

Berwyn Park District
Proksa Park Activity Center
3001 Wisconsin Ave, Berwyn, IL
July 16, 2024, at 6:00pm
Agenda

- I. Call to Order – Roll Call of Commissioners (action)
- II. Pledge of Allegiance
- III. Adoption of Agenda (action)
- IV. Acceptance of Minutes (action)
 - a. June 18, 2024, Board Meeting Minutes
- V. Public Comments
- VI. Correspondence
- VII. Financial Report
 - a. Superintendent of Finance and HR Report (action)
 - b. Executive Director Report (action)
- VIII. Agency Report
- IX. West Suburban Special Recreation Association (WSSRA)
- X. Unfinished Business
 - a. Board Manual
 - b. Safety Manual
- XI. New Business
- XII. Master Plan
 - a. Liberty
- XIII. Government Efficiency Committee
- XIV. Commissioners Comments
- XV. Executive Session
 - a. The appointment, employment, compensation, discipline, performance, or dismissal of specific employees.
 - b. The purchase or lease of real property for the use of the public body, including meetings held for the purpose of discussing whether a particular parcel should be acquired.
 - c. Discussion of minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06
 - d. Litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting.
- XVI. Action to be taken from Executive Session (action)
- XVII. Adjournment (action)

The next regular scheduled meeting of the Board of Commissioners is August 20, 2024, at 6:00pm at Proksa Park Activity Center.

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

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

BOARD OF COMMISSIONERS

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



Ana Espinoza, Vice President
Mario Manfredini, Secretary

Minutes of Monthly Board Meeting
Berwyn Park District
June 18th, 2024, at 6pm
Proksa Park Activity Center

The regular monthly meeting of the Berwyn Park District Board of Commissioners was called to order at 6:04pm by President Brock.

Commissioners in attendance: Brian Brock, Ana Espinoza, Gretchen Kostelny, Mario Manfredini, and Zachary Taylor.

Staff in attendance: Cathy Fallon (Executive Director), and Cindy Hayes (Superintendent of Finance and HR)

Agenda: A motion made by Manfredini, seconded by Espinoza to approve the agenda. Motion unanimously approved.

Minutes: A motion made by Kostelny, seconded by Manfredini to approve the minutes from the May 21st, 2024, Board Meeting and June 4th, 2024, Committee Meeting. Motion unanimously carried.

Public Comments: none.

Correspondence: none.

Financial Report: A motion was made by Taylor, seconded by Kostelny to approve June's payables \$138,228.48 and May's payroll \$76,113.91 for a total of \$214,342.39. Roll call: Brock- aye, Espinoza- aye, Kostelny-aye, Manfredini- Aye, and Taylor- aye. Motion carried. Schedule of Investments' Report, and Scholarship report are included in the packet. A motion was made by Manfredini, seconded by Taylor to authorize Hayes to purchase a 6-month CD through PMA Financial Services. Roll call: Brock- aye, Espinoza- aye, Kostelny-aye, Manfredini- Aye, and Taylor- aye. Motion carried.

Executive Director Report- included in the report is information from Bernardi Securities regarding referendum and bond financing for the agency. Fallon presented the report to the board. The commissioners requested that a representative from Bernardi come to a meeting to discuss further.

Agency Report: The report is in the packet. Director Fallon updated the commissioners on what is going on in each of the departments. Movie Night was rescheduled to June 19th due to the weather.

Parks- 3 pond companies have declined our pond project. Still contacting companies. One leak at Proksa Park has been repaired. There are still 2 more that are being worked on. We are going to have a landscape company start cutting grass at Proksa Park and Freedom Park.

Fallon updated the board on the grants from the state.

West Suburban Special Recreation Association (WSSRA): email of updates included in packet.

Unfinished Business: Property at 2832 Lombard- this property was offered as a donation to the agency if we could expedite the agency taking over the party wagon rentals. Director Fallon is working with the agency's lawyer for the legalities of the party wagon rentals since we do not own the wagons. The board agrees that the park district will not be able to participate in the party wagon rentals due to the restrictions of the grant.

A motion was made by Kostelny, seconded by Taylor to approve ordinance number 2024-604 Property Surplus and destruction. Motion unanimously carried.

New Business: Director Fallon provided the board with job definitions for the Commissioner's job titles. They would like to see changes under the treasurer's description. They want the language to be changed to Superintendent of Finance or Executive level of staff.

Master Plan: Hitchcock will come to the Fiesta de Verano event for additional community engagement.

Government Efficiency Committee: nothing to report.

Commissioners' Comments: Commissioner Taylor likes the basketball camp program and the parents' meeting for summer camp.

Executive Session: not needed.

Meeting Dates: July 2nd, 2024- Committee Meeting at the Freedom Admin Building at 4:30pm. July 16th, 2024- Regular Board Meeting at Proksa Park Activity Center at 6pm.

Adjournment: A motion was made by Kostelny, seconded by Brock to adjourn at 7:40pm. Motion unanimously carried.

Attested to by:

President: Brian Brock

Recording Secretary: Cynthia Hayes

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cindy Hayes, Superintendent of Finance and HR
RE: Financial Report

- A. Operating Account at Republic Bank (Action Roll Call)
- B. Schedule of Investments
- C. New CD Investment
- D. July 2024 Payables / June 2024 Payroll and Payroll Liabilities (Action Roll Call)
- E. Treasurer's Report
- F. Scholarship Report
- G. General Ledger (GL) Report

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cindy Hayes, Superintendent of Finance and HR
RE: Updating Republic Account

Cindy Hayes is requesting authorization to update the operating account at Republic Bank to allow ACH payments to vendors initiated by Cindy Hayes. This will allow for bills to be paid in a timely manner, prevent lost checks, and decrease the possibility of check fraud.

Berwyn Park District Schedule of Investments June 2024

[illegible]



Certificate of Deposit Confirmation

Date: 06/20/2024

PMA Financial Network
2135 CityGate Lane
7th Floor
Naperville, IL 60563
Phone: 630-657-6400
Fax: 630-718-8701

Berwyn Park District
Cindy Hayes
3701 S. Scoville Avenue
Berwyn, IL 60402

Transaction Number: [REDACTED]
Client Number: [REDACTED]

FDIC #	Coupon	Financial Institution	State	Purchase Date	Maturity Date	No. of Days	Total Cost	Net Yield
4147	5.538	Bank 7	OK	06/20/2024	12/17/2024	180	\$243,450.00	5.288 *

Maturity Value: \$249,798.64
Net Interest: \$6,348.64
Total Cost: \$243,450.00
Net Yield: 5.288%

Disclosure statement on the last page of the original confirm
Thank you for your business. If you have any questions about this transaction, call 630-657-6400.

PMA IS ACTING AS AGENT FOR THIS ENTITY

This investment is subject to early withdrawal penalties. Additional information available upon request.

Compensation to PMA is derived from the difference between the Coupon and Net Yield. Any Third Party Fees are also derived from this source. The amount of the compensation will be furnished upon written request of the customer.

All fees (inclusive of reciprocal and Third Party Fees) are paid at placement or maturity; no additional charges will be billed or deducted.

This transaction is insured by the FDIC.

* Yield to Maturity

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cindy Hayes
Superintendent of Finance and HR
RE: Accounts Payable and Payroll -Treasurer's Report

FINANCE

July 2024 Payables:

\$ 130,875.82

Payroll/Payroll Liabilities:

6/07/2024 \$ 38,876.82

5/21/2024 \$ 48,500.40

total: \$ 87,377.22

I motion to approve the July 2024 payables in the amount of \$87,377.22 and June 2024 Payroll in the amount of \$ 87,377.22 for a total of \$ 218,253.04

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BERWYN PARK DISTRICT
OPEN INVOICES REPORT

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BATCH # 071624

VENDOR # INVOICE #	ITEM DESCRIPTION	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT
A Barr 428978	A Barr Sales Inc.	AP				
	01 CO2 tanks rental		55-13-00-55-458	07/08/2024 Alcohol	071624 07/16/2024	108.00 108.00
					VENDOR TOTAL:	108.00
ACEHARD July 24-Acct 10995	JC Licht Ace	AP				
	01 pnd adapter		10-02-00-53-660	07/12/2024 Grounds Maintenance	071624 07/16/2024	22.76 15.18
	02 return		10-02-00-53-660	Grounds Maintenance		-11.99
	03 faucet		10-02-00-53-660	Grounds Maintenance		9.99
	04 open credit		10-02-00-53-660	Grounds Maintenance		-0.04
	05 unapplied payment		10-02-00-53-660	Grounds Maintenance		-1.62
	06 unapplied payment		10-02-00-53-660	Grounds Maintenance		-0.75
	07 faucet		10-02-00-53-660	Grounds Maintenance		11.99
					VENDOR TOTAL:	22.76
AMALGAMA 70160724	Amalgamated Bank of Chicago	AP				
	01 paying agent fees		31-00-00-58-915	07/08/2024 Paying Agent Fees	071624 07/16/2024	475.00 475.00
					VENDOR TOTAL:	475.00
Apparel 17449	Apparel Inc	AP				
	01 camp shirts		51-16-00-55-431	07/08/2024 Summer Camp Shirts	071624 07/16/2024	453.00 453.00
					VENDOR TOTAL:	453.00
Berwyn P 2024-1	Berwyn Police Department	AP				
	01 police patrol-Fiesta de Verano		25-00-00-50-505	07/09/2024 City Services	071624 07/16/2024	210.00 210.00
					VENDOR TOTAL:	210.00
Berwyn W 62902	Berwyn Western	AP				
				07/08/2024	071624 07/16/2024	2,632.48

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BATCH # 071624

VENDOR # INVOICE #	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT
ITEM DESCRIPTION					
01 leaks at Proksa Park		10-02-00-53-668	Plumbing		2,632.48
			VENDOR TOTAL:		2,632.48
Brady 9005377	BradyIFS	AP	07/09/2024		
01 urinal supplies		10-02-00-55-789	Building Supplies	071624 07/16/2024	35.81 35.81
			VENDOR TOTAL:		35.81
BUDDYBR 117	BUDDY BEAR	AP	07/08/2024		
01 3-car washes		10-02-00-53-650	Vehicle Maintenance	071624 07/16/2024	12.00 12.00
			VENDOR TOTAL:		12.00
C.BERWYN 2024-00000024-GAS	City of Berwyn	AP	07/12/2024		
01 gas-vehicles		10-02-00-55-765	Fuels and Lubricants	071624 07/16/2024	835.02 835.02
			VENDOR TOTAL:		835.02
Calderon 925	Calderon Landscaping	AP	07/08/2024		
01 Freedom and Proksa-lawn		10-02-00-53-660	Grounds Maintenance	071624 07/16/2024	2,800.00 2,800.00
02 maintenance 6/17 and 6/24		** COMMENT **			
			VENDOR TOTAL:		2,800.00
COMED Aug 24-LCC	Com. Ed.	AP	07/08/2024		
01 electric-Liberty		50-02-00-52-638	Utilities-Electric	071624 07/16/2024	360.01 360.01
Aug 24-LL		AP	07/08/2024		
01 electric-Liberty Lot		50-02-00-52-638	Utilities-Electric	071624 07/16/2024	26.38 26.38
Aug 24-PP		AP	07/09/2024	071624 07/16/2024	1,104.93

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	01 Electric-Proksa Park		50-02-00-52-638			1,104.93
COMED Aug 24-SP	Com. Ed.	AP				
	01 electric-Sunshine		10-02-00-52-638	07/08/2024	07/16/2024	472.70
						472.70
					VENDOR TOTAL:	1,964.02
COSTCO July 2024	Citi Cards	AP				
	01 staff appreciation meal		10-01-00-55-796	07/10/2024	07/16/2024	66.33
	02 fiesta de verano		54-10-00-55-450	Staff Appreciation		45.35
				Summer Event Supplies		20.98
					VENDOR TOTAL:	66.33
DEECE 54155	Deece Auto	AP				
	01 replace window regulator and		10-02-00-53-650	07/10/2024	07/16/2024	305.00
	02 oil change F-250 pickup		** COMMENT **	Vehicle Maintenance		305.00
					VENDOR TOTAL:	305.00
Groot 12702610T098	GROOT INDUSTRIES, iNC.	AP				
	01 Garbage-Sunshine		10-02-00-52-630	07/01/2024	07/16/2024	984.76
	02 garbage-Proksa		50-02-00-52-630	Scavenger Service		492.38
				Scavenger Service		492.38
12703208T098		AP				
	01 garbage-Freedom		10-02-00-52-630	07/01/2024	07/16/2024	440.79
				Scavenger Service		440.79
12703454T098		AP				
	01 garbage-Liberty		50-02-00-52-630	07/01/2024	07/16/2024	326.27
				Scavenger Service		326.27
					VENDOR TOTAL:	1,751.82
Hitchcoc 33034	Hitchcock Design, Inc.	AP				
				07/09/2024	07/16/2024	5,033.03

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BATCH # 071624

VENDOR # INVOICE #	ITEM DESCRIPTION	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT
	01 Master plan		41-00-00-56-832 Capital Projects			5,033.03
					VENDOR TOTAL:	5,033.03
ICE Mill 01-2274577	ICE MILLER LLP	AP				
	01 legal fees through 5/31		10-01-00-51-570 Legal Fees	071624	07/16/2024	900.00
						900.00
					VENDOR TOTAL:	900.00
JACKS 92013	JACK'S, INC	AP				
	01 rental-sod cutter		10-02-00-52-620 Equipment Rental	071624	07/16/2024	87.50
						87.50
					VENDOR TOTAL:	87.50
KanGar June 27	Magic of Gary Kantor	AP				
	01 Magic Class Instructor		51-16-00-52-420 Youth Program Contracts	071624	07/16/2024	48.00
						48.00
					VENDOR TOTAL:	48.00
LOMBARD 1998160	Lombard Park District	AP				
	01 Paradise Bay		51-16-00-52-430 Summer Day Camp Trips	071624	07/16/2024	385.00
						385.00
					VENDOR TOTAL:	385.00
NCSI 46889	NCSI	AP				
	01 background checks		23-00-00-52-629 Background Checks	071624	07/16/2024	37.00
						37.00
					VENDOR TOTAL:	37.00
NICOR Aug 24 - FP	Nicor Gas	AP				
	01 natural gas-Freedom		10-02-00-52-637 Utilities- Natural Gas	071624	07/16/2024	141.43
						141.43
Aug 24- SP		AP				
				07/09/2024	071624	07/16/2024
						48.91

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BATCH # 071624

VENDOR # INVOICE #	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT
ITEM DESCRIPTION					
01 natural gas-Sunshine		10-02-00-52-637	Utilities- Natural Gas		48.91
NICOR Aug 24-PP					
01 natural gas- Proksa	AP	50-02-00-52-637	Utilities-Natural Gas	07/09/2024 07/16/2024	44.31 44.31
			VENDOR TOTAL:		234.65
Petty Ca April-July 2024					
01 workboots reimb. J. Roberts	AP	10-02-00-55-785	Uniforms	07/09/2024 07/16/2024	450.00 150.00
02 Joe Diaz- face painter-Fiesta		50-10-00-55-796	Community Event Supplies		200.00
03 wrkboots reimb. M. Patino		10-02-00-55-785	Uniforms		100.00
			VENDOR TOTAL:		450.00
PFM Fina July 24- Beth					
01 Pizza Party- counselors	AP	51-16-00-55-432	Summer Camp Food	07/10/2024 07/16/2024	465.50 113.38
02 Breakfast- counselors		51-16-00-55-432	Summer Camp Food		70.47
03 timers		51-16-00-55-430	Summer Day Camp Supplies		26.12
04 timers		51-16-00-55-430	Summer Day Camp Supplies		29.83
05 supplies-Books and Bites		51-16-00-55-415	Early Childhood Program Suppli		45.02
06 supplies		51-16-00-55-430	Summer Day Camp Supplies		53.75
07 supplies		51-16-00-55-430	Summer Day Camp Supplies		80.49
08 tablecloth-Fiesta		54-10-00-55-450	Summer Event Supplies		3.88
09 Lazy Dog		53-12-00-52-625	Adult Lunches Restaurants		38.36
10 supplies		51-16-00-55-430	Summer Day Camp Supplies		73.47
11 return broken item		51-16-00-55-430	Summer Day Camp Supplies		-44.94
12 Art Inst. lunch		53-12-00-52-617	Adult Day Trips Meals		27.67
13 return institute tickets		53-12-00-52-616	Adult Day Trips Tickets		-52.00
July 24- Javier					
01 proksa pond pumps	AP	10-02-00-53-668	Plumbing	07/12/2024	386.30
02 training books		10-02-00-54-715	Training & Certifications		87.54
03 hoses		10-02-00-53-655	Equipment Repair		79.00
04 line trimmer		10-02-00-53-660	Grounds Maintenance		147.78
					71.98
July 24 -Nicole					
	AP		07/10/2024	07/16/2024	1,172.17

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BERWYN PARK DISTRICT
OPEN INVOICES REPORT

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BATCH # 071624

VENDOR #	INVOICE #	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT
	ITEM DESCRIPTION					
	01 Dinner Summer Camp training		51-16-00-55-432			109.83
	02 AMF Forest Lanes Bowling		51-16-00-52-430			239.80
	03 Fiesta de Verano supplies		54-10-00-55-450			52.34
	04 cake		50-01-00-55-796			21.92
	05 Latin St. Music-Fiesta		54-10-00-55-450			175.00
	06 Transportation camp trip		51-16-00-52-430			365.96
	07 gas-rental van		51-16-00-52-430			10.00
	08 tie dye supplies		51-16-00-55-430			70.68
	09 Fiesta-staff lunch		54-10-00-55-450			126.64
PFM Fina	PFM Financial Services					
July 24-Brittany		AP		07/10/2024	071624 07/16/2024	501.21
	01 soccer stress balls		50-01-00-55-761			352.90
	02 email subscription		50-01-00-54-720			86.00
	03 Fiesta- decorations		54-10-00-55-450			39.75
	04 Koozies		54-10-00-55-410			11.99
	05 popsicles		51-16-00-55-432			4.59
	06 Fiesta-decorations		54-10-00-55-450			5.98
July 24-Cindy		AP		07/10/2024	071624 07/16/2024	259.97
	01 handsoap-camp		10-02-00-55-762			24.49
	02 safety signs		23-00-00-55-750			72.00
	03 certified letter		10-01-00-55-755			5.08
	04 staff lunch		10-01-00-55-796			137.46
	05 customer service sign		10-01-00-55-790			20.94
July-Maint		AP		07/12/2024	071624 07/12/2024	1,896.84
	01 carpet cleaner		10-02-00-55-789			55.96
	02 pumps-Proksa		10-02-00-53-668			1,736.95
	03 sledge hammer		10-02-00-53-668			29.98
	04 door handle		10-02-00-53-665			18.47
	05 zip ties		10-02-00-55-762			55.48
					VENDOR TOTAL:	4,681.99
PWD	Premier World Discovery					
172865 Final		AP		07/09/2024	071624 07/16/2024	57,467.50
	01 final-Italy Trip		53-12-00-52-620			57,467.50
					VENDOR TOTAL:	57,467.50

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BERWYN PARK DISTRICT
OPEN INVOICES REPORT

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BATCH # 071624

VENDOR # INVOICE #	INVOICE STATUS	ACCOUNT NUMBER	BATCH P.O. #	DUE DATE PROJECT	INVOICE AMT/ ITEM AMT

R0003646 92412	Windy City Wicked 10U Softball				
01	refund on athletic field	AP 55-13-00-43-455	07/09/2024	07/16/2024	120.00
					120.00
				VENDOR TOTAL:	120.00
Record 242168	Record-A-Hit Entertainment				
01	haunted house bounce	AP 54-10-00-46-420	07/08/2024	07/16/2024	497.50
02	house-deposit	** COMMENT **			497.50
				VENDOR TOTAL:	497.50
Score 6850322a	American Soccer Company Inc.				
01	baseball hats	AP 52-09-00-55-431	07/08/2024	07/16/2024	1,094.50
					1,094.50
				VENDOR TOTAL:	1,094.50
SPRA2 BTS Picnic	Suburban Park and Recreation				
01	bounce house rental	AP 50-10-00-50-485	07/09/2024	07/16/2024	150.00
					150.00
				VENDOR TOTAL:	150.00
TMobile July 24	T-Mobile				
01	Cathy/John-cell	AP 10-01-00-52-644	07/09/2024	07/16/2024	59.92
					59.92
				VENDOR TOTAL:	59.92
USSI 7001363-IN	USSI Rentals, Inc.				
01	Maintenance on Bucket Truck	AP 10-02-00-53-650	07/09/2024	07/16/2024	535.47
					535.47
				VENDOR TOTAL:	535.47
WATER 409994-07/24	CITY OF BERWYN				
		AP	07/08/2024	07/16/2024	9.45

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BERWYN PARK DISTRICT
OPEN INVOICES REPORT

BATCH # 071624

VENDOR #		INVOICE		BATCH	DUE DATE	INVOICE AMT/ ITEM AMT
INVOICE #		STATUS				
ITEM DESCRIPTION		ACCOUNT NUMBER		P.O. #	PROJECT	
01	water usage-Mraz	50-02-00-52-639	Utilities-Water			9.45
WATER	CITY OF BERWYN					
411886-07/24		AP	07/08/2024	071624	07/16/2024	34.63
01	water usage-Freedom	10-02-00-52-639	Utilities-Water			34.63
413713-07/24		AP	07/08/2024	071624	07/16/2024	100.78
01	water usage	10-02-00-52-639	Utilities-Water			100.78
413740-07/24		AP	07/08/2024	071624	07/16/2024	403.18
01	water-usage	50-02-00-52-639	Utilities-Water			403.18
413850-07/24		AP	07/08/2024	071624	07/16/2024	103.34
01	water usage-Freedom Pool	10-02-00-52-639	Utilities-Water			103.34
VENDOR TOTAL:						651.38
TOTAL --- ALL INVOICES:						84,104.68

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BERWYN PARK DISTRICT
PAID INVOICE LISTING

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FROM 06/19/2024 TO 07/02/2024

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
ALGOR	Algor Plumbing & Heating								
	207876	01 sloan valves	10020053668	06/24/24		25251	06/27/24	690.50	690.50 690.50
								VENDOR TOTAL:	690.50
Brady	BradyIFS								
	8987048	01 liners, paper twels, tp, soap	10020055762	06/26/24		25252	06/27/24	1,464.75	1,464.75 1,464.75
								VENDOR TOTAL:	1,464.75
CDS	CDS Office Technologies								
	INV1620252	01 IT services	10010051585	06/18/24		25253	06/27/24	2,348.36	2,348.36 1,174.18 1,174.18
		02	50010051585						
								VENDOR TOTAL:	2,348.36
Center	Centerline Inc.								
	082224	01 August concert in the park	50100052614	06/24/24		25254	06/27/24	2,000.00	2,000.00 2,000.00
								VENDOR TOTAL:	2,000.00
COM	COMCAST CABLE								
	July 24-FP	01 internet- Freedom	10010052641	06/19/24		25255	06/27/24	221.62	221.62 221.62
								VENDOR TOTAL:	221.62
COMED	Com. Ed.								
	Aug 24 -FP	01 Freedom - electric	10020052638	06/24/24		25256	06/27/24	554.02	444.23 444.23
	Aug 24 -HP	01 Hessler - Electric	50020052638	06/18/24		25256	06/27/24	554.02	36.88 36.88
	Aug 24 -SZ	01 Smirz - Electric	50020052638	06/24/24		25256	06/27/24	554.02	72.91 72.91
								VENDOR TOTAL:	554.02
FSS	FSS Technologies LLC								
	I-27591	01 Sunshine alarms	10020052640	06/18/24		25257	06/27/24	605.82	605.82 191.94 110.97
		02 Freedom alarms	10020052640						

PAGE: 2

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
	I-27591								
		03 Liberty alarms	50020052640	06/18/24		25257	06/27/24	605.82	605.82
		04 Proksa alarms	50020052640						191.94
									110.97
Jane	Jane Allyson							VENDOR TOTAL:	605.82
	2024JUL12			06/24/24		25258	06/27/24	950.00	950.00
		01 July concert in the park	50100052614						950.00
KONICA	KONICA MINOLTA							VENDOR TOTAL:	950.00
	44986764			06/24/24		25259	06/27/24	152.28	152.28
		01 Proksa - printer lease	50010052617						152.28
L&A	Lauterbach and Amen, LLP							VENDOR TOTAL:	152.28
	92459			06/26/24		25260	06/27/24	2,450.00	2,450.00
		01 Accounting Consultation	10010051575						2,450.00
OFFICE D	ODP BUSINESS SOLUTIONS, LLC							VENDOR TOTAL:	2,450.00
	368975606001			06/24/24		25261	06/27/24	117.66	29.98
		01 tape	10010055790						29.98
	370443671001			06/18/24		25261	06/27/24	117.66	87.68
		01 2 cases of paper, phone cord	10010055790						87.68
PDRMA	Park District Risk Management							VENDOR TOTAL:	117.66
	FH24066			06/24/24		25262	06/27/24	31,960.13	14,659.74
		01 property and casualty coverage	23000052627						14,659.74
	FH24066H			06/24/24		25262	06/27/24	31,960.13	17,300.39
		01 PDRMA health insurance	10010050510						8,650.20
		02 monthly contribution	50010050510						8,650.19
PIW	Pierini Iron Works INC							VENDOR TOTAL:	31,960.13
	21293			06/26/24		25263	06/27/24	757.00	757.00
		01 maintenance-rolling	10020053665						757.00
		02 doors-Sunshine	** COMMENT **						0.00

FROM 06/19/2024 TO 07/02/2024

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT

								VENDOR TOTAL:	757.00
R0003641	Yanay Rodriguez								
	92300			06/24/24		25264	06/27/24	198.00	198.00
		01 refund for summer camp	51160041430						198.00
								VENDOR TOTAL:	198.00
R0003642	Erika Rosado								
	92296			06/24/24		25265	06/27/24	50.00	50.00
		01 refund - field usage	55130043455						50.00
								VENDOR TOTAL:	50.00
R0003643	Windy City Wicked 10U Softball								
	92217			06/24/24		25266	06/27/24	175.00	175.00
		01 refund - cancelled field usage	55130043455						175.00
								VENDOR TOTAL:	175.00
R0003644	Windy City Wicked 10U Softball								
	92216			06/24/24		25267	06/27/24	600.00	600.00
		01 refund -cancelled field rental	55130043455						600.00
								VENDOR TOTAL:	600.00
R0003645	Delores Love								
	92196			06/24/24		25268	06/27/24	50.00	50.00
		01 refund - picnic rental	55130043471						50.00
								VENDOR TOTAL:	50.00
TInker	Jasmine & Fig, LLC								
	1004			06/24/24		25269	06/27/24	840.00	840.00
		01 Tinkergarten Instructor	51160052415						840.00
								VENDOR TOTAL:	840.00
USSI	USSI Rentals, Inc.								
	1649			06/24/24		25270	06/27/24	586.00	586.00
		01 versalift repair	10020053655						586.00
								VENDOR TOTAL:	586.00
								TOTAL --- ALL INVOICES:	46,771.14

June 2024

Berwyn Park District Treasurer Report

GL's

10-00-00-40-405
 10-00-00-43-455
 10-00-00-46-480
 10-00-00-48-491
 10-00-00-49-647
 10-01-00-51-570
 10-02-00-49-493
 10-00-00-49-494
 10-02-00-45-470
 10-02-00-46-486
 20-04-00-41-410
 20-12-00-41-609
 20-13-00-43-450
 20-15-00-41-410
 23-00-00-49-494
 50-01-00-46-477
 50-01-00-49-494
 50-10-00-46-485
 51-16-00-41-415
 51-16-00-41-420
 51-16-00-41-430
 51-16-00-41-435
 52-09-00-41-420
 52-09-00-41-435
 52-09-00-41-440
 52-09-00-41-470
 53-12-00-41-615
 53-12-00-41-620
 53-12-00-41-625
 53-12-00-41-630
 54-10-00-46-410
 54-10-00-46-420
 54-10-00-46-430
 54-10-00-46-440
 54-10-00-46-450
 55-13-00-43-450
 55-13-00-43-451
 55-13-00-43-455
 55-13-00-43-471

<u>Republic Bank Operating Account</u>	
Beginning Balance	\$289,128.22
<u>Deposits</u>	
Taxes (divided up among the funds)	\$15,160.48
Replacement Taxes	
Cook County Voting Use	
Sponsorships	
Interest Income	
Corp: Cell Tower Lease	\$6,083.20
Legal Fees (refund)	\$1,100.00
Recycling/Salvage	
PDRMA Incentive/Reimbursement	
Dog Park Fees	
Garden Plots	
Rec: ECRLP	
Rec: Senior Social Events	
Rec: Proksa Activity Center Rentals	
Rec: Program Fees Adults	
PDRMA Safety Rebate	
Community Event Fees	\$396.16
PDRMA Incentive/Reimbursement	
Back to School	\$191.04
Early Childhood Programs	\$137.00
Youth Programs	
Summer Day Camp	\$1,145.00
New Programs	\$150.00
Youth Soccer	\$200.00
Athletic Camps	\$70.00
Youth Athletic Contract. Programs	\$240.00
Youth Athletic Special Event	
Adult Day Trips	\$55.00
Extended Adult Trips	\$3,775.00
Adult Lunches	\$75.00
New Programs	
Brewfest	\$45.00
Halloween Events	\$115.52
Winter Event	\$145.10
Sponsorship	
Summer Event	
Proksa Center Rentals	\$30.00
Liberty Center Rentals	
Athletic Fields	\$120.00
Park Rentals (Outdoors)	\$380.00
<u>Credit Card (P-Card) Bill</u>	
BMO Harris Mastercard	-\$8,426.35
Costco Credit Card Bill	
<u>Bond and Interest Payment</u>	
Bond Payment	
<u>Bank Fees</u>	
Outstanding Checks Cleared/ACH	-\$160.14
	-\$65,694.55
Deposits Credited to May Statement	
Deposits credited to February GL	
Transfer to Illinois Funds	
Transfer out to Payroll Account	-\$38,876.82
Ending Balance	\$205,583.86

Berwyn Park District Treasurer Report

BMO Harris Credit Card Account	
Beginning Balance	\$104,178.10
<u>Deposits</u>	
10-02-00-45-470 Dog Park Fees	\$75.00
10-02-00-46-485 Memorial Bricks/Benches	
10-02-00-46-486 Garden Plots	
20-05-00-41-412 Rec: Camp Fees	
20-09-00-41-421 Rec: Youth Sports Fee	\$50.00
20-10-00-46-482 Garage Sale	\$375.00
20-16-00-41-410 Rec: Program Fees	\$1,330.00
51-16-00-41-415 Early Childhood Programs	\$773.00
51-16-00-41-420 Youth Programs	\$1,088.00
51-16-00-41-430 Summer Day Camp	\$15,570.00
51-16-00-41-435 New Programs	\$1,225.00
52-09-00-41-420 Youth Soccer	\$6,625.00
52-09-00-41-430 Youth Baseball	\$2,600.00
52-09-00-41-435 Athletic Camps	\$680.00
52-09-00-41-440 Youth Athletic Contract. Programs	\$3,660.00
52-09-00-41-470 Youth Athletic Special Event	
53-12-00-41-600 Adult Programs	
53-12-00-41-615 Adult Day Trips	
53-12-00-41-620 Extended Adult Trips	\$6,350.00
53-12-00-41-625 Adult Lunches	\$205.00
53-12-00-41-630 New Programs	\$80.00
55-13-00-43-450 Proksa Center Rentals	\$1,162.50
55-13-00-43-451 Liberty Center Rentals	\$150.00
55-13-00-43-455 Athletic Fields	\$990.00
55-13-00-43-471 Park (Outdoor) Rentals	\$1,580.00
Card Connect Fees (May)	-\$1,288.90
Bank Fees	-\$169.58
Refunds	-\$480.00
Withdrawal: Money deposited to Republic Money Market	
credited to June Bank statement	-\$8,161.00
Sales from the May GL	\$323.00
control account	-\$1,908.00
Ending Balance	\$137,062.12

Berwyn Park District Treasurer Report

June 2024

Republic Bank Property Tax Money Market Account

Beginning Balance		\$550,886.37
Interest 3.83% APY		\$1,635.81
Property Tax Revenue		
Transfer in from Operating Account	operating	
Transfer out to ITP account		
Deposit from BMO Account		
Transfer to other accounts	payroll	-\$48,145.15
Ending Balance		\$504,377.03

Republic Bank Payroll Account

Beginning Balance		\$13,667.39
Transfer from Money Market Account		\$48,145.15
Transfer from Operating Account		\$38,876.82
<i>Payroll/Employee Compensation-direct deposit</i>		-\$51,224.15
<i>Payroll/Employee Compensation-paper checks cleared check number 21356, 21357, 21363, 21370</i>		-\$3,314.28
<u>Payroll Liabilities</u>		
Federal, State and FICA Exp		-\$22,215.14
<u>IMRF Payments</u>		
Employer/Employee Contributions		-\$10,504.50
Bank Fees		
Ending Balance		\$13,431.29

Republic Bank Petty Cash Account

Beginning Balance		\$5,259.35
Deposit from Operating Account		
<i>Checks Cleared</i>		-\$150.00
#1051		
Ending Balance		\$5,109.35

Berwyn Park District Treasurer Report

<u>Byline Unemployment Account</u>	
Beginning Balance	\$32,543.25
Interest 4.00%APY	\$104.81
Maintenance Fee	-\$20.00
Ending Balance	\$32,628.06

<u>First American Bank Money Market-Capital Account</u>	
Beginning Balance	\$150,737.64
Interest	\$314.03
Transfer in	
Transfer to other accounts	
Ending Balance	\$151,051.67

<u>First American Bank Checking Account-Capital Account</u>	
Beginning Balance	\$5,003.16
Interest	\$1.34
Transfer in	
Transfer to other accounts	
Ending Balance	\$5,004.50

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cindy Hayes
Superintendent of Finance and HR
RE: Scholarship Information

FINANCE

2024 Scholarship Report Year-to -Date

<u>Accepted Scholarships</u>	<u>Amount Awarded</u>
Summer Camp	\$660.00
Fall Soccer	\$50.00
Summer Camp	\$660.00
Summer Camp	\$450.00

Year-to-Date Total: \$1820.00

Pending Scholarships

The above recipients were awarded scholarship money from fund 15 to participate in programs of the Berwyn Park District.

DATE: 07/12/2024
TIME: 12:17:51
ID: GL480000

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

PAGE: 1
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FOR FUND: `Corporate
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	471,826.00	0.00	100.0	471,826.00	471,826.00	381,894.95	(19.0)
Administration	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Buildings & Grounds	31,338.82	0.00	100.0	219,371.70	376,066.00	72,593.98	(80.6)
TOTAL REVENUES	503,164.82	0.00	100.0	691,197.70	847,892.00	454,488.93	(46.3)
EXPENSES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Administration	494,702.00	25,220.07	94.9	494,702.00	494,702.00	262,876.41	46.8
Buildings & Grounds	608,233.35	28,206.55	95.3	646,233.21	677,900.00	237,616.99	64.9
TOTAL EXPENSES	1,102,935.35	53,426.62	95.1	1,140,935.21	1,172,602.00	500,493.40	57.3
TOTAL FUND REVENUES	503,164.82	0.00	100.0	691,197.70	847,892.00	454,488.93	(46.3)
TOTAL FUND EXPENSES	1,102,935.35	53,426.62	95.1	1,140,935.21	1,172,602.00	500,493.40	57.3
SURPLUS (DEFICIT)	(599,770.53)	(53,426.62)	(91.0)	(449,737.51)	(324,710.00)	(46,004.47)	(85.8)

FOR FUND: Scholarship Fund
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
EXPENSES							
Non Departmental	7,500.00	0.00	100.0	7,500.00	7,500.00	0.00	100.0
TOTAL EXPENSES	7,500.00	0.00	100.0	7,500.00	7,500.00	0.00	100.0
TOTAL FUND REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND EXPENSES	7,500.00	0.00	100.0	7,500.00	7,500.00	0.00	100.0
SURPLUS (DEFICIT)	(7,500.00)	0.00	100.0	(7,500.00)	(7,500.00)	0.00	100.0

DATE: 07/12/2024
TIME: 12:17:51
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BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

PAGE: 3
F-YR: 24

FOR FUND: Recreation
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
General Recreation	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Early Childhood	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Day Camp	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Concessions	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Sports Leagues	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Special Events	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Volunteers	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Active Adults 50+	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Facility Rentals	0.00	0.00	0.0	0.00	0.00	100.00	100.0
Adult Programs	0.00	0.00	0.0	0.00	0.00	100.00	100.0
Youth Programming	0.00	0.00	0.0	0.00	0.00	0.00	0.0
						90.00	100.0
TOTAL REVENUES	0.00	0.00	0.0	0.00	0.00	290.00	100.0
EXPENSES							
Administration	0.00	0.00	0.0	0.00	0.00	6,757.54	100.0
Building & Grounds	0.00	0.00	0.0	0.00	0.00	3,221.42	100.0
General Recreation	0.00	0.00	0.0	0.00	0.00	8,424.15	100.0
Early Childhood	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Day Camp	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Concessions	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Sports Leagues	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Special Events	0.00	0.00	0.0	0.00	0.00	3,130.00	100.0
Volunteers	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Active Adults 50+	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Facility Rentals	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Adult Programs	0.00	0.00	0.0	0.00	0.00	0.00	0.0
Youth Programming	0.00	0.00	0.0	0.00	0.00	0.00	0.0
						0.00	0.0
TOTAL EXPENSES	0.00	0.00	0.0	0.00	0.00	21,533.11	100.0
TOTAL FUND REVENUES	0.00	0.00	0.0	0.00	0.00	290.00	100.0
TOTAL FUND EXPENSES	0.00	0.00	0.0	0.00	0.00	21,533.11	100.0
SURPLUS (DEFICIT)	0.00	0.00	0.0	0.00	0.00	(21,243.11)	100.0

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BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

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FOR FUND: Social Security
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	8,105.67	0.00	100.0	56,739.65	97,268.00	48,026.08	(50.6)
TOTAL REVENUES	8,105.67	0.00	100.0	56,739.65	97,268.00	48,026.08	(50.6)
EXPENSES							
Non Departmental	6,115.59	3,416.07	44.1	42,809.05	73,387.00	37,713.80	48.6
TOTAL EXPENSES	6,115.59	3,416.07	44.1	42,809.05	73,387.00	37,713.80	48.6
TOTAL FUND REVENUES	8,105.67	0.00	100.0	56,739.65	97,268.00	48,026.08	(50.6)
TOTAL FUND EXPENSES	6,115.59	3,416.07	44.1	42,809.05	73,387.00	37,713.80	48.6
SURPLUS (DEFICIT)	1,990.08	(3,416.07)	(271.6)	13,930.60	23,881.00	10,312.28	(56.8)

FOR FUND: IMRF
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	8,725.92	0.00	100.0	61,081.40	104,711.00	51,696.19	(50.6)
TOTAL REVENUES	8,725.92	0.00	100.0	61,081.40	104,711.00	51,696.19	(50.6)
EXPENSES							
Non Departmental	7,500.00	3,407.51	54.5	52,500.00	90,000.00	48,194.22	46.4
TOTAL EXPENSES	7,500.00	3,407.51	54.5	52,500.00	90,000.00	48,194.22	46.4
TOTAL FUND REVENUES	8,725.92	0.00	100.0	61,081.40	104,711.00	51,696.19	(50.6)
TOTAL FUND EXPENSES	7,500.00	3,407.51	54.5	52,500.00	90,000.00	48,194.22	46.4
SURPLUS (DEFICIT)	1,225.92	(3,407.51)	(377.9)	8,581.40	14,711.00	3,501.97	(76.1)

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Liability
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	4,914.00	0.00	100.0	34,397.96	58,968.00	29,336.61	(50.2)
TOTAL REVENUES	4,914.00	0.00	100.0	34,397.96	58,968.00	29,336.61	(50.2)
EXPENSES							
Non Departmental	7,104.17	14,768.74	(107.8)	34,729.07	57,750.00	15,540.87	73.0
TOTAL EXPENSES	7,104.17	14,768.74	(107.8)	34,729.07	57,750.00	15,540.87	73.0
TOTAL FUND REVENUES	4,914.00	0.00	100.0	34,397.96	58,968.00	29,336.61	(50.2)
TOTAL FUND EXPENSES	7,104.17	14,768.74	(107.8)	34,729.07	57,750.00	15,540.87	73.0
SURPLUS (DEFICIT)	(2,190.17)	(14,768.74)	574.3	(331.11)	1,218.00	13,795.74	1032.6

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Audit
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	2,007.00	0.00	100.0	14,049.00	24,084.00	12,688.11	(47.3)
TOTAL REVENUES	2,007.00	0.00	100.0	14,049.00	24,084.00	12,688.11	(47.3)
EXPENSES							
Non Departmental	2,000.00	0.00	100.0	14,000.00	24,000.00	5,900.00	75.4
TOTAL EXPENSES	2,000.00	0.00	100.0	14,000.00	24,000.00	5,900.00	75.4
TOTAL FUND REVENUES	2,007.00	0.00	100.0	14,049.00	24,084.00	12,688.11	(47.3)
TOTAL FUND EXPENSES	2,000.00	0.00	100.0	14,000.00	24,000.00	5,900.00	75.4
SURPLUS (DEFICIT)	7.00	0.00	100.0	49.00	84.00	6,788.11	7981.0

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FOR FUND: Security and Safety
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	1,506.00	0.00	100.0	10,542.00	18,072.00	8,913.14	(50.6)
TOTAL REVENUES	1,506.00	0.00	100.0	10,542.00	18,072.00	8,913.14	(50.6)
EXPENSES							
Non Departmental	1,500.01	210.00	86.0	10,499.95	18,000.00	210.00	98.8
TOTAL EXPENSES	1,500.01	210.00	86.0	10,499.95	18,000.00	210.00	98.8
TOTAL FUND REVENUES	1,506.00	0.00	100.0	10,542.00	18,072.00	8,913.14	(50.6)
TOTAL FUND EXPENSES	1,500.01	210.00	86.0	10,499.95	18,000.00	210.00	98.8
SURPLUS (DEFICIT)	5.99	(210.00)	(3605.8)	42.05	72.00	8,703.14	1987.6

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Special Recreation
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	15,965.00	0.00	100.0	111,755.00	191,580.00	94,584.11	(50.6)
TOTAL REVENUES	15,965.00	0.00	100.0	111,755.00	191,580.00	94,584.11	(50.6)
EXPENSES							
Non Departmental	15,899.91	892.50	94.3	111,299.33	190,799.00	106,794.25	44.0
TOTAL EXPENSES	15,899.91	892.50	94.3	111,299.33	190,799.00	106,794.25	44.0
TOTAL FUND REVENUES	15,965.00	0.00	100.0	111,755.00	191,580.00	94,584.11	(50.6)
TOTAL FUND EXPENSES	15,899.91	892.50	94.3	111,299.33	190,799.00	106,794.25	44.0
SURPLUS (DEFICIT)	65.09	(892.50)	(1471.1)	455.67	781.00	(12,210.14)	(1663.3)

FOR FUND: Debt Service
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	23,716.92	0.00	100.0	166,018.40	284,603.00	140,512.97	(50.6)
TOTAL REVENUES	23,716.92	0.00	100.0	166,018.40	284,603.00	140,512.97	(50.6)
EXPENSES							
Non Departmental	23,712.49	475.00	97.9	165,987.43	284,550.00	32,001.75	88.7
TOTAL EXPENSES	23,712.49	475.00	97.9	165,987.43	284,550.00	32,001.75	88.7
TOTAL FUND REVENUES	23,716.92	0.00	100.0	166,018.40	284,603.00	140,512.97	(50.6)
TOTAL FUND EXPENSES	23,712.49	475.00	97.9	165,987.43	284,550.00	32,001.75	88.7
SURPLUS (DEFICIT)	4.43	(475.00)	(822.3)	30.97	53.00	108,511.22	4638.1

FOR FUND: Capital Projects
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
EXPENSES							
Non Departmental	13,166.67	5,033.03	61.7	92,166.65	158,000.00	82,370.97	47.8
TOTAL EXPENSES	13,166.67	5,033.03	61.7	92,166.65	158,000.00	82,370.97	47.8
TOTAL FUND REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND EXPENSES	13,166.67	5,033.03	61.7	92,166.65	158,000.00	82,370.97	47.8
SURPLUS (DEFICIT)	(13,166.67)	(5,033.03)	(61.7)	(92,166.65)	(158,000.00)	(82,370.97)	(47.8)

FOR FUND: Liberty Capital Development
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
EXPENSES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
SURPLUS (DEFICIT)	0.00	0.00	0.0	0.00	0.00	0.00	0.0

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FOR FUND: Recreation Administration
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	42,866.58	0.00	100.0	300,066.06	514,399.00	273,524.59	(46.8)
Administration	208.34	0.00	100.0	1,458.30	2,500.00	957.06	(61.7)
Special Events	208.34	0.00	100.0	1,458.30	2,500.00	148.02	(94.0)
TOTAL REVENUES	43,283.26	0.00	100.0	302,982.66	519,399.00	274,629.67	(47.1)
EXPENSES							
Administration	35,979.19	21,032.71	41.5	251,853.85	431,750.00	223,685.57	48.1
Building and Grounds	5,437.50	3,179.61	41.5	38,062.42	65,250.00	19,635.46	69.9
Special Events	1,816.67	3,100.00	(70.6)	12,716.61	21,800.00	8,137.61	62.6
TOTAL EXPENSES	43,233.36	27,312.32	36.8	302,632.88	518,800.00	251,458.64	51.5
TOTAL FUND REVENUES	43,283.26	0.00	100.0	302,982.66	519,399.00	274,629.67	(47.1)
TOTAL FUND EXPENSES	43,233.36	27,312.32	36.8	302,632.88	518,800.00	251,458.64	51.5
SURPLUS (DEFICIT)	49.90	(27,312.32)	(4834.1)	349.78	599.00	23,171.03	3768.2

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Rec. Program Youth & Teen
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Youth Programming	8,125.00	(198.00)	(102.4)	56,874.92	97,500.00	72,486.28	(25.6)
TOTAL REVENUES	8,125.00	(198.00)	(102.4)	56,874.92	97,500.00	72,486.28	(25.6)
EXPENSES							
Youth Programming	6,629.17	12,297.50	(85.5)	46,403.91	79,550.00	47,354.24	40.4
TOTAL EXPENSES	6,629.17	12,297.50	(85.5)	46,403.91	79,550.00	47,354.24	40.4
TOTAL FUND REVENUES	8,125.00	(198.00)	(102.4)	56,874.92	97,500.00	72,486.28	(25.6)
TOTAL FUND EXPENSES	6,629.17	12,297.50	(85.5)	46,403.91	79,550.00	47,354.24	40.4
SURPLUS (DEFICIT)	1,495.83	(12,495.50)	(935.3)	10,471.01	17,950.00	25,132.04	40.0

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Athletics Programs
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Athletics	6,493.77	0.00	100.0	45,456.11	77,925.00	54,640.00	(29.8)
TOTAL REVENUES	6,493.77	0.00	100.0	45,456.11	77,925.00	54,640.00	(29.8)
EXPENSES							
Athletics	4,816.65	1,197.66	75.1	33,716.31	57,800.00	28,747.82	50.2
TOTAL EXPENSES	4,816.65	1,197.66	75.1	33,716.31	57,800.00	28,747.82	50.2
TOTAL FUND REVENUES	6,493.77	0.00	100.0	45,456.11	77,925.00	54,640.00	(29.8)
TOTAL FUND EXPENSES	4,816.65	1,197.66	75.1	33,716.31	57,800.00	28,747.82	50.2
SURPLUS (DEFICIT)	1,677.12	(1,197.66)	(171.4)	11,739.80	20,125.00	25,892.18	28.6

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Rec. Program Adults
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Adults	7,324.99	0.00	100.0	51,274.93	87,900.00	38,983.01	(55.6)
TOTAL REVENUES	7,324.99	0.00	100.0	51,274.93	87,900.00	38,983.01	(55.6)
EXPENSES							
Adults	7,016.64	57,481.53	(719.2)	49,116.36	84,200.00	62,496.03	25.7
TOTAL EXPENSES	7,016.64	57,481.53	(719.2)	49,116.36	84,200.00	62,496.03	25.7
TOTAL FUND REVENUES	7,324.99	0.00	100.0	51,274.93	87,900.00	38,983.01	(55.6)
TOTAL FUND EXPENSES	7,016.64	57,481.53	(719.2)	49,116.36	84,200.00	62,496.03	25.7
SURPLUS (DEFICIT)	308.35	(57,481.53)	(8741.6)	2,158.57	3,700.00	(23,513.02)	(735.4)

FOR FUND: Recreation Special Events
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Special Events	3,041.67	(497.50)	(116.3)	21,291.53	36,500.00	1,176.61	(96.7)
TOTAL REVENUES	3,041.67	(497.50)	(116.3)	21,291.53	36,500.00	1,176.61	(96.7)
EXPENSES							
Special Events	2,366.69	436.56	81.5	16,566.39	28,400.00	862.16	96.9
TOTAL EXPENSES	2,366.69	436.56	81.5	16,566.39	28,400.00	862.16	96.9
TOTAL FUND REVENUES	3,041.67	(497.50)	(116.3)	21,291.53	36,500.00	1,176.61	(96.7)
TOTAL FUND EXPENSES	2,366.69	436.56	81.5	16,566.39	28,400.00	862.16	96.9
SURPLUS (DEFICIT)	674.98	(934.06)	(238.3)	4,725.14	8,100.00	314.45	(96.1)

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: Recreation Rentals
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Rentals	5,833.33	(995.00)	(117.0)	40,833.27	70,000.00	32,695.00	(53.2)
TOTAL REVENUES	5,833.33	(995.00)	(117.0)	40,833.27	70,000.00	32,695.00	(53.2)
EXPENSES							
Rentals	3,445.84	108.00	96.8	24,120.72	41,350.00	6,169.32	85.0
TOTAL EXPENSES	3,445.84	108.00	96.8	24,120.72	41,350.00	6,169.32	85.0
TOTAL FUND REVENUES	5,833.33	(995.00)	(117.0)	40,833.27	70,000.00	32,695.00	(53.2)
TOTAL FUND EXPENSES	3,445.84	108.00	96.8	24,120.72	41,350.00	6,169.32	85.0
SURPLUS (DEFICIT)	2,387.49	(1,103.00)	(146.1)	16,712.55	28,650.00	26,525.68	(7.4)

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FOR FUND: Working Cash
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
REVENUES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
EXPENSES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND REVENUES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL FUND EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0
SURPLUS (DEFICIT)	0.00	0.00	0.0	0.00	0.00	0.00	0.0

BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

FOR FUND: General Fixed Assets
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
EXPENSES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0

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BERWYN PARK DISTRICT
SUMMARIZED REVENUE & EXPENSE REPORT

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FOR FUND: General Long Term Debt
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
EXPENSES							
Non Departmental	0.00	0.00	0.0	0.00	0.00	0.00	0.0
TOTAL EXPENSES	0.00	0.00	0.0	0.00	0.00	0.00	0.0

MUNICIPAL REPORT TOTALS
FOR 7 PERIODS ENDING JULY 31, 2024

DEPARTMENT DESCRIPTION	JULY BUDGET	JULY ACTUAL	% VARI- ANCE	FISCAL YEAR-TO-DATE BUDGET	ANNUAL BUDGET	FISCAL YEAR-TO-DATE ACTUAL	% VARI- ANCE
TOTAL MUNICIPAL REVENUES	642,207.35	(1,690.50)	(100.2)	1,664,494.53	2,516,402.00	1,315,146.71	(47.7)
TOTAL MUNICIPAL EXPENSES	1,254,942.54	180,463.04	85.6	2,144,983.26	2,886,688.00	1,247,840.58	56.7
SURPLUS (DEFICIT)	(612,735.19)	(182,153.54)	(70.2)	(480,488.73)	(370,286.00)	67,306.13	(118.1)

DATE: 07/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon
RE: Finance Report

- Included is a Fund Balance Policy: This policy and the parameters set forth will be a tool to help guide the budget process, the way the Park District will levy dollars and keep our fund balances with the current standards.
- Referendum and Alternative Financing: Information has been presented to the Board with options for funding. The recommendation would be to issue approximately \$1.3 million in bonds.



Berwyn Park District Fund Balance Policy

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Berwyn Park District Fund Balance Policy

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

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

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

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

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

Operating Expenditures – total expenditures minus capital and debt service.

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

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



Berwyn Park District Fund Balance Policy

3. Unrestricted Fund Balance – (three categories)

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

Proprietary Funds

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

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

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

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



Berwyn Park District Fund Balance Policy

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

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

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

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

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

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

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

Berwyn Park District Fund Balance Policy

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

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: Agency Report

Agency Report

- Fall soccer registration began on June 3rd we currently have 74 kids registered.
- Summer soccer camp has 46 kids registered across all sessions.
- Fall youth baseball 30 kids registered.
- Tinkergarten has 6 kids registered.
- Let's make Art was so popular parents asked Beth to host another session – that will start 7/25.
- We have 3 kids signed up for parents' night out.
- We have 8 signed up for our next Let's Eat Out.
- Antiques Road Trip and Lunch day trip is full with 15
- The movie in the park on July 11 was Super Mario Brothers and was enjoyed by the community.
- July 25th in our next concert in the park, we will be featuring the Saratogas.
- At the end of Early Bird Sales we've sold 94 tickets to Brewfest. We sold 47 tickets between 7/6-7/7.
- Update on leaks. The outdoor leaks at Proksa have been repaired. There is now a leak inside at Proksa causing the drinking fountains to remain off we have repairs scheduled for the week of 7/15. When the leaks are complete, we should be able to turn on the water fountains. The water at Serenity also remains off. The repair at Serenity will require us to break up the concrete. We are waiting for a quote.

RAISE A GLASS TO THE

10TH ANNUAL

BERWYN

BREWFEST

FROM
1-5 PM

SATURDAY, SEPTEMBER 14TH

AT
PROKSA
PARK

THIS YEAR EVEN BIGGER AND
BETTER TO CELEBRATE 10 YEARS!

EARLY BIRD TICKETS ON SALE NOW

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

GET YOUR TICKETS EARLY TO SAVE!

EARLY BIRD PRICES

Now thru July 7th

VIP - \$65

GENERAL ADMISSION - \$55

BREWFEST LIGHT - \$35

DESIGNATED DRIVER - \$15

BEER - FOOD - LIVE MUSIC

RAISE A GLASS TO THE

10TH ANNUAL

BERWYN

BREWFEST

SATURDAY, SEPTEMBER 14TH

BEER - FOOD - LIVE MUSIC



DATE: 07/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: Unfinished Business

- **Safety Manual:** Included is a draft of the Safety Policy Manual. The Safety Committee has been working to assemble a safety manual that is inclusive of all policies and recommendations from PDRMA tailored to the Berwyn Park District operations.
- **Board Policy Manual:** The recommended manual from IAPD will be broken down into 4 sections Governance, Board Meetings, Financial Policies and Procedures, Park and Facilities Guidelines and Procedures. Submitted to the Board is section A of Governance.

BOARD GOVERNANCE

A. Park District and Board Authority

1. Statutory Authorization and Legal Status

Example #1

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

Example #2

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

2. Scope and Declarations of Controls

Example #1

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

Example # 2

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

3. Authority of Board Members**Example #1**

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

Example #2

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

4. Adherence to Laws**Example #1**

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

Example #2

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

DATE: 07/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: New Business

Legal Services: Our current attorney Mike Roth will be retiring from Ice Miller come the end of the year. The Park District has options for future legal representation.

Option 1: Mike Roth intends to continue to practice law, at this time he is undecided if he will join another firm or practice independently. The District could continue with Mike, and create a transition plan.

Option 2: Stay with Ice Miller and be assigned a new attorney from that practice.

Option 3: Move forward in a completely different direction and begin interviewing other firms.



Employee Safety Manual

BERWYN PARK DISTRICT

SAFETY MANUAL

Safety Committee Members

John Roberts, Safety Coordinator/Superintendent of Parks & Facilities

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

Nicole Collier, Superintendent of Recreation

Taip Beshiri, Recreation Manager

Javier Garcia, Parks & Facilities Foreman

Cathy Fallon, Executive Director

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BERWYN PARK DISTRICT

I. SAFETY POLICY STATEMENT

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

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

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

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

Brian Brock, Board President

Date

Cathy Fallon, Executive Director

Date

John Roberts, Safety Coordinator

Date

II. SAFETY PHILOSOPHY

2.01. OBJECTIVES OF THE SAFETY COMMITTEE

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

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

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

2.02. ASSIGNMENT OF RESPONSIBILITY

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

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

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

Listed below are general responsibilities:

1. Executive Director

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

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

2. **Department Heads**

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

3. **Supervisory Personnel**

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

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

4. **Employee Responsibilities**

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

2.03. DUTIES OF SAFETY COORDINATOR

The Safety Coordinator of the District is responsible for:

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

2.04. SAFETY COMMITTEE RESPONSIBILITIES

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

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

2.05. SAFETY INCENTIVE PROGRAM

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

III. ENFORCEMENT OF STANDARDS

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

IV. PARK DISTRICT RISK MANAGEMENT AGENCY (PDRMA)

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

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

V. GENERAL SAFETY POLICY AND RULES

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

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

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

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

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

VI. SAFETY TRAINING PROGRAM

6.01 TRAINING OVERVIEW

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

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

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

6.02 TRAINING FREQUENCY

The following topics need to be reviewed with all employees:

1. Annually

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

2. Bi-Annually

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

3. Every 3 years

- A. Defensive Driving (if applicable)

VII. STATEMENT OF ADMISSION

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

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

VIII. ACCIDENT/INCIDENT REPORTING PROCEDURES

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

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

1. Personal Injury

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

- D. Accident/Incident Reports must be filled out in their entirety and signed by the staff member who completed the form. **NOTE THAT PATRONS ARE NOT TO FILL OUT ACCIDENT REPORTS.** The form is then routed as follows:
- 1) Supervisor
 - 2) Manager
 - 3) Registration Office (Scan to Management Team)
 - 4) Safety Coordinator
- E. Staff is not to discuss any aspect of the accident/incident with any member of the public. Any questions regarding the accident/incident should be directed to the Safety Coordinator or Park District Executive Director.

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

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

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

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

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

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

8.02. RETURN TO WORK

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

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

8.03. ACCIDENT INVESTIGATION PROCEDURE

The following steps should be taken when investigating an accident:

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

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

IX. FIRST AID AND EMERGENCY PROCEDURES

9.01. FIRST AID KIT

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

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

9.02. ADMINISTERING FIRST AID

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

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

1. Minor Injuries

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

2. Major Injuries

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

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

3. Seizure Management and First Aid Procedures

A. Assess

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

B. Communicate

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

C. Ensure Safety

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

D. Secure Property

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

E. Documentation

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

Document the nature/character of the seizure.

4. Other Emergency Situations

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

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

9.03. DISASTER PLANS

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

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

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

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

9.04. EMERGENCY RESPONSE PROCEDURES - General

(See Emergency Response Plan)

WHAT CONSTITUTES AN EMERGENCY?

1) Weather

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

2) Fire – Basic Action

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

3) Utility Failure – Basic Action

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

D. Call Northern Illinois Gas (1-888-642-6748) and Common Wealth Edison (1-877-426-6331):

- 1) If gas or burning odor is detected, evacuate the building immediately.
- 2) Call 9-1-1
- 3) If power failure is area wide, continue quiet activities and contact parents of young participants.

4. Bomb Threat - Procedures

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

A. Assess

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

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

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

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

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

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

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

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

2) Written Threats

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

3) Discovering a Bomb-Like or Suspicious Object

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

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

DO NOT USE PHONES OR RADIOS NEAR THE POTENTIAL BOMB.

B. Ensure Safety

1) Establish Evacuation Options:

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

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

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

C. General Evacuation/Partial Evacuation/Building Search

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

D. Communicate

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

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

E. Secure Property

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

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

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

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

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

5) Missing Person

A. Assess

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

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

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

2) Communicate

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

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

6) Lockdown Procedure

A. Hard Lockdown

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

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

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

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

B. Soft Lockdown

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

A Soft Lockdown is primarily used in two different scenarios.

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

- k) When the situation is determined to be safe, announce "All Clear" and provide staff further instruction about resuming normal activity.
- 3) When You Hear A Soft Lockdown Activated:
 - a) Leave blinds open unless otherwise advised.
 - b) If outside the building, immediately return to the building. (Unless the soft lockdown is called due to a bomb-threat. In this case, you will be notified to report to the assembly area outside the building).
 - c) Remain in the building or office until the "All Clear" is sounded
 - d) No staff or patron is allowed in or out of the building without approval by the Executive Director or Department Head in charge.

C. Ensure Safety

- 1) Recovery After Any Lockdown
 - a) Account for every District employee, participant, parent, community member and guest who was in the building before the lockdown occurred. Check all offices and closets for patrons.
 - b) Check for injuries-call 9-1-1 if any injuries require emergency medical assistance.
 - c) Notify families and guardians of participants and employees in the building.
 - d) Check for property damages.
 - e) Recommend the EAP help line to those in need.
- 2) Documentation
 - a) Complete PDRMA's Accident/Incident form (Form 01) as soon as possible whenever 9-1-1 is called.
 - b) Additional PDRMA report claim forms may be necessary to complete depending on the situation. Forms are located on the District's Shared Drive.

9.05. SEVERE WEATHER AND LIGHTNING POLICY

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

1. Outdoor Programs

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

1) When Outside:

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

2) When Inside:

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

9.06. COMMUNICABLE DISEASE PROCEDURES

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

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

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

1. General

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

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

2. Current Communicable Disease Information

A. Human Immunodeficiency Virus (HIV) and AIDS:

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

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

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

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

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

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

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

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

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

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

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

C. Other Communicable Diseases:

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

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

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

3. Participation in Programs by Persons Who are Infected

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

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

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

4. Employees Who are Carriers

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

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

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

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

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

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

5. Privacy Considerations

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

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

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

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

6. First Aid Training

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

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

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

7. Use of Microshields or Face Masks for CPR

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

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

8. Cleaning up Blood or Other Body Fluid Spills

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

9. **Cleaning of Equipment**

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

9.07 **PANDEMIC RESPONSE PROCEDURES**

LEVEL I: Precautionary Health Measures

A. **Cleaning and Supplies**

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

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

B. Work Adjustments

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

C. Communicate to the Public

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

D. Communicate to Staff

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

LEVEL II: Moderated Services

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

A. Cleaning and Supplies

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

B. Service Adjustments

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

C. Work Adjustments

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

D. Communicate to Public

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

E. Monitor and Coordinate Adjustments

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

LEVEL III: Moderated Services

A. Cleaning and Supplies

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

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

B. Service Adjustments

1) Enact Temporary Closure

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

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

C. Work Adjustments

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

X. FLEET SAFETY

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

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

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

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

XI. SAFETY IN THE WORKPLACE

11.01 BUILDINGS

1. Exits

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

2. Fire Extinguishers

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

3. Storage

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

4. Floors, Stairways & Windows

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

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

5. **Lighting and Electrical**

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

6. **General**

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

11.02 PARKS

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

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

11.03 MOTOR VEHICLE SAFETY

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

11.04 EQUIPMENT & TOOLS

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

11.05 EMPLOYEE SAFETY GEAR

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

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

11.06 HOT WORK/BURNING PROCEDURE

1. Purpose

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

2. Training

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

3. Procedures

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

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

- 2) Leather gloves.
- 3) Leather apron and gauntlets.
- 4) Long sleeved shirt, pants, etc.
- C. Sprinkler system is in service.
- D. An operational fire extinguisher is provided.
- 4. **Precautions within 35 Feet of the Work Area**
 - A. Floors are swept clean of combustibles.
 - B. Combustible floors are wet down, covered with damp sand and/or fire resistive sheets.
 - C. Flammable and combustible liquids are removed.
 - D. Explosive atmosphere in the area is eliminated.
 - E. Fire resistive tarpaulins are suspended beneath the work.
- 5. **If Working on Walls or Ceilings**
 - A. Construction is non-combustible and without combustible covering or insulation.
 - B. Combustible materials are moved away from the other side of the wall.
- 6. **Work on Enclosed Equipment**

Enclosed equipment shall be cleaned of all combustible or flammable liquids.
- 7. **Fire Watch**

A fire watch shall be performed for at least 30 minutes after welding or cutting work. The fire watch person(s) shall look for signs of heat, smoke, etc. that may occur around the hot work area. The fire watch person(s) should look for signs above or below ceilings and on both sides of walls.

A fire extinguisher shall be made available to the fire watch person. If a fire is found, the fire watch person shall activate the fire alarm. All employees and patrons shall follow the emergency procedures for fire.
- 8. **Cutting/Welding Permits**
 - A. Before any hot work/welding is performed, a permit shall be completed by the supervisor. The supervisor shall ensure (visual inspection) that all aspects of this program are met before signing the permit.
 - B. The front page of the permit shall be completed and placed on file. The card section shall be prominently displayed on the welding area by the welder.
 - C. When work has been completed, the welder shall conduct a fire check of the area and complete Section C of the card. This section shall be returned to the supervisor.
 - D. 2-4 hours after the work is completed, a final area check shall be completed. Section B of the card shall be completed and returned to the supervisor.
 - E. All sections of the permit shall be kept on file.

11.07 CONFINED SPACE PROGRAM

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

1. Definition of a Confined Space

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

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

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

11.08 YOUR RIGHT TO KNOW

1. Working with Hazardous Substances

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

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

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

Employers must develop a written hazard communication program that:

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

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

2. What Information is on the Label?

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

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

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

3. What Information is on the SDS sheets?

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

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

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

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

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

11.09 LOCKOUT/TAGOUT

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

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

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

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

11.10 WORK REQUESTS

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

XII. ILLINOIS DEPARTMENT OF LABOR INSPECTION PROCEDURES

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

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

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

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

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

XIII. EMPLOYMENT PRACTICES

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

13.01 PRE-EMPLOYMENT PHYSICALS

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

13.02 CRIMINAL BACKGROUND CHECKS

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

BERWYN PARK DISTRICT

EMPLOYEE ACKNOWLEDGEMENT FORM

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

Printed Name _____

Employees Signature _____

Date _____

APPENDICES

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How to Handle an Accident

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

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



Leading the Way to Risk
Management Solutions

Post-CPR/-AED Use Form

(Attorney/Client and Risk Management Privileged Document)

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

Agency Information

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

Victim Information

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

General Incident Information

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

Post-CPR/AED Use Form

Page | 2

Person(s) who used the AED:

1) _____

Employee? Y / N

Certified in use? Y / N

2) _____

Employee? Y / N

Certified in use? Y / N

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

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

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

Name of EMS department that responded: _____

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

Victim transported? Y / N Hospital transported to? _____

Post Incident Actions

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

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

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

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

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

AED Information

AED model: _____

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

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

Additional information

Signature of person completing report: _____

Date completed: _____



Accident/Incident Report

Attorney/Client Privileged Document

Form
01

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

BODILY INJURY

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

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



Accident/Incident Report

Attorney/Client Privileged Document

Form
01
(pg 2)

15	Was first aid administered?	<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				
19	If there was a witness(es) to the accident/incident, please provide the following information:			
Last name _____		First name _____		
Address _____				
City _____		State _____	Zip code _____	Phone number _____
20	Did witness make any statements? <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? _____			

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

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



Vehicle Accident Report

(Accident involving agency vehicle May involve liability property damage)

Attorney/Client Privileged Document

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.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	D	Parking lot	D
10	Was the agency vehicle occupied?	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?	Yes	<input type="checkbox"/> No	Unknown
	If Yes, enter job title of employee			
	Identify the type of driver			
	Full-time employee	§	Intern Volunteer	E3
			Non-agency employee	E3
			Spouse/family member	
12	Agency vehicle VIN	Make	Model	Licence number



Vehicle Accident Report

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

Attorney/Client Privileged Document

Form
02
(pg 2)

13	Is vehicle drivable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If no, provide current location of vehicle			
14	Area of damage			
15	Estimated repair cost			
16	Was a trailer involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If yes, provide the following information.			
	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 #	



Vehicle Accident Report

Accident involving agency vehicle May involve bodily injury/property damage

Attorney/Client Privileged Document

19 Vehicle make	Model	Year
Area of damage		
Is vehicle driveable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, current location of vehicle
Extent of damage	<input checked="" 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 checked="" type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible	<input type="checkbox"/> Severe <input type="checkbox"/> Slight
Age of injured person	Sex of injured person	Male <input type="checkbox"/> Female <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe the injury		
ADDITIONAL INFORMATION		
Identify other people involved in the accident. (Make additional copies of this section if needed.)		
How was the person involved in the accident? (Check all that apply.)		
Driver of other vehicle S	Injured person B	Owner of involved property B
Owner of other vehicle S	Passenger of agency vehicle B	Passenger of other vehicle B
Pedestrian		
Last name or business name		First name (not necessary for business)
Address		
City	State	ZIP code
Home phone #	Work phone #	Cell phone #
Vehicle make	Model	Year
Area of damage		
Is vehicle driveable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, current location of vehicle
Extent of damage	<input checked="" 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 checked="" type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible	<input type="checkbox"/> Severe <input type="checkbox"/> Slight



Vehicle Accident Report

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

Attorney/Client Privileged Document

19	Age of injured person _____		Sex of injured person <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Was the injured person transported by paramedics?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, where was the injured person taken?			
	Do you expect the injured person to file a claim?		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	Relative
	Other	Passerby	Unknown	
	Did witness make any statements?		Yes	No
	If yes, provide the following information.			
	What did witness say?			
	Where was witness when the accident occurred?			
21	Was the driver of the agency vehicle conducting agency business at the time of the accident?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
22	What street was the agency driver on?		What street was the other driver driving on?	
23	What direction was the agency driver traveling?		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			



Vehicle Accident Report

INSTRUCTIONS (PDF FORM)

**Form
02**

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

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

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

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

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



Property Loss Report

(For damage to agency property)

Attorney/Client Privileged Document



1	Agency name	Today's date	
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.m./p.m.)	
3	Name of person completing the report	Title of person completing report	
4	Business phone	Business email	
5	How did the incident occur and what property was damaged? (Provide a brief factual summary.)		
6	Name of the location (park, pool, community center; ex. Smith Pool, Johnson Community Center) or nearest intersection when the incident occurred.		
7	Is there an address for incident location? If yes, please provide the following:		
	Street address,		
	City	State	Zip code
8	Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. & maintenance garage, sports field)		
9	Primary location (Identify the exact area of damage. Ex. tool storage, batting cage).		
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"/> Not known		
17	What police agency investigated the incident? number?		
18	Were criminal charges brought against the responsible party? If yes, what were the charges?		



Property Loss Report

INSTRUCTIONS (PDF FORM)

Form
03

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

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



Notification of Injury to Employer Report

(Employee to complete and submit to supervisor or HR.)

Form
04E

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



Notification of Injury to Employer Report

(Employee to complete and submit to supervisor or HR.)

**Form
04E**
(pg. 2)

9	Have you injured this body part previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please describe which body part and what the prior injury was.				
If yes, where did you receive treatment?				
The above information is true and accurate:				
_____ (Employee signature)			_____ Date	
Notification of injury was received on:				
_____ (Date received by employer representative)				
Notification of injury was received by:				
_____ (Representative signature)				
_____ (Printed name)				



Employee Injury Report

1	Complete an Employee Injury Report for each employee injured.		
2	Agency name	Today's date	
3	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)	
4	Name of person completing report	Title of person completing report	
5	Business phone	Business email	
6	How did the Incident occur? (Provide a one-line factual description.)		
7	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.		
8	Is there an address for this location? If yes, please provide the following:		
	Street address		
	City	State	Zip code
9	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i>)		
10	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i>)		
11	Employer's FEIN		
12	Did the employee miss more than three (3) scheduled workdays?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13	What was the employee doing when the accident occurred?		
14	How did the incident occur? (Provide a detailed factual description.)		
15	Employee last name	First name	
	Address		
	City	State	Zip code
	Home phone#	Work phone#	Cell phone#
	Best number to contact employee		Email
	Social security number	Date of birth (mm/dd/yyyy)	Gender Male Female
	Marital status (divorced/married/single/unknown)	Number of dependents	Does employee speak English? Over 50% D No
	Average weekly wage	Job title/occupation	



Employee Injury Report

Form
04
(pg. 2)

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



Employee Injury Report

INSTRUCTIONS (PDF FORM)

Form
04

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

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

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

DATE: 07/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: New Business

Legal Services: Our current attorney Mike Roth will be retiring from Ice Miller come the end of the year. The Park District has options for future legal representation.

Option 1: Mike Roth intends to continue to practice law, at this time he is undecided if he will join another firm or practice independently. The District could continue with Mike, and create a transition plan.

Option 2: Stay with Ice Miller and be assigned a new attorney from that practice.

Option 3: Move forward in a completely different direction and begin interviewing other firms.

DATE: 7/16/2024
TO: The Board of Commissioners
FROM: Cathy Fallon, Executive Director
RE: Master Plan

- Included is a report from Williams Architect. The report is an evaluation of Liberty Cultural Center. This report looks at addressing the aging infrastructure as well as addressing the known areas of significant repair.

OPINION OF PROBABLE COST- Berwyn PD Liberty Center - Master Plan
Updated 06 28 2024

Berwyn Park District
Liberty Center
JOB NUMBER: 2023-064

SITE: Berwyn PD - Liberty Center
MAIN LEVEL 8,280
BASEMENT 2,026

CONSTRUCTOR:
BID DATE:
CONST. DATE: TBD
CONTINGENCIES: AS NOTED

TOTAL BUILDING SF: 10,306
TOTAL SITE AREA (IN ACRES): N/A
DEVELOPED AREA (IN ACRES): N/A

GENERAL NOTES:
Cost Opinion based on Site Observation

CONSTRUCTION DOCUMENT PHASE DATA

	SF	COST PER SF	% OF TOTAL HARD COST	SUBTRADE COST	COMMENTS
SITE DEVELOPMENT					
BUILDING SELECTIVE DEMOLITION	8,280	\$ 3.00		\$ 24,800	Site Preparation
EXTERIOR CONCRETE PADS / WALKWAYS / STAIRS	100	\$ 300.00		\$ 30,000	Exterior Concrete Walkways and Stairs. AS REFERENCED IN FCS REPORT - D.3.A.6
NEW WATER MAIN UPGRADE	150	\$ 750.00		\$ 112,500	Water Main Improvements for Fire Suppression System. (Linear Feet)
UTILITY UPGRADE				\$ 25,000	Allowance for Water, Electrical and Gas.
SUBTOTAL SITE DEVELOPMENT				\$ 192,300	
BUILDING ENVELOPE					
ROOF - MEMBRANE	8,280	\$ 30.00		\$ 248,400	Removal of existing roof system. New Insulation, TPO system, gutters, downspouts, and all associated flashing components. REFER TO MAKE IT HAPPEN CONSTRUCTION CO ESTIMATE #022288 DATED 03/01/2022 (2024 Escalation). AS REFERENCED IN FCS REPORT - D.2.
FAÇADE - REPLACE WATER DAMAGED STUDS & SHEATHING	100	\$ 800.00		\$ 80,000	Replace existing studs and sheathing. Shore existing structure. New siding. AS REFERENCED IN FCS REPORT - D.3.A.1. (Linear Feet)
FAÇADE - SIDING & FACIA	300	\$ 50.00		\$ 15,000	Replace missing and damaged siding. AS REFERENCED IN FCS REPORT - D.3.A.2 and D.3.A.3
FAÇADE - MASONRY	1,000	\$ 65.00		\$ 65,000	Tuck point masonry. Replace and/or install proper flashing with roof and fenestration replacement. Clean all masonry of efflorescence. AS REFERENCED IN FCS REPORT - D.3.A.5
SUBTOTAL BUILDING ENVELOPE				\$ 408,400	
BUILDING INTERIOR - ENTRY & GYMNASIUM					
BUILDING SELECTIVE DEMOLITION	3,855	\$ 5.00		\$ 19,300	Demolition of finishes, mechanical, electrical, low voltage.
SUBSTRUCTURE		\$ -		\$ -	
SUPERSTRUCTURE	3,855	\$ 25.00		\$ 96,400	Allowance for replacement of wall studs, sheathing and insulation.
INTERIOR CONSTRUCTION & FINISHES				\$ -	
DOORS AND FRAMES	12	\$ 500.00		\$ 6,000	Allowance for replacement of door hardware.
DRYWALL	3,855	\$ 25.00		\$ 96,400	Replace drywall at improved superstructure and utilities.
ACOUSTICAL CEILINGS	3,855	\$ 15.00		\$ 57,800	New Acoustical Ceiling
FLOORING	3,855	\$ 3.00		\$ 11,600	Allowance for Clean and Repair existing flooring.
PAINTING	3,855	\$ 8.00		\$ 30,800	Painting of Rooms Impacted
MISC				\$ 10,000	Allowance
HVAC	3,855	\$ 10.00		\$ 38,600	Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified separately.

HVAC - UNITS				\$	95,000	Replace rooftop unit(s) and all associated electrical and gas piping. REFER TO F.E. MORAN ESTIMATE DATED 12/4/2023. 2024 Escalation. AS REFERENCED IN FCS REPORT - D.5
CONTROLS	3,855	\$	1.50	\$	5,800	Allowance to adjust thermostats .
ELECTRICAL				\$	-	
POWER & LIGHTING FIXTURES	3,855	\$	17.00	\$	65,500	Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting
FIRE ALARM & SMOKE DETECTORS	3,855	\$	6.00	\$	23,100	Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	0	\$	-	\$	-	
FIRE PROTECTION	3,855	\$	6.00	\$	23,100	Allowance for fire suppression system. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	0			\$	-	
SUBTOTAL BUILDING INTERIOR - ENTRY & GYMNASIUM				\$	579,400	
BUILDING INTERIOR - MULTI-PURPOSE						
BUILDING SELECTIVE DEMOLITION	1,192	\$	5.00	\$	6,000	Demolition of finishes, mechanical, electrical, low voltage. AS REFERENCED IN FCS REPORT - D.4.A.7 & D.4.A.8
SUBSTRUCTURE	1,192	\$	75.00	\$	89,400	Allowance for replacement of damaged substructure and provide insulation and vapor barrier. AS REFERENCED IN FCS REPORT - D.4.A.7 & D.4.A.8
SUPERSTRUCTURE	1,192	\$	25.00	\$	29,800	Allowance for replacement of wall studs, sheathing and insulation.
REMOVE & REPLACE DELAMINATED WINDOW HEADERS	8	\$	750.00	\$	6,000	AS REFERENCED IN FCS REPORT - D.4.A.6
INTERIOR CONSTRUCTION & FINISHES				\$	-	
DOORS AND FRAMES	48	\$	500.00	\$	24,000	Allowance for replacement of door hardware.
DRYWALL	1,192	\$	25.00	\$	29,800	Replace drywall at improved superstructure and utilities.
ACOUSTICAL CEILINGS	1,192	\$	10.00	\$	11,900	New Acoustical Ceiling
FLOORING	1,192	\$	13.50	\$	16,092	Replace all flooring. AS REFERENCED IN FCS REPORT - D.4.A.7 & D.4.A.8
PAINTING	1,192	\$	8.00	\$	9,500	Painting of Rooms Impacted
MISC				\$	5,000	Allowance
HVAC	1,192	\$	30.00	\$	35,800	Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified seperatly.
CONTROLS	1,192	\$	1.50	\$	1,800	Allowance to adjust thermostats .
ELECTRICAL						
POWER & LIGHTING FIXTURES	1,192	\$	17.00	\$	20,300	Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting
FIRE ALARM & SMOKE DETECTORS	1,192	\$	6.00	\$	7,200	Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	1,192	\$	5.00	\$	6,000	Allowance in Remodelled Spaces to Reconfigure data lines and security.
FIRE PROTECTION	1,192	\$	6.00	\$	7,200	Allowance for fire suppression system. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	24	\$	350.00	\$	8,400	Casework Allowance for Multi Purpose.
SUBTOTAL BUILDING INTERIOR - MULTI-PURPOSE				\$	314,192	

BUILDING INTERIOR - OFFICE & KITCHEN						
BUILDING SELECTIVE DEMOLITION	718	\$	5.00		\$	3,600 Demolition of finishes, mechanical, plumbing, electrical, low voltage.
SUBSTRUCTURE	0	\$	-		\$	-
SUPERSTRUCTURE	718	\$	25.00		\$	18,000 Allowance for replacement of wall studs, sheathing and insulation.
REPLACE/LEVEL FLOOR JOIST	295	\$	60.00		\$	17,700 AS REFERENCED IN FCS REPORT - D.1.A.3
INTERIOR CONSTRUCTION & FINISHES					\$	-
DOORS AND FRAMES	15	\$	500.00		\$	7,500 Allowance for replacement of door hardware.
DRYWALL	718	\$	25.00		\$	18,000 Drywal including Framing
ACOUSTICAL CEILINGS	718	\$	7.50		\$	5,400 New Acoustical Ceiling
FLOORING - KITCHEN	295	\$	23.00		\$	6,800 Ceramic Tile, AS REFERENCED IN FCS REPORT - D.1.A.3
FLOORING - OFFICE	423	\$	16.00		\$	6,800 LVT
PAINTING	718	\$	8.00		\$	5,700 Painting of Rooms Impacted
CERAMIC TILE	295	\$	20.00		\$	5,900 Ceramic Tile on Wet Walls
FOOD SERVICE EQUIPMENT	295	\$	30.00		\$	8,900 New food service equipment and appliances. Existing hood detaching from wall.
MISC					\$	5,000 Allowance
HVAC	718	\$	30.00		\$	21,500 Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified seperatly.
CONTROLS	718	\$	1.50		\$	1,100 Allowance to adjust thermostats .
PLUMBING	295	\$	30.00		\$	8,900 Plumbing Improvements - NEW
ELECTRICAL						
POWER & LIGHTING FIXTURES	718	\$	17.00		\$	12,200 Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting
FIRE ALARM & SMOKE DETECTORS	718	\$	6.00		\$	4,300 Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	718	\$	5.00		\$	3,600 Allowance in Remodelled Spaces to Reconfigure data lines and security.
FIRE PROTECTION	718	\$	6.00		\$	4,308 Allowance for fire suppresion system. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	64	\$	350.00		\$	22,400 Casework and Shelving Allowance for Kitchen and Office/Storage
SUBTOTAL BUILDING INTERIOR - OFFICE & KITCHEN					\$	187,608

BUILDING INTERIOR - STAGE						
BUILDING SELECTIVE DEMOLITION	1,071	\$	3.00	\$	3,200	Demolition of finishes, mechanical, electrical, low voltage
SUBSTRUCTURE	0	\$	-	\$	-	
SUPERSTRUCTURE	1,071	\$	25.00	\$	26,800	Allowance for replacement of roof joists, wall studs, sheathing and insulation.
RECONSTRUCT STAIR TO BASEMENT	100	\$	400.00	\$	40,000	AS REFERENCED IN FCS REPORT - D.4.A.2
REPAIR BOTTOM CHORD OF ROOF TRUSS	1,071	\$	50.00	\$	53,600	AS REFERENCED IN FCS REPORT - D.1.A.5
INTERIOR CONSTRUCTION & FINISHES				\$	-	
DOORS AND FRAMES	6	\$	500.00	\$	3,000	Allowance for replacement of door hardware.
DRYWALL	1,071	\$	25.00	\$	26,800	Drywal including Framing
ACOUSTICAL CEILINGS	0	\$	-		-	
FLOORING	1,071	\$	6.00	\$	6,400	Cleaning and Repair of existing flooring
PAINTING	1,071	\$	8.00	\$	8,600	Painting of Rooms Impacted
ROOF INSULATION	200	\$	20.00	\$	4,000	Batt Insulation. AS REFERENCED IN FCS REPORT - D.4.A.3
HVAC	1,071	\$	10.00	\$	10,700	Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified seperatly.
CONTROLS	1,071	\$	1.50	\$	1,600	Allowance to adjust thermostats .
ELECTRICAL						
POWER & LIGHTING FIXTURES	1,071	\$	17.00	\$	18,200	Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting
FIRE ALARM & SMOKE DETECTORS	1,071	\$	6.00	\$	6,400	Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	1,071	\$	5.00	\$	5,400	Allowance in Remodelled Spaces to Reconfigure data lines and security.
FIRE PROTECTION	1,017	\$	6.00	\$	6,102	Allowance for fire suppression system. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	1,071	\$	350.00	\$	374,900	Stage equipment and accessories.
SUBTOTAL BUILDING INTERIOR - STAGE				\$	595,702	

BUILDING INTERIOR - RESTROOMS, LIFT & GARAGE						
BUILDING SELECTIVE DEMOLITION	1,444	\$	8.00	\$	11,600	Demolition of finishes, mechanical, plumbing, electrical, low voltage.
SUBSTRUCTURE	1,444	\$	25.00	\$	36,100	Allowance for replacement of damaged substructure.
SUPERSTRUCTURE	1,444	\$	25.00	\$	36,100	Allowance for replacement of roof joists, wall studs, sheathing and insulation.
INTERIOR CONSTRUCTION & FINISHES				\$	-	
DOORS AND FRAMES	9	\$	500.00	\$	4,500	Allowance for replacement of door hardware.
OVERHEAD DOOR	12	\$	90.00	\$	1,080	Replace door hardware. Clean and repair steel lintel. AS REFERENCED IN FCS REPORT - D.3.A.4.
TOILET PARTITION	27	\$	2,500.00	\$	67,500	
DRYWALL	1,444	\$	25.00	\$	36,100	Drywal including Framing in offices and small con
ACOUSTICAL CEILINGS	1,444	\$	7.50	\$	10,800	New Acoustical Ceiling
FLOORING - RESTROOMS	264	\$	23.00	\$	6,100	Ceramic Tile
FLOORING - CORRIDOR	276	\$	16.00	\$	4,416	LVT
FLOORING - GARAGE	644	\$	10.00	\$	6,440	Concrete slab cleaning and repair at garage.
PAINING	600	\$	8.00	\$	4,800	Painting of Rooms Impacted
CERAMIC TILE	264	\$	20.00	\$	5,300	Ceramic Tile on Wet Walls
MISC				\$	5,000	Allowance
HVAC	1,444	\$	30.00	\$	43,300	Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified seperatly.
CONTROLS	1,444	\$	1.50	\$	2,200	Allowance to adjust thermostats .
PLUMBING	264	\$	30.00	\$	7,900	Plumbing Improvements
LIFT				\$	4,000	Allowance. Lift maintenance
ELECTRICAL						
POWER & LIGHTING FIXTURES	1,444	\$	17.00	\$	24,500	Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting
FIRE ALARM & SMOKE DETECTORS	1,444	\$	6.00	\$	8,700	Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	1,444	\$	5.00	\$	7,200	Allowance in Remodelled Spaces to Reconfigure data lines and security.
FIRE PROTECTION	1,444	\$	6.00	\$	8,664	Allowance for fire suppression system.. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	8	\$	350.00	\$	2,800	Allowance, Millwork & Accessories
SUBTOTAL BUILDING INTERIOR - RESTROOM, LIFT & GARAGE				\$	345,100	

BUILDING INTERIOR - BASEMENT						
BUILDING SELECTIVE DEMOLITION	2,025	\$	5.00		\$	10,100 Demolition of finishes, mechanical, plumbing, electrical, low voltage.
SUBSTRUCTURE	0	\$	-		\$	-
WALL SUPPORTING STAIR TO BASEMENT	100	\$	100.00		\$	10,000 AS REFERENCED IN FCS REPORT - D.1.A.4 (Per Linear Foot)
REPLACE RIM JOIST	100	\$	200.00		\$	20,000 AS REFERENCED IN FCS REPORT - D.1.A.2
SUPERSTRUCTURE	2,025	\$	25.00		\$	50,600 Allowance for replacement of roof joists, wall studs, sheathing and insulation. Testing for wood post, replace temporary posts. AS REFERENCED IN FCS REPORT.
REPLACE WOOD POSTS	2,025	\$	5.00		\$	10,125 AS REFERENCED IN FCS REPORT - D.1.A.1
INTERIOR CONSTRUCTION & FINISHES						
DOORS AND FRAMES	6	\$	500.00		\$	3,000 Allowance for replacement of door hardware.
DRYWALL	2,025	\$	25.00		\$	50,600 Drywal Including Framing
ACOUSTICAL CEILINGS	0	\$	-		\$	- Exposed.
FLOORING	2,025	\$	10.00		\$	20,300 Concrete slab repair.
PAINTING	1,290	\$	8.00		\$	10,300 Painting of Rooms Impacted
MISC					\$	5,000 Allowance
HVAC	2,025	\$	30.00		\$	60,800 Allowance in Remodelled Spaces to Adjust Diffusers. New HVAC system quantified seperatly.
HVAC - UNITS					\$	5,185 Replace B&G pump assembly and all associated electrical and gas piping. Clean and repair existing boiler. REFER TO F.E. MORAN ESTIMATE DATED 12/4/2023.
CONTROLS	0	\$	-		\$	- Allowance to adjust thermostats .
PLUMBING	0	\$	-		\$	- Misc. Piping
ELECTRICAL						
POWER & LIGHTING FIXTURES	2,025	\$	17.00		\$	34,425 Allowance in Remodelled Spaces to Reconfigure electrical and provide new lighting.
FIRE ALARM & SMOKE DETECTORS	2,025	\$	6.00		\$	12,150 Allowance in Remodelled Spaces to Reconfigure fire alarm and smoke detectors. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
LOW VOLTAGE	2,025	\$	5.00		\$	10,100 Allowance in Remodelled Spaces to Reconfigure data lines and security.
FIRE PROTECTION	2,025	\$	6.00		\$	12,150 Allowance for fire suppression system. LIFE SAFETY MEASURES AS REFERENCED IN FCS REPORT - D.4.A.1
SPECIAL ARCHITECTURAL SYSTEM	0	\$	-		\$	-
SUBTOTAL BUILDING INTERIOR - BASEMENT					\$	324,835

				\$	2,947,537	
BUILDING INTERIOR - ACCESSIBILITY COMPLIANCE						
ADA STANDARDS COMPLIANCE UPGRADES	10,306		10.0%	\$	589,507	10% of the total project cost.
SUBTOTAL ACCESSIBILITY COMPLIANCE				\$	589,507	
TOTAL SUBTRADE COST	10,306	\$	343.20	\$	3,537,044	
GENERAL CONDITIONS						
			% OF TOTAL SUBTRADE COST			
G.C. GENERAL CONDITIONS OH & P	10,306	\$	34.32	10.0%	\$	353,700
SITE SURVEY / CONSTRUCTION TESTING	10,306	\$	6.86	2.0%	\$	70,700
DESIGN CONTINGENCY	10,306	\$	19.22	5.0%	\$	198,100
CONSTRUCTION CONTINGENCY	10,306	\$	28.83	7.5%	\$	297,100
ESCALATION	10,306	\$	23.06	6.0%	\$	237,700
TOTAL HARD COST	10,306	\$	455.50	\$	4,694,344	

FOOTNOTES:

1. Cost Opinion excludes soil remediation for foundations
2. Cost Opinion assumes 2024 bidding climate with escalation for 2025 construction
3. Cost Opinion excludes any environmental remediation
4. Cost opinion excludes attorney's fees, moving cost, temporary conditions, phased work.

SOFT COSTS						
			% OF TOTAL HARD COST			
PROFESSIONAL SERVICE FEES	10,306	\$	43.28	9.50%	\$	446,000
OWNER'S DIRECT COST CONTINGENCY	10,306	\$	4.55	1%	\$	48,900
OWNER'S CAPITAL EQUIPMENT (FACILITY)	10,306	\$	9.11	2%	\$	93,900
TOTAL OWNERS COSTS	10,306	\$	56.94	13%	\$	586,800
TOTAL PROJECT COST	10,306	\$	512.43	100%	\$	5,281,144