
colleagues.

Thank you once again! It
is appreciated!

Thank you so very much.

Sincerely,
Shannon
Mollman



December 10, 2024

~~Michelle Piontek
JLG Architects
710 S 2nd Street, 8th Floor
Minneapolis, MN 55401
mpiontek@jlgarchitects.com~~

VIA EMAIL William Snow
Transportation & Maintenance Director
Lead-Deadwood School District
320 South main Street
Lead, SD 57754

**RE: Lead Deadwood Middle School Renovation
Lead, SD**

Dear Michelle:

Thank you for soliciting FMG for professional Surveying Services for the referenced project.

We understand the project consists of renovating the middle school for the CTE program along with relocating admin and the secure entry point from the upper level to the lower street level.

The new entrance will require modifications to the parking area to accommodate a drop-off area.

SCOPE OF WORK

FMG has prepared the following outline of the requested Scope of Work items related to existing condition topographic survey including;

Task 1 - Topographic Survey

FMG will complete a topographic survey of the front of the school along S. Main Street for the purpose of modifying the parking area to add a drop-off lane and modify sidewalks as necessary.

An optional survey fee for the back of the school for the purpose of expanding the parking area will also be provided.

This work may be contracted with JLG as part of the civil services or directly with the school district.

Assumptions:

- Utilities will be marked from an 811 locate request initiated by FMG. No private utility locate services will be provided. Historical drawings may be used to draw utilities that are not marked by 811.
- No property boundary survey, road ROW width, or easement location survey will be completed.



FEES

The lump sum survey fees shown below are a-la-carte and can be contracted with JLG or the school.

Task 1 - Topographic Survey (S. Main Frontage)	\$2,500
Task 1a - Topographic Survey (Back of School)	\$4,000

Please give me a call if you have any questions.

Thank you for the opportunity to submit this proposal.

Sincerely,
FMG Engineering

Jason Pettyjohn, P.E.
Attachments
c: Proposal File

William Snow
01/20/25

William Snow
Lead Deadwood School Dist
Trans / Maint Dir

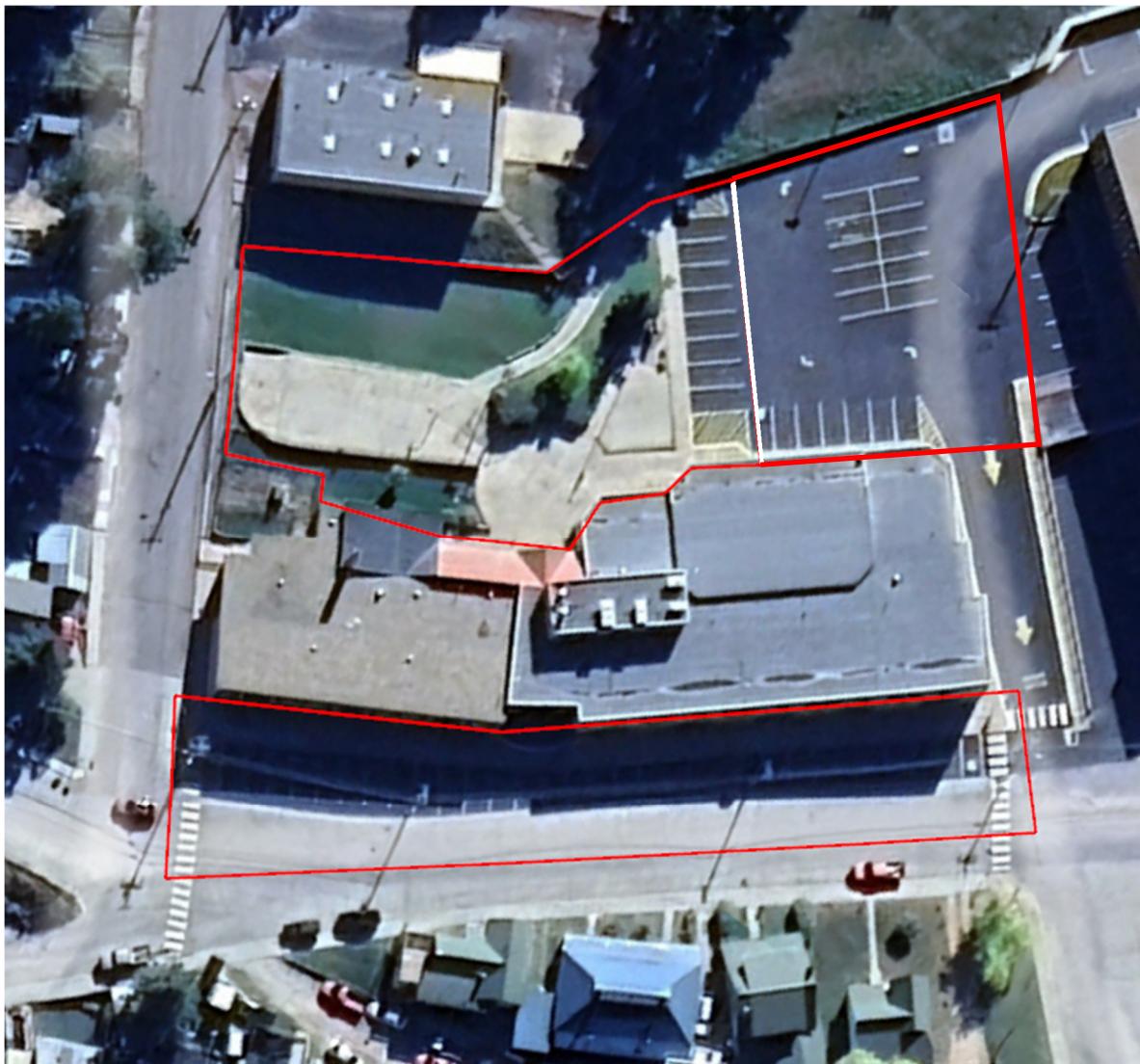


Figure 1 - Survey Limits

January 14, 2025

JLG Architects
Attn: Michelle Piontek
710 South 2nd Street, 8th Floor
Minneapolis, MN 55401

RE: Lead-Deadwood Middle School Topographic Survey

Thank you for the opportunity to provide a quote for surveying services related to the above-referenced project. Below is a breakdown of the services that we will provide, and the associated fee(s).

Surveying Services: Lead Middle School – 234 Main Street, Lead, South Dakota

Task 1: Topographic Survey along South Main Street for new entry and student drop off. **\$10,500(+Tax)**

- Locate Building Corners and Finish Floor Elevation at Entry
- Edge of pavement
- Edge of sidewalk
- Curb and gutter, both sides of road
- Signs, light poles, utility poles
- Observable utilities
- Utility markings pursuant to an 811 locate
- UAS flight

Deliverable: Site plan in Civil3D with surface and located items overlayed on an orthometric photo taken at time of survey

Task 2: Parking lot and adjacent space for parking lot expansion. **\$17,000 (+Tax)**

- Locate Building Corners and Finish Floor Elevation at Entry
- Edge of pavement
- Edge of sidewalk
- Curb and gutter, both sides of road
- Signs, light poles, utility poles
- Retaining walls
- Observable utilities
- Utility markings pursuant to an 811 locate
- UAS flight

Deliverable: Site plan in Civil3D with surface and located items overlayed on an orthometric photo taken at time of survey.

Refer to picture on Page 3 for extents of each task.

SURVEY SERVICES LUMP SUM COST **\$27,500 + Any Applicable Taxes**

Assumptions:

1. This estimate is subject to, but not limited to, field re-work, mileage, lodging, and per-diem.
2. This proposal and any attached terms and conditions shall be made a part of the final contract documents. This proposal and any future contracts will be lump sum.
3. The final contract shall be a Professional Services Agreement.
4. Our services will be billed monthly. Invoices not paid within 60 days will accrue interest from the original billing date at 1.5% per month.
5. This estimate includes support items for CAD drafting and Professional Land Surveyor time for direct supervision, scheduling, support.
6. Also included in this estimate is our travel time to/from the project site from our Spearfish, South Dakota office, chargeable vehicle mileage and survey materials needed for staking (survey stakes, paint, flagging etc.)
7. This proposal is an agreement between Client and Interstate Engineering Inc. and is NOT subject to any agreements, requirements, or contracts between Client and Owner.
8. This proposal is valid through January 24, 2025.

Exceptions/Notes:

1. This proposal is for Topographic survey services only, boundary survey is excluded from this proposal, Interstate Engineering would be pleased to provide a separate estimate for property survey services upon request; however, this is not included in this estimate.
2. Snow cover and snowbanks created by plowing could prevent us from seeing all items which may be pertinent to the design.

We would propose doing this work at our lump sum amount of \$27,500. This estimate is subject to any/all applicable taxes.

Thank you again for the opportunity to discuss this project with you and its successful completion for both parties.

Respectfully Submitted,

INTERSTATE ENGINEERING, INC.



Augusta Kickbusch, PLS

Survey Manager

