



**CHAMPAIGN
PARK DISTRICT**

Revised: 7/24/17

**PUBLIC HEARING FOLLOWED BY A SPECIAL BOARD MEETING
BRESNAN MEETING CENTER
706 Kenwood Road, Champaign, Illinois
Wednesday, July 26, 2017
5:30 p.m.**

PUBLIC HEARING

A. ORDINANCE NO. 622, AMENDED BUDGET AND APPROPRIATION ORDINANCE

The Public Hearing is to discuss and receive public comments on the Amended Budget and Appropriation Ordinance for FY16-17. A Notice of Public Hearing was published in *The News-Gazette* on July 17, 2017.

B. ORDINANCE NO. 620, BUDGET AND APPROPRIATION ORDINANCE

The Public Hearing is to discuss and receive public comments on the Budget and Appropriation Ordinance for FY17-18. A Notice of Public Hearing was published in *The News-Gazette* on July 17, 2017.

C. PUBLIC COMMENTS

D. CLOSE THE PUBLIC HEARING

SPECIAL BOARD MEETING

A. CALL TO ORDER

B. COMMENTS FROM THE PUBLIC

C. NEW BUSINESS

1. Approval of Ordinance No. 622: Amended Budget and Appropriation Ordinance
Staff recommends adoption of Ordinance No. 622, the Amended Budget and Appropriation Ordinance for FY16-17 in the amount of \$17,115,667. **(ROLL CALL VOTE REQUIRED)**
2. Approval of Ordinance No. 620: Budget and Appropriation Ordinance
Staff recommends adoption of Ordinance No. 620, the Budget and Appropriation Ordinance for FY 17-18 in the amount of \$19,864,806. **(ROLL CALL VOTE REQUIRED)**
3. Approval of the FY17-18 Annual Budget
Staff recommends approval of the FY17-18 Annual Budget.
4. Approval of Bid for Henry Michael Park Grading
Staff recommends awarding the bid for grading the soil at Henry Michael Park to the lowest responsible bidders, Otto Baum Co. of Morton, Illinois, in the bid amount of \$13,275.00, and authorize the Executive Director execute the contract.

5. Approval of a Subrecipient Agreement between the City of Champaign and the Park District for the Community Matters Program

Staff recommends approval of the Subrecipient Agreement between the City of Champaign and the Park District for the Community Matters Program. The term of the agreement is from July 1, 2017 through June 30, 2018.

D. DISCUSSION ITEMS

1. Proposal from IFC to Install Lights on a Soccer Field
2. Performance Measurement Report
3. Safety Manual

E. COMMENTS FROM COMMISSIONERS

F. EXECUTIVE SESSION

The Board will convene into Executive Session under the Illinois Open Meetings Act, specifically 5 ILCS 120/2(c)(1) for the discussion of the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body, or legal counsel for the public body; (c)(5) for the purchase or lease of real property for the use of the public body including meetings held for the purpose of discussing whether a particular parcel should be acquired; (c)(6) the setting of a price for sale or lease of property owned by the public body; and (c)(11) to address litigation affecting or on behalf of the particular body that is probable or imminent.

G. RECONVENE INTO OPEN SESSION

H. ADJOURN



CHAMPAIGN PARK DISTRICT

REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 21, 2017

SUBJECT: Approval of Ordinance No. 622: Amended Budget and Appropriations Ordinance for Fiscal Year 2016-17

Background

Annually the Champaign Park District Board of Commissioners must set a date for the public hearing on the Budget and Appropriation Ordinance. At the same time, the budget will be placed for public inspection for at least 30 days prior to the public hearing. A formal notice will also be placed in the newspaper at least 7 days prior to the public hearing. When actual expenditures exceed the appropriation amount set, a budget amendment is required. The total budget net decrease of \$51,909 brings total budget expenditures to \$17,115,667 for the fiscal year ended April 30, 2017.

Prior Board Action

July 27, 2016 the Board of Commissioners adopted the Budget and Appropriations Ordinance No. 609 for the FY 2016-2017 budget.

June 12, 2017 – the Board of Commissioners set the date for the public hearing on amended FY 2016-2017 budget for July 26, 2017.

Budget Impact

The budget amendment increases specific line items, and the net change is a decrease in expenditures/transfers of \$51,909. Total expenditures for the amended FY2016-2017 budget are \$17,115,667.

Recommended Action

Staff recommends the Board approve Ordinance No. 622, the Amended Budget and Appropriation Ordinance, and authorize staff to file with the Champaign County Clerk's office.

Prepared by:

Reviewed by:

Andrea N. Wallace
Director of Finance

Joe DeLuce, CPRP
Executive Director

ORDINANCE #622

**AMENDED BUDGET AND APPROPRIATION ORDINANCE
For Fiscal Year 2016-2017**

**AN ORDINANCE AMENDING THE COMBINED
ANNUAL BUDGET AND APPROPRIATION OF
FUNDS FOR THE CHAMPAIGN PARK DISTRICT
CHAMPAIGN COUNTY, ILLINOIS
FOR THE FISCAL YEAR BEGINNING ON THE
FIRST (1ST) DAY OF MAY 2016, AND ENDING ON
THE THIRTIETH DAY (30TH) OF APRIL 2017**

WHEREAS, on July 27, 2016, the Board of Commissioners of the Champaign Park District, Champaign County, Illinois adopted Ordinance #609 an Ordinance Making a Combined Annual Budget and Appropriation of Funds for the Fiscal Year beginning May 1, 2016 and ending April 30, 2017;

WHEREAS, it is determined that the Budget and Appropriations Ordinance for the fiscal year beginning May 1, 2016 and ending April 30, 2017 is to be amended, and

WHEREAS, said Board of Commissioners caused to be prepared in tentative form this Ordinance, and the Secretary of the Board has made the same conveniently available to public inspection for at least thirty (30) days prior to action thereon; and

WHEREAS, a public hearing was held as to said Ordinance on 26th day of July, 2017, notice of said hearing having been given at least one (1) week prior thereto as required by law and all other legal requirements having been complied with.

NOW THEREFORE, BE IT ORDAINED BY THE BOARD OF PARK COMMISSIONERS OF THE CHAMPAIGN PARK DISTRICT, CHAMPAIGN COUNTY, ILLINOIS:

SECTION 1. It is hereby found and determined:

- (a) This Board has heretofore caused to be prepared a combined Annual Budget and Appropriation in tentative form, which Ordinance will be conveniently available for public inspection for at least 30 days prior to final action thereon; and
- (b) A public hearing will be held at the Bresnan Meeting Center, 706 Kenwood Road, Champaign, Illinois, on the 26th day of July 2017 on said Ordinance, notice of said hearing having been given by publication in the Champaign News Gazette, being a newspaper published within the District, at least one week prior to such hearing; and
- (c) That all other legal requirements for the adoption of the Annual Budget and Appropriation of this Park District for the fiscal year beginning May 1, 2016 and ending April 30, 2017 have heretofore been performed.

SECTION 2. The following sums of money, or so much thereof as may be authorized by law for the following objects and purposes, be and the same are hereby budgeted and appropriated for the fiscal year beginning the first (1st) day of May 2016 and ending the thirtieth (30th) day of April 2017.

Each of said sums of money and the aggregate thereof are deemed necessary by this Board to defray the necessary expenses and liabilities of this District during the fiscal year beginning May 1, 2016 and ending April 30, 2017 for the respective purposes set forth.

All unexpended balances of the appropriations for the fiscal year ended April 30, 2016 and prior years are hereby specifically re-appropriated for the same general purposes for which they were originally made and may be expended in making up any insufficiency of any other items provided in this appropriation ordinance, in making this appropriation in accordance with applicable law.

The receipts and revenues of said District derived from sources other than taxation and not specifically appropriated, shall constitute the general corporate fund and shall first be placed to credit of such fund.

SECTION 3. The following determinations have been made and are hereby made a part of the aforesaid budget:

- (a) An estimate of the cash on hand at the beginning of the fiscal year is expected to be \$19,981,950.
- (b) An estimate of the cash expected to be received during the fiscal from all sources is \$17,295,070.
- (c) An estimate of the expenditures and transfers contemplated for the fiscal year is \$17,115,667.
- (d) An estimate of the cash expected to be on hand at the end of the fiscal year is \$20,161,353.
- (e) An estimate of the amount of taxes to be received during the fiscal year is \$11,550,360.

SECTION 4. The receipts and revenues of the Champaign Park District derived from sources other than taxation and not specifically appropriated, and all unexpended balances from the preceding fiscal year not required for the purposes for which they were appropriated and levied, shall constitute the General Corporate Fund and shall first be placed to credit of such fund.

SECTION 5. All ordinances or parts of ordinances conflicting with any of the provisions of this ordinance be, and the same are hereby, repealed to the extent of such conflict. If any item or portion thereof of this budget and appropriation ordinance is for any reason held invalid, such decision shall not affect the validity of the remaining portion of such items or the remaining portion of this ordinance.

SECTION 6. This ordinance shall be in full force and effect immediately upon its passage.

PASSED this 26th day of July, 2017.

AYES:

NAYS:

ABSENT:

ABSTAIN:

[SEAL]

CHAMPAIGN PARK DISTRICT

By _____
Craig W. Hays, Board President

ATTEST:

Cindy Harvey, Board Secretary

STATE OF ILLINOIS)

)S.S.

COUNTY OF CHAMPAIGN)

I, Cindy Harvey, do hereby certify that I am the duly qualified and acting Secretary of the Champaign Park District in the county and state aforesaid, and as such Secretary, I am the keeper of the records and files of the Board of Commissioners of the Park District. I do further certify that the attached and foregoing is a true and complete copy of the "Combined Annual Budget and Appropriation Ordinance of the Champaign Park District, Champaign County, Illinois for the Fiscal Year beginning May 1, 2016 and ending April 30, 2017 as adopted by the Board of Park Commissioners at its properly convened meeting to be held on the 26th of July 2017, as appears from the official records of the Champaign Park District in my care and custody.

Cindy Harvey, Board Secretary

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
Fund 01 - GENERAL						
SALARIES AND WAGES						
70001 EXECUTIVE DIRECTOR	129,410	129,700		129,410	129,700	
70101 DEPARTMENT HEAD	370,200	370,900		383,530	384,300	
70301 OFFICE STAFF/SUPPORT	297,970	298,600		297,970	298,600	
70501 MANAGERS/SUPERVISORS	351,900	352,600		338,870	339,500	
70601 OPERATIONS STAFF	800,540	802,100		800,540	802,100	
70602 OPERATIONS STAFF OT	820	800		820	800	
70901 BUILDING SERVICE WORKER	29,250	29,300		29,250	29,300	
71001 PROGRAM/FACILITY DIR.	43,750	43,800		43,750	43,800	
80303 PT OFFICE STAFF/SUPPORT	78,590	78,700		78,590	78,700	
80903 PT BUILDING SERVICE WORKER	300	300		410	400	
82703 PT SEASONAL STAFF	463,670	510,000		428,705	471,600	
82704 PT SEASONAL	1,200	1,300		1,165	1,300	
SALARIES AND WAGES	2,567,600	2,618,100		2,533,010	2,580,100	
FRINGE BENEFITS						
53132 DENTAL INSURANCE	14,420	15,900		14,420	15,900	
53133 MEDICAL HEALTH INSURANCE	300,880	331,000		300,880	331,000	
53134 LIFE INSURANCE	5,920	6,500		5,920	6,500	
53137 EMPLOYEE ASSISTANCE PROGRAM	1,500	1,700		1,500	1,700	
83003 ALLOWANCES/REIMBURSEMENTS	62,840	69,100		62,840	69,100	
FRINGE BENEFITS	385,560	424,200		385,560	424,200	
CONTRACTUAL						
54201 POSTAGE AND MAILING	5,360	5,900		5,360	5,900	
54202 PRINTING AND DUPLICATING	10,450	11,500		10,450	11,500	
54204 STAFF MEETINGS	3,570	3,900		3,570	3,900	
54205 LEGAL PUBLICATIONS/NOTICES	13,720	15,100		13,720	15,100	
54206 ADVERTISING/PUBLICITY	22,700	25,000		22,700	25,000	
54207 STAFF TRAINING	17,120	18,800		17,120	18,800	
54208 MEMBERSHIPS, DUES AND FEES	15,800	17,400		21,363	23,500	
54209 CONFERENCE AND TRAVEL	26,150	28,800		26,150	28,800	
54210 BOARD EXPENSE	15,000	16,500		15,000	16,500	
54212 ATTORNEY FEES	98,000	107,800		124,074	136,500	
54214 ARCHITECT AND ENGINEERING FEES	125,000	137,500		125,000	137,500	
54215 PROFESSIONAL FEES	137,650	151,400		137,650	151,400	
54234 LANDFILL FEES	30,100	33,100		30,100	33,100	
54236 AUTO ALLOWANCE	500	600		500	600	
54240 OFFICE EQUIPMENT REPAIRS	1,000	1,100		1,000	1,100	
54241 VEHICLE REPAIR	14,400	15,800		17,975	19,800	
54242 EQUIPMENT REPAIR	8,050	8,900		8,050	8,900	
54245 BUILDING REPAIR	16,500	18,200		24,196	26,600	
54250 EQUIPMENT RENTAL	14,250	15,700		14,250	15,700	
54253 PEST CONTROL	1,520	1,700		1,520	1,700	
54254 SERVICE CONTRACTS	41,840	46,000		41,840	46,000	
54255 LICENSE AND FEES	21,840	24,000		21,840	24,000	
54260 SERVICE CONTRACTS - FACILITIES	7,000	7,700		7,000	7,700	
54261 SERVICE CONTRACTS	46,850	51,500		46,850	51,500	
54263 CONTRACTUAL MOWING	126,000	138,600		126,000	138,600	
54264 CELL PHONE EXPENSE	5,600	6,200		6,514	7,200	
54265 SUBSCRIPTIONS	1,260	1,400		1,260	1,400	
54270 PERSONNEL COSTS	22,620	24,900		22,620	24,900	
54275 HEALTH AND WELLNESS	6,650	7,300		6,650	7,300	
54280 OTHER CONTRACTUAL SERVICES	47,750	52,500		47,750	52,500	
54281 CONTRACTUAL PERSONNEL	200	200		200	200	
54282 INTERN STIPEND	4,700	5,200		4,700	5,200	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ORIGINAL				AMENDED			
ACCOUNT	DESCRIPTION	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
54285	CONTRACTUAL ENTERTAINMENT	500	600		500	600	
54291	PARK AND RECREATION EXCELLENCE	10,500	11,600		10,500	11,600	
59412	PROPERTY/SALES TAX	500	600		500	600	
59414	CREDIT CARD FEES	1,500	1,700		1,500	1,700	
	CONTRACTUAL	922,150	1,014,700		965,973	1,062,900	
<u>COMMODITIES/SUPPLIES</u>							
55301	OFFICE SUPPLIES	16,670	18,300		16,670	18,300	
55302	ENVELOPES AND STATIONARY	1,750	1,900		1,750	1,900	
55303	DUPLICATING SUPPLIES	3,500	3,900		3,500	3,900	
55304	CHECKS AND BANK SUPPLIES	2,000	2,200		2,000	2,200	
55305	PHOTOGRAPHIC SUPPLIES	1,110	1,200		1,110	1,200	
55307	BOOKS AND MANUSCRIPTS	1,410	1,600		1,410	1,600	
55308	FIRST AID/MEDICAL SUPPLIES	5,000	5,500		5,000	5,500	
55309	SAFETY SUPPLIES	6,900	7,600		6,900	7,600	
55315	STAFF UNIFORMS	28,350	31,200		28,350	31,200	
55316	PARTICIPANT UNIFORMS	3,000	3,300		3,000	3,300	
55320	BUILDING MAINTENANCE SUPPLIES	32,650	35,900		32,650	35,900	
55321	LANDSCAPE SUPPLIES	40,300	44,300		40,300	44,300	
55322	CLEANING /JANITORIAL SUPPLIES	6,600	7,300		6,600	7,300	
55323	PLAYGROUND MAINTENANCE SUPPLIE	10,000	11,000		10,000	11,000	
55324	PRESCRIBED BURN SUPPLIES	1,500	1,700		1,500	1,700	
55325	EQUIPMENT AND TOOLS	24,000	26,400		24,000	26,400	
55326	SHOP EQUIPMENT AND SUPPLIES	8,000	8,800		8,000	8,800	
55327	VEHICLE/EQUIPMENT REPAIR PARTS	48,900	53,800		25,400	27,900	
55328	AMENITY MAINTENANCE SUPPLIES	10,000	11,000		10,000	11,000	
55329	OFFICE/ EQUIPMENT VALUE <\$10000	42,000	46,200		42,000	46,200	
55330	GAS,FUEL,GREASE AND OIL	80,500	88,600		57,000	62,700	
55331	CHEMICALS	29,600	32,600		29,600	32,600	
55332	PAINTS	2,000	2,200		2,000	2,200	
55333	PLANT MATERIALS	130,920	144,000		130,920	144,000	
55348	FLOWERS AND CARDS	500	600		500	600	
55349	PLAQUES, AWARDS AND PRIZES	8,000	8,800		8,000	8,800	
55350	RECREATION/PROGRAM SUPPLIES	4,760	5,200		4,760	5,200	
55352	FISH RESTOCKING	3,040	3,300		3,040	3,300	
55354	FOOD SUPPLIES	2,100	2,300		2,933	3,200	
	COMMODITIES/SUPPLIES	555,060	610,700		508,893	559,800	
<u>UTILITIES</u>							
56230	SANITARY FEES AND CHARGES	22,700	23,800		18,700	19,600	
56231	GAS AND ELECTRICITY	46,000	48,300		43,205	45,400	
56232	WATER	62,100	65,200		58,100	61,000	
56233	TELECOMM EXPENSE	23,790	25,000		28,585	30,000	
	UTILITIES	154,590	162,300		148,590	156,000	
<u>ROUTINE/PERIODIC MAINTENANCE</u>							
58001	PERIODIC MAINTENANCE	95,000	104,500		95,000	104,500	
58002	ROUTINE MAINTENANCE	130,000	143,000		130,000	143,000	
	ROUTINE/PERIODIC MAINTENANCE	225,000	247,500		225,000	247,500	
<u>CAPITAL OUTLAY</u>							
61508	PARK CONSTRUCTION/IMPROVEMENT	10,000	11,000		0	0	
	CAPITAL OUTLAY	10,000	11,000		0	0	
<u>TRANSFERS TO OTHER FUNDS</u>							
59409	TRANSFERS TO OTHER FUNDS	100,000	100,000		100,000	100,000	
	TRANSFERS TO OTHER FUNDS	100,000	100,000	\$ 5,188,500	100,000	100,000	\$ 5,130,500

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
Fund 02 - RECREATION						
SALARIES AND WAGES						
70101 DEPARTMENT HEAD	41,000	41,300		41,000	41,300	
70301 OFFICE STAFF/SUPPORT	58,220	58,700		60,443	60,900	
70501 MANAGERS/SUPERVISORS	99,510	100,300		99,510	100,300	
70601 OPERATIONS STAFF	36,700	37,000		36,700	37,000	
70901 CUSTODIAL	40,360	40,700		40,360	40,700	
71001 PROGRAM/FACILITY DIR.	364,510	367,400		364,510	367,400	
80303 PT OFFICE STAFF/SUPPORT	155,370	156,100		153,147	153,900	
80903 PT BUILDING SERVICE WORKER	31,500	34,700		31,500	34,700	
81003 PT PROGRAM DIRECTOR/SUPERVISOR	83,800	92,200		83,800	92,200	
81103 PT SPORTS OFFICIAL	64,740	71,200		64,740	71,200	
81303 PT ASSISTANT DIRECT SUPERVISOR	95,780	105,400		95,780	105,400	
81403 PT INSTRUCTOR	169,930	186,900		169,930	186,900	
81503 PT GENERAL STAFF	102,740	113,000		102,740	113,000	
81703 PT DAY CAMP STAFF/LIFE GUARD	395,470	435,000		395,470	435,000	
81803 PT SITE SUPERVISORS	38,890	42,800		38,890	42,800	
81903 PT BUILDING/PARK OPENERS	2,640	2,900		2,640	2,900	
82703 PT SEASONAL STAFF	51,180	56,300		46,180	50,800	
SALARIES AND WAGES	1,832,340	1,941,900		1,827,340	1,936,400	
FRINGE BENEFITS						
53132 DENTAL INSURANCE	5,680	6,200		5,680	6,200	
53133 MEDICAL HEALTH INSURANCE	121,080	133,200		121,080	133,200	
53134 LIFE INSURANCE	2,230	2,500		2,230	2,500	
53137 EMPLOYEE ASSISTANCE PROGRAM	620	700		620	700	
83003 ALLOWANCES/REIMBURSEMENTS	22,030	24,200		22,030	24,200	
FRINGE BENEFITS	151,640	166,800		151,640	166,800	
CONTRACTUAL						
54201 POSTAGE AND MAILING	21,960	24,200		21,960	24,200	
54202 PRINTING AND DUPLICATING	30,340	33,400		30,340	33,400	
54204 STAFF MEETINGS	2,250	2,500		2,250	2,500	
54205 LEGAL PUBLICATIONS/NOTICES	300	300		300	300	
54206 ADVERTISING/PUBLICITY	10,530	11,600		10,530	11,600	
54207 STAFF TRAINING	16,580	18,200		16,580	18,200	
54208 MEMBERSHIPS, DUES AND FEES	3,720	4,100		5,798	6,400	
54209 CONFERENCE AND TRAVEL	7,500	8,300		7,500	8,300	
54215 PROFESSIONAL FEES	7,500	8,300		2,300	2,500	
54234 LANDFILL FEES	4,320	4,800		4,320	4,800	
54236 AUTO ALLOWANCE	1,300	1,400		1,300	1,400	
54240 OFFICE EQUIPMENT REPAIRS	350	400		350	400	
54241 VEHICLE REPAIR	1,000	1,100		2,322	2,600	
54242 EQUIPMENT REPAIR	14,170	15,600		16,783	18,500	
54245 BUILDING REPAIR	32,650	35,900		40,403	44,400	
54250 EQUIPMENT RENTAL	10,880	12,000		10,880	12,000	
54251 RENTAL FACILITIES	8,270	9,100		8,270	9,100	
54253 PEST CONTROL	3,750	4,100		3,750	4,100	
54254 SERVICE CONTRACTS	14,590	16,000		14,590	16,000	
54255 LICENSE AND FEES	1,550	1,700		600	700	
54260 SERVICE CONTRACTS-FACILITIES	63,030	69,300		58,630	64,500	
54261 SERVICE CONTRACTS-GROUNDS	10,000	11,000		10,000	11,000	
54264 CELL PHONE EXPENSE	850	900		1,423	1,600	
54265 SUBSCRIPTIONS	1,160	1,300		1,160	1,300	
54280 OTHER CONTRACTUAL SERVICES	11,530	12,700		11,530	12,700	
54281 CONTRACTUAL PERSONNEL	19,150	21,100		19,150	21,100	
54282 INTERN STIPEND	3,600	4,000		1,000	1,100	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
54285 CONTRACTUAL ENTERTAINMENT	2,900	3,200		650	700	
54299 FIELD/SPECIAL TRIPS	73,840	81,200		65,038	71,500	
59412 PROPERTY/SALES TAX	11,160	12,300		11,160	12,300	
59414 CREDIT CARD FEES	32,500	35,800		36,051	39,700	
CONTRACTUAL	423,230	465,800		416,918	458,900	
COMMODITIES/SUPPLIES						
55301 OFFICE SUPPLIES	4,220	4,600		5,844	6,400	
55302 ENVELOPES AND STATIONARY	200	200		200	200	
55303 DUPLICATING SUPPLIES	2,370	2,600		2,370	2,600	
55305 PHOTOGRAPHIC SUPPLIES	200	200		200	200	
55307 BOOKS AND MANUSCRIPTS	2,030	2,200		2,030	2,200	
55308 FIRST AID/MEDICAL SUPPLIES	2,710	3,000		2,710	3,000	
55315 STAFF UNIFORMS	14,970	16,500		14,970	16,500	
55316 PARTICIPANT UNIFORMS	30,730	33,800		30,730	33,800	
55320 BUILDING MAINTENANCE SUPPLIES	52,400	57,600		48,600	53,500	
55321 LANDSCAPE SUPPLIES	13,500	14,900		11,500	12,700	
55322 CLEANING /JANITORIAL SUPPLIES	15,170	16,700		12,670	13,900	
55325 EQUIPMENT AND TOOLS	5,320	5,900		2,820	3,100	
55327 VEHICLE/EQUIPMENT REPAIR PARTS	5,300	5,800		5,300	5,800	
55329 OFFICE/EQUIPMENT VALUE <\$10000	7,000	7,700		7,000	7,700	
55330 GAS,FUEL,GREASE AND OIL	8,700	9,600		8,700	9,600	
55331 CHEMICALS	39,000	42,900		39,000	42,900	
55332 PAINTS	10,600	11,700		10,600	11,700	
55333 PLANT MATERIALS	4,000	4,400		2,000	2,200	
55348 FLOWERS AND GIFTS	130	100		130	100	
55349 PLAQUES, AWARDS AND PRIZES	16,070	17,700		12,720	14,000	
55350 RECREATION/PROGRAM SUPPLIES	71,980	79,200		71,980	79,200	
55354 FOOD SUPPLIES	25,330	27,900		25,330	27,900	
55360 MERCHANDISE FOR RESALE	49,080	54,000		63,521	69,900	
COMMODITIES/SUPPLIES	381,010	419,200		380,925	419,100	
UTILITIES						
56230 SANITARY FEES AND CHARGES	12,090	13,300		12,090	13,300	
56231 GAS AND ELECTRICITY	240,000	264,000		240,000	264,000	
56232 WATER	87,840	96,600		87,840	96,600	
56233 TELECOMM EXPENSE	33,680	37,000		33,680	37,000	
UTILITIES	373,610	410,900		373,610	410,900	
ROUTINE/PERIODIC MAINTENANCE						
58002 ROUTINE MAINTENANCE	10,000	11,000		5,000	5,500	
ROUTINE/PERIODIC MAINTENANCE	10,000	11,000		5,000	5,500	
CAPITAL OUTLAY						
61504 VEHICLES / EQUIPMENT	10,000	11,000		10,000	11,000	
CAPITAL OUTLAY	10,000	11,000	\$ 3,426,600	10,000	11,000	\$ 3,408,600
Fund 03 - MUSEUM						
SALARIES AND WAGES						
70101 DEPARTMENT HEAD	102,340	103,200		102,340	103,200	
70301 OFFICE STAFF/SUPPORT	52,640	53,100		53,617	54,000	
70501 MANAGERS/SUPERVISORS	96,470	97,200		99,644	100,400	
70901 CUSTODIAL	35,440	35,700		35,440	35,700	
70902 CUSTODIAL OT	70	100		70	100	
71001 PROGRAM/FACILITY DIR.	142,630	143,800		121,644	122,600	
71401 INSTRUCTOR	0	0		0	0	
80303 PT OFFICE STAFF/SUPPORT	61,600	64,700		87,002	91,400	
80903 PT BUILDING SERVICE WORKER	9,500	10,000		10,929	11,500	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

		ORIGINAL			AMENDED		
ACCOUNT	DESCRIPTION	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
81003	PT PROGRAM DIRECTOR/SUPERVISOR	36,140	39,800		32,999	36,300	
81303	PT ASSISTANT DIRECT SUPRVISOR	18,650	20,500		21,791	24,000	
81403	PT INSTRUCTOR	49,430	54,400		74,948	82,400	
81503	PT GENERAL STAFF	47,650	52,400		47,650	52,400	
81703	PT DAY CAMP STAFF/LIFE GUARD	49,000	53,900		57,016	62,700	
82503	PT VT HOUSE STAFF	22,800	25,100		32,775	36,100	
82504	PT VT HOUSE STAFF OT	0	0		2,928	3,200	
82603	PT VT RENATL STAFF	40,200	44,200		63,278	69,600	
82604	PT VT RENTAL STAFF OT	13,500	14,900		12,411	13,700	
	SALARIES AND WAGES	778,060	813,000		856,481	899,300	
<u>FRINGE BENEFITS</u>							
53132	DENTAL INSURANCE	2,440	2,700		2,440	2,700	
53133	MEDICAL HEALTH INSURANCE	85,150	93,700		75,150	82,700	
53134	LIFE INSURANCE	1,160	1,300		1,160	1,300	
83003	ALLOWANCES/REIMBURSEMENTS	11,360	12,500		11,360	12,500	
	FRINGE BENEFITS	100,110	110,200		90,110	99,200	
<u>CONTRACTUAL</u>							
54201	POSTAGE AND MAILING	17,120	18,800		17,120	18,800	
54202	PRINTING AND DUPLICATING	38,840	42,700		38,840	42,700	
54204	STAFF MEETING	910	1,000		910	1,000	
54205	LEGAL PUBLICATIONS/NOTICES	250	300		250	300	
54206	ADVERTISING/PUBLICITY	34,410	37,900		34,880	38,400	
54207	STAFF TRAINING	2,280	2,500		2,280	2,500	
54208	MEMBERSHIPS, DUES AND FEES	1,920	2,100		1,920	2,100	
54209	CONFERENCE AND TRAVEL	4,100	4,500		4,100	4,500	
54215	PROFESSIONAL FEES	700	800		1,110	1,200	
54220	INSURANCE EXPENSE	1,750	1,900		1,340	1,500	
54234	LANDFILL FEES	11,750	12,900		9,550	10,500	
54236	AUTO ALLOWANCE	900	1,000		900	1,000	
54240	OFFICE EQUIPMENT REPAIRS	100	100		100	100	
54241	VEHICLE REPAIR	500	600		500	600	
54242	EQUIPMENT REPAIR	6,390	7,000		6,390	7,000	
54245	BUILDING REPAIR	21,900	24,100		16,900	18,600	
54250	EQUIPMENT RENTAL	114,190	125,600		109,290	120,200	
54251	RENTAL FACILITIES	35,940	39,500		33,440	36,800	
54253	PEST CONTROL	1,370	1,500		1,370	1,500	
54254	SERVICE CONTRACTS	5,160	5,700		9,353	10,300	
54255	LICENSE AND FEES	10,060	11,100		7,710	8,500	
54260	SERVICE CONTRACTS-FACILITIES	13,100	14,400		34,318	37,700	
54264	CELL PHONE EXPENSE	550	600		550	600	
54265	SUBSCRIPTIONS	160	200		160	200	
54280	OTHER CONTRACTUAL SERVICES	72,010	79,200		41,892	46,100	
54281	CONTRACTUAL PERSONNEL	61,370	67,500		61,370	67,500	
54282	INTERN STIPEND	3,600	4,000		3,600	4,000	
54285	CONTRACTUAL ENTERTAINMENT	257,800	283,600		236,385	260,000	
54299	FIELD/SPECIAL TRIPS	5,710	6,300		5,710	6,300	
59412	PROPERTY/SALES TAX	7,200	7,900		8,520	9,400	
59414	CREDIT CARD FEES	32,480	35,700		41,617	45,800	
	CONTRACTUAL	764,520	841,000		732,374	805,700	
<u>COMMODITIES/SUPPLIES</u>							
55301	OFFICE SUPPLIES	2,520	2,800		2,520	2,800	
55302	ENVELOPES AND STATIONARY	200	200		509	600	
55303	DUPLICATING SUPPLIES	1,050	1,200		1,050	1,200	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
55305 PHOTOGRAPHIC SUPPLIES	10	100		10	100	
55307 BOOKS AND MANUSCRIPTS	250	300		482	500	
55308 FIRST AID/MEDICAL SUPPLIES	1,200	1,300		1,200	1,300	
55315 STAFF UNIFORMS	1,700	1,900		1,700	1,900	
55316 PARTICIPANT UNIFORMS	3,210	3,500		3,210	3,500	
55320 BUILDING MAINTENANCE SUPPLIES	25,800	28,400		21,800	24,000	
55321 LANDSCAPE SUPPLIES	300	300		300	300	
55322 CLEANING /JANITORIAL SUPPLIES	7,600	8,400		7,600	8,400	
55327 VEHICLE/EQUIPMENT REPAIR PARTS	910	1,000		1,534	1,700	
55330 GAS,FUEL,GREASE AND OIL	990	1,100		1,203	1,300	
55348 FLOWERS AND CARDS	70	100		70	100	
55349 PLAQUES, AWARDS AND PRIZES	5,290	5,800		5,290	5,800	
55350 RECREATION/PROGRAM SUPPLIES	54,180	59,600		33,380	36,700	
55351 ANIMAL SUPPLIES	2,900	3,200		2,900	3,200	
55354 FOOD SUPPLIES	11,410	12,600		16,550	18,200	
55355 ANIMAL FEED	10,000	11,000		10,000	11,000	
55360 MERCHANDISE FOR RESALE	42,000	46,200		42,000	46,200	
COMMODITIES/SUPPLIES	171,590	189,000		153,307	168,800	
UTILITIES						
56230 SANITARY FEES	2,930	3,200		2,930	3,200	
56231 GAS AND ELECTRICITY	85,800	94,400		85,800	94,400	
56232 WATER	12,950	14,200		15,684	17,300	
56233 TELECOMM EXPENSE	13,810	15,200		13,810	15,200	
UTILITIES	115,490	127,000	\$ 2,080,200	118,224	130,100	\$ 2,103,100
Fund 04 - LIABILITY INSURANCE						
SALARIES AND WAGES						
70501 MANAGERS/SUPERVISORS	43,840	44,200		43,840	44,200	
SALARIES AND WAGES	43,840	44,200		43,840	44,200	
FRINGE BENEFITS						
53132 DENTAL INSURANCE	350	400		350	400	
53133 MEDICAL HEALTH INSURANCE	7,470	8,200		7,470	8,200	
53134 LIFE INSURANCE	150	200		150	200	
83003 ALLOWANCES/REIMBURSEMENTS	840	900		840	900	
FRINGE BENEFITS	8,810	9,700		8,810	9,700	
CONTRACTUAL						
54207 STAFF TRAINING	3,040	3,300		3,040	3,300	
54209 CONFERENCE AND TRAVEL	1,200	1,300		1,200	1,300	
54255 LICENSE AND FEES	1,370	1,500		1,534	1,700	
54281 CONTRACTUAL PERSONNEL	4,540	5,000		1,234	1,400	
CONTRACTUAL	10,150	11,100		7,008	7,700	
COMMODITIES/SUPPLIES						
55307 BOOKS AND MANUSCRIPTS	1,400	1,500		2,150	2,400	
55309 SAFETY SUPPLIES	6,500	7,200		6,500	7,200	
COMMODITIES/SUPPLIES	7,900	8,700		8,650	9,600	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
INSURANCE						
57131 WORKERS COMPENSATION	69,720	76,700		74,382	81,800	
57137 UNEMPLOYMENT PREMIUM	10,000	11,000		18,315	20,100	
57220 LIABILITY INSURANCE	33,060	36,400		35,278	38,800	
57222 EMPLOYMENT PRACTICES	15,700	17,300		16,356	18,000	
57224 PROPERTY INSURANCE	69,000	75,900		71,858	79,000	
INSURANCE	197,480	217,300		216,189	237,700	
CAPITAL OUTLAY						
61515 REPAIR PROJECTS AND EQUIPMENT	35,000	38,500		18,683	20,600	
CAPITAL OUTLAY	35,000	38,500	\$ 329,500	18,683	20,600	\$ 329,500
Fund 06 - IMRF FUND						
FRINGE BENEFITS						
53135 IMRF PAYMENTS	358,770	394,600		358,770	394,600	
FRINGE BENEFITS	358,770	394,600	\$ 394,600	358,770	394,600	\$ 394,600
Fund 08 - AUDIT FUND						
CONTRACTUAL						
54217 AUDIT EXPENSES	20,000	22,000		20,000	22,000	
CONTRACTUAL	20,000	22,000	\$ 22,000	20,000	22,000	\$ 22,000
Fund 09 - PAVING AND LIGHTING FUND						
ROUTINE/PERIODIC MAINTENANCE						
58002 ROUTINE MAINTENANCE	78,000	85,800		78,000	85,800	
ROUTINE/PERIODIC MAINTENANCE	78,000	85,800	\$ 85,800	78,000	85,800	\$ 85,800
Fund 11 - ACTIVITY AND AFFILIATES FUND						
COMMODITIES/SUPPLIES						
55301 OFFICE SUPPLIES	0	0		750	800	
55309 SAFETY SUPPLIES	3,000	3,300		0	0	
55348 FLOWERS AND CARDS	200	200		200	200	
55349 PLAQUES, AWARDS AND PRIZES	2,500	2,800		3,356	3,700	
55350 RECREATION/PROGRAM SUPPLIES	170	200		5,768	6,300	
55354 FOOD SUPPLIES	3,280	3,600		2,153	2,400	
COMMODITIES/SUPPLIES	9,150	10,100	\$ 10,100	12,227	13,400	\$ 13,400
Fund 12 - SPECIAL DONATIONS FUND						
CONTRACTUAL						
54292 SCHOLARSHIPS	52,100	57,300		52,100	57,300	
CONTRACTUAL	52,100	57,300	\$ 57,300	52,100	57,300	\$ 57,300
Fund 14 - SOCIAL SECURITY FUND						
FRINGE BENEFITS						
53136 FICA PAYMENTS	374,610	412,100		374,610	412,100	
FRINGE BENEFITS	374,610	412,100	\$ 412,100	374,610	412,100	\$ 412,100

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
Fund 15 - SPECIAL RECREATION FUND						
<u>SALARIES AND WAGES</u>						
70301 OFFICE STAFF/SUPPORT	31,200	32,100		31,200	32,100	
70501 MANAGERS/SUPERVISORS	47,160	48,600		47,160	48,600	
71001 PROGRAM/FACILITY DIRECTOR	111,620	115,000		108,620	111,900	
80303 PT OFFICE STAFF/SUPPORT	7,500	7,700		3,000	3,100	
80903 PT BUILDING SERVICE WORKER	3,750	3,900		3,929	4,000	
81003 PT PROGRAM DIRECTOR/SUPERVISOR	25,280	27,800		25,280	27,800	
81403 INSTRUCTORS/OVERNIGHT STAFF	5,790	6,400		5,790	6,400	
81503 PT GENERAL STAFF	58,500	64,400		68,694	75,600	
81703 PT DAY CAMP STAFF/LIFE GUARD	156,760	172,400		159,812	175,800	
81903 PT BUILDING/PARK OPENER	300	300		1,069	1,200	
SALARIES AND WAGES	447,860	478,600		454,554	486,500	
<u>FRINGE BENEFITS</u>						
53132 DENTAL INSURANCE	1,050	1,200		1,330	1,500	
53133 MEDICAL HEALTH INSURANCE	33,410	36,800		25,410	28,000	
53134 LIFE INSURANCE	630	700		630	700	
53135 IMRF PAYMENTS	16,750	18,400		16,750	18,400	
53136 FICA PAYMENTS	33,000	36,300		33,000	36,300	
53137 EMPLOYEE ASSISTANCE PROGRAM	160	200		160	200	
83003 ALLOWANCES/REIMBURSEMENTS	4,000	4,400		5,515	6,100	
FRINGE BENEFITS	89,000	98,000		82,795	91,200	
<u>CONTRACTUAL</u>						
54201 POSTAGE AND MAILING	1,700	1,900		1,963	2,200	
54202 PRINTING AND DUPLICATING	5,940	6,500		5,940	6,500	
54204 STAFF MEETING	800	900		800	900	
54206 ADVERTISING/PUBLICITY	8,500	9,400		5,700	6,300	
54207 STAFF TRAINING	3,020	3,300		3,020	3,300	
54208 MEMBERSHIPS, DUES AND FEES	5,980	6,600		2,740	3,000	
54209 CONFERENCE AND TRAVEL	4,320	4,800		2,820	3,100	
54215 PROFESSIONAL FEES	1,250	1,400		0	0	
54236 AUTO ALLOWANCE	1,440	1,600		1,440	1,600	
54241 VEHICLE REPAIR	2,000	2,200		0	0	
54245 BUILDING REPAIR	200	200		414	500	
54250 EQUIPMENT RENTAL	250	300		250	300	
54251 RENTAL FACILITIES	30,630	33,700		28,630	31,500	
54253 PEST CONTROL	360	400		360	400	
54254 SERVICE CONTRACTS	1,680	1,800		3,104	3,400	
54255 LICENSE AND FEES	100	100		100	100	
54264 CELL PHONE EXPENSE	320	400		320	400	
54265 SUBSCRIPTIONS	700	800		700	800	
54280 OTHER CONTRACTUAL SERVICES	3,240	3,600		870	1,000	
54281 CONTRACTUAL PERSONNEL	5,690	6,300		2,890	3,200	
54282 INTERN STIPENDS	6,600	7,300		6,600	7,300	
54285 CONTRACTUAL ENTERTAINMENT	300	300		300	300	
54299 FIELD/SPECIAL TRIPS	23,990	26,400		29,926	32,900	
59414 CREDIT CARD FEES	1,500	1,700		1,847	2,000	
CONTRACTUAL	110,510	121,900		100,733	111,000	
<u>COMMODITIES/SUPPLIES</u>						
55301 OFFICE SUPPLIES	900	1,000		900	1,000	
55302 ENVELOPES AND STATIONARY	400	400		400	400	
55303 DUPLICATING SUPPLIES	400	400		400	400	
55315 STAFF UNIFORMS	4,630	5,100		4,630	5,100	
55316 PARTICIPANT UNIFORMS	1,840	2,000		1,840	2,000	
55320 BUILDING MAINTENANCE SUPPLIES	550	600		550	600	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

		ORIGINAL			AMENDED		
ACCOUNT DESCRIPTION	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL	
55322	CLEANING/JANITORIAL SUPPLIES	670	700	586	600		
55327	VEHICLE/EQUIPMENT REPAIR PARTS	1,200	1,300	1,200	1,300		
55329	OFFICE/ EQUIPMENT VALUE <\$10000	3,000	3,300	3,000	3,300		
55330	GAS,FUEL,GREASE AND OIL	6,000	6,600	6,000	6,600		
55348	FLOWERS AND CARDS	50	100	50	100		
55349	PLAQUES, AWARDS AND PRIZES	3,410	3,800	3,410	3,800		
55350	RECREATION/PROGRAM SUPPLIES	6,380	7,000	5,820	6,400		
55354	FOOD SUPPLIES	17,270	19,000	13,710	15,100		
	COMMODITIES/SUPPLIES	46,700	51,300	42,496	46,700		
UTILITIES							
56231	GAS AND ELECTRICTY	3,700	4,100	3,700	4,100		
56232	WATER	750	800	750	800		
56233	TELECOMM EXPENSE	1,870	2,100	1,870	2,100		
	UTILITIES	6,320	7,000	6,320	7,000		
INSURANCE							
57131	WORKERS COMPENSATION	2,200	2,400	2,200	2,400		
57220	LIABILITY INSURANCE	2,400	2,600	2,400	2,600		
57222	EMPLOYMENT PRACTICES	800	900	800	900		
57224	PROPERTY INSURANCE	4,600	5,100	4,600	5,100		
	INSURANCE	10,000	11,000	10,000	11,000		
CAPITAL OUTLAY							
61508	CPD - ADA	671,650	738,800	671,650	738,800		
61509	UPD CAPITAL ADA	92,920	106,900	100,029	115,000		
	CAPITAL OUTLAY	764,570	845,700	771,679	853,800	\$ 1,607,200	
Fund 16 - CAPITAL IMPROVEMENTS FUND							
CAPITAL OUTLAY							
61502	TECHNOLOGY EQUIP REPLACEMENT	20,000	22,000	20,000	22,000		
61504	VEHICLES / EQUIPMENT	326,000	358,600	326,000	358,600		
61508	PARK CONSTRUCTION/IMROVEMENTS	1,898,560	2,088,400	1,898,560	2,088,400		
	CAPITAL OUTLAY	2,244,560	2,469,000	2,244,560	2,469,000	\$ 2,469,000	
Fund 19 - POLICE PROTECTION							
CONTRACTUAL							
54281	CONTRACTUAL PERSONNEL	20,430	22,500	20,430	22,500		
	CONTRACTUAL	20,430	22,500	20,430	22,500	\$ 22,500	
Fund 21 - BOND AMORTIZATION FUND							
TRANSFERS TO OTHER FUNDS							
59409	TRANSFERS TO OTHER FUNDS	1,100,500	1,100,500	1,100,567	1,100,567		
	TRANSFERS TO OTHER FUNDS	1,100,500	1,100,500	1,100,567	1,100,567	\$ 1,100,567	

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

ACCOUNT DESCRIPTION	ORIGINAL			AMENDED		
	BUDGET	APPROPRIATIONS	TOTAL	BUDGET	APPROPRIATIONS	TOTAL
<u>Fund 22 - BOND PROCEEDS FUND</u>						
<u>CONTRACTUAL</u>						
54205 LEGAL PUBLICATIONS/NOTICES	60	100		60	100	
54215 PROFESSIONAL FEES	3,600	4,000		3,600	4,000	
CONTRACTUAL	3,660	4,100		3,660	4,100	
<u>CAPITAL OUTLAY</u>						
61504 VEHICLES / EQUIPMENT	45,000	49,500		45,000	49,500	
61508 PARK CONSTRUCTION/IMPROVEMENT	515,000	566,500		515,000	566,500	
CAPITAL OUTLAY	560,000	616,000		560,000	616,000	
<u>DEBT SERVICE PRINCIPAL</u>						
59405 BOND REDEMPTION	410,000	451,000		410,000	451,000	
DEBT SERVICE PRINCIPAL	410,000	451,000		410,000	451,000	
<u>DEBT SERVICE INTEREST/FEES</u>						
59407 INTEREST EXPENSE	126,030	138,600		126,030	138,600	
DEBT SERVICE INTEREST/FEES	126,030	138,600	\$ 1,209,700	126,030	138,600	\$ 1,209,700
APPROPRIATIONS - ALL FUNDS	17,167,510	18,421,900	\$ 18,421,900	17,115,667	18,365,867	\$ 18,365,867

ORDINANCE NO. 622
 AMENDED BUDGET & APPROPRIATIONS SUMMARY BY FUND
 MAY 1, 2016 THROUGH APRIL 30, 2017

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FUND	DESCRIPTION	2016-17 PROPOSED FINAL		2016-17 AMENDED	
		BUDGET	APPROPRIATIONS	BUDGET	APPROPRIATIONS
01	GENERAL	\$ 4,919,960	\$ 5,188,500	\$ 4,867,026	\$ 5,130,500
02	RECREATION	3,181,830	3,426,600	3,165,433	3,408,600
03	MUSEUM	1,929,770	2,080,200	1,950,497	2,103,100
04	LIABILITY INSURANCE	303,180	329,500	303,180	329,500
06	IMRF FUND	358,770	394,600	358,770	394,600
08	AUDIT FUND	20,000	22,000	20,000	22,000
09	PAVING AND LIGHTING FUND	78,000	85,800	78,000	85,800
11	ACTIVITY AND AFFILIATES FUND	9,150	10,100	12,227	13,400
12	SPECIAL DONATIONS FUND	52,100	57,300	52,100	57,300
14	SOCIAL SECURITY FUND	374,610	412,100	374,610	412,100
15	SPECIAL RECREATION FUND	1,474,960	1,613,500	1,468,577	1,607,200
16	CAPITAL IMPROVEMENTS FUND	2,244,560	2,469,000	2,244,560	2,469,000
19	POLICE PROTECTION	20,430	22,500	20,430	22,500
21	BOND AMORTIZATION FUND	1,100,500	1,100,500	1,100,567	1,100,567
22	BOND PROCEEDS FUND	1,099,690	1,209,700	1,099,690	1,209,700
APPROPRIATIONS - ALL FUNDS		\$ 17,167,510	\$ 18,421,900	\$ 17,115,667	\$ 18,365,867



CHAMPAIGN PARK DISTRICT

REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 21, 2017

SUBJECT: Approval of Ordinance No. 620 Budget and Appropriation Ordinance for FY17-18

Background

Annually the Champaign Park District Board of Commissioners must adopt a Budget and Appropriation Ordinance. The proposed budget was presented to the Board on May 10, 2017 along with the proposed budget and appropriation ordinance in the amount of \$19,118,657. Staff presented changes to the original proposal on June 26, 2017 increasing the total expenditures to \$19,664,806.

Prior Board Action

May 10, 2017 Budget presented and budget book was distributed to Commissioners at the meeting. June 27, 2017 Revisions presented and discussed, consensus given to add an additional \$200,000 in transfers for Park Development and Trails funds, in addition to the proposed changes.

Budget Impact

The proposed budget and appropriations Ordinance No. 620 for fiscal year beginning May 1, 2017 and ending April 30, 2018 for the Champaign Park District sets total expenditures/transfers in the amount of \$19,864,806.

Recommended Action

Staff recommends the Board approve Ordinance No. 620 Budget and Appropriation Ordinance for fiscal year beginning May 1, 2017 and ending April 30, 2018 and file with the Champaign County Clerk's office.

Prepared by:

Reviewed by:

Andrea N. Wallace
Director of Finance

Joe DeLuce, CPRP
Executive Director

ORDINANCE #620

**BUDGET AND APPROPRIATION ORDINANCE
For Fiscal Year 2018**

**AN ORDINANCE ADOPTING THE COMBINED
ANNUAL BUDGET AND APPROPRIATION OF
FUNDS FOR THE CHAMPAIGN PARK DISTRICT
CHAMPAIGN COUNTY, ILLINOIS
FOR THE FISCAL YEAR BEGINNING ON THE
FIRST (1st) DAY OF MAY 2017, AND ENDING ON
THE THIRTIETH DAY (30TH) OF APRIL 2018**

BE IT ORDAINED BY THE BOARD OF PARK COMMISSIONERS OF THE CHAMPAIGN PARK DISTRICT, CHAMPAIGN COUNTY, ILLINOIS:

SECTION 1. It is hereby found and determined:

- (a) This Board has heretofore caused to be prepared a combined Annual Budget and Appropriation in tentative form, which Ordinance will be conveniently available for public inspection for at least 30 days prior to final action thereon; and
- (b) A public hearing will be held at the Bresnan Meeting Center, 706 Kenwood Road, Champaign, Illinois, on the 26th day of July 2017 on said Ordinance, notice of said hearing having been given by publication in the Champaign News Gazette, being a newspaper published within the District, at least one week prior to such hearing; and
- (c) That all other legal requirements for the adoption of the Annual Budget and Appropriation of this Park District for the fiscal year beginning May 1, 2017 and ending April 30, 2018 have heretofore been performed.

SECTION 2. The following sums of money, or so much thereof as may be authorized by law for the following objects and purposes, be and the same are hereby budgeted and appropriated for the fiscal year beginning the first (1st) day of May 2017 and ending the thirtieth (30th) day of April 2018.

Each of said sums of money and the aggregate thereof are deemed necessary by this Board to defray the necessary expenses and liabilities of this District during the fiscal year beginning May 1, 2017 and ending April 30, 2018 for the respective purposes set forth.

All unexpended balances of the appropriations for the fiscal year ended April 30, 2017 and prior years are hereby specifically re-appropriated for the same general purposes for which they were originally made and may be expended in making up any insufficiency of any other items provided in this appropriation ordinance, in making this appropriation in accordance with applicable law.

The receipts and revenues of said District derived from sources other than taxation and not specifically appropriated, shall constitute the general corporate fund and shall first be placed to credit of such fund.

SECTION 3. The following determinations have been made and are hereby made a part of the aforesaid budget:

- (a) An estimate of the cash on hand at the beginning of the fiscal year is expected to be \$17,020,720.
- (b) An estimate of the cash expected to be received during the fiscal from all sources is \$19,221,792.
- (c) An estimate of the expenditures and transfers contemplated for the fiscal year is \$19,864,806.
- (d) An estimate of the cash expected to be on hand at the end of the fiscal year is \$16,377,706.

(e) An estimate of the amount of taxes to be received during the fiscal year is \$11,983,644.

SECTION 4. The receipts and revenues of the Champaign Park District derived from sources other than taxation and not specifically appropriated, and all unexpended balances from the preceding fiscal year not required for the purposes for which they were appropriated and levied, shall constitute the General Corporate Fund and shall first be placed to credit of such fund.

SECTION 5. All ordinances or parts of ordinances conflicting with any of the provisions of this ordinance be, and the same are hereby, repealed to the extent of such conflict. If any item or portion thereof of this budget and appropriation ordinance is for any reason held invalid, such decision shall not affect the validity of the remaining portion of such items or the remaining portion of this ordinance.

SECTION 6. This ordinance shall be in full force and effect immediately upon its passage.

PASSED this 26th day of July, 2017.

AYES:

NAYS:

ABSENT:

ABSTAIN:

[SEAL]

CHAMPAIGN PARK DISTRICT

By _____
Craig W. Hays, Board President

ATTEST:

Cindy Harvey, Board Secretary

STATE OF ILLINOIS)

)S.S.

COUNTY OF CHAMPAIGN)

I, Cindy Harvey, do hereby certify that I am the duly qualified and acting Secretary of the Champaign Park District in the county and state aforesaid, and as such Secretary, I am the keeper of the records and files of the Board of Commissioners of the Park District. I do further certify that the attached and foregoing is a true and complete copy of the “Combined Annual Budget and Appropriation Ordinance of the Champaign Park District, Champaign County, Illinois for the Fiscal Year beginning May 1, 2017 and ending April 30, 2018 as adopted by the Board of Park Commissioners at its properly convened meeting to be held on the 26th of July 2017, as appears from the official records of the Champaign Park District in my care and custody.

Cindy Harvey, Board Secretary

Champaign Park District
Ordinance No. 620
Budget & Appropriations Totals by Fund
May 1, 2017 through April 30, 2018

		2017-18	
FUND	DESCRIPTION	FINAL BUDGET	APPROPRIATIONS
01	General	\$5,602,250	\$6,067,354
02	Recreation	3,457,540	3,710,570
03	Museum	2,495,308	2,709,100
04	Liability Insurance	377,026	406,170
06	IMRF Fund	312,051	343,260
08	Audit Fund	19,500	21,450
09	Paving And Lighting Fund	592,000	605,850
11	Activity And Affiliates Fund	9,462	10,410
12	Special Donations Fund	53,434	59,850
14	Social Security Fund	412,854	454,140
15	Special Recreation Fund	1,510,498	1,589,080
16	Capital Improvements Fund	2,261,875	2,307,110
19	Police Protection	18,000	20,000
21	Bond Amortization Fund	1,104,421	1,126,510
22	Bond Proceeds Fund	1,137,387	1,154,150
24	Land Acquisition Fund	400,000	440,000
27	Human Kinetics Park Development Fund	101,200	110,000
APPROPRIATIONS - ALL FUNDS		\$19,864,806	\$21,135,004

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
Fund 01 - GENERAL			
SALARIES AND WAGES			
70001	Executive Director	130,175	132,800
70101	Department Head	445,121	454,000
70301	Office Staff/Support	326,557	333,100
70501	Managers/Supervisors	297,446	303,400
70601	Operations Staff	856,714	873,800
70901	Building Service Worker	29,804	30,400
71001	Program/Facility Dir.	45,781	46,700
80303	Pt Office Staff/Support	41,775	46,000
80903	Pt Building Service Worker	594	700
82703	Pt Seasonal Staff	292,710	322,000
SALARIES AND WAGES		2,466,677	2,542,900
FRINGE BENEFITS			
53132	Dental Insurance	13,401	14,700
53133	Medical Health Insurance	297,355	327,100
53134	Life Insurance	6,606	7,300
53137	Employee Assistance Program	1,490	1,600
83003	Allowances/Reimbursements	51,687	56,900
FRINGE BENEFITS		370,539	407,600
CONTRACTUAL			
54201	Postage And Mailing	4,400	4,840
54202	Printing And Duplicating	11,650	12,820
54204	Staff Meetings	2,750	3,030
54205	Legal Publications/Notices	5,560	6,120
54206	Advertising/Publicity	24,926	27,420
54207	Staff Training	14,750	16,230
54208	Memberships, Dues And Fees	19,977	21,970
54209	Conference And Travel	25,140	27,650
54210	Board Expense	12,485	13,730
54212	Attorney Fees	125,000	137,500
54214	Architect And Engineering Fees	61,240	67,360
54215	Professional Fees	133,565	146,920
54234	Landfill Fees	28,625	31,490
54236	Auto Allowance	400	440
54240	Office Equipment Repairs	150	170
54241	Vehicle Repair	16,450	18,100
54242	Equipment Repair	7,350	8,090
54245	Building Repair	19,300	21,230
54250	Equipment Rental	10,800	11,880
54253	Pest Control	1,210	1,330
54254	Service Contracts	40,170	44,190
54255	License And Fees	13,675	15,040
54260	Service Contracts - Facilities	7,652	8,420

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
54261	Service Contracts-Grounds	47,100	51,810
54263	Contractual Mowing	137,280	151,010
54264	Cell Phone Expense	5,400	5,940
54265	Subscriptions	1,250	1,380
54270	Personnel Costs	19,410	21,350
54275	Health And Wellness	4,200	4,620
54280	Other Contractual Services	37,330	41,060
54281	Contractual Personnel	100	110
54282	Intern Stipend	2,700	2,970
54285	Contractual Entertainment	500	550
54291	Park And Recreation Excellence	1,865	2,050
59412	Property/Sales Tax	300	330
59414	Credit Card Fees	1,300	1,430
CONTRACTUAL		845,960	930,580
COMMODITIES/SUPPLIES			
55301	Office Supplies	15,910	17,500
55302	Envelopes And Stationary	1,900	2,090
55303	Duplicating Supplies	2,300	2,530
55304	Checks And Bank Supplies	1,500	1,650
55305	Photographic Supplies	885	970
55307	Books And Manuscripts	625	690
55308	First Aid/Medical Supplies	5,000	5,500
55309	Safety Supplies	6,900	7,590
55315	Staff Uniforms	18,800	20,680
55316	Participant Uniforms	3,000	3,300
55320	Building Maintenance Supplies	30,300	33,330
55321	Landscape Supplies	32,200	35,420
55322	Cleaning /Janitorial Supplies	6,907	7,600
55323	Playground Maintenance Supplies	8,000	8,800
55324	Prescribed Burn Supplies	1,500	1,650
55325	Equipment And Tools	23,000	25,300
55326	Shop Equipment And Supplies	8,000	8,800
55327	Vehicle/Equipment Repair Parts	42,400	46,640
55328	Amenity Maintenance Supplies	9,000	9,900
55329	Office/ Equipment Value <\$10000	23,000	25,300
55330	Gas,Fuel,Grease And Oil	62,500	68,750
55331	Chemicals	21,200	23,320
55332	Paints	1,400	1,540
55333	Plant Materials	129,280	142,210
55348	Flowers And Cards	500	550
55349	Plaques, Awards And Prizes	8,150	8,970
55350	Recreation/Program Supplies	4,750	5,230
55352	Fish Restocking	2,000	2,200
55354	Food Supplies	1,950	2,150
COMMODITIES/SUPPLIES		472,857	520,160

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
UTILITIES			
56230	Sanitary Fees And Charges	14,400	15,840
56231	Gas And Electricity	45,566	50,120
56232	Water	63,200	69,520
56233	Telecomm Expense	28,651	31,520
UTILITIES		151,817	167,000
ROUTINE/PERIODIC MAINTENANCE			
58001	Periodic Maintenance	114,500	116,790
58002	Routine Maintenance	121,200	123,624
ROUTINE/PERIODIC MAINTENANCE		235,700	240,414
TRANSFERS TO OTHER FUNDS			
59409	Transfers To Other Funds	1,058,700	1,058,700
TRANSFERS TO OTHER FUNDS		1,058,700	1,058,700
APPROPRIATIONS - FUND 01		5,602,250	5,867,354

Fund 02 - RECREATION

SALARIES AND WAGES

70101	Department Head	42,025	42,900
70301	Office Staff/Support	125,075	127,600
70501	Managers/Supervisors	101,618	103,700
70601	Operations Staff	35,525	36,200
70901	Custodial	40,959	41,800
71001	Program/Facility Dir.	388,759	396,500
80303	Pt Office Staff/Support	100,450	102,500
80903	Pt Custodial	30,455	33,500
81003	Pt Program Director\Supervisor	84,944	93,440
81103	Pt Sports Officail	61,105	67,200
81303	Pt Assistant Direct Suprvisor	100,309	110,300
81403	Pt Instructor	148,549	163,400
81503	Pt General Staff	104,346	114,800
81703	Pt Day Camp Staff/Life Guard	409,063	449,970
81803	Pt Site Supervisors	41,725	45,900
81903	Pt Building/Park Openers	1,810	2,000
82703	Pt Seasonal Staff	47,944	52,700
SALARIES AND WAGES		1,864,661	1,984,410

FRINGE BENEFITS

53132	Dental Insurance	5,698	6,270
53133	Medical Health Insurance	130,584	143,640
53134	Life Insurance	2,240	2,460
53137	Employee Assistance Program	620	680
83003	Allowances/Reimbursements	10,820	11,900
FRINGE BENEFITS		149,962	164,950

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
<hr style="border-top: 1px dashed black;"/>			
CONTRACTUAL			
54201	Postage And Mailing	19,125	21,040
54202	Printing And Duplicating	31,361	34,500
54204	Staff Meetings	1,050	1,160
54205	Legal Publications/Notices	350	390
54206	Advertising/Publicity	12,478	13,730
54207	Staff Training	17,773	19,550
54208	Memberships, Dues And Fees	11,304	12,430
54209	Conference And Travel	9,700	10,670
54215	Professional Fees	5,000	5,500
54234	Landfill Fees	2,405	2,650
54236	Auto Allowance	300	330
54241	Vehicle Repair	2,500	2,750
54242	Equipment Repair	19,450	21,400
54245	Building Repair	41,150	45,270
54250	Equipment Rental	6,270	6,900
54251	Rental Facilities	5,500	6,050
54253	Pest Control	3,490	3,840
54254	Service Contracts	13,604	14,960
54255	License And Fees	880	970
54260	Service Contracts-Facilities	63,002	69,300
54261	Service Contracts-Grounds	10,000	11,000
54264	Cell Phone Expense	2,280	2,510
54265	Subscriptions	975	1,070
54280	Other Contractual Services	12,375	13,610
54281	Contractual Personnel	20,670	22,740
54282	Intern Stipend	3,600	3,960
54285	Contractual Entertainment	1,000	1,100
54299	Field/Special Trips	71,315	78,450
59412	Property/Sales Tax	11,871	13,060
59414	Credit Card Fees	35,300	38,830
CONTRACTUAL		436,078	479,720
COMMODITIES/SUPPLIES			
55301	Office Supplies	6,645	7,310
55302	Envelopes And Stationary	200	220
55303	Duplicating Supplies	2,200	2,420
55305	Photographic Supplies	150	170
55307	Books And Manuscripts	1,336	1,470
55308	First Aid/Medical Supplies-Pool Specific	1,900	2,090
55315	Staff Uniforms	14,512	15,960
55316	Participant Uniforms	21,788	23,970
55320	Building Maintenance Supplies	43,400	47,740
55321	Landscape Supplies	13,500	14,850
55322	Cleaning /Janitorial Supplies	13,293	14,620
55325	Equipment And Tools	5,320	5,850

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
55327	Vehicle/Equipment Repair Parts	6,200	6,820
55329	Office/ Equipment Value <\$10000	26,000	28,600
55330	Gas,Fuel,Grease And Oil	8,000	8,800
55331	Chemicals	43,000	47,300
55332	Paints	12,000	13,200
55333	Plant Materials	3,000	3,300
55348	Flowers And Gifts	135	150
55349	Plaques, Awards And Prizes	13,421	14,760
55350	Recreation/Program Supplies	64,753	71,230
55354	Food Supplies	22,432	24,680
55360	Merchandise For Resale	57,908	63,700
COMMODITIES/SUPPLIES		381,093	419,210
UTILITIES			
56230	Sanitary Fees And Charges	8,310	9,140
56231	Gas And Electricity	231,917	255,110
56232	Water	76,210	83,830
56233	Telecomm Expense	26,859	29,540
UTILITIES		343,296	377,620
ROUTINE/PERIODIC MAINTENANCE			
58001	Periodic Maintenance	69,500	70,890
58002	Routine Maintenance	10,000	10,200
ROUTINE/PERIODIC MAINTENANCE		79,500	81,090
CAPITAL OUTLAY			
61504	VEHICLE AND EQUIPMENT	12,350	12,970
TRANSFERS TO OTHER FUNDS			
59409	Transfers To Other Funds	190,600	190,600
TRANSFERS TO OTHER FUNDS		190,600	190,600
APPROPRIATIONS - FUND 02		3,457,540	3,710,570

Fund 03 - MUSEUM

SALARIES AND WAGES

70101	Department Head	105,733	107,800
70301	Office Staff/Support	84,671	86,400
70501	Managers/Supervisors	139,246	142,000
70901	Custodial	36,401	37,100
71001	Program/Facility Dir.	138,820	141,600
71401	Instructor	32,760	33,400
80303	Pt Office Staff/Support	62,026	68,230
80903	Pt Building Service Worker	14,924	16,420
81003	Pt Program Director/Supervisor	17,250	18,980

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
81303	Pt Assistant Direct Suprvisor	24,960	27,460
81403	Pt Instructor	60,595	66,650
81503	Pt General Staff	57,582	63,340
81703	Pt Day Camp Staff/Life Guard	62,649	68,910
82503	Pt Vt House Staff	36,000	39,600
82504	Pt Vt House Staff Ot	3,250	3,580
82603	Pt Vt Rental Staff	61,107	67,220
82604	Pt Vt Rental Staff Ot	14,000	15,400
SALARIES AND WAGES		951,974	1,004,090
FRINGE BENEFITS			
53132	Dental Insurance	3,205	3,530
53133	Medical Health Insurance	88,184	97,000
53134	Life Insurance	1,526	1,680
83003	Allowances/Reimbursements	11,380	12,520
FRINGE BENEFITS		104,295	114,730
CONTRACTUAL			
54150	Equipment Rental	4,705	5,180
54201	Postage And Mailing	16,425	18,070
54202	Printing And Duplicating	43,594	47,950
54204	Staff Meeting	850	940
54205	Legal Publications/Notices	250	280
54206	Advertising/Publicity	51,268	56,390
54207	Staff Training	1,850	2,040
54208	Memberships, Dues And Fees	895	980
54209	Conference And Travel	5,200	5,720
54215	Professional Fees	700	770
54220	Insurance Expense	1,750	1,930
54234	Landfill Fees	6,559	7,210
54236	Auto Allowance	900	990
54240	Office Equipment Repairs	300	330
54241	Vehicle Repair	500	550
54242	Equipment Repair	4,950	5,450
54245	Building Repair	18,400	20,240
54250	Equipment Rental	127,075	139,780
54251	Rental Facilities	36,271	39,900
54253	Pest Control	1,440	1,580
54254	Service Contracts	7,900	8,690
54255	License And Fees	8,500	9,350
54260	Service Contracts-Facilities	42,010	46,210
54264	Cell Phone Expense	205	230
54265	Subscriptions	160	180
54280	Other Contractual Services	83,140	91,450
54281	Contractual Personnel	55,848	61,430
54282	Intern Stipend	1,800	1,980
54285	Contractual Entertainment	230,450	253,500
54299	Field/Special Trips	6,899	7,590

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
59412	Property/Sales Tax	10,000	11,000
59414	Credit Card Fees	39,847	43,830
CONTRACTUAL		810,641	891,720
COMMODITIES/SUPPLIES			
55301	Office Supplies	2,910	3,200
55302	Envelopes And Stationary	500	550
55303	Duplicating Supplies	1,400	1,540
55305	Photographic Supplies	150	170
55307	Books And Manuscripts	100	110
55308	First Aid/Medical Supplies	1,200	1,320
55315	Staff Uniforms	1,190	1,310
55316	Participant Uniforms	3,310	3,640
55320	Building Maintenance Supplies	27,500	30,250
55322	Cleaning /Janitorial Supplies	7,850	8,640
55327	Vehicle/Equipment Repair Parts	3,000	3,300
55329	Office/ Equipment Value <\$10000	320	350
55330	Gas,Fuel,Grease And Oil	240	260
55349	Plaques, Awards And Prizes	5,170	5,690
55350	Recreation/Program Supplies	45,324	49,860
55351	Animal Supplies	2,200	2,420
55354	Food Supplies	16,722	18,390
55355	Animal Feed	9,000	9,900
55360	Merchandise For Resale	40,563	44,620
COMMODITIES/SUPPLIES		168,649	185,520
UTILITIES			
56230	Sanitary Fees	2,750	3,030
56231	Gas And Electricity	94,339	103,770
56232	Water	16,500	18,150
56233	Telecomm Expense	13,260	14,590
UTILITIES		126,849	139,540
ROUTINE/PERIODIC MAINTENANCE			
58001	Periodic Maintenance	47,000	52,700
ROUTINE/PERIODIC MAINTENANCE		47,000	52,700
TRANSFERS TO OTHER FUNDS			
59409	Transfers To Other Funds	285,900	320,800
TRANSFERS TO OTHER FUNDS		285,900	320,800
APPROPRIATIONS - FUND 03		2,495,308	2,709,100

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
Fund 04 - LIABILITY INSURANCE			
SALARIES AND WAGES			
70501	Managers/Supervisors	46,963	47,900
	SALARIES AND WAGES	----- 46,963	----- 47,900
FRINGE BENEFITS			
53132	Dental Insurance	354	390
53133	Medical Health Insurance	7,835	8,620
53134	Life Insurance	150	170
83003	Allowances/Reimbursements	840	920
	FRINGE BENEFITS	----- 9,179	----- 10,100
CONTRACTUAL			
54207	Staff Training	4,304	4,730
54209	Conference And Travel	2,500	2,750
54255	License And Fees	4,100	4,510
54281	Contractual Personnel	4,560	5,020
	CONTRACTUAL	----- 15,464	----- 17,010
COMMODITIES/SUPPLIES			
55307	Books And Manuscripts	1,695	1,860
55309	Safety Supplies	2,515	2,770
55329	Office/ Equipment Value <\$10000	2,000	2,200
	COMMODITIES/SUPPLIES	----- 6,210	----- 6,830
INSURANCE			
57131	Workers Compensation	87,110	95,820
57137	Unemployment Premium	11,500	12,650
57220	Liability Insurance	41,800	45,980
57222	Employment Practices	18,500	20,350
57224	Property Insurance	80,300	88,330
	INSURANCE	----- 239,210	----- 263,130
CAPITAL OUTLAY			
61515	Repair Projects And Equipment	60,000	61,200
	CAPITAL OUTLAY	----- 60,000	----- 61,200
APPROPRIATIONS - FUND 04		----- 377,026	----- 406,170
Fund 06 - IMRF FUND			
FRINGE BENEFITS			
53135	Imrf Payments	312,051	343,260
	FRINGE BENEFITS	----- 312,051	----- 343,260
APPROPRIATIONS - FUND 06		----- 312,051	----- 343,260

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
Fund 08 - AUDIT FUND			
CONTRACTUAL			
54217	Audit Expenses	19,500	21,450
CONTRACTUAL		19,500	21,450
APPROPRIATIONS - FUND 08		19,500	21,450
Fund 09 - PAVING AND LIGHTING FUND			
ROUTINE/PERIODIC MAINTENANCE			
58002	Routine Maintenance	67,000	70,350
ROUTINE/PERIODIC MAINTENANCE		67,000	70,350
CAPITAL OUTLAY			
61508	Park Construction/Improvements	525,000	535,500
CAPITAL OUTLAY		525,000	535,500
APPROPRIATIONS - FUND 09		592,000	605,850
Fund 11 - ACTIVITY AND AFFILIATES FUND			
COMMODITIES/SUPPLIES			
55301	Office Supplies	750	830
55309	Safety Supplies	2,012	2,210
55348	Flowers And Cards	200	220
55349	Plaques, Awards And Prizes	2,000	2,200
55350	Recreation/Program Supplies	2,500	2,750
55354	Food Supplies	2,000	2,200
COMMODITIES/SUPPLIES		9,462	10,410
APPROPRIATIONS - FUND 11		9,462	10,410
Fund 12 - SPECIAL DONATIONS FUND			
CONTRACTUAL			
54292	Scholarships	53,434	59,850
CONTRACTUAL		53,434	59,850
APPROPRIATIONS - FUND 12		53,434	59,850

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
Fund 14 - SOCIAL SECURITY FUND			
FRINGE BENEFITS			
53136	Fica Payments	412,854	454,140
FRINGE BENEFITS		412,854	454,140
APPROPRIATIONS - FUND 14		412,854	454,140
Fund 15 - SPECIAL RECREATION FUND			
SALARIES AND WAGES			
70301	Office Staff/Support	28,761	29,340
70501	Managers/Supervisors	48,329	49,300
71001	Program/Facility Director	114,216	116,500
80903	Pt Building Service Worker	4,125	4,540
81003	Pt Program Director\Supervisor	25,280	27,810
81403	Instructors/Overnight Staff	7,846	8,630
81503	Pt General Staff	64,203	70,620
81703	Pt Day Camp Staff/Life Guard	154,295	169,720
81903	Pt Building/Park Opener	300	330
SALARIES AND WAGES		447,355	476,790
FRINGE BENEFITS			
53132	Dental Insurance	1,417	1,560
53133	Medical Health Insurance	23,505	25,860
53134	Life Insurance	631	690
53135	Imrf Payments	16,060	17,670
53136	Fica Payments	34,500	37,950
53137	Employee Assistance Program	184	200
83003	Allowances/Reimbursements	4,840	5,320
FRINGE BENEFITS		81,137	89,250
CONTRACTUAL			
54201	Postage And Mailing	1,820	2,000
54202	Printing And Duplicating	6,794	7,470
54204	Staff Meeting	800	880
54206	Advertising/Publicity	3,170	3,490
54207	Staff Training	2,850	3,140
54208	Memberships, Dues And Fees	5,966	6,560
54209	Conference And Travel	6,200	6,820
54212	Attorney Fees	2,500	2,750
54236	Auto Allowance	750	830
54241	Vehicle Repair	3,000	3,300
54245	Building Repair	200	220
54250	Equipment Rental	250	280
54251	Rental Facilities	32,870	36,160
54253	Pest Control	360	400
54254	Service Contracts	3,300	3,630

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
54255	License And Fees	100	110
54264	Cell Phone Expense	320	350
54265	Subscriptions	350	390
54280	Other Contractual Services	250	280
54281	Contractual Personnel	5,688	6,260
54282	Intern Stipends	4,200	4,620
54285	Contractual Entertainment	300	330
54299	Field/Special Trips	26,257	28,880
59414	Credit Card Fees	1,800	1,980
CONTRACTUAL		110,095	121,130
COMMODITIES/SUPPLIES			
55301	Office Supplies	550	610
55302	Envelopes And Stationary	500	550
55303	Duplicating Supplies	400	440
55315	Staff Uniforms	4,732	5,210
55316	Participant Uniforms	1,780	1,960
55320	Building Maintenance Supplies	500	550
55322	Cleaning/Janitorial Supplies	575	630
55327	Vehicle/Equipment Repair Parts	800	880
55329	Office/ Equipment Value <\$10000	800	880
55330	Gas,Fuel,Grease And Oil	6,300	6,930
55348	Flowers And Cards	50	60
55349	Plaques, Awards And Prizes	3,440	3,780
55350	Recreation/Program Supplies	6,072	6,680
55354	Food Supplies	13,435	14,780
COMMODITIES/SUPPLIES		39,934	43,940
UTILITIES			
56231	Gas And Electrictiy	3,955	4,350
56232	Water	900	990
56233	Telecomm Expense	744	820
UTILITIES		5,599	6,160
INSURANCE			
57131	Workers Compensation	1,973	2,170
57220	Liability Insurance	2,040	2,240
57222	Employment Practices	708	780
57224	Property Insurance	4,157	4,570
INSURANCE		8,878	9,760
CAPITAL OUTLAY			
61508	Cpd - Ada	715,000	729,300
61509	Upd Capital Ada	102,500	112,750
CAPITAL OUTLAY		817,500	842,050
APPROPRIATIONS - FUND 15		1,510,498	1,589,080

Ordinance No. 620
Budget & Appropriations Detail by Fund
May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
Fund 16 - CAPITAL IMPROVEMENTS FUND			
CAPITAL OUTLAY			
61504	Vehicles / Equipment	313,000	319,260
61508	Park Construction/Improvements	1,948,875	1,987,850
CAPITAL OUTLAY		2,261,875	2,307,110
APPROPRIATIONS - FUND 16		2,261,875	2,307,110
 Fund 19 - POLICE PROTECTION			
CONTRACTUAL			
54281	Contractual Personnel	18,000	20,000
CONTRACTUAL		18,000	20,000
APPROPRIATIONS - FUND 19		18,000	20,000
 Fund 21 - BOND AMORTIZATION FUND			
TRANSFERS TO OTHER FUNDS			
59409	Transfers To Other Funds	1,104,421	1,126,510
TRANSFERS TO OTHER FUNDS		1,104,421	1,126,510
APPROPRIATIONS - FUND 21		1,104,421	1,126,510
 Fund 22 - BOND PROCEEDS FUND			
CONTRACTUAL			
54215	Professional Fees	3,725	3,800
CONTRACTUAL		3,725	3,800
CAPITAL OUTLAY			
61508	Park Construction/Improvements	593,000	604,860
CAPITAL OUTLAY		593,000	604,860
DEBT SERVICE PRINCIPAL			
59405	Bond Redemption	420,000	420,000
DEBT SERVICE PRINCIPAL		420,000	420,000
DEBT SERVICE INTEREST/FEES			
59407	Interest Expense	120,662	125,490
DEBT SERVICE INTEREST/FEES		120,662	125,490
APPROPRIATIONS - FUND 22		1,137,387	1,154,150

Ordinance No. 620
 Budget & Appropriations Detail by Fund
 May 1, 2017 through April 30, 2018

ACCOUNT	DESCRIPTION	2017-18 FINAL BUDGET	APPROPRIATIONS
<hr style="border-top: 1px dashed black;"/>			
Fund 24 - LAND ACQUISITION			
CAPITAL OUTLAY			
61504	Land Acquisition	400,000	440,000
	CAPITAL OUTLAY	<hr style="border-top: 1px dashed black;"/>	<hr style="border-top: 1px dashed black;"/>
		400,000	440,000
Fund 27 - HUMAN KINETICS PARK DEVELOPMENT			
CONTRACTUAL			
54212	Attorney Fees	1,200	
54214	Architect and Engineering Fees	100,000	110,000
	APPROPRIATIONS Fund 27 - Human Kinetics Park Dev.	<hr style="border-top: 1px dashed black;"/>	<hr style="border-top: 1px dashed black;"/>
		101,200	110,000
APPROPRIATIONS - ALL FUNDS		19,864,806	20,935,004



CHAMPAIGN PARK DISTRICT

REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 21, 2017

SUBJECT: Approval of FY18 Budget Book

Background

The formal FY18 budget book is presented to the Board for approval prior to submitting it to the Government Finance Officers Association (GFOA) for the distinguished budget award, due within 30 days of adoption of the budget. The totals reflected in the formal budget book are reflective of the Budget and Appropriation Ordinance No. 620 for FY18 as revised and presented for approval on July 26, 2017. This document meets the criteria of the GFOA budget award program and this will be the document submitted for consideration this year. The District first applied and received this award in FY2005 and has received annually since then.

Prior Board Action

On May 10, 2017, the Board set a date for the public hearing on the budget and appropriation ordinance. Ordinance No. 620: Budget and Appropriation Ordinance for FY17-18 was presented for approval at the July 26, 2017 special meeting and will be filed with the Champaign County Clerk no later than July 28, 2017 as required.

Budget Impact

The Champaign Park District sets total expenditures/transfers in the amount of \$19,864,806 for the period beginning May 1, 2017 through April 30, 2018.

Recommended Action

Staff recommends the Board approve the FY18 budget book.

Prepared by:

Reviewed by:

Andrea N. Wallace
Director of Finance

Joe DeLuce, CPRP
Executive Director



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 18, 2017

SUBJECT: Henry Michael Park Grading

Background

In spring of 2017, the Planning Department drafted a comprehensive drainage plan for grading the soil at Henry Michael Park located at 3802 Freedom Boulevard, Champaign. Once grading is complete, the Operation staff can begin seeding the park. Staff plans to install trees and a permanent sign before winter.

Prior Board Action

The Board approved the FY16-17 Capital Plan at the March 9, 2016 Regular Board meeting.

Bid Results

An invitation to bid was published in *The News-Gazette*. The bids were opened and read aloud on July 11, 2017. Five (5) companies submitted bids. The results are as follows:

Contractor	Bid Total
Otto Baum Co., Morton, IL	\$13,275.00
JGB Excavating, Toledo, IL	\$19,225.00
Feutz Contractors, Inc., Paris, IL	\$24,700.00
Stark Excavating, Bloomington, IL	\$24,950.00
Industrial Surfacing Solutions, Urbana, IL	did not meet specifications

Budget Impact

The budget for this project is \$20,000 which was carried over from FY17-Henry Michael Park-New Development (GL Number 16-01-001-61508-17001).

Recommendation

Staff recommends awarding the contract for the grading of Henry Michael Park to Otto Baum Co. of Morton, Illinois, in the bid amount of \$13,275.00. Work is scheduled to be completed by the end of August. The remaining funds will be used for seeding and trees for the park.

Prepared by:

Reviewed by:

Andrew Weiss
Director of Planning

Joe DeLuce
Executive Director



CHAMPAIGN PARK DISTRICT

REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 12, 2017

SUBJECT: CommUnity Matters Agreement with City of Champaign (City)

BACKGROUND

During the summer of 2007, staff were contacted by the City's Police Department, which was encountering issues with various criminal incidents in the Garden Hills area involving young people. The City implemented an all-out effort to stop these incidents, improve the neighborhood infrastructure, and asked the Champaign Park District (Park District) to provide recreation activities as alternatives to criminal activities for these young people.

The Park District responded by creating a series of events and activities on six Thursday nights throughout the summer. The Summer Thrills at Garden Hills was created as a series of special events for all ages. These events included movie nights, concerts, sports activities, and a variety of other fun events. The response from the neighborhood was fantastic and they wanted to see more activities and events in the park.

The Garden Hills area (West of Prospect Avenue, South of Bloomington Road, East of Mattis Avenue and North of Bradley Avenue) currently has over 750 students in elementary, middle school and high school. The Garden Hills area has very little park space or access to indoor recreation opportunities, therefore the need for something for these young people to do was really needed.

The City, Champaign Unit 4 School District (Unit4), and the Park District discussed various possibilities and came up with an idea to create year-round programming for the Garden Hills residents based out of the Garden Hills Elementary School and park. A committee of staff members from the City, Unit 4, the United Way of Champaign County, and Park District met to create a pilot year-round program that met the needs of residents of the Garden Hills community.

The City officials have been very pleased with the success of the programs offered during the past five years for the Garden Hills Neighborhood. The programs have been a true win-win partnership for the City, Park District and Unit 4. The residents also are very excited about continuing the programs and have voiced their support for continuing the programs.

PROPOSAL FOR THE SUMMER OF 2017-18

During the 2017-18 fiscal year, through the CommUnity Matters grant program, the Park District will offer fourteen (14) total spots at Douglass Park; Six (6) spots for Douglass Day Camp and eight (8) spots for Douglass Teen Camp for a total of ten (10) weeks. Douglass Day Camp programs are designed for youth ages 6 to 15. 2017 camp dates are July 3, 2017-August 4, 2017. 2018 camp dates are May 29, 2018-June 29, 2018. Camps run Monday through Friday, 7:30am-5:30pm.

Additionally, in the summer of 2017, the Park District will offer a summer camp that allows up to twenty-four (24) total spots for youth identified through Unit 4 Schools to attend camp at Garden Hills School. This camp will focus on non-traditional camp activities and will also include some educational components for the participants with the assistance of assigned Teachers from Unit 4. The age range identified will include Kindergarten through 3rd grade. Camp runs from June 12th – July 13th, Monday through Thursday from 11:30am to 6pm (12-5:30pm – actual camp day).

The Park District will host one community focused special event in addition to our summer day camp programs. The goal for the community focused event is to provide more opportunities for families to become aware of services available to them to assist with health, nutrition, and safety as well as getting involved in supervised, recreational activities.

FINANCIAL

The City will provide funding through the Community Development Block Grant (CDBG) for the summer day camp program at Douglass Park and other one (1) special event in the amount of \$20,000 from July 1, 2017 through June 30, 2018. The funds will be allocated as follows: \$18,500 for six (6) youth and eight (8) teens to attend the Douglass Day Camps and \$1,500 for one special event. The funding for this program has been reduced over the years as additional programs and agencies have also requested funding from the City.

RECOMMENDATION

The City has provided a contract for Park Board consideration of approval for the 2017-18 budget years in the amount of \$20,000. Staff recommends continuing the partnership and move forward with the Summer Day Camp Program and special event through the Community Matters Program.

Prepared by:

Reviewed by:

Jameel Jones
Director of Recreation

Joe DeLuce
Executive Director

**SUBRECIPIENT AGREEMENT BETWEEN
THE CITY OF CHAMPAIGN & CHAMPAIGN PARK DISTRICT
FOR THE CommUnity MATTERS PROGRAM**

THIS AGREEMENT, entered this 1st day of July, 2017 by and between the **City of Champaign** (herein called the “Grantee”) and **Champaign Park District** (herein called the “Subrecipient”).

WHEREAS, the Grantee has applied for and received funds from the United States Government under Title I of the Housing and Community Development Act of 1974, as amended (HCD Act), Public Law 93-383; and

WHEREAS, the Grantee wishes to engage the Subrecipient to assist the Grantee in utilizing such funds;

NOW, THEREFORE, it is agreed between the parties hereto that;

I. SCOPE OF SERVICE

A. Summer Day Camp and Special Event

Summer Day Camp

The Champaign Park District (CPD) will serve primarily Garden Hills, Douglass Park, Beardsley Park and Bristol Park neighborhood youth at the Douglass Park Recreation Center at 512 East Grove Street, Champaign. CPD will reserve six (6) slots for youth ages 6-12 years old and eight (8) slots for teenagers ages 12-15 to provide a wide range of daily activities to support physical, emotional, intellectual and social development for every youth who attends these day camps.

This grant agreement provides funding for two summer day camps beginning July 1, 2017 through June 30, 2018. Specifics for the Summer 2017 Douglass Day Camp are outlined below and run from May 31, 2017 through August 4, 2017 with the operating hours of 7:30am to 5:30am Monday through Friday. Those activities taking place prior to this agreement through June 30, 2017, will be provided through the FY 2016/17 grant agreement. Funding for June 2018 summer day camp slots (approximately 14) are included in this FY 2017/18 agreement and will be similar in scope as the FY 2017/18 activities listed below.

Day Camp staff will make arrangements for all field trips. The Champaign Park District will provide a staff supervision ratio of one supervisor to every eight (8) participants in the program. Planning is already underway for numerous field trips, swimming and other activities, based upon our weekly themes for the summer. Our themes for both Day Camp and Teen Camp are as follows:

Summer Day Camp Program Themes

- Week 6: Party in the USA

- Week 7: Holiday Hullabaloo
- Week 8: Superheroes
- Week 9: Around the World
- Week 10: Mad Science
- Week 1 (2018): TBD
- Week 2 (2018): TBD
- Week 3 (2018): TBD
- Week 4 (2018): TBD

Champaign Park District would like to provide a second camp that would allow twenty-four spots for kids identified through unit 4 schools to attend. The location for this camp would be at Garden Hills Elementary School. This camp will focus on non traditional camp activities and will also include some education component for the participants with the assistance of assigned Teachers from Unit 4. The age range identified will include Kindergarten through 3rd grade. Camp would run from June 12th – July 13th, Monday through Thursday from 11:30 am to 6pm. Day camp weekly themes are as follows:

- Week 1: Superhero Action
- Week 2: A Splash of Color
- Week 3: Hooray for Hollywood
- Week 4: Underwater Exploration and Summer Fun

Special Event

The Champaign Park District will host one (1) special event in a targeted neighborhood focusing on civic engagement and celebrating community during this grant period. The Champaign Park District will work to coordinate and staff the events with input from the City of Champaign and the neighborhood groups in these areas.

The FY 2017/18 CDBG-funded services will be provided for residents residing in the targeted areas of Garden Hills, Beardsley Park, Douglass Park and Bristol Park neighborhoods. If summer day camp slots remain after the program is underway other children from non-targeted area, but income-eligible households may participate. The special events will occur in the Garden Hills and Bristol Park neighborhoods. The Subrecipient will administer all tasks in the provision of the aforementioned public services in compliance with all applicable Federal, state, and local rules and regulations governing these funds, and in a manner satisfactory to the Grantee.

Changes in the scope of services, budget, or method of compensation contained in this Agreement, unless otherwise noted, may only be made through a written amendment to this Agreement, executed by the Subrecipient and Grantee.

B. Program Delivery for the Summer Day Camp and Special Events

Listed below are the major tasks of the **Summer Day Camps and Special Event** that will be performed:

- Activity #1 Summer Day Camp (48 youth for 10 weeks, M-F, 7:30-5:30)
- Activity #2 Special Events

In addition, the Subrecipient will ensure that the numbers, background and qualifications of the Subrecipient's staff providing the **Summer Day Camps and Special Event** and any related services at all times are appropriate for the enrolled youth.

Maintain program and financial records documenting the eligibility, attendance, provision of services, and Subrecipient expenses relative to the families receiving the **Summer Day Camps and Special Event** services as a result of assistance provided through the CDBG program.

C. Budget Method and Compensation

At a minimum of once per quarter, the Subrecipient shall provide the Grantee expense information for the **Summer Day Camps and Special Event** services described in Section A. of this Agreement.

D. National Objectives

The Subrecipient certifies that the CDBG-funded activity (ies) carried out under this Agreement benefits low- and moderate-income persons or those presumed to be principally low- and moderate income such as elderly, severally disabled, or homeless.

E. Level of Accomplishment – Goals and Performance Measures

Outcomes:

The desired outcomes of the program are to provide positive family and individual recreational opportunities in a safe environment.

F. Staffing

Appropriate Staffing
Administrative staff as assigned

The Subrecipient will notify the Grantee of any changes in the Key Personnel assigned or their general responsibilities under this project within two weeks of such change(s).

G. Performance Monitoring

The Grantee will monitor the performance of the Subrecipient against goals and performance standards as stated above. Substandard performance as determined by the Grantee will constitute

noncompliance with this Agreement and may be the basis for suspension or termination of this Agreement in accordance with subsection VII-G of this Agreement.

II. TIME OF PERFORMANCE

Services of the Subrecipient shall start on the **1st day July, 2017** and end on the **30th day June, 2018**, unless otherwise extended in written modification to this contract executed by the Grantee and the Subrecipient. The term of this Agreement and the provisions herein shall be extended to cover any additional time period during which the Subrecipient remains in control of CDBG funds or other CDBG assets, including program income.

III. BUDGET

FY 2017/18 Community Development Block Grant (federal CDBG) funds:

Line Item	Budget for Summer Day Camp and Special Events
Summer Day Camp	\$18,500
Special Events	\$1,500
Total FY 2017/18 Budget	\$20,000

IV. PAYMENT

It is expressly agreed and understood that the total amount to be paid by the Grantee under this Agreement shall not exceed **Twenty Thousand Dollars and 00/100 (\$20,000)**. Drawdowns for the payment of eligible expenses shall be made against the line item budgets specified in Paragraph III herein and in accordance with performance. Expenses for general administration shall also be paid against the line item budgets specified in Paragraph III and in accordance with performance. Final invoices must be submitted prior to August 31, 2017. Payments may be contingent upon certification of the Subrecipient's financial management system in accordance with the standards specified by the city.

V. NOTICES

Notices required by this Agreement shall be in writing and delivered via first-class mail (postage prepaid), commercial courier, or personal delivery or sent by facsimile or other electronic means. Any notice sent in this manner shall be effective on the date of sending. All notices and other written communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

Communication and details concerning this contract shall be directed to the following contract representatives:

Grantee
Neighborhood Services Director
City of Champaign,
102 North Neil Street
Champaign, IL 61820

Subrecipient
Director of Recreation
Champaign Park District
706 Kenwood Road
Champaign, IL 61821

VI. SPECIAL CONDITIONS

None

VII. GENERAL CONDITIONS**A. General Compliance**

The Subrecipient agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570 (the U.S. Housing and Urban Development regulations concerning Community Development Block Grants (CDBG)) including subpart K of these regulations, except that (1) the Subrecipient does not assume the Grantee's environmental responsibilities described in 24 CFR 570.604 and (2) the Subrecipient does not assume the Grantee's responsibility for initiating the review process under the provisions of 24 CFR Part 52. The Subrecipient also agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this contract. The Subrecipient further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

B. "Independent Contractor"

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Subrecipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Grantee shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the Subrecipient is an independent contractor.

C. Hold Harmless

The Subrecipient shall hold harmless, defend and indemnify the Grantee from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Subrecipient's performance or nonperformance of the services or subject matter called for in this Agreement.

D. Workers' Compensation

The Subrecipient shall provide Workers' Compensation Insurance coverage for all of its employees involved in the performance of this Agreement.

E. Grantee Recognition

The Subrecipient shall insure recognition of the role of the Grantee in providing services through this Agreement. All activities, facilities and items utilized pursuant to this Agreement shall be prominently labeled as to funding source. In addition, the Subrecipient will include a reference to the support provided herein in all publications made possible with funds made available under this Agreement.

F. Amendments

The Grantee or Subrecipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, signed by a duly authorized representative of each organization. Such amendments shall not invalidate this Agreement, nor relieve or release the Grantee or Subrecipient from its obligations under this Agreement except and only to the extent that said obligations are modified in said amendments.

The Grantee may, in its discretion, amend this Agreement to conform with Federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both Grantee and Subrecipient.

G. Suspension or Termination

1. Default by Subrecipient. In accordance with 24 CFR 85.43, the Grantee may suspend or terminate this Agreement because of a default by the Subrecipient if the Subrecipient materially fails to comply with any terms of this Agreement, which include (but are not limited to) the following:

- a) Failure to comply with any of the rules, regulations or provisions referred to herein, or such statutes, regulations, executive orders, and HUD guidelines, policies or directives as may become applicable at any time;
- b) Failure, for any reason, of the Subrecipient to fulfill in a timely and proper manner its obligations under this Agreement;
- c) Ineffective or improper use of funds provided under this Agreement; or
- d) Submission by the Subrecipient to the Grantee reports that are incorrect or incomplete in any material respect.

The Grantee shall provide the Subrecipient with written notice of any suspension of this agreement. Said written notice shall describe the basis for the suspension and the actions required to end the suspension. The Grantee shall provide the Subrecipient with written notice prior to terminating this agreement based upon the Subrecipient's default. Said written notice shall describe the basis of the default, provide that the Subrecipient shall

have thirty days from the date of said notice to cure said default, and specify what actions are required for said cure.

2. Termination for convenience. In accordance with 24 CFR 85.44, this Agreement may also be terminated for convenience by either the Grantee or the Subrecipient, in whole or in part, by setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if in the case of a partial termination, the Grantee determines that the remaining portion of the award will not accomplish the purpose for which the award was made, the Grantee may terminate the award in its entirety.

VIII. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

1. Accounting Standards

The Subrecipient agrees to comply with 24 CFR 84.21–28 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

2. Cost Principles

The Subrecipient shall administer its program in conformance with OMB Circulars A-122, “Cost Principles for Non-Profit Organizations,” or A-21, “Cost Principles for Educational Institutions,” as applicable. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

B. Documentation and Record Keeping

1. Records to be Maintained

The Subrecipient shall maintain all records required by the Federal regulations specified in 24 CFR 570.506 that are pertinent to the activities to be funded under this Agreement. Such records shall include but not be limited to:

- a. Records providing a full description of each activity undertaken;
- b. Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;
- c. Records required to determine the eligibility of activities;
- d. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with CDBG assistance;

- e. Records documenting compliance with the fair housing and equal opportunity components of the CDBG program;
- f. Financial records as required by 24 CFR 570.502, and 24 CFR 84.21–28; and
- g. Other records necessary to document compliance with Subpart K of 24 CFR Part 570

2. Retention

The Subrecipient shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the Agreement for a period of four (4) years. The retention period begins on the date of the submission of the Grantee's annual performance and evaluation report to HUD in which the activities assisted under the Agreement are reported on for the final time. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the four-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the four-year period, whichever occurs later.

3. Client Data

The Subrecipient shall maintain client data demonstrating client eligibility for services provided. Such data shall include, but not be limited to, client name, address, income level or other basis for determining eligibility, and description of service provided. Such information shall be made available to Grantee monitors or their designees for review upon request.

4. Disclosure

The Subrecipient shall follow any and all applicable laws regarding confidentiality unless written consent is obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian.

5. Close-outs

The Subrecipient's obligation to the Grantee shall not end until all close-out requirements are completed. Activities during this close-out period shall include, but are not limited to: making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to the Grantee), and determining the custodianship of records. Notwithstanding the foregoing, the terms of this Agreement shall remain in effect during any period that the Subrecipient has control over CDBG funds, including program income.

6. Audits & Inspections

All Subrecipient records with respect to any matters covered by this Agreement shall be made available to the Grantee, or any of their authorized representatives, at any time during normal business hours, as often as deemed necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies noted in audit reports must be fully cleared by the Subrecipient within 30 days after receipt by the Subrecipient. Failure of the Subrecipient to comply with the above audit requirements will constitute a violation of this contract and may result in the withholding of future payments. The Subrecipient hereby agrees to have an annual agency audit conducted in accordance with current Grantee policy concerning Subrecipient audits and OMB Circular A-133.

C. Reporting and Payment Procedures

1. Program Income

The Subrecipient shall not earn program income through the CommUnity Matters program without prior written approval from the Grantee. If the Subrecipient does seek and receive approval to earn program income, the Subrecipient shall report annually all program income (as defined at 24 CFR 570.500(a)) generated by activities carried out with CDBG funds made available under this contract. The use of program income by the Subrecipient shall comply with the requirements set forth at 24 CFR 570.504. By way of further limitations, the Subrecipient may use such income during the contract period for activities permitted under this contract and shall reduce requests for additional funds by the amount of any such program income balances on hand. All unexpended program income shall be returned to the Grantee at the end of the contract period. Any interest earned on cash advances from the U.S. Treasury and from funds held in a revolving fund account is not program income and shall be remitted promptly to the Grantee.

2. Indirect Costs

If indirect costs are charged, the Subrecipient will develop an indirect cost allocation plan for determining the appropriate Subrecipient's share of administrative costs and shall submit such plan to the Grantee for approval, in a form specified by the Grantee.

3. Payment Procedures

The Grantee will pay to the Subrecipient funds available under this Agreement based upon information submitted by the Subrecipient and consistent with any approved budget and Grantee policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by the Subrecipient, and not to exceed actual cash requirements. Payments will be

adjusted by the Grantee in accordance with advance fund and program income balances available in Subrecipient accounts. In addition, the Grantee reserves the right to liquidate funds available under this contract for costs incurred by the Grantee on behalf of the Subrecipient.

4. Progress Reports

The Subrecipient shall submit regular quarterly Progress Reports to the Grantee in the form and content as required by the Grantee.

D. Procurement

1. Purchasing Standards

Unless specified otherwise within this agreement, the Subrecipient shall procure all CDBG-purchased materials, property, or services in accordance with the requirements of 24 CFR 84.40–48.

2. Travel

The Subrecipient shall obtain written approval from the Grantee for any travel outside the metropolitan area with funds provided under this Agreement.

E. Use and Reversion of Assets

The use and disposition of real property and equipment under this Agreement shall be in compliance with the requirements of 24 CFR Part 84 and 24 CFR 570.502, 570.503, and 570.504, as applicable, which include but are not limited to the following:

1. The Subrecipient shall transfer to the Grantee any CDBG funds on hand and any accounts receivable attributable to the use of funds under this Agreement at the time of expiration, cancellation, or termination.
2. Real property under the Subrecipient's control that was acquired or improved, in whole or in part, with funds under this Agreement in excess of \$25,000 shall be used to meet one of the CDBG National Objectives pursuant to 24 CFR 570.208 until five (5) years after expiration of this Agreement. If the Subrecipient fails to use CDBG-assisted real property in a manner that meets a CDBG National Objective for the prescribed period of time, the Subrecipient shall pay the Grantee an amount equal to the current fair market value of the property less any portion of the value attributable to expenditures of non-CDBG funds for acquisition of, or improvement to, the property. Such payment shall constitute program income to the Grantee. The Subrecipient may retain real property

acquired or improved under this Agreement after the expiration of the five-year period.

3. In all cases in which equipment acquired, in whole or in part, with funds under this Agreement is sold, the proceeds shall be program income (prorated to reflect the extent to that funds received under this Agreement were used to acquire the equipment). Equipment not needed by the Subrecipient for activities under this Agreement shall be (a) transferred to the Grantee for the CDBG program or (b) retained after compensating the Grantee an amount equal to the current fair market value of the equipment less the percentage of non-CDBG funds used to acquire the equipment.

IX. PERSONNEL & PARTICIPANT CONDITIONS

A. Civil Rights

1. Compliance

The Subrecipient agrees to comply with the Grantee's Human Rights Ordinance at Chapter 17 of the Champaign Municipal Code as amended, and the State of Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and with Title VI of the Civil Rights Act of 1964 as amended, Title VIII of the Civil Rights Act of 1968 as amended, Section 104(b) and Section 109 of Title I of the Housing and Community Development Act of 1974 as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, and Executive Order 11246 as amended by Executive Orders 11375, 11478, 12107 and 12086.

2. Nondiscrimination

The Subrecipient agrees to comply with the non-discrimination in employment and contracting opportunities laws, regulations, and executive orders referenced in 24 CFR 570.607, as revised by Executive Order 13279. The applicable non-discrimination provisions in Section 109 of the HCDA are still applicable.

3. Section 504

The Subrecipient agrees to comply with all Federal regulations issued pursuant to compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination against the individuals with disabilities or handicaps in any Federally assisted program. The Grantee shall provide the Subrecipient with any guidelines necessary for compliance with that portion of the regulations in force during the term of this Agreement.

B. Affirmative Action

1. Approved Plan

The Subrecipient agrees that it shall be committed to submit and carry out an Affirmative Action Plan in accordance with the requirements imposed on non-exempt contracting entities in Sec. 12.5-65 of the Champaign Municipal Code in keeping with the principles as provided in President's Executive Order 11246 of September 24, 1966. The Subrecipient shall submit said plan for an Affirmative Action Program for approval prior to the award of funds.

2. Women- and Minority-Owned Businesses (W/MBE)

The Subrecipient will use its best efforts to afford small businesses, minority business enterprises, and women's business enterprises the maximum practicable opportunity to participate in the performance of this contract. As used in this contract, the terms "small business" means a business that meets the criteria set forth in section 3(a) of the Small Business Act, as amended (15 U.S.C. 632), and "minority and women's business enterprise" means a business at least fifty-one (51) percent owned and controlled by minority group members or women. For the purpose of this definition, "minority group members" are Afro-Americans, Spanish-speaking, Spanish surnamed or Spanish-heritage Americans, Asian-Americans, and American Indians. The Subrecipient may rely on written representations by businesses regarding their status as minority and female business enterprises in lieu of an independent investigation.

3. Access to Records

The Subrecipient shall furnish and cause each of its own Subrecipients or subcontractors to furnish all information and reports required hereunder and will permit access to its books, records and accounts by the Grantee, HUD or its agent, or other authorized Federal officials for purposes of investigation to ascertain compliance with the rules, regulations and provisions stated herein.

4. Notifications

The Subrecipient will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or worker's representative of the Subrecipient's commitments hereunder, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

5. Equal Employment Opportunity and Affirmative Action (EEO/AA) Statement

The Subrecipient will, in all solicitations or advertisements for employees placed by or on behalf of the Subrecipient, state that it is an Equal Opportunity or Affirmative Action employer.

6. Subcontract Provisions

The Subrecipient will include all of the provisions in this Section IX of Paragraph A pertaining to Civil Rights and Paragraph B pertaining to Affirmative Action, in every subcontract or purchase order, specifically or by reference, so that such provisions will be binding upon each of its own Subrecipients or subcontractors.

C. Employment Restrictions

1. Prohibited Activity

The Subrecipient is prohibited from using funds provided herein or personnel employed in the administration of the program for: political activities; inherently religious activities; lobbying; political patronage; and nepotism activities.

2. Labor Standards

The Subrecipient agrees to comply with the requirements of the Secretary of Labor in accordance with the Davis-Bacon Act as amended, the provisions of Contract Work Hours and Safety Standards Act (40 U.S.C. 327 *et seq.*) and all other applicable Federal, state and local laws and regulations pertaining to labor standards insofar as those acts apply to the performance of this Agreement. The Subrecipient agrees to comply with the Copeland Anti-Kick Back Act (18 U.S.C. 874 *et seq.*) and its implementing regulations of the U.S. Department of Labor at 29 CFR Part 5. The Subrecipient shall maintain documentation that demonstrates compliance with hour and wage requirements of this part. Such documentation shall be made available to the Grantee for review upon request.

D. Conduct

1. Assignability

The Subrecipient shall not assign or transfer any interest in this Agreement without the prior written consent of the Grantee thereto; provided, however, that claims for money due or to become due to the Subrecipient from the Grantee under this contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be furnished promptly to the Grantee.

2. Subcontracts

a. Approvals

The Subrecipient shall not enter into any subcontracts with any agency or individual in the performance of this contract without the written consent of the Grantee prior to the execution of such agreement.

b. Monitoring

The Subrecipient will monitor all subcontracted services on a regular basis to assure contract compliance. Results of monitoring efforts shall be summarized in written reports and supported with documented evidence of follow-up actions taken to correct areas of noncompliance.

c. Content

The Subrecipient shall cause all of the provisions of this contract in its entirety to be included in and made a part of any subcontract executed in the performance of this Agreement.

d. Selection Process

The Subrecipient shall undertake to insure that all subcontracts let in the performance of this Agreement shall be awarded on a fair and open competition basis in accordance with applicable procurement requirements. Executed copies of all subcontracts shall be forwarded to the Grantee along with documentation concerning the selection process.

3. Hatch Act

The Subrecipient agrees that no funds provided, nor personnel employed under this Agreement, shall be in any way or to any extent engaged in the conduct of political activities in violation of Chapter 15 of Title V of the U.S.C.

4. Conflict of Interest

The Subrecipient agrees to abide by the provisions of 24 CFR 84.42 and 570.611, which include (but are not limited to) the following:

- a. The Subrecipient shall maintain a written code or standards of conduct that shall govern the performance of its officers, employees or agents engaged in the award and administration of contracts supported by Federal funds.
- b. No employee, officer or agent of the Subrecipient shall participate in the selection, or in the award, or administration of, a contract

supported by Federal funds if a conflict of interest, real or apparent, would be involved.

- c. No covered persons who exercise or have exercised any functions or responsibilities with respect to CDBG-assisted activities, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to the CDBG-assisted activity, or with respect to the proceeds from the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one (1) year thereafter. For purposes of this paragraph, a "covered person" includes any person who is an employee, agent, consultant, officer, or elected or appointed official of the Grantee, the Subrecipient, or any designated public agency.

5. Lobbying

The Subrecipient hereby certifies that:

- a. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- c. It will require that the language of paragraph (d) of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly.

d. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

6. Copyright

If this contract results in any copyrightable material or inventions, the Grantee and/or grantor agency reserves the right to royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use and to authorize others to use, the work or materials for governmental purposes.

7. Religious Activities

The Subrecipient agrees that funds provided under this Agreement will not be utilized for inherently religious activities prohibited by 24 CFR 570.200(j), such as worship, religious instruction, or proselytization.

X. ENVIRONMENTAL CONDITIONS

A. Air and Water

The Subrecipient agrees to comply with the following requirements insofar as they apply to the performance of this Agreement:

- Clean Air Act, 42 U.S.C. , 7401, *et seq.*;
- Federal Water Pollution Control Act, as amended, 33 U.S.C., 1251, *et seq.*, as amended, 1318 relating to inspection, monitoring, entry, reports, and information, as well as other requirements specified in said Section 114 and Section 308, and all regulations and guidelines issued thereunder;
- Environmental Protection Agency (EPA) regulations pursuant to 40 CFR Part 50, as amended.

XI. SEVERABILITY

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall nevertheless be in full force and effect.

XII. SECTION HEADINGS AND SUBHEADINGS

The section headings and subheadings contained in this Agreement are included for convenience only and shall not limit or otherwise affect the terms of this Agreement.

XIII. WAIVER

The Grantee's failure to act with respect to a breach by the Subrecipient does not waive its right to act with respect to subsequent or similar breaches. The failure of the Grantee to exercise or enforce any right or provision shall not constitute a waiver of such right or provision.

XIV. ENTIRE AGREEMENT

This agreement constitutes the entire agreement between the Grantee and the Subrecipient for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the Grantee and the Subrecipient with respect to this Agreement.

Date _____

IN WITNESS WHEREOF, the Parties have executed this contract as of the date first written above.

City of Champaign

Champaign Park District
FEIN #37-6000474

By _____
Dorothy Ann David, City Manager

By _____
Title _____

Attest _____
Marilyn Banks, City Clerk

Attest _____
By _____
Title _____

APPROVED AS TO FORM:

City Attorney



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 26, 2017

SUBJECT: Illinois Futbol Club (IFC) Proposal

Background

Over the past 13 plus years, the Champaign Park District (Park District) has developed a mutually beneficial working relationship with the IFC, formerly Little Illini Soccer Club (LISC). This relationship includes IFC assisting with instruction for developmental soccer programs and IFC's regular rentals at Dodds Soccer Complex.

On average, the IFC has 370 active players. Of those, 220 or 59% are residents of Champaign. Rental revenues from IFC average \$10,000 to \$15,000 per year for use of soccer fields.

The agreement between IFC and the Park District benefits the Park District in several ways:

- IFC provides top quality certified instruction for the developmental soccer program. Since IFC took over instruction, programs such as Micro Soccer have grown significantly.
- By monetizing our relationship with IFC, the Park District is able to generate revenue through rentals.
- The agreement allows the Park District to better manage an outside patrons of our resources (facilities).
- Control of access has allowed the Park District to prioritize usage and take steps to maintain a quality facility.
- Our relationship with IFC has helped fill a demand for competitive youth soccer in our community.
- Dodds Soccer Complex has gained positive exposure from IFC's use as a quality facility in the soccer community.

IFC Proposal

- IFC would pay to light one field at the Dodds Soccer Field (\$150,000 to \$170,000).
- IFC and the Park District would enter into an agreement that would waive their rental fees for ten (10) years.
- The Park District would provide increased field rentals for IFC so all their teams could practice at one location.
- IFC would pay rental fees for any tournaments held at the Dodds Soccer Complex.
- IFC would cover the light fees for any rentals on the lighted soccer field.

Additional Information/Pros and Cons

- Ameren has verified there is currently enough power to the site to handle the additional lighting.
- Additional use of fields would cause more wear and tear on the fields, resulting in more maintenance.
- Reduction of rental fees for the (ten) 10 years of the agreement.
- More games on the fields resulting in more concession revenues.
- Opportunity for our soccer programs to play night games.
- Teams would be able to schedule practices later in the evenings when the days are shorter.
- Possible rentals for the field with lights from other soccer organizations or teams.
- The Park Board previously approved a similar arrangement with Kiwanis Little League to light the youth baseball field at Zahnd Park.

Recommended Action

Staff recommends the Park Board direct the Executive Director draft an agreement with the Illinois Futbol Club to add lights to one soccer field at the Dodds Soccer Complex.

Prepared by:

Reviewed by:

Joe DeLuce
Executive Director

Cindy Harvey
Assistant to the Executive Director

Budget Estimate

Dodds Park Soccer Complex Champaign, IL June 5, 2017

Budget Estimate – Materials and Installation

Musco's Light Structure System™ as described below, and delivered to the job site:

Soccer Field 7.....	\$145,000 - \$165,000
• Future Fixture Accommodation for Field 8 (also includes Fields 9 & 10)	
Soccer Fields 8.....	\$165,000 - \$185,000
• Includes Fields 9 & 10	
• Future Fixture Accommodation for Fields 7 & 11	
Soccer Field 11.....	\$150,000 - \$170,000
• Future Fixture Accommodation for Field 8 (also includes Fields 9 & 10)	
Soccer Field 7 & 11.....	\$295,000 - \$310,000
• Future Fixture Accommodation for Field 8 (also includes Fields 9 & 10)	
Soccer Field 8.....	\$175,000 - \$195,000
• Includes Fields 9 & 10	
• Includes Precast Concrete Bases for Fields 7 & 11	
All Soccer Fields.....	\$325,000 - \$345,000

Equipment Description

System – Control from foundation to poletop in 5 Easy Pieces™

Factory built, wired, aimed and tested lighting system includes:

- Pre-cast concrete bases
- Galvanized steel poles
- Remote electrical component enclosures
- Pole length wire harnesses
- Factory-aimed and assembled luminaries

On Field Performance

- Guaranteed light levels of 50/30
- Control-Link® System for remote on/off control and performance monitoring with 24/7 customer support

Benefits your Light-Structure System with Green Generation Lighting® metal halide technology

- Reduction of energy and maintenance costs by 50% to 85% over typical 1500w HID equipment
- Reduction of spill light and glare by 50% or more
- Guaranteed light levels of 30 foot-candles
- An unmatched warranty for up to 25 years
- A re-lamp of your facility after 5000 hrs of operation for HID fixtures
- Includes our Control-Link® System for flexible control and performance monitoring.

Notes

- Requires confirmation of field dimensions, pole locations, and Musco lighting design prior to providing a quote
- Based upon projects similar in scope, and is intended for preliminary planning purposes only
- Getting electrical power to the site, coordination with the utility, and any power company fees are the responsibility of the owner
- Assumes standard soil conditions – rock, bottomless, wet or unsuitable soil may require additional engineering, special installation methods and additional cost
- Assumes building code and wind speed – 2009 IBC, 90mph

We look forward to helping you assess both light source options to choose what best fits your specific needs. Please feel free to contact me with any questions you may have.

Brent Castle
Sales Representative
Musco Lighting
Phone: 317.617.3992
Email: brent.castle@musco.com

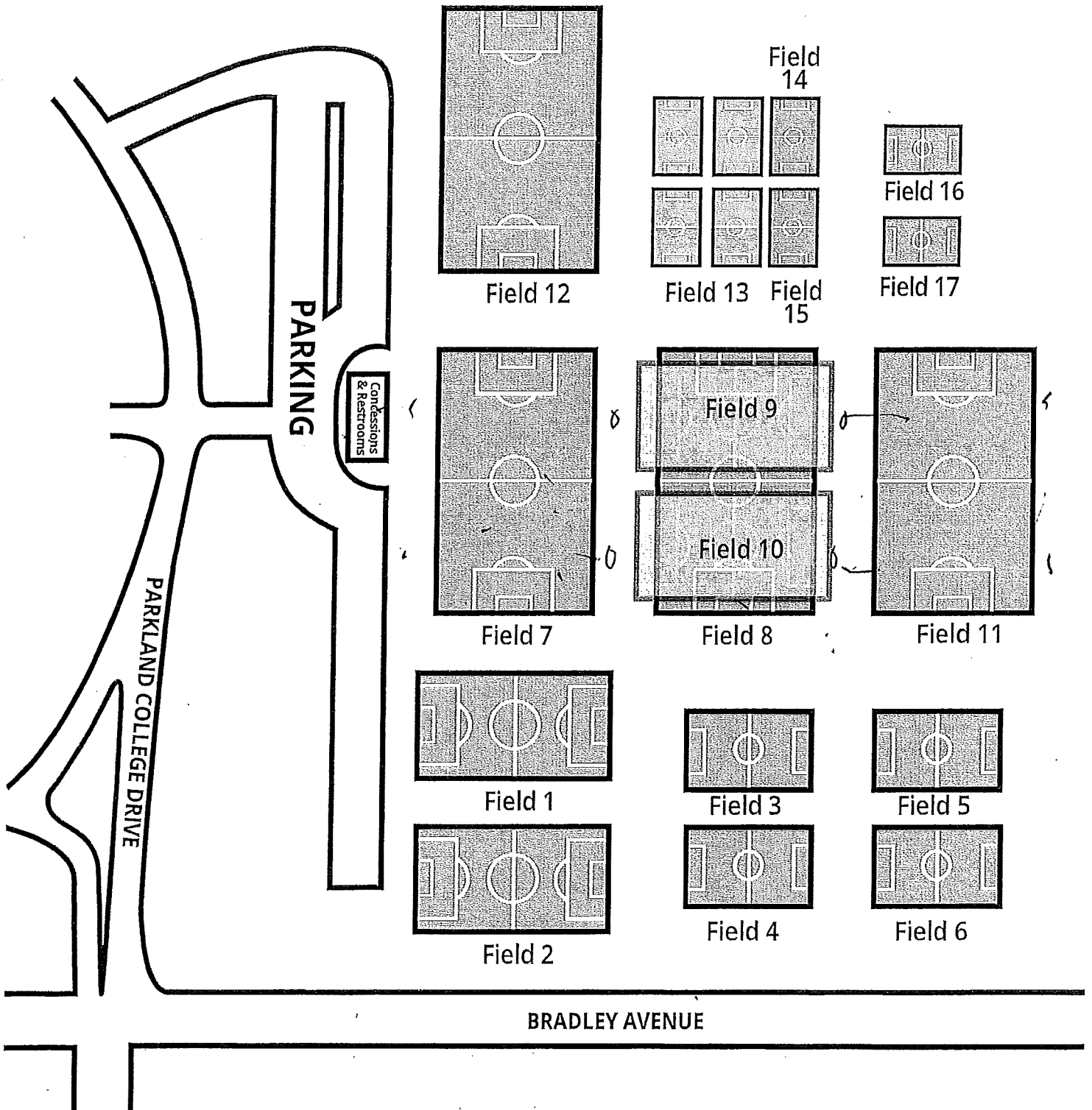


CHAMPAIGN
PARK DISTRICT

champaignparks.com

CHAMPAIGN PARK DISTRICT Dodds Soccer Complex

AUTHORIZED USE ONLY AT DODDS SOCCER COMPLEX





CHAMPAIGN PARK DISTRICT

2017



PERFORMANCE MEASUREMENT REPORT



CHAMPAIGN
PARK DISTRICT



CHAMPAIGN
PARK DISTRICT

706 KENWOOD ROAD | CHAMPAIGN, IL 61821 | 217.398.2550
www.champaignparks.com

WHY MEASURE OUR PERFORMANCE?

Performance measurement provides an objective and quantifiable way in which to see successes and areas in need of improvement. The Champaign Park District's progress is measured against data from previous years, targets set in planning documents, and benchmarks with other communities and organizations. The Champaign Park District's performance measurement program allows us to:

- Communicate priorities internally among employees, as well as externally to the Board of Commissioners and the public.
- Learn how the Park District's present state relates to past performance and future plans.
- Demonstrate progress towards meeting its mission, goals, and objectives.
- Determine which policies, programs, facilities, and services most effectively serve the community's needs.
- Provide direction for allocation of funds, staff, and other resources.
- Offer transparency and accountability to the public.

Performance Measurement Program

The Champaign Park District is continuing its efforts to develop an organizational performance measurement program. Specific performance indicators were centered on the Champaign Park District's mission and strategic initiatives. In some cases, these data points had been tracked prior to the performance measurement program, but in most cases, the program resulted in the tracking and discovery of many new data points. Staff worked to pull this data directly from Park District databases whenever possible.

The dashboards will allow staff to easily assess the Champaign Park District's success in meeting its performance measures at any time and respond immediately to any visible trends. The Champaign Park District's Leadership Team will meet on a quarterly basis to discuss the dashboard results and provide extra attention to any opportunities identified or areas of concern. Updates will also be given to the Champaign Park District's Board of Commissioners.

The performance measurement program and the data it provides will hopefully become a valuable tool for staff. As they grow more accustomed to it, staff will refer to the dashboards more frequently and will be able to use the data to drive decision-making at the Park District.

This year's report includes the results for each performance measure as well as any past history, when available. Each measure will be designated with a color—green to indicate that the target was met, yellow to indicate that the final results were within 10% of the target, or red to indicate that the final results were more than 10% from the target. ● = at or better than target, ● = within 10% of target, ● = more than 10% from target



MEETING OUR MISSION

The Champaign Park District is here to connect you to a vibrant community of people and opportunities. Our mission is to enhance our community's quality of life through positive experiences in parks, recreation, and cultural arts. The first set of measures reflects this mission, measuring both the number of people served through the Champaign Park District's programs, parks, and facilities as well as customers' satisfaction with their experiences.

Measure	FY15	FY16	FY17	FY17 Target	Status
Program Registrations	15,500	17,529	18,498	19,000	●
Leonhard Memberships	1,151	1,620	1,971	2,000	●
Sholem Memberships	2,323	2,187	2,150	2,300	●
Tennis Center Memberships	560	557	501	600	●
Virginia Theatre Tickets Sold	42,855	49,646	47,681	50,000	●
Virginia Theatre Subscriptions Sold	105	174	161	200	●
Taste of CU Ticket Sales	\$114,062	\$153,341	\$113,609	\$155,000	●
Program Cancellations					
Total Classes/Programs Cancelled		358	203	<180	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target

How are we doing?

Program & Events

The Park District had a record-setting year in program registrations with 18,498 registrations, which is the highest program participation since the Park District began using its current registration system. Some of the increase was due to expanded program offerings and improved marketing of the various programs and events.

Parks & Facilities

The Leonhard Recreation Center memberships continue to increase into the third year of operation. The number of memberships for the Leonhard Recreation Center have almost increased 100% from the first year to the third year.

Sholem Aquatic Center memberships have remained consistent over the past few years with over 2,000 memberships per year, as have the Dodds Tennis Center memberships with just over 500 per year.

We continue to work on increasing subscription sales and ticket sales at the Virginia Theatre.

Cancellations

The Recreation Staff made a concerted effort to reduce the number of program cancellations this past year. In FY16 we had 358 program cancellations but staff were able to reduce that number in FY17 down to 203. They will continue to reduce the number of cancellations and continue to find new programs to take the place of programs that are not filling.



CUSTOMER FOCUSED

As stewards of public resources, it is important that the Champaign Park District remains focused on the current and future needs of all Champaign residents. The second set of measures demonstrates the Champaign Park District's reach to the community, as well as customers' satisfaction with service provided by the Champaign Park District which is key to developing customer loyalty.

Measure	FY15	FY16	FY17	FY17 Target	Status	
Unique Households Completing a Transaction		5,197	4,728	5,000	●	
Unique Champaign Households Completing a Transaction		4,136	2,949	3,500	●	
All Participation in Registered Programs (total participants)		17,529	18,498	19,050	●	
Infant 0-4 years		2,205	1,664	2,400	●	
Youths 5-11 years		8,418	9,252	9,000	●	
Teens 12-17 years		2,004	2,034	2,250	●	
Adults 18-49 years		3,340	3,699	3,700	●	
Seniors 50-99 years		1,562	1,849	1,700	●	
Online Program Registrations	3,953	4,669	5,180	4,800	●	
Online Program Registration Revenues	\$436,215	\$574,393	\$596,158	\$580,000	●	
Households Receiving Scholarships	177	156	173	175	●	
CPD Website Visits		547,528	600,000	575,000	●	
Virginia Theatre Website Visits		224,380	187,784	250,000	●	
CPD Facebook Followers	3,922	5,258	6,943	5,500	●	
Virginia Theatre Facebook Followers	4,030	5,877	7,297	6,300	●	
Sholem Aquatic Center Facebook Followers	2,372	3,432	4,577	3,800	●	
CUSR Facebook Followers	283	408	611	500	●	
CPD Twitter Followers	3,936	4,828	5,450	5,200	●	
CPD Instagram Followers	700	1,232	1,957	1,400	●	
Virginia Theatre Twitter Followers	2,761	3,200	3,788	3,500	●	
Facility Attendance	FY14	FY15	FY16	FY17	FY17 Target	Status
Leonhard Rec Center	20,605	73,395	96,645	85,833	98,000	●
Sholem Aquatic Center	73,088	51,145	69,121	88,858	72,000	●
Dodds Tennis Center	25,548	25,000	23,675	23,347	25,000	●
Douglass Center	20,493	17,502	27,475	28,805	29,000	●
Douglass Annex	4,592	7,225	10,038	12,320	11,000	●
Spalding Rec Center	3,344	3,179	1,884	4,596	3,000	●
Hays Rec Center	5,711	5,254	5,719	11,949	6,200	●
Prairie Farm	10,025	18,000	20,600	13,500	22,000	●
Springer Cultural Center	33,323	31,941	33,969	37,685	35,000	●
Total	197,179	232,641	262,126	306,893	301,200	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target



How are we doing?

Resident Involvement with the Park District

In FY17/18, the Park District completed a Community Needs Assessment in which 72% of respondents indicated that they or a member of their household has visited a park during the past year and 58% participated in a program or event. The Park District also tracks household participation by monitoring households that have completed a transaction (linked to their household account) with the Park District. The Park District served 4,728 households in FY17, which is down slightly from FY16 but the total number of registrations increased to 18,498.

Online registrations continue to increase with 5,180 registrations in FY17 versus 4,669 in FY16. Revenues for online registration continue to grow with \$596,158 in FY17 versus \$574,393 in FY16. Our improved website and social media have helped improve our online registrations.

With increased outreach efforts to the community, the Park District distributed scholarships to 173 Champaign households in FY17, an 11% increase over the previous year.

The Park District does an excellent job of serving the youth of Champaign through its programs and facility passes. Of the 18,498 program registrations in FY17, over 70% of registrations were for youth ages 0-17. All groups showed an increase in the number of registrations except for infants (0-4 years). Senior program registrations increased from the previous year by 18%.

Websites

The Park District website saw a tremendous increase in visits from 547,528 in FY16 to 600,000 in FY17. The Virginia Theatre website showed a decrease from 224,380 visits in FY16 to 187,784 in FY17.

Social Media

The Park District Facebook followers increased from 3,922 in FY15 to 6,943 in FY17. During the same time period the Virginia Theatre Facebook followers increased from 4,030 to 7,297. The Sholem Aquatic Center Facebook followers also increased from 2,372 in FY15 to 4,577 in FY17. Also the CUSR Facebook followers increased from 283 in FY15 to 611 followers in FY17. From FY15 through FY17 the total Facebook followers increased from 10,607 to 19,428 which is an incredible increase of 83%.

Facility Attendance

Staff does an outstanding job of tracking attendance in each of the Park District's facilities as we do not have counters at each facility. The overall attendance of our facilities continues to increase especially with the addition of the Leonhard Recreation Center. The attendance at the new Leonhard Recreation Center increased from 20,605 in FY14 to 85,833 in FY17. The overall attendance in the Park District's facilities increased from 262,126 in FY16 to 306,893 in FY17.



FINANCIALLY STRONG

The Champaign Park District works to continuously address the needs of the community and improve the quality of services, parks, and facilities provided without relying solely on taxes to support these efforts. The fourth set of measures shows the Champaign Park District's success in maximizing alternative funding, efficiently aligning resources, and managing funds and debt in a sustainable manner.

Measure	FY12	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
Revenue from Non-Tax Sources	22.54%	23.34%	27.88%	29.69%	23.65%	25.17%*	≥23%	●
Debt Ratio	11.32%	9.62%	8.88%	9.62%	7.81%	TBD	≤10%	
Fund Balance, as a % of budgeted operating expenditures								
Audit	102.01%	126.21%	136.95%	52.51%	57.16%	60.52%	N/A	
General	205.07%	184.58%	155.91%	105.86%	88.50%	143.09%	32.88%	●
IMRF	120.27%	113.68%	89.97%	90.58%	57.13%	67.65%	N/A	
Liability	199.73%	195.74%	188.92%	154.04%	150.66%	159.10%	N/A	
Special Rec.	425.92%	483.35%	372.61%	299.86%	245.12%	258.25%	N/A	
Museum	112.73%	59.43%	85.43%	63.81%	84.37%	114.55%	32.88%	●
Recreation	135.12%	164.36%	90.98%	57.55%	53.68%	94.71%	32.88%	●
Budget to Actual (actual expenditures/budgeted expenditures)								
Audit	97.50%	97.94%	100.00%	97.00%	99.10%	97.50%	<100%	●
General	87.56%	82.81%	76.41%	84.76%	89.45%	85.04%	<100%	●
IMRF	99.42%	91.92%	103.15%	94.86%	93.98%	84.76%	<100%	●
Liability	73.30%	78.51%	82.56%	76.26%	82.84%	97.27%	<100%	●
Special Rec.	58.59%	46.78%	66.34%	71.64%	59.75%	69.71%	<100%	●
Museum	72.61%	92.32%	91.18%	89.37%	100.72%	96.82%	<100%	●
Recreation	86.34%	58.27%	86.82%	83.28%	91.46%	93.25%	<100%	●
Scholarship Donations				\$13,706	\$41,445	\$35,469	\$43,000	●
One Dollar per Program Donation				\$18,075	\$18,007	\$16,801	\$18,500	●
Virginia Theatre Restoration Fees				\$54,916	\$57,935	\$53,587	\$59,000	●
Volunteers Hours				16,572	21,835	13,413	22,000	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target



Measure	FY15	FY16	FY17	FY17 Target	Status
Facility (revenue/tax support)					
Leonhard Rec Center	(\$38,877)	(\$135,118)	(\$166,343)	(\$120,000)	●
Sholem Aquatic Center	(\$140,846)	(\$251,083)	(\$146,386)	(\$230,000)	●
Dodds Tennis Center	\$27,947	\$11,511	\$12,318	\$15,000	●
Douglass Community Center	(\$149,723)	(\$165,700)	(\$174,815)	(\$160,000)	●
Douglass Annex	(\$23,320)	(\$15,499)	(\$15,670)	(\$14,500)	●
Hays Rec Center	(\$11,390)	(\$23,961)	(\$5,318)	(\$21,000)	●
Prairie Farm	(\$77,357)	(\$72,592)	(\$70,653)	(\$70,000)	●
Springer Cultural Center	(\$186,085)	(\$166,993)	(\$195,571)	(\$163,000)	●
The Cage @ Bicentennial Center	\$1,903	\$15,093	\$13,917	\$16,000	●
Sholem Concession	\$3,693	\$23,285	\$26,791	\$25,000	●
Dodds 4-Plex Concession	(\$832)	\$3,826	\$2,154	\$5,000	●
Dodds Soccer Concession	(\$783)	(\$2,642)	(\$6,127)	\$1,000	●
Virginia Theatre	(\$199,970)	(\$160,454)	(\$207,038)	(\$144,000)	●
Spalding Recreation Center	(\$11,007)	(\$10,999)	(\$11,441)	(\$10,000)	●
Douglass Library	(\$12,144)	(\$2,892)	(\$10,302)	(\$1,000)	●
Kaufman Lake Park	(\$4,965)	(\$6,559)	(\$3,909)	(\$5,000)	●
Skate Park	(\$2,653)	(\$1,310)	(\$1,005)	(\$1,000)	●
BMC/Shelter Rentals	\$10,837	\$12,785	\$12,290	\$14,000	●
Dog Park	\$6,494	\$8,322	\$2,032	\$9,000	●
Ballfield Maintenance	(\$221,084)	(\$262,637)	(\$245,623)	(\$260,000)	●
Zahnd Concession			(\$3,674)	(\$2,800)	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target



How are we doing?

Revenue

The Champaign Park District actively searches for non-tax revenue sources to aid in the day to day operations of the Park District. The non-tax revenues continue to be consistent over the years with the FY17 revenues coming in at 25.17%. FY17 does include \$334,997 in capital-related grants received from prior years' projects which increases this percentage from the prior year. Without those grant revenues, the percentage of non-tax revenues would have been 23.58%, still exceeding the target.

Debt

The FY17 debt ratio is unknown as of the publishing of this report, but should slowly decrease as the debt service continues to be paid off.

Fund Performances

The fund balances of the Park District's seven funds continues to be strong. All major funds (General Recreation, and Museum) continue to exceed the minimum fund balance requirement of 120 days of operating budget expenditures.

Volunteers

The number of volunteer hours donated to the Park District in FY17 is 13,413 hours worked by 3,245 volunteers. We have a new Special Events and Volunteer Coordinator is working on improving our Volunteer Program.

Facility/Revenues/Tax Support

Of the 21 facilities evaluated for revenue/tax support only five met their target for FY17 and four were within 10% of reaching their target goal. Six of the facilities were in the positive for revenues versus tax support. The areas we need to work on to improve include the Dodds Soccer Concessions, Zahnd Concessions, Springer Cultural Center, and the Douglass Community Center.



INFRASTRUCTURE PRESERVATION & DEVELOPMENT

The Champaign Park District has invested millions of dollars in improvements of its parks, facilities, and equipment over the years. It is vital that the Champaign Park District incorporate preventative and sustainable operational measures in order to maintain these investments. The fourth set of performance measures tracks the current quality of its parks and maintenance as well as how consistently the Park District is following through with continued planned improvements to its parks and facilities.

Measure	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
# of Maintenance Requests		1,142	1,158	754	573	<700	●
Days to Complete Maintenance Request		18	28	14	13.36	≤10	●
Days to Complete Maintenance Request once assigned				6	3	≤3	●
# of Tech Requests				217	424	<150	●
Days to Complete Tech Requests				2	2	≤3	●
Trees in the Park System* (does not include all parks)				4,885	9,058	5,000	●
# of Trees Planted	120	90	117	114	70	≥125	●
# of Flower Beds	330	327	328	332	339	300	●
# of Flowers Planted	100,566	102,131	101,592	100,680	102,474	103,000	●
Incidents of Vandalism				42	28	≤40	●
Planned Improvements Completed	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
Capital Improvement Plan (of budgeted projects)	89%	90%	85%	96%	96%	95%	●
ADA Transition Plan (of budgeted projects)			80%	100%	100%	95%	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target

*The number of trees has increased as staff was in the process of counting and plotting the trees throughout the system into a GIS program.



How are we doing?

Park Development & Maintenance

In the past 10 years, the Park District has completed a comprehensive plan, master plans for numerous parks and facilities, as well as an ADA Transition Plan. These documents have outlined the specific improvements planned for the Park District's parks and facilities. While many improvements were made in FY17, the Park District also completed 100% of the ADA planned improvements and 95% of the improvements from the Capital Improvement Plan.

In FY17, 127 trees were removed from Park District parks due to disease but 70 new trees were planted. The Park District recently completed tracking the number and condition of its trees using GIS for the first time. The results show the District has 9,058 trees in our parks.

Maintenance Operations

The Park District issued 28 work orders due to vandalism in FY17 down from 42 in FY16. Work will continue in FY18 to add costs to these work orders so that the Park District cannot only monitor the number of incidents of vandalism, but also the direct costs.

The operations staff was able to maintain its ability to complete work requests within three days of being assigned. And our technical staff was able to respond to over 400 work orders and completed them within 2 days.

Flowers

The number of flower beds increased from 332 to 339 in FY17 and the number of flowers planted increased from 100,680 to 102,474. The Flower Island program continues to be one of our most successful programs that helps improve the quality of life in Champaign.



ORGANIZATIONAL & STAFF EXCELLENCE

The Champaign Park District strives to be model government organization both in the Champaign community as well as in the field of parks and recreation. This set of measures reflects the Champaign Park District's efforts regarding risk management, operations, and in accomplishing goals and completing plan objectives. The most important asset of any organization is its staff. The Park District strives to develop an excellent leadership system and encourages staff development at all levels of the organization. This set of measures also reflects staff satisfaction with its training opportunities as well as employee turnover and staff wellness.

Measure	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
Accident/Incident Claims Submitted	8	9	15	5	7	≤10	●
Goals Met	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
Strategic Plan (Cross Department Team Projects)				N/A	80%	95%	●
Board Priorities				N/A	95%	95%	●
Park District Risk Management Agency, Level A Accreditation				A+	A+	A+	●
Illinois Distinguished Accredited Agency				Yes	Yes	Yes	●
National Recreation and Park Association Gold Medal Award score			216	241	235	260	●
IPRA Awards			5	3	5	5	●
IAPD Awards			3	3	4	4	●
Ellis & Associates International Aquatic Safety Award	Yes	Yes	Yes	Yes	Yes	Yes	●
Certificate of Achievement for Excellence in Financial Reporting (GFOA)	Yes	Yes	Yes	Yes	Yes	Yes	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target

Measure	FY13	FY14	FY15	FY16	FY17	FY17 Target	Status
Staff Turnover per Year (FT 1 & 2)	13.70%	15.07%	14.29%	17.50%	13.41%	<14%	●
Executive Director & Department Heads	1	2	1	1	0	<2	●
Managers & Supervisors	1	2	2	3	0	<3	●
Coordinators	3	3	4	5	6	<4	●
Staff	5	4	5	5	5	<5	●
Sick Days Used by Full-Time Staff	389	262	379	400	486	<350	●

● = at or better than target, ● = within 10% of target, ● = more than 10% from target



How are we doing?

Accreditation

Staff worked really hard to secure an A+ in our PDRMA Safety Accreditation process. Wendy Zindars, Risk Manager for the Park District, worked with the staff to provide PDRMA the necessary paperwork and staff interaction with them to earn the highest honors for our review. We are also accredited by the Illinois Distinguished Agency Accreditation process, which we will apply for re-certification again in FY18.

Awards

Staff is very proud the numerous awards presented to the Park District in FY17 with five awards from Illinois Park and Recreation Association and four awards from the Illinois Association of Park Districts Best of the Best Awards. The Park District's financial department was again awarded the highest award presented by the Government Finance Officers Association (GFOA) for the Distinguished Budget.

Gold Medal Award

Staff continues to submit applications for the NRPA Gold Medal Award but we continue to come up short to be a finalist. As we have mentioned it is very difficult for us to compete with other park districts with up to 150,000 residents.

Staff Job Satisfaction

In FY17 the Park District asked its staff to complete a satisfaction survey. The survey included 68% of all full-time staff and the results show an overall strong work engagement. Employees believe in the Park District's mission, how it impacts residents, are proud to work here, and would recommend employment to friends and family.

Employee Turnover

The Park District began tracking overall employee turnover for a number of years. Because many Park District operations are based on seasonal schedules, it is expected that the Park District will have a high level of turnover at certain parts of the year, especially the summer. Since we are in a university community we often see staff leave to follow a spouse or to continue their education. In FY17 the overall turnover rate was lowest since FY13 with a 13.41% turnover rate.

Staff Wellness

We were able to print a report on the total number of "sick days" used by full-time staff. Sick time includes time taken off by an employee for personal illness as well as to care for a qualified family member or for absences qualified under the Family & Medical Leave Act. Staff continues to create new wellness activities for staff to encourage them to be fit and healthy.





CHAMPAIGN PARK DISTRICT

REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: July 20, 2017

SUBJECT: Safety Manual Revision

Background

The Champaign Park District created a crisis management plan in 1997 which was last updated in 2013. An updated manual is one of the requirements of the IPRA Distinguished Agency Accreditation.

This manual update includes some formatting changes, job title changes, and some cleaning up of grammar/spelling. It also has the emergency procedures manual, as we now have a separate manual for these details. One other addition to the manual is the PDRMA required CORE 6 which is basically safety boiled down to a half dozen points.

The goal for risk this fiscal year to work on an entirely new safety manual that incorporates safety standards and policies for each departments and present that new manual to the board in early 2018. In addition Risk is working on a business continuity plan with a full business impact analysis. These will also be presented to the board upon their completion.

Prior Board Action

The Board approved the current manual in March 1997 and last approved an update to that manual in May 2013.

Budget Impact

There is no impact to the budget for this policy.

Recommended Action

This document is for discussion only and will be brought back to the Board in August for approval.

Prepared by:

Reviewed by:

Tammy Hoggatt, SPHR, SHRM-SCP
Director of HR, IT and Risk

Joe DeLuce, CPRP
Executive Director

DRAFT UPDATED

Safety Manual

**A Commitment
to Safety
in the Workplace**



**CHAMPAIGN
PARK DISTRICT**

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CHAMPAIGN PARK DISTRICT

Safety Policy

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

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

Personnel at all levels are directed to make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. Each supervisor is to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted and accidents are investigated.

Safety adherence and performance shall be an important part of each performance appraisal of the Park District.

Approved by Board of Commissioners March 12, 1997
Revised by Board of Commissioners September 14, 2005
Revised by Board of Commissioners July 13, 2011
Revised by Board of Commissioners May 20, 2013
Draft revision to Board of Commissioners July 26, 2017

Craig Hays, President

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EMPLOYEE SAFETY

Staff Responsibilities

The success of the Park District safety program will depend up-on the announced and demonstrated interest of management, the sincere and consistent example set by supervisors and the cooperative, concerted efforts of all employees.

All Park District employees are required, as a condition of employment, to develop safe work habits and to contribute in every manner possible to the safety of themselves, their co-workers, and the general public.

Park District staff members have the following responsibilities:

Executive Director

- Provide administrative and financial support for all safety programs.
- Become thoroughly familiar with the Safety Manual contents.
- Approve safety policies.
- Participate in safety by making safety tours, reviews safety reports, and praises safety work methods, building a strong safety culture for the Park District.
- Communicate safety policies and programs to the Board of Commissioners.

Risk Manager

- Establishes and administers the loss control program.
- Becomes thoroughly familiar with the Safety Manual contents.
- Maintains a working knowledge of all general and department specific safety rules.
- Coordinates with department heads to assist in their duties and responsibilities in the areas of loss control and safety.
- Acts as chair of the Safety Committee.
- Administers the accident investigation policy and procedures to ensure that sufficient data is being gathered for review.
- Makes specific budget allocations for the purchase of safety equipment, service and training.
- Provides proper orientation, job instruction training and in-service training to employees and supervisors.

Department Heads

- Coordinate with the Risk Manager to organize loss control program aspects which are particular to their department.
- Become thoroughly familiar with the Safety Manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Enforce safety rules, and improves employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Prepare needed support information for the PDRMA Loss Control Program evaluation.
- Make budget recommendations for improving safety, specific to their department.

Supervisors

- Become thoroughly familiar with the Safety Manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Inspect work areas for compliance with safe work practices and rules.
- Properly orients new employees while providing good job training and in-service safety training to current employees.
- Enforce safety rules, and improves employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Report and investigate accidents.
- Make sure necessary safety equipment and protective devices for each job or program are available, used, and properly maintained.
- Cooperate with the Risk Manager in making sure all memos, training records, material safety data sheets, and correspondence are sent for their view.
- Treat public complaints and concerns with the utmost attention being courteous in all cases.

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Employees

- Maintain a working knowledge of all general and department specific safety rules.
- Immediately reports all accidents and unsafe conditions to their supervisor.
- Cooperate and assist in the investigation of accidents.
- Attends all required safety programs and in-service educational meetings.
- Treat public complaints and concerns with the utmost attention being courteous in all cases.
- Pay strict attention to housekeeping of work areas(s).

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GENERAL SAFETY RULES

- Horseplay and fighting will not be tolerated in the work place.
- Possession of unauthorized firearms, alcoholic beverages, illegal drugs or unauthorized medically prescribed drugs will not be tolerated in the work place.
- Your immediate supervisor must be informed if you are required to take medication during work hours which may cause drowsiness, alter judgment, perception or reaction time. Written medical evidence stating that the medication will not adversely affect your decision-making or physical ability may be required. Please refer to Section 6-11 and review the comprehensive Alcohol and Drug Abuse Policy in [Appendix A](#) in the Personnel Policy Manual.
- Your immediate supervisor must be notified of any permanent or temporary impairment that reduces your ability to perform in a safe manner or prevent or hinder your performance of the essential functions of your position.
- Personal protective equipment must be used when potential hazards cannot be eliminated.
- Equipment is to be operated only by trained and authorized personnel.
- Periodic inspections of workstations may be conducted to identify potential hazards and to ensure that equipment or vehicles are in safe operating condition.
- Any potentially unsafe conditions or acts are to be reported immediately to your immediate supervisor.
- If there is any doubt about the safety of a work method, your immediate supervisor should be consulted before beginning work.
- All accidents, near misses, injuries and property damage must be reported to your immediate supervisor, regardless of the severity of the injury or damage.
- Failure to report an accident or known hazardous condition may be cause for disciplinary action up to and including dismissal.
- All employees must follow recommended work procedures outlined for their job, department and/or facility.
- Employees are responsible for maintaining an orderly environment. All tools and equipment must be stored in a designated place. Scrap and waste material are to be discarded in a designated refuse container.
- Any smoke, fire or unusual odors must be reported promptly to your immediate supervisor.
- If you create a potential slip or trip hazard, correct the hazard immediately or mark the area clearly before leaving it unattended.
- Vehicle safety belts must be used on all public roadways, in accordance with state statute.
- Employees who operate vehicles must obey all driver safety instructions and comply with traffic signs, signals and markers and all applicable laws.
- Employees who are authorized to drive are responsible for having a valid driver's license for the class of vehicle they operate. You must report revocation or suspension of your driver's license to your immediate supervisor.
- All drivers will submit authorization for drivers abstracts annually.
- All employees must know [Park e](#)District rules regarding accident reporting, evacuation routes and fire department notification.
- Departmental and facility rules and procedures outlined in specific manuals must be followed by each employee in the department. Employees must assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as required.
- ~~Any employee found to be in violation of a safety standard will be issued a warning by his/her supervisor.~~ Disciplinary actions, as described in the Personnel Policy Manual, may be taken as a result of an employee's failure to abide by safety rules and regulations.

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ACCIDENT REPORTING PROCEDURES

An accident report should be prepared for any accident, injury, or "near miss" which occurs on Champaign Park District property or at any program sponsored by the [Park](#) District. The accident report forms will be used for all injuries sustained by patrons or injuries that occur to staff and volunteers.

- **PREPARE A DETAILED ACCIDENT REPORT:** Attain as much information as possible regarding the accident. Be thorough in your description of the injury, how it occurred, and what type of first aid was administered. Others should be able to read the report and fully understand the circumstances involved.
- It is very important that the accident report is prepared on a timely basis. Accident reports should be filled out immediately after the injured has been properly attended to.
- If the injury occurs to an employee, within (24) hours an accident report should be completed and turned in to the Risk Manager, or in his/her absence to the Director of Human Resources. If the employee injury requires more than basic first aid and requires medical attention, the employee should contact the Risk Manager who will refer the employee to Occupational Health.

ACCIDENT INVESTIGATION PROCEDURES

1. Accident investigations are the responsibility of the Safety Committee and may be initiated by any member of the Safety Committee. Accidents, injuries, and "Near misses" incidents may result in the need for an accident investigation.
2. The Accident Investigation Team will consist of the [Risk Coordinator Manager](#), Director of Human Resources and the appropriate Department Head, and at least two safety committee members.
3. The scope of the investigation will include: summary of the accident site; interviews with witnesses; determination of improper safety procedures, if any; and correction of any safety deficiencies.

EMPLOYEE SAFETY GEAR

- The [Park](#) District will provide essential safety gear for use with specific equipment as designated in its operational instructions.
- Hard hats should be worn whenever any possible risk is involved; i.e. all building repairs and construction projects where potential overhead hazards could exist, tree planting, etc. Hard hats are not required for painting, general building maintenance, custodial work, flower planting and general shop work.
- Proper insulation of hard hats for winter wear will be provided, when appropriate.
- Protective ear equipment must be worn whenever working with loud machinery or vehicles, i.e. chain saws, tractors, air hammers, etc.
- Protective face shields must be worn when working with grinders, welders, etc. and safety glasses must be worn when working under vehicles where potential splash chemicals are present.
- Protective goggles, face shield, gloves, and chaps must be worn when working with a chain saw.
- A hard hat, face shield, long sleeves, and heavy gloves must be worn when operating chipping machines.
- Employees in the Operations Department normally wearing eyeglasses should wear only safety lens glasses.

COMPLIANCE PROGRAMS

The Champaign Park District has developed guidelines for employees in protecting themselves against hazardous conditions in the workplace as well as complying with local, state and federal regulations. The [Park](#) District will provide training when applicable to employees job function.

Bloodborne Pathogens Exposure Control Plan

The [Park](#) District has developed procedures that will address occupational exposure to blood and other potentially infectious materials. The plan outlines methods of compliance; hepatitis B vaccination, post-exposure evaluation and follow-up; communication of hazards; training and record keeping. The [Park](#) District will provide training on an annual basis and/or as needed.

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Fall Protection/Walking-Working Surfaces

The Park District will ensure that the hazards of all elevated falls over 4 feet are evaluated, and that information concerning their hazards are communicated to all employees affected. The Risk Coordinator-Manager and/or other designated trained fall protection personnel are responsible for the administration of this program and have full authority to make necessary decisions to ensure success of the program. A written program will be reviewed and evaluated on an annual basis or when changes occur to the Occupational Safety and Health Administration (OSHA) standard. A training program will be provided for those employees exposed to fall protection. Training will ensure that employees understand the purpose, function, and proper use of fall protection. Also that they acquire the knowledge and skills required for the safe application and usage. The Park District will provide training to employees on an annual basis.

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Hazardous Communication Program (HAZCOM)

This program is intended to meet all requirements of the Toxic Substances Disclosure to Employees Act, commonly referred to as the Illinois Employee Right-to-Know Law. The law requires the Park District to communicate and train their employees about the health and safety hazards of the chemicals in the workplace. The Risk Coordinator-Manager has been designated as the Hazardous Communications Coordinator. The responsibilities include posting Right-to-Know law signs, labeling hazardous substances, obtaining and maintaining Material Safety Data Sheets, and providing initial and refresher training to all employees. The Park District will provide training to employees on an annual basis.

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Lockout/Tagout

The purpose of this program is help ensure that the machine or equipment is stopped or isolated from all potentially hazardous energy sources and locked out before employees do any maintenance. The Park District will provide training to employees annually.

Personal Protective Equipment (PPE)

Where jobs have inherent hazards, employees will be notified and supplied with the proper PPE. The Risk Coordinator-Manager and/or supervisors will train employees to appreciate the inherent risks, proper selection, implementation and care of the equipment. The Risk Manager and/or supervisors will enforce the use of PPE as well as any associated safety rules pertaining to work activities. All employees will meet or exceed OSHA, American National Standards Institute (ANSI), American Society for Testing and Materials (ASTM), manufacturer specification and any organizational guidelines pertaining to personal protective equipment. The Park District will provide training on an annual basis.

Confined Spaces Program

The Park District has developed the following guidelines to ensure the safety of our employees exposed to confined spaces which are based on the requirements established by the OSHA as well as regulations adopted by the Illinois Department of Labor (IDOL). This agency will maintain a written program, identify confined spaces within its facilities and recreation areas, and train employees on safe entry and specific safety precautions. The Park District will provide training annually.

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Stretching Policy

Stretching is an important component of the Champaign Park District effort to reducing the effects of ergonomic risk factors both on and off the job. Over time, the excessive stress and strain on tendons, muscles, ligaments, cartilage, blood vessels, and nerves resulting from ergonomic risk factors can lead to injury. Stretching, as an ergonomic intervention, can be a useful method to providing a safer working environment for Champaign Park District staff. It is the policy of the Champaign Park District to engage in a proactive, sustained program to reducing or eliminating ergonomic-related injuries to employees by educating and implementing an agency-wide policy of simple reversal of posture and stretching exercises that are intended to increase worker flexibility and range of motion, improve circulation, relieve stress, and enhance coordination, both on and off the job. (Posters are ordered for each work area.)

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Industrial Truck (Fork Lifts)

Champaign Park District will ensure that the requirements of the standard for powered industrial trucks will be adhered to. This standard practice instruction is intended to address comprehensively the issues of, employee training, authorization,

safety requirements, fire protection, maintenance, and general operation of fork trucks, tractors, platform lift trucks, motorized hand trucks, and other specialized industrial trucks used within [our Agencythe Park District](#), including end loaders and bobcats equipped with forks.

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Cutting/Welding Procedure Tips

Cutting/welding projects can be extremely dangerous activities if the proper precautions are not taken. Agencies should ensure that staff is properly trained, the proper personal protective equipment is used and the work area is properly inspected prior to performing any cutting or welding projects. Attached is a pre-work checklist and procedures for fire watch/work area monitoring that should be considered prior to starting any project.

Pre-Work Checklist

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- Supervisor completes a hot work permit and a copy is retained.
- Any compressed gas cylinders to be moved in a vehicle must be firmly secured in an upright position, strapped or chained in place, and all safety caps securely screwed in place.
- Verify that sprinkler systems, fire extinguishers, or water hoses are in good working condition.
- Inspect all hot work equipment to make sure that it is in good working condition.
 - The following personal protective equipment is made available and is used:
 - Face shield/proper eye lenses
 - Leather gloves
 - Leather gauntlets, long sleeve shirt, pants, etc.
- Evaluate these fire safety precautions within 35 feet of the work area:
 - Ensure the atmosphere does not contain explosive chemicals.
 - Remove any flammable liquids, paper or related items from the work area.
 - Use fire resistant tarps or metal shields over floors, walls, or other openings.
 - Sweep the floor of any debris.
 - Wet down combustible floors, walls and related areas when possible.

Fire Watch/Work Area Monitoring

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- There should be at least one employee provided for an onsite fire watch for at least 60 minutes following the completion of the hot work.
- The fire watch should be provided with an appropriate fire extinguisher or water hose and communication device.
- The fire watch should look for signs of heat, smoke, etc. which may occur in the hot work area. Also, look for signs of fire above or below ceilings and on both sides of walls and floors.
- In the event a fire is noted, the employee should immediately sound the fire alarm and call the fire department. The fire watch can then attempt to extinguish the fire. Fires that occur in walls or between floors may be difficult to extinguish after they have been smoldering. For this reason, it is very important that the fire department be contacted so that they can conduct a professional assessment to determine if the fire is fully extinguished.
- The hot work permitted area should be inspected approximately 4 hours after the job is completed to again ensure that no fire is present at all construction sites. There is a two hour inspection required after work is completed in our welding shop.

DISTRICT EMERGENCY PROCEDURES

The emergency operating plans detailed in this manual serve as a guide for employees in the event of an emergency. Priorities in any emergency are the safety of the general public and park district staff.

In the event of an emergency, all staff should follow the emergency procedures that are outlined in the Champaign Park District Emergency Operations/Crisis Management Plan. Please refer to the Champaign Park District Emergency Response Plan found at each facility for further emergency instructions.

Remember: The first priority in any type of emergency **areis** always the direct safety of all **Ppark D**istrict staff and for the general public.

Communication Plan

1. In the event of an emergency, the Bresnan Meeting Center front desk staff shall act as the communication center for the District and are responsible for notifying the appropriate Facility Coordinator/Program Coordinator, the Executive Director, the Director of Finance, Director of Operations, and the Director of Recreation of the emergency.
2. The Executive Director shall notify their staff, and the Board of Commissioners and Officers. The Director of Operations shall notify all operations staff of the emergency. The Director of Recreation shall notify All recreation staff of the emergency. The Director of Finance shall notify all finance staff of the emergency. The Marketing Director shall notify all marketing staff of the emergency. All operation's vehicles in the field will be dispatched by radio if unavailable by phone.
3. If an emergency occurs after hours, notification shall be made in the following order:

Bresnan Meeting Center	lower level hallway
Douglass Recreation Center	lower level locker rooms
Douglass Annex	craft room and kitchen (close all doors and windows in kitchen)
Douglass Library	main center building
Hays Recreation Center	kitchen and pantry (close all doors and pull window down in kitchen)
Kaufman Lake Beachhouse	*no cover area *watch—move to Bresnan Meeting Center *warning—storage room
Maintenance Shop	Bresnan Meeting Center lower level hallway
Leonhard Recreation Center	locker rooms
Sholem Aquatic Center	locker rooms (bath house)
Spalding Recreation Center	west wall along floor
Springer Cultural Center	lower level interior hallways
Tennis Center	locker rooms
Prairie Farm	move to Leonhard Recreation Center
Sports Facilities (outdoors)	seek closest shelter
Virginia Theatre	main auditorium

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Watch—Tornado and Thunderstorm

- Operations' secretary will inform all park personnel of weather updates.
- Turn radio to emergency radio station News Talk 1400 AM.
- Check park areas and inform everyone of watch.

Warning—Tornado and Severe Thunderstorm

- Operations' secretary will inform all park personnel of weather updates.
- Turn radio to emergency radio station WDWS 1400 AM.
- Inform everyone in the general vicinity of warning.
- Seek the closest shelter and take cover.

Fire and Explosion Plan

General Information

Fires can begin through explosions from highly volatile materials; arson; lightning strike; vandalism; old, unsafe, or over heated appliances; fireworks; smoking materials; or improperly stored flammables.

To stop the spread of fire, early detection and extinguishing are essential. If a fire gets out of control or an explosion is imminent, evacuation must be immediate. The impact of fire is greatly affected by fire alarms, sprinkler systems, exit signs, emergency lighting, and employees trained in fire extinguisher use.

Fire Extinguisher Use

Fight a fire with an extinguisher only if the following are true:

- The fire department has been notified of the fire.
- The fire is small and confined to its immediate area of origin.
- You have a way out and can fight the fire with your back to an exit.
- You have the proper extinguisher (in working order) and know how to use it.
- You use careful judgment. If your effort is failing, get out of the facility quickly, and close the door behind you.

Fire—Basic Action and Evacuation

1. Contact the Fire Department (911) and activate the nearest fire alarm.
2. Begin evacuation of all participants and staff.
3. Attempt to extinguish the fire under the recommended guidelines above.
4. Springer Cultural Center Only—*DO NOT USE ELEVATOR TO EXIT THE LOWER LEVEL.*
5. Leave lights and windows as they are.
6. be aware of the number of participants for whom you are responsible. Upon evacuation, do a head count.
7. Close all doors as you exit rooms.
8. A site supervisor or designated staff should prepare to meet the fire department.
9. Available staff should stay with all participants. However, one staff member should contact the Risk Coordinator at the Bresnan Meeting Center, and another staff member should contact parents of youth participants if applicable.

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Evacuation Routes

More than one exit may be used during evacuations. However, the closest exit should be utilized.

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Bresnan Meeting Center	main-level	main-level	main-level
Douglass Annex	lobby east-door	main-room west door	—
Douglass Community Center	main-level-lobby west-door	gymnasium north-door	gymnasium
Douglass Branch	main-entrance	east/west	south doors
Hays Recreation Center	lobby east-door	main-room southeast	north-door
Kaufman Lake	east-door	west-door	—
Leonhard Recreation Center	lobby south-door	gymnasium north-east	gymnasium south-west
Maintenance Shop	west-door	north-door	overhead bay
Prairie Farm	east-door	west-door	—
Sholem Aquatic Center	bath-house	north-gates	south-gates
Spalding Recreation	west-doors	north-doors	—
Sports Facilities	—	—	—
Springer Cultural Center	main-level west-lobby west-door	main-level room 102 room 205 east-door room	lower-level hall south-door
Tennis Center	east-door	north-door	courts north
Waterslide	northeast-gate	south-gate	north-gate
Virginia Theatre	main-lobby	auditorium east-and-west	balcony east-and-

ARMED INTRUDER

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Lockdown Guidelines

Please follow the information below to respond in an active shooter or violent intruder situations:

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Goal of Lockdown:

- The purpose of a lockdown is to minimize accessibility to facilities in the park to reduce the risk of injury or danger to staff, patrons or visitors from a violent intruder.

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Decision to Lockdown:

- A lockdown would be implemented when requested by Public Safety, Law Enforcement, Fire Department, Champaign Park District Administration, or any Park District staff.
- The goal of this procedure is to protect patrons, visitors, and employees from an armed violent intruder, regardless of the type of weapon.

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Incidents That May Require Lockdown:

- Person(s) armed with firearm or weapon on Park District property, gunshots directed at or near the Park District facilities, police incidents involving dangerous person(s) that are adjacent to or within a short distance of park property, intruders, hazardous chemical spills, gas leaks, electrical conditions, or disasters close to the Park District facilities, or any other violent incident that a reasonable person would recommend a lockdown.
- This would include localized sounds of gunshots, multiple incidents of breaking glass windows, explosions, and/or other noises associated with violent crimes.
- Individuals with any type of violent weapon(s) on Park District Property.

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Order or Announcement to Lockdown

- Announcement via telephone, radio, in person, text message and/or E-mail, "This is a lockdown, I repeat, this is a lockdown. We have an emergency. Go to the nearest office or classroom and secure yourself inside."
- Insert Hard and Soft Lockdown.

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If an active shooter is outside your building

- Lock all doors and windows, if safe to do so.
- Go quickly to an area that can be locked or barricaded.
- Turn out the lights and stay away from and lower than the sightline of all windows and doors. Barricade the door if you cannot lock it, if it is safe to do so. Do whatever you can to keep the shooter outside the building.
- Dial 9 then -9-1-1 from building phone and 9-1-1 from your cell phone and advise the dispatcher of your location and what is taking place. Remain on the line to give the dispatcher any further information that may be needed. If you can, identify the type of weapon; pistol, rifle, etc.
- Remain in the room until a police officer or other authority gives the "all clear." Be sure it is the police or a competent authority who is giving the "all clear", and not the shooter attempting to gain entry into the building.

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If an active shooter or intruder is inside the building with you

- Try to keep everyone quiet as not to bring attention to you and others. Move to a securable area, if safe to do so.
- If the area you are in can be locked, lock it and stay away from the entry and windows. Consider barricading the door if you cannot lock it.
- If you cannot lock or barricade yourself and hide somewhere, and you can determine where the shooting is coming from, run to any exit you can reach without being seen by the shooter.
- Dial 9-9-1-1 from building phone and 9-1-1 from your cell phone to contact the Emergency Dispatch Center as soon as possible to report what is happening. Dispatchers will advise you on what to do.
- Give as much detail about the intruder as possible – color of clothes, height, weight, color of hair, type of weapon, area of building, etc.

If an active shooter or intruder enters your office or classroom

- Dial 9 then -9-1-1 on your office phone or 9-1-1 from your cell phone if possible.
- If it is possible to talk, report what is happening, and provide the shooter's location and description.
- If it is not safe to speak, just leave the line open so the dispatcher can hear what is taking place.
- If you are confronted by the shooter and defenseless, attempt to negotiate with the shooter.
- Attempting to overpower the shooter with force should be considered as the last resort after all other options have been exhausted.
- If the shooter leaves the area, attempt to lock or barricade the door, or proceed to a safe location as described above.

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Possibility of fleeing an active shooting or violent intruder situation

- Have a route of escape in mind.
- Leave everything behind except your cell phone (do not worry about purses or book bags - those will only slow you down).

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- Keep your hands visible and follow the instructions of the police. You must remember, the police may not have an accurate description of the shooter(s), so for everyone's safety, you may be detained by the police.
- Do not stop to assist wounded victims or attempt to move them. Do tell the police where these victims are located.

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What to expect from law enforcement responding to an active shooter or violent intruder

- Police are trained to proceed as quickly as possible to the sound of the gunfire.
- Their purpose is to stop the shooter.
- Officers may be in plain clothes, patrol uniforms, or SWAT uniforms armed with long rifles, shotguns, and/or handguns. They will have identification.
- Do as the officers direct you, and keep your hands visible at all times to show the officers you are not a threat.
- If possible, tell the officers where the shooter was last seen, and provide a full description of the shooter and any weapons used.
- Also be aware that the first responding police officers will not stop to assist injured people. Others will follow to treat the injured. First responding officers are trained to proceed as quickly as possible to the gunfire and to stop the shooter.
- Do not allow anyone out of the classroom or secure area at any time during a lock down, until a person of authority (Park District Administration Staff, Police Officer, and/or Program Manager). Parents will not be allowed to pick up their children during a lockdown without permission from a Park District Manager once the incident has been stabilized.

Activate the Emergency Crisis Plan as soon as safely possible and make proper notifications of the Park District Administration.

- Please review the Champaign Park District's Emergency Crisis Plan for Types 1 and 2 Incidents.

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Types of Incidents:

A **Type I** crisis is a situation or event that causes, or has the potential to cause, public or media concern. It could be, among other things, an accidental drowning, allegation of abuse, severe vehicle accident, emergency facility closing, severe employee or patron injury, or a criminal act that occurred on agency property.

A **Type II** crisis is one that takes place within the community and involves use of Park District facilities for refuge. A crisis of this type might result from a natural disaster, train wreck, chemical spill, terrorist attack or any event resulting in a need for emergency shelters.

The potential crisis list is endless. In any potential crisis situation, early notification of the Crisis Team is critical. Park District staff who has knowledge of a crisis or potential crisis situation shall notify the Executive Director, the Risk Manager, or any member of the Crisis Team as soon as it is safe to do so! The Executive Director shall determine if a situation requires the activation of the Crisis Team.

SPECIFIC SAFETY STANDARDS/CORE 6

Facilities

- At least two (2) exits must be available from all floors.
- There must never be any obstructions in aisles or exits.
- Enough fire extinguishers of the proper type must be provided to meet the minimum fire code restrictions. Each employee must be instructed on the proper use of each type. In-service training will be provided each year by the Risk Coordinator-Manager as a review for present employees and as training for new employees.
- Fire extinguishers must be placed within easy reach, and properly marked, and OSHA color-coded as to their type.
- Fire extinguishers will be checked annually and levels maintained at all times.
- Smoking is prohibited except in designated areas, where sufficient large non-combustible ashtrays and adequate ventilation are provided.
- Materials and equipment must be stored in pre-designated areas. Custodial carts are not to be stored in public areas or left unattended.
- All refuse must be placed in proper containers and a sufficient amount of receptacles should be in each building. Waste receptacles must be emptied periodically and never allowed to be overfilled.

Accident Prevention

- Slippery substances spilled on floors must be immediately cleaned up.
- Floors, walks, and parking lots must be maintained at a level and even condition. Repairs must be made to holes, depressions, broken floor surface, uncovered drains, loose or poorly fitted gratings, sagging or expanded floor supports.
- All painting supplies and combustible materials must be stored in a separate, proper fire resistant cabinet.
- Emergency lights are present in all buildings used by the public and are to be checked monthly.
- All exits must be clearly lit and marked.
- Broken lights must be replaced immediately.
- Electrical wiring must be properly encased and replaced when worn.
- Care must be taken not to overload circuits.
- Extension cords should be used on a short term, temporary basis only.
- Electrical cords must be kept in as orderly a fashion as possible to prevent any falls. Use of extension cords should be only on a temporary basis and must not be run under carpeting or exposed so as to possibly cause injury.
- Any replacement curtains or drapes, must be fire retardant.
- All stairways must be equipped with secure railings and well lit.
- All buildings must have emergency phone numbers located at the telephone as well as emergency procedures posted. Each facility director should have a copy of the emergency plan and know the location of first aid supplies.
- All buildings must be equipped with sufficient first aid supplies.
- Sidewalks, steps, parking lots, tennis courts, and basketball courts must be repaired if shifting or cracking presents hazardous conditions. All hazardous conditions should be reported to the Risk Coordinator-Manager for assessment.
- All tables and chairs should be inspected and repaired regularly by facility staff.
- A three-foot clear zone must be maintained around all electrical switch gear, breaker boxes or heating and boiler units.
- There shall be no spray painting or adhesive indoors at any facilities without the proper safety gear and proper mechanical ventilation.

Parks

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- Signs should be posted communicating hours and specific ordinances.
- All newly installed and any necessary replacements for playground apparatus must comply with Consumer Product Safety Commission (CPSC) guidelines.
- No asphalt or other hard surfaces shall be under playground equipment. All surfaces must comply with CPSC guidelines.
- All parks are to be inspected for compliance with CPSC guidelines. All playgrounds are to be inspected and repaired monthly. Completed copies of the inspection and repair forms are to be retained by the Risk ~~Coordinator~~ Manager.
- All employees are to clean up broken glass when it is found. NEVER pick up broken glass with bare hands. Use mechanical devices.
- All employees are to report unsafe conditions in any park or recreation facility to the Risk ~~Coordinator~~ Manager.
- Operators of mowers, weed eaters and other power equipment are to ensure that grass clippings, rocks, etc. are not discharged towards park users, employees, and vehicles.
- Equipment operators must read and understand operating instructions, and follow all safety rules contained therein as well as receive proper in-service training.
- Park crews are to perform a general safety inspection for the entire park and playground on each weekly visit.

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Equipment and Tools

The immediate supervisor is responsible for:

- Proper training given to an employee prior to any use of equipment.
- All equipment and tools must be stored in a pre-designed area and should be kept clean and repaired at all times.
- All new equipment and tools must comply with local, state and federal standards, where required.
- Operational instructions for ALL machinery and equipment must be in written form and kept close to the appropriate machine or equipment for employee reference.
- Proper use of ladders must be taught, including proper angle placement; ladders must be replaced before using if there are cracked rungs or side rails, ineffective braces, no ladder shoes, or insufficient clearance.
- Ear protection devices are utilized with a portable air hammer, chainsaw, and all other loud equipment.
- When sanding, spray painting, or working with fiberglass materials appropriate ventilation, air filtering and proper safety equipment must be utilized to protect the employee from dust and fumes.
- A safety curtain should be used when using welding equipment.
- Two employees shall be present at all times while working with the tree chipper and proper safety equipment must be worn.
- At no time should any mobile equipment or tools be left unattended and unsecured at a work site. Always lock ignition and remove keys from vehicle or equipment.

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VEHICLE 360° WALK AROUND CIRCLE OF SAFETY

Walk completely around your vehicle every time before you drive it. Supervisors and managers should monitor their staff for compliance with this procedure.

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30-Second Site Safety Walk-Through Policy

All employees are required to conduct a 30 second sight safety walk through prior to starting at their job site.

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Any hazards or safety concerns observed during the 30-Second Site Safety Walk-Through should be eliminated or minimized. Always follow applicable agency safety policies and procedures. If you are unsure, contact your supervisor before beginning the job task

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- Pause before you approach:

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- Ask yourself: "Are there any obvious potential safety hazards?"
- Generally, your first impression will be correct.
- Observe your surroundings:
 - What is there about the location, terrain, ground or flooring that could create a hazard or cause an injury?
- Observe the traffic in or around the worksite:
 - Will vehicle or pedestrian traffic cause a safety hazard or concern?
- Protect yourself!
 - Should you be wearing personal protective equipment?
 - Are you wearing the appropriate footwear to safely perform the job?
- Consider the unknown:
 - What is unique about the site that may cause a safety concern?
 - Will the equipment, materials or job task introduce safety concerns?
- Consider the unknown:
 - What is unique about the site that may cause a safety concern?
 - Will the equipment, materials or job task introduce safety concerns?
- Any hazards or safety concerns observed during the 30-Second Site Safety Walk-Through should be eliminated or minimized. Always follow applicable agency safety policies and procedures. If you are unsure, contact your supervisor before beginning the job task.
- Implement a 3 Points of Contact Policy.

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3 Points of Contact Policy

Employees should consistently use 3 – Points of contact while climbing ladders and when entering or exiting all vehicles and equipment.

Common injuries associated with climbing ladders include: The employee slips or trips while climbing a ladder and subsequently falls. As a result, the employee then is injured by striking the equipment or ground.

Injuries occur because climbing ladders include the following potentially hazardous activities:

- Reaching
- Twisting
- Pulling
- Climbing

Factors that often contribute to the incident include:

- Being in a hurry
- Talking with co-workers or patrons
- Wet or slippery equipment
- Carrying equipment or another object
- Jumping from a guard chair
- Failing to use stairs or ladders

Job Tasks Required to Use 3 Points of Contact

Areas where 3 Points of Contact should be required include, but are not limited to, the following job classifications and work areas:

1. Entering/Exiting and Mounting/Dismounting any equipment, including the following:

- Tractors
- Skid Steers

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- Trailers
- Pickup and Dump Trucks
- Mowers
- Buses/Vans

2. Climbing ladders and scaffolding

3. Climbing stairs

4. Climbing playground equipment

3 Points of Contact (Aquatics)

(Aquatics) Common injuries associated with entering/exiting pools and mounting/dismounting lifeguard chairs include:

- The employee slips or trips while climbing the lifeguard chair and subsequently falls. As a result, the employee then is injured by striking the equipment or ground.
- The guard slip/falls while climbing off the lifeguard chair, striking the equipment or ground.
- While exiting the pool, the employee climbs out using the pool gutter or edge, then slips and falls, striking the ground.

Factors that often contribute to the incident include:

- Being in a hurry
- Talking with co-workers or patrons
- Wet or slippery equipment or surfaces
- Carrying equipment or another object
- Jumping from a guard chair
- Failing to use stairs or ladders
- Entering or exiting a piece of equipment
- Failing to maintain a "3 Points of Contact"

Policy, Procedure and Training

The 3 Points of Contact method provides maximum stability and support, thereby reducing the likelihood of slipping and falling.

PDRMA members can reduce the risk of climbing/descending lifeguard chair injuries by:

- Implementing a 3 Points of Contact Policy
- Conducting employee training on the 3 Points of Contact Policy/Procedure
- Having supervisory staff diligently enforce the 3 Points of Contact policies and procedures
- Providing coaching and positive feedback to support applicable policy and procedures

Policy

Improperly exiting entering pools, or mounting and dismounting lifeguard chairs can increase the likelihood of injury to staff.

Common injuries associated with entering/exiting pools and mounting/dismounting lifeguard chairs include:

- The lifeguard slips/falls while climbing off the lifeguard chair, striking the equipment or ground.
- While exiting the pool, the lifeguard climbs out using the pool gutter or edge, then slips and falls, striking the ground.

Factors that often contribute to the incident include:

- Being in a hurry

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- Talking with co-workers or patrons
- Wet or slippery equipment
- Carrying equipment or another object
- Jumping from a guard chair
- Failing to use stairs or ladders

Injuries occur because entering or exiting pools or mounting and dismounting lifeguard chairs include the following potentially hazardous activities:

- Reaching
- Twisting
- Pulling
- Climbing

When ascending/descending lifeguard chairs during a rotation or beginning and leaving the shift, lifeguards shall use 3 Points of Contact with the guard chair.

To do this, lifeguards must maintain contact with one hand and two feet or two hands and one foot at all times when entering/exiting pools by using the pool ladders as well as when ascending and descending from lifeguard chairs in order to form a stabilizing triangle of contact.

Procedure

Agency Responsibilities:

- Evaluate the stability and surfacing of every pool ladder and lifeguard chair.
- Provide additional ladders, non-slip surfaces and hand holds where necessary.
- Maintain steps, contact surfaces and handholds in useable condition.
- Consider lifeguard chairs with larger platforms and improved ladder position and access.
- Inspect lifeguard chairs, stairs and ladders frequently.

Vehicles

Common injuries associated with enter/exiting vehicles include:

- The employee slips or trips while entering or exiting the vehicle/equipment and falls, striking the vehicle or ground.
- While exiting the vehicle/equipment, the employee jumps from the vehicle to the ground, often injuring an ankle, knee or back.

Factors that often contribute to the incident include:

- Being in a hurry
- Talking with co-workers or patrons
- Wet or slippery equipment
- Being distracted by talking on a cell phone
- Carrying equipment or another object
- Jumping
- Failing to maintain a "3 Points of Contact" with the vehicle

Improperly entering and exiting (or mounting and dismounting) vehicles, trucks, tractors, buses, vans, trailers, ladders, stairs or other pieces of construction equipment can increase the risk of injury. To reduce or eliminate the risk of injury, organizations should implement a policy so that drivers and staff exercise the 3 Points of Contact method when entering or exiting vehicles.

During training and in the scope of their duties, all staff shall enter and exit vehicles by using a 3-Points of Contact at seats, foot platforms, handles, stairs, and ladders.

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3 Points of Contact (Job Classifications)

The purpose of this policy is to identify job tasks that require the use of a 3 Point of Contact Procedure and to establish protocols for carrying out a safe 3 Point of Contact.

When creating a 3 Points of Contact Policy, an organization should:

- Identify job tasks that require the use of a 3 Point of Contact Procedure.
- Establish protocols for implementing a safe 3 Point of Contact method.
- Specify every employee who will be subject to the policy.
- Specify who will be responsible for implementing and communicating the policy to employees.
- Identify specific vehicles or equipment (i.e. tractors, trucks, ladders) which require a 3 Points of Contact procedure.

~~the nearest stairs and/or ladder exit. In addition, when ascending/descending and lifeguard chairs during a rotation or beginning and leaving the shift, lifeguards shall use 3 Points of Contact with the guard chair. To do this, lifeguards must maintain contact with one hand and two feet or two hands and one foot at all times when entering/exiting pools by using the pool ladders as well as when ascending and descending from lifeguard chairs in order to form a stabilizing triangle of contact. This rule is when a lifeguard is using an approved pool entry technique performing a rescue.~~

Procedure

Agency Responsibilities:

- ~~Evaluate the stability and surfacing of every pool ladder and lifeguard chairs, additional ladders, non-slip surfaces and hand holds where necessary.~~
- ~~Maintain steps, contact surfaces and handholds in useable condition.~~
- ~~Consider lifeguard chairs with larger platforms and improved ladder position and access. Inspect lifeguard chairs, stairs and ladders frequently.~~

BEST PRACTICE LIFTING

The Champaign Park Districts overall aim is to ensure a consistent approach to best practice lifting with all employees.

The three basic concepts of safe lifting are:

- When lifting any type of load, always move straight up and down. Keep your feet planted underneath your knees to maintain balance.
- Keep your elbows in and close to your body.
- Move and pivot with your feet when you step, don't twist your back to move a load.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

In the event of an Occupational Safety and Health Administration inspection under the auspices of the Illinois Health and Safety Act, the following guidelines will apply:

1. The Risk Coordinator-Manager is designated as the responsible individual to participate in the inspection process.
2. A list of required materials or posters and their locations is kept at the Bresnan Meeting Center.
3. Records necessary for the inspection, OSHA 300, etc., are located in the Central Safety File.
4. The Risk Coordinator-Manager, Director of Human Resources and the Executive Director may negotiate time frames for corrections of any citations, and are responsible for the completion of said corrections.

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MOTOR VEHICLE SAFETY

Motor Vehicles

- No one below the age of 18 years may operate any motorized vehicle or any other piece of equipment that may be outlined in specific departmental procedures.
- Employees under the age of 21 years, will not be allowed to transport passengers in vans.
- Out of Town check lists shall be completed for any trip taken outside Champaign County involving participants. A copy of the completed report should be left with the Risk Coordinator-Manager and the front desk prior to trip departure.
- Accurate records must be kept and up-to-date on all repairs, tune-ups, etc. for each vehicle.
- No person should ride in or on equipment being towed.
- Riding in the back of trucks is strictly prohibited.
- All trucks should be equipped with a gate, which should be put up when transporting. When a gate must be down for wide or extra-long items, vehicles must be properly flagged and four-way flashers or strobe on.
- All loads must be secured when transported in vehicles.
- Roll bars or Roll-Over Protection Structures (ROPS) must be installed on all tractors. In order for the roll bars to be effective, seatbelts must be worn at all times.
- No vehicle is to be operated or moved unless all doors are closed.
- No vehicle is to be left idling unattended unless in "park" or in neutral with emergency brakes or air brakes engaged if vehicle does not have a "park" position.
- All vehicles must be equipped with the proper fire extinguishers.
- Any new vehicles that are purchased must comply with Department of Transportation standards.
- Each driver is responsible for reporting all accidents, incidents, vehicle damage and malfunctions to their immediate supervisor.
- Drivers must maintain the posted speed limits at All all times and observe all other vehicle operation regulations. In pathways and parks, vehicles shall not exceed 5 mph and drivers should be alert if conditions warrant a slower speed. The traveling speed on all streets should not exceed the posted limit.
- When operating a vehicle in a park, the existing paved access road should be used. Vehicles are not allowed on the grass unless it is required for completion of the work projects.
- Employees are expected to be courteous to other drivers and to pedestrians.
- Employees are responsible for the condition and appearance of the vehicle they are assigned to drive.
- Employees are responsible for any motor vehicle violations they may incur.
- All new employees who drive Park District vehicles are to receive a drivers' check which will be conducted bi- yearly thereafter.

Reporting Vehicle Accidents

An Auto-Vehicle Accident Report will be filled out following any/all accidents involving Park District vehicles. Employees will follow the same procedure for submitting the report as that stated in the accident reporting process.

- Call police immediately for any vehicle accident, no matter how slight with the exception of a Park District vehicle damaging Park District property. Then notify your immediate supervisor.
- In damage to Park District property, the immediate supervisor and Risk Manager should be notified immediately
- Procedures for what to do in case of an accident will be available in each vehicle.

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Introduction

The Occupational Safety and Health Administration (OSHA), and the U.S. Department of Health and Human Services has enacted the Bloodborne Pathogens Standards to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens."

This manual describes the procedures the Champaign Park District will follow to address occupational exposure to blood or other potentially infectious materials.

Blood means human blood, human blood components and products made from human blood.

Other potentially infectious materials include semen, vaginal secretions, and cerebrospinal synovial, pleural, pericardial, and amniotic fluid. This also includes saliva and other body fluids contaminated with blood, including urine and feces and all body fluids where it is difficult to determine between body fluids potentially infectious.

General Program Management

The Risk ~~Coordinator~~ Manager is responsible for the overall management and support of the Bloodborne Pathogens Compliance Program. This includes the following:

- ~~1.~~ Overall responsibility for implementation and supervision of the Exposure Control Plan.
- ~~2.~~ Revision of the Plan when necessary.
- ~~3.~~ Collecting and maintaining a reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- ~~4.~~ Acting as liaison during OSHA inspections.

The Safety Committee will aid the Risk ~~Coordinator~~ Manager in fulfilling the responsibilities. Appointed to the committee will be the following staff:

- ~~1.~~ Safety Committee Coordinator
- ~~2.~~ Recreation Department Representative(s)
- ~~3.~~ Therapeutic and Integration Services Representative(s)

Department Heads are responsible for exposure control in their respective areas. They work directly with the Risk ~~Coordinator~~ Manager to assure employees are following proper exposure control procedures. They are also responsible for:

- ~~1.~~ Maintaining a current list of personnel requiring training.
- ~~2.~~ Scheduling for new employees and annual training for other personnel.
- ~~3.~~ Scheduling new employees for vaccination as appropriate.

Employees are responsible for the following:

- ~~1.~~ Knowing what tasks they perform that lead to occupational exposure.
- ~~2.~~ Attending bloodborne pathogens training sessions.
- ~~3.~~ Following procedures in accordance with this Exposure Control Plan.

The Exposure Control Plan will be reviewed and updated under any of the following circumstances:

- ~~1.~~ Annually by April 1 of each year.
- ~~2.~~ Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees.

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- ~~3.~~ Whenever employee's jobs are revised so the new instances of occupational exposure of employees may occur.
- ~~4.~~ Whenever new positions are created which may involve exposure to bloodborne pathogens.

Exposure Determination

Exposure Determination

Jobs have been classified for exposure to bloodborne pathogens and other infectious materials as follows:

- ~~1.~~ No employees in this classification have exposure.
- ~~2.~~ Some employees in this classification may have exposure.
- ~~3.~~ All employees in this classification may have exposure.

Specific tasks that produce potential exposure:

- ~~1.~~ Pick up and removal of trash.
- ~~2.~~ Administering first aid and CPR
- ~~3.~~ Accidental contact with contaminated material.

The following job classifications may have occupational exposure:

- | | | | |
|---|--------------|---|--------------|
| • Administrative Assistant | 1 | • Operations Supervisor | 2 |
| • Aquatics staff (Seasonal) | 3 | • Park Beautification (trash crew) | 3 |
| • Art Smart Staff (preschool) | 3 | • Park Walkers (seasonal) | 3 |
| • Ball Field Maintenance | 2 | • Prairie Farm Leaders | 2 |
| • Basket Room Attendant | 2 | • Program Assistants | 2 |
| • Bookkeeper/Asst. Bookkeeper | 2 | • Program Supervisors | 2 |
| • Busy Bee Staff (preschool) | 3 | • Receptionists —(all classifications) | 2 |
| • Cashiers | 2 | • Site Supervisors | 2 |
| • Concession Workers | 2 | • Special Events Manager | 2 |
| • Coordinators | 2 | • Volunteers | 1 |
| • Custodians/BSW's (all classifications) | 3 | • Park District Planner | 1 |
| • Day Camp Staff | 2 | Special Recreation Classification by job areas | |
| • Director of Finance | 1 | • Afterschool Director (seasonal) | 3 |
| • Director of Recreation | 1 | • Afterschool Leaders/Asst. Leaders (seasonal) | 2 |
| • Executive Director | 1 | • Assistant Coaches (seasonal) | 2 |
| • Director of Human Resources | 1 | • Building Supervisors/Openers (seasonal) | 2 |
| • Director of Panning | 1 | • Camp Counselors (seasonal) | 2 |
| • Director of Operations | 1 | • Camp Supervisors/Asst. Supervisors (seasonal) | 3 |
| • Director of Marketing & Com. | 1 | • Receptionist (part-time) | 1 |
| • Flower Island Crew | 2 | • Custodian (part-time) | 2 |
| • Grounds Maintenance | 2 | • Drivers (part-time) | 2 |
| • Instructors | 2 | • Head Coach | 2 |
| • Maintenance Worker | 2 | • Instructors (seasonal) | 2 |
| • Marketing Staff | 1 | • Leaders (seasonal) | 2 |
| • Mower Operator | 2 | • Officials (seasonal) | 2 |
| • Officials | 2 | • Program Manager | 2 |
| • Operations Clerk | 2 | • Program Supervisor | 2 |
| • Operations I and II | 2 | • Volunteers | 3 |
| • Operations Specialist | 2 | | |

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Methods of Compliance

Universal precautions - assume all blood and other potentially infectious materials are indeed infectious.

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Engineering and Work Practice Controls

- ~~1.~~ Staff members shall treat all blood and other potentially infectious materials as defined in OSHA regulations as potentially infectious, and follow all precautionary measures outlined in this Exposure Control Plan at all times.
- ~~2.~~ Whenever any staff member's skin comes in contact with blood or other potentially infectious materials, the member shall immediately, or as soon as possible, wash his/her hands and any other contaminated skin area with soap and warm running water or flush mucous membranes with water following the contact.
- ~~3.~~ Staff members exposed to blood or other potentially infectious materials who are in the field shall use antiseptic hand cleaners or towelettes when hand washing facilities are not available. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and warm running water as soon as possible.
- ~~4.~~ Members wearing protective gloves or other personal equipment, as soon as possible after removal of same, shall wash hands immediately or as soon as possible, using soap and warm water.

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Personal Protective Equipment

1. Staff members shall wear personal protective equipment provided by the Champaign Park District when performing tasks/procedures that have potential for exposure to blood or other body fluids. Each area (i.e. Centers, Aquatic facilities, field locations, Prairie Farm, operations vehicles) will have equipment kits including but not limited to the following:
 - Disposable (single use) gloves
 - Protective eyewear and masks
 - CPR pocket masks
 - Utility gloves
2. Personal protective equipment shall be worn as follows:
 - Disposable gloves shall be worn whenever a staff member can be reasonably expected to have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skins, and also, whenever a member handles or touches contaminated items or surfaces-surfaces.
 - Protective eyewear and masks shall be worn by staff members whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated (eye, nose or mouth contamination) can be reasonably expected.
 - CPR pocket masks shall be used by staff members whenever they perform cardiopulmonary resuscitation (CPR) to provide a physical barrier between the victim and the staff member performing mouth to mouth resuscitation.
 - Disposable gloves used are not to be washed or decontaminated for reuse, and are to be replaced immediately if torn or punctured.
 - Decontaminate utility gloves after each use. Discard if punctured, torn or showing signs of wear.
3. Department Heads will ensure that all staff use appropriate personal protective equipment as outlined in this document.
4. Personal protective equipment provided by the Park District shall be of a disposable type and not laundered or reused.
5. Personal protective equipment shall be removed by the Risk Manager as soon as possible after the incident where protective equipment use was required. Supervisor should contact 398-2550 immediately.
6. All personal protective equipment once used, shall be disposed of by the member who used the equipment as follows:

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Housekeeping

1. Staff members shall ensure that all work areas where they are assigned are maintained in sanitary condition.
2. All working surfaces shall be cleaned and decontaminated with appropriate disinfectant immediately, or as soon as

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- possible, after coming into contact with blood or other potentially infectious materials.
- 3. Staff shall use only products capable of treating/disinfecting surfaces contaminated with viruses, bacteria, or fungi.
- 4. Cover surfaces that are difficult to decontaminate with plastic wrap or other material that water will not go through.
- 5. Contaminated needles and sharps shall be disposed of without shearing or breaking. These items shall be disposed of in puncture resistant, biohazard labeled containers having leak proof sides and bottoms.
- 6. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, State of Illinois, and any applicable county and local regulations.
- 7. Disposal of all regulated waste shall be performed by approved vendors at a licensed facility.

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Hepatitis B Vaccination, and Post-Exposure, Evaluation & Follow-up, and Training

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Hepatitis B Virus

Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are about 300,000 new cases of Hepatitis B Virus (HBV), the most common form of Hepatitis each year.

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Health care workers are much more likely to contract Hepatitis B than the rest of the population. While there is no cure for Hepatitis B, a vaccine does exist that is 90% effective in preventing infection.

The symptoms of HBV infection are very much like mild "flu". Initially, there is a sense of fatigue, possible stomach pain, loss of appetite, and nausea. As the disease continues to develop, jaundice (distinct yellowing of the skin) and darkened urine will often occur. However, many people who are infected with HBV will show no symptoms for some time.

After exposure, it can take two to six months for Hepatitis B to develop. This is extremely important since vaccinations begun immediately after exposure to the virus can often prevent infection.

Vaccination

- 1. Champaign Park District provides, at no cost, vaccination against Hepatitis B to employees who might be expected to have occupational exposure risk. This consists of a series of three inoculations over a six month period.
- 2. Vaccination will begin within ten working days of an assignment to a task that produces occupational exposure risk.

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Post Exposure Follow-up

- 1. If an exposure to blood or other body fluids occurs, the exposed individual shall immediately notify his/ her supervisor and Risk Coordinator, and fill out an incident report. Identify the source individual (the individual whose blood or body fluid caused the exposure) if possible.
- 2. Incident reports will be picked up by the Risk Coordinator/Manager as soon as possible following the accident.
- 3. The Risk Coordinator/Manager will make arrangements with source individual or parent/guardian for testing for HIV and Hepatitis B. The employee must sign consent for the blood draw and testing.
- 4. Hepatitis B vaccine will be offered post exposure, at no expense to the employee.
- 5. Any test results will be kept confidential by the Champaign Park District, hospital, clinic and/or doctor. It is the responsibility of the employee, hospital, clinic and/or doctor to provide a report to the Park District on the employee's situation.
- 6. The Risk Coordinator/Manager investigates every incident that occurs and prepares a written summary of the incident. The Risk Coordinator/Manager makes recommendations for avoiding similar incidents.
- 7. The employee's medical condition shall be disclosed only to the extent necessary to minimize the health risk to the employee and others. Only those personnel who need to know of the employee's condition to assure proper care and precaution will be informed. Personnel will be reminded that no information regarding the identity or condition of the person is to be discussed with anyone, including spouses, other family members, or Park District personnel. The legal ramifications to both the employee involved and the Park District of breach of confidentiality will be clearly explained to employees.
- 8. All employee's medical records, other findings, or diagnoses are confidential and will remain in a locked file at the Bresnan Meeting Center's Human Resources office.

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Training

Department Heads schedule training for all new employees before assignment of tasks involving occupational exposure and training for all employees annually. Training consists of the following:

- 1. Regulations
- 2. Epidemiology and symptoms of bloodborne diseases
- 3. Exposure Control Plan
- 4. Tasks and other procedures that involve exposure
- 5. Use and limitations of methods to prevent exposure, including engineering controls, work practices, and personal protective equipment
- 6. Information on the Hepatitis B vaccination program
- 7. Actions and persons to contact in an emergency involving blood or other body fluids
- 8. Procedure to follow if exposure occurs
- 9. Post exposure follow-up activities
- 10. Signs and labels or color coding

Exposure Control Plan

Record Keeping

Medical Records

1. The Risk ~~Coordinator~~ Manager will establish a medical record for each employee with an occupational exposure to blood or other potentially infectious material.
2. The medical record will contain at a minimum:
 - Name and social security number
 - Dates of Hepatitis B vaccination or strength of solution
 - Any medical records relative to the employee's ability to receive the vaccination
 - A copy of all post exposure follow-up activities
3. Maintain the medical record in a locked file in the Human Resources office.
4. Medical records shall not be disclosed without the employee's written consent to any persons in or out-side the work place except as required by law.
5. Provide medical records to the employee upon request for examination and copying.
6. Maintain medical records for thirty (30) years after employment ends. If Champaign Park District goes out of business and there is no successor, notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services.

Training Records

1. Maintain training records which include:
 - Date of training session.
 - Contents or summary of the training sessions.
 - Name and qualification of the persons conducting the session.
 - Name and job title of each person attending the training session.
2. Maintain training records for three years from the date on which the training occurred.
3. Make training records available to employees on request for examination and copying.

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Exposure Control Plan Recombivax HB

Recombivax HB (Hepatitis B vaccine (Recombinant), MSD) is a vaccine for protection against Hepatitis B disease.

Hepatitis B Disease (serum hepatitis) is caused by Hepatitis B virus. Hepatitis B has been found in virtually all body secretions and excretions. However, only blood, saliva, semen and vaginal fluids have been shown to be infectious. Contaminated needles are important vehicles of spread, especially among drug addicts. Transmission occurs between sexual partners. Transmission can also occur between household contacts who may share razors or toothbrushes. Fecal or oral transmission does not spread Hepatitis B.

A blood test can show if you have the disease or not, or if you are a carrier. Signs and symptoms of Hepatitis B Disease are: liver damage, jaundice, decreased appetite, nausea and malaise (feeling tired). There is no cure for Hepatitis B Disease and it can be fatal especially if associated with another virus called delta agent.

Hepatitis B vaccine will not protect against the other forms of hepatitis which are: Hepatitis A Disease caused by Hepatitis A virus and Hepatitis Non-A Non-B Disease caused by Hepatitis C. Hepatitis A is primarily spread by the fecal-oral route (someone who handles food and does not wash his/her hands following a bowel movement). Hepatitis C is primarily spread by blood. Hepatitis is a very complicated disease caused by known complicated viruses. Even with vaccination against Hepatitis B, the following precautions should be taken:

- never share hypodermic needles
- use condoms during sexual intercourse with an infected person
- use good hygiene (use your own toothbrush, razor)
- wash hands after using the toilet
- cover all sores, cuts or rashes if you are in close contact or in the same house with someone who is infected
- wear gloves if you touch anyone's blood or body fluids

For blood spilled on a person, the contaminated person should:

- clean the area with warm soapy water
- alert their supervisor or Human Resources

Bloodborne Pathogens Fact Sheet

HEPATITIS B VIRUS

Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are about 300,000 new cases of Hepatitis B Virus (HBV), the most common form of Hepatitis each year.

Health care workers are much more likely to contract Hepatitis B than the rest of the population. While there is no cure for Hepatitis B, a vaccine does exist that is 90% effective in preventing infection.

The symptoms of HBV infection are very much like mild "flu". Initially, there is a sense of fatigue, possible stomach pain, loss of appetite, and nausea. As the disease continues to develop, jaundice (distinct yellowing of the skin) and darkened urine will often occur. However, many people who are infected with HBV will show no symptoms for some time.

After exposure, it can take two to six months for Hepatitis B to develop. This is extremely important since vaccinations begun immediately after exposure to the virus can often prevent infection.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

This virus is the newest of the major bloodborne diseases.

Symptoms of HIV infection can vary, but often include: weakness, diarrhea, headaches, sore throat, fever, nausea and other "flu like" symptoms.

Many people with the HIV virus can show no apparent symptoms for years after their infection. Contracting the HIV virus usually leads to the development of Acquired Immunodeficiency Syndrome (AIDS). This results in the breakdown of the immune system, so the body cannot fight off diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

TRANSMISSION

In healthcare settings, HBV and HIV are most often transmitted through breaks in the skin or mucous membranes. This usually occurs through needle sticks, or having infectious material (such as blood or other body fluids) get into existing cuts or abrasions.

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Glossary

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Blood Human blood, human blood components, and products made from blood.

Bloodborne Pathogens Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)

Contaminated Marked by the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.

Contaminated Sharps Any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental waxes.

Decontamination The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls Devices or equipment for isolating or removing hazards from the workplace.

Exposure Incident A specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from an employee performing his/her duties.

Handwashing Facilities Locations that provide an adequate supply of running portable water, soap, and single-use towels or hot air drying machines.

HBV Hepatitis B Virus

HIV Human Immunodeficiency Virus

Occupational Exposure Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from employees performing their duties.

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Accident/Incident Report

Attorney/Client Privileged Document

Form 01

1	Agency name	Today's date
2	Date of incident (mm/dd/yyyy)	Time of incident (hh:mm a.m./p.m.)
3	Name of person completing report	Title of person completing report
4	Business phone number	Business email
5	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)	
6	Name of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection where the incident occurred.	
7	Is there an address for this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please provide the following:	
	Street address _____	
	City _____	State _____ Zip code _____
8	Location (Specify the exact type of location/facility where injury occurred. Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.)	
9	Primary location (Specify exact location. Ex. lap pool, cart storage, classroom, pavilion)	
BODILY INJURY		
If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.		
10	Was a person injured? (Ex. patron, citizen, participant, volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
11	If yes, please provide the following information:	
	Last name _____	First name _____
	Address _____	
	City _____	State _____ Zipcode _____
	Home phone # _____	Work phone # _____ Cell phone # _____
	Age _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
12	Is injured person an agency volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13	Describe the injury (affected body part and type of injury; Ex. contusion, bruise, laceration, sprain, break, etc.)	
14	Did injured person make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	If yes, what did injured person say? _____	

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Accident/Incident Report

Attorney/Client Privileged Document

Form 01 (pg. 2)

16	Was first aid administered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Name and position of person who administered first aid _____				
What first aid was given? _____				
Did first aid involve AED and/or CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, please submit a PDRMA post-AED form.				
Were paramedic services offered?				
Called and refused (at scene by patron)		<input type="checkbox"/> Yes	Offered and called <input type="checkbox"/> Yes	
Offered and refused		<input type="checkbox"/> Yes	Offered, refused, called by agency anyway <input type="checkbox"/> Yes	
Unable to respond and called		<input type="checkbox"/> Yes		
Were police called?		<input type="checkbox"/> Yes	If yes, please provide the following information.	
Name of police department _____				
Name of officer _____				
Do you expect this person to submit a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
PROPERTY DAMAGE				
16	Was property damaged as a result of this accident/incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
17	If yes, how was the person involved in the accident/incident?			
Owner of property adjacent to park district		<input type="checkbox"/>	Patron	<input type="checkbox"/>
Vehicle owner		<input type="checkbox"/>	Other	<input type="checkbox"/>
18	Last name (or business name)		First name (not necessary if business name)	
Address _____				
City		State	Zip code	Phone number
Describe the property damage _____				
WITNESS INFORMATION				
18	If there was a witness(es) to the accident/incident, please provide the following information:			
Last name		First name		
Address _____				
City		State	Zip code	Phone number
20	Did witness make any statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, what did witness say? _____				

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

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Vehicle Accident Report

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

Form
02

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

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Vehicle Accident Report

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

Form
02
(pg. 2)

13	Is vehicle drivable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
If no, provide current location of vehicle					
14	Area of damage				
15	Estimated repair cost				
16	Was a trailer involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
If yes, provide the following information.					
	Trailer year	Make	Model	License number	
Trailer area of damage					
Current location of trailer					
Estimated repair cost of trailer					
17	Has a police agency conducted an investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide the following information.	
What police agency investigated the incident?					
Police report number					
18	Was the agency driver ticketed, arrested or cited for violation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
If yes, provide details of the ticket, arrest or violation(s).					
19	CLAIMANT INFORMATION				
Identify other people involved in the accident. (Make additional copies of this section if needed.)					
How was the person involved in the accident? (Check all that apply.)					
Driver of other vehicle	<input type="checkbox"/>	Injured person	<input type="checkbox"/>	Owner of involved property	<input type="checkbox"/>
Owner of other vehicle	<input type="checkbox"/>	Passenger of agency vehicle	<input type="checkbox"/>	Passenger of other vehicle	<input type="checkbox"/>
Pedestrian	<input type="checkbox"/>				
Last name or business name			First name (not necessary for business)		
Address					
City		State	Zip code		
Home phone #		Work phone #	Cell phone #		

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Vehicle Accident Report

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

Form
02
(pg. 3)

13	Vehicle make	Model	Year
Area of damage			
Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, current location of vehicle			
Extent of damage <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight			
Describe the property damage (other than vehicle)			
Extent of damage to property other than vehicle <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight			
Age of injured person _____		Sex of injured person <input type="checkbox"/> Male <input type="checkbox"/> Female	
Was the injured person transported by paramedics? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where was the injured person taken?			
Do you expect the injured person to file a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe the injury			

ADDITIONAL CLAIMANT INFORMATION

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

Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>
Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>
Pedestrian <input type="checkbox"/>		

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

Address _____

City _____ State _____ Zip code _____

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

Vehicle make	Model	Year
Area of damage		
Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, current location of vehicle		
Extent of damage <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		
Describe the property damage (other than vehicle)		
Extent of damage to property other than vehicle <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		

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Vehicle Accident Report

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

Form 02 (pg. 4)

13 Age of injured person _____ Sex of injured person Male Female
Was the injured person transported by paramedics? Yes No
If yes, where was the injured person taken?
Do you expect the injured person to file a claim? Yes No
Describe the injury

20 Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)
Last name _____ First name _____
Address _____
City _____ State _____ Zip code _____
Home phone # _____ Work phone # _____ Cell phone # _____
Witness to accident? Yes No Unknown If yes, provide the following information.
Relation to injured person or property owner:
Agency employee or volunteer Another program participant or park user Friend
Other Passerby Relative
Did witness make any statements? Yes No Unknown
If yes, provide the following information.
What did witness say?
Where was witness when the accident occurred?

21 Was the driver of the agency vehicle conducting agency business at the time of the accident?
 Yes No Unknown

22 What street was the agency driver on? _____ What street was the other driver driving on? _____

23 What direction was the agency driver traveling? North South East West
What direction was the other driver traveling? North South East West

24 Weather conditions
Dry Fog Ice Snow Wet

25 Accident diagram



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Property Loss Report

(For damage to agency property)
Attorney/Client Privileged Document

Form
03

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



Employee Injury Report

Form
04

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

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Employee Injury Report

Form
04
(pg. 2)

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

43
34
43



Incident Reporting Instructions

#	Section	Instructions
1	What type of incident do you want to report?	<p>Agency Property Damage – Claims involving damage, destruction or theft of all types of <u>agency</u> property and contents such as those resulting from fire, wind, water, vandalism, etc. Use the Property Loss Report, Form 03. <i>(Do not use this form to report damage to property owned by patrons, adjacent land owners, or other third parties.)</i></p> <p>Employee Injury (Workers' Compensation) – Claims involving employee injuries or illnesses. Use the Employee Injury Report, Form 04.</p> <p>Vehicle Accident – Claims involving damage to an agency vehicle or damage (bodily injury or property damage) caused by an agency vehicle. An agency vehicle must be involved in the incident when you use the Vehicle Accident Report, Form 02.</p> <p>Third Parties – Injuries, illness and property damage suffered by patrons, participants, adjacent landowners and other third parties that occur on agency property or result from agency activities. Use the Accident/Incident Report, Form 01. <i>(Do not use this form for injuries and property damage suffered by third parties resulting from the use of an agency vehicle. In those instances, use the Vehicle Accident Report, Form 02.)</i></p>



Accident/Incident Report Instructions

**Form
01**

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#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m./p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cell phone number of the person completing the report.
	Business email of person completing the report	Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
5	How did the incident occur? (Brief summary of incident.)	Provide a brief description of how the accident occurred. <i>Be sure to indicate what the person was doing when injury occurred.</i>
6	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	Select Yes or No. If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.
9	Primary location	Provide a more detailed description of the incident location than in Question 8 (Ex. lap pool, cart storage, classroom, pavilion, etc.).
10	Was a person injured? (i.e. patron, citizen, participant, volunteer)	Check Yes, No or Unknown.

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

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#	Section	Instructions
17	If yes, how was the person involved in the accident/incident?	If the answer to Question 16 is Yes, check the option that applies: <ul style="list-style-type: none">• Owner of property adjacent to <u>Park park</u> District.• Vehicle owner.• Patron.• Other.
18	Provide contact information for property owner.	If you identify the person in Question 17, provide the following contact information: <ul style="list-style-type: none">• Last name or name of business.• First name if not a business.• Address, city, state, zip code and phone number.• Description of the property that was damaged and how the damage occurred.
19	Witness(es) to accident/incident	If there is a witness(es) to the accident/incident, the following information: <ul style="list-style-type: none">• Last name.• First name.• Address, city, state, zip code and phone number.
20	Did witness make any statements?	Check Yes, No or Unknown. If you check Yes, provide a brief description of what the witness said.
21	Where was the witness when the accident/incident occurred?	Briefly describe where the witness was located in relation to where the accident/incident occurred.



Vehicle Accident Report Instructions

Form
02

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

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

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

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

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



Property Loss Report Instructions

Form
03

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

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



Employee Injury Report Instructions

**Form
04**

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

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

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

20	Name of physician, health care provider, or emergency room	Provide the following information: <ul style="list-style-type: none"> • Name of physician, health care provider or emergency room. • Address. • City, state, zip code and phone number.
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Champaign Park District
CONDUCT REPORT
 (Submit within 24 hours)

Route immediately to the Following:

- Program Director/Coordinator
- Division Manager
- Risk Manager

Name of Additional Parties Involved (1)
 Address _____

Phone _____

Name of Additional Parties Involved (2)
 Address _____

Phone _____

**List additional parties on the next page*

Explain in detail what behavior was witnessed by staff: *(List only facts)*

Explain any comments made by parties:

How was the incident handled *(on-site)?*

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Report Prepared by:

THIS SECTION FOR CAMP BASED PROGRAMMING ONLY

Camp Director/Asst. Director or Program Supervisor's Investigation & Recommendations:
Report Investigated by: _____ Title: _____

Name of Participant: _____ Date: _____
Any past conduct reports? _____

Degree of Behavior Action: First Degree Second Degree Third Degree N/A

How was the discipline handled?

Were the parents called? Yes No Date/Time: _____
Explain parent's comments:

Were Police called? Yes No
Name of Officer handling the case: _____ Case #: _____
Police comments/recommendations:

Full-Time Coordinator or Manager's Investigation and Recommendations:
Report Reviewed by: _____ Title: _____

This information has been prepared to assist the Champaign Park District's Attorney in defending potential litigation.
DO NOT release to any person, except a PDRMA official or designated claim representative.

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A. In your opinion, what unsafe act, condition, or work procedure contributed to this incident? _

B. What corrective action(s) should be taken to prevent a repeat incident? _

C. Do you expect a claim to be submitted? Yes_ No_

D. Any further pertinent information? _
